



COLLEGE OF  
**PSYCHOLOGISTS**  
OF ONTARIO

# MEETING OF THE COLLEGE COUNCIL

## 2023.05

**DATE: SEPTEMBER 22, 2023**

**TIME: 9:00AM - 1:00PM**

**LOCATION: TO BE HELD VIRTUALLY**

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

# 2023.05

**SEPTEMBER 22, 2023**

**9:00 AM to 1:00 PM**

AGENDA ITEM	TOPIC	ACTION	PAGE #	STRATEGIC DIRECTION*
.00	CALL TO ORDER			
.01	APPROVAL OF AGENDA & MINUTES			
.01A	Review & Approval of Agenda	Decision	2	
.01B	Declarations of Conflicts of Interest	Discussion	--	
.01C	Review & Approval of Minutes - Council Meeting 2023.04 June 16, 2023	Decision	4	
.01D	Review of Action List	Discussion	11	
.01E	Council Meeting Evaluation Review	Discussion	12	
.02	CONSENT AGENDA ITEMS	Information		
.02A	Committee Reports	--	--	--
	(1) Executive Committee Report		14	
	(2) Discipline Committee Report		15	
	(3) Quality Assurance Committee Report		17	
	(4) Client Relations Committee Report		18	
	(5) Fitness to Practice Committee Report		20	
	(6) Finance & Audit Committee Report		21	
	(7) Equity, Diversity, and Inclusion Working Group Report		27	
	(8) ABA Working Group Report		26	
.02B	Barbara Wand Seminar Report		28	
.03	POLICY ISSUES			
.03A	HPRO Equity Impact Assessments	Information	31	S1
.03B	Registrar's Performance Review – IN CAMERA <sup>1</sup>	Decision	--	S4
.04	BUSINESS ISSUES			
.04A	President's Report	Information	151	S1
.04B	Registrar & Executive Director's Report	Information	153	S1
.04C	Registration Committee Quarterly Report	Information	155	S1
.04D	Inquiries, Complaints and Reports Committee Quarterly Report	Information	157	S1
.04E	2022-2023 Annual Reports	Decision	160	S1
.04F	Audit 2022-2023: Audited Financial Statements Year-Ending May 31, 2023 – Presentation of Audited Financial	Presentation	189	S4

<sup>1</sup> Material Not Included in Public Package – Council will go in-camera in accordance with the RHPA, Schedule 2, Section 7(2)(d) to discuss personnel matters.

AGENDA ITEM	TOPIC	ACTION	PAGE #	STRATEGIC DIRECTION*
	Statements by Ms. Liana Bell and Mr. Deric Chan, Hilborn LLP (10:00AM)			
	(1) Approval of Audited Financial Statements	<b>Decision</b>	--	--
	(2) Appointment of Auditors for 2023-2024	<b>Decision</b>	--	--
.04G	Amendments to <i>By-law 18: Fees</i> for Consultation Results	<b>Decision</b>	<b>218</b>	<b>S2</b>
.04H	Transfer of Reserve Funds	<b>Decision</b>	<b>242</b>	<b>S4</b>
<b>.05</b>	<b>STRATEGIC ISSUES</b>			
.05A	Strategic Direction Implementation: Chart Update	<b>Discussion</b>	<b>236</b>	<b>All</b>
<b>.06</b>	<b>OTHER BUSINESS</b>			
.06A	Next Council Meeting: <ul style="list-style-type: none"> <li>December 15, 2023</li> <li>March 22, 2024</li> </ul>	<b>Information</b>	--	--
.06B	Proposed Council Meeting: <ul style="list-style-type: none"> <li>June 14, 2024</li> </ul>	<b>Decision</b>	--	--
<b>.07</b>	<b>ADJOURNMENT</b>			

Strategic Direction Reflection:

S1 - *Excellence in Care*

S2 - *Membership Engagement*

S3 - *Innovation in Regulation*

S4 - *Continuous Quality Improvement Culture*

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## COUNCIL MEETING

## 2023.04

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

**JUNE 16, 2023**

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### PRESENT:

**Wanda Towers**, Ph.D., C.Psych., President  
**Ian Nicholson**, Ph.D., C.Psych., Vice-President  
**Peter Bieling**, Ph.D., C.Psych.  
**Pascale Gonthier** Public Member  
**Jacob Kaiserman**, Psy.D., C.Psych.  
**David Kurzman**, Ph.D., C.Psych.  
**Archie Kwan**, Ph.D., C.Psych.  
**Conrad Leung**, M.ADS, BCBA  
**Ilia Maor**, Public Member  
**Melanie Morrow**, M.A., C.Psych.Assoc.  
**Cenobar Parker**, Public Member  
**Adrienne Perry**, Ph.D., C.Psych.  
**Marjory Phillips**, Ph.D., C.Psych.  
**Fred Schmidt**, Ph.D., C.Psych.  
**Paul Stopciati**, Public Member  
**Kendra Thomson**, Ph.D., BCBA-D  
**Esther Vlessing**, Public Member  
**Scott Warnock**, Public Member  
**Glenn Webster**, M.Ed., C.Psych.Assoc.

### REGRETS:

**Nadia Mocan**, Public Member

### STAFF:

**Tony Debono**, MBA, Ph.D., C.Psych., Registrar & Executive Director  
**Barry Gang**, MBA, Dip.C.S., C.Psych.Assoc., Deputy Registrar & Director, Professional Affairs  
**Lesia Mackanyn**, Director, Registration  
**Stephanie Morton**, Director, Corporate Services  
**Caitlin O'Kelly**, Assistant to the Registrar, Recorder

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### 2023.04.00 CALL TO ORDER

The Registrar called the meeting to order at 9:00AM. The meeting was held virtually by Zoom and livestreamed on YouTube.

44 The Registrar welcomed new Council members Dr. Jacob Kaiserman representing District 4 (East),  
45 Mr. Glenn Webster representing District 7 (Psychological Associates) and Dr. Peter Bieling  
46 representing District 8 (Academic).  
47

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48 **2023.04.00B ELECTIONS TO THE EXECUTIVE COMMITTEE**

49 The Registrar informed the Council that the first order of business was the election of the  
50 Executive Committee and confirmed that Council members had received the *Statements of*  
51 *Interest* submitted by those wishing to run for positions on the Executive.  
52

53 The Registrar confirmed that one *Statement of Interest* had been received for each of these  
54 positions: President, Vice President, two Professional Members and two Public Members. Prior to  
55 the election, the Registrar provided Council members with the opportunity to ask questions of  
56 each candidate.  
57

58 According to *By-law 4: Election of Members of Executive Committee*, “4.7 Only, if there is no  
59 candidate for a position, members of Council may indicate their willingness to run at the first  
60 meeting of Council following the annual election.” Given that there is only one candidate for each  
61 of the six positions on the College Executive Committee, further expressions of interest will not  
62 be entertained at this meeting. Therefore:  
63

64 **The Executive Committee for 2023-2024 will be acclaimed as follows:**

65 Wanda Towers, Professional Member, President  
66 Ian Nicholson, Professional Member, Vice-President  
67 Glenn Webster, Professional Member  
68 Fred Schmidt, Professional Member  
69 Paul Stopciati, Public Member  
70 Scott Warnock, Public Member  
71

72 The Registrar congratulated the new Executive Committee and requested that the President, Dr.  
73 Wanda Towers, take the Chair and conduct the proceedings of Council. The President began the  
74 meeting with a land acknowledgement statement in recognition and respect for Indigenous  
75 peoples.  
76

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77 **2023.04.01 APPROVAL OF THE AGENDA AND MINUTES**

78  
79 **.01A APPROVAL OF AGENDA**  
80

81 **It was MOVED by David Kurzman**  
82 **That the Agenda for the Council Meeting be approved as presented. CARRIED**  
83

84 **.01B DECLARATIONS OF CONFLICTS OF INTEREST**

85 The President asked if any members of Council wished to declare a conflict of interest pertaining  
86 to the items on the Agenda. It was recognized that item .04G Proposed Amendments to *By-law*  
87 *18: Fees* poses an unavoidable conflict for all members of the Council who are professional  
88 members of the College. The President reminded Council members that the potential for conflicts  
89 should be kept in mind throughout the meeting and declarations made at any time, if appropriate.

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**.01C MINUTES FROM THE COUNCIL MEETING 2023.02 MARCH 24, 2023**

**It was MOVED by Paul Stopciati  
That the Minutes of Council Meeting 2023.02 March 24, 2023, be approved as presented.  
CARRIED**

**.01D MINUTES FROM THE COUNCIL MEETING 2023.03 MAY 9, 2023**

**It was MOVED by Scott Warnock  
That the Minutes of Council Meeting 2023.03 May 9, 2023, be approved as presented.  
CARRIED**

**.01D REVIEW OF ACTION LIST**

The Council reviewed the Action List drawn from the Minutes of the previous meeting and noted items that were completed, outstanding or on today's meeting Agenda.

**.01E COUNCIL MEETING EVALUATION REVIEW**

The Council reviewed the March 24, 2023, Council Meeting Evaluation results.

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**2023.04.02 CONSENT AGENDA**

The Consent Agenda was received.

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**2023.04.03 POLICY ISSUES**

**.03A TELEPSYCHOLOGY MEMORANDUM OF UNDERSTANDING**

The Association of Canadian Psychology Regulatory Organizations (ACPRO) has developed a Memorandum of Understanding (MOU) to allow for duly registered psychological practitioners within their home Canadian jurisdiction to provide telepsychology services to residents of any Canadian jurisdiction, expanding access and ensuring continuity of psychological care across the country.

The College received legal consultation that indicated this would be achievable within the existing applicable statutory framework. The Council agreed that the College should sign the MOU in principle. Further legal consultation regarding its operationalization within the College's regulatory framework will be required.

**It was MOVED by Ian Nicholson  
That the Pan-Canadian Telepsychology Memorandum of Understanding (MOU) be approved.  
CARRIED**

**Action Item Office of the Registrar**

Inform ACPRO of the Colleges intention to sign onto the Pan-Canadian Telepsychology Memorandum.

**.03B CFTA AND COMMUNICATION OF A DIAGNOSIS**

136 The Council reviewed a proposal from the Registration Committee that will allow for a pilot of a  
 137 proposed method of evaluating *Canadian Free Trade Agreement (CFTA)* candidates for  
 138 autonomous practice with respect to the controlled act of communicating a diagnosis. Candidates  
 139 who are currently fully registered to practice as a psychologist or psychological associate in  
 140 another Canadian province or territory may apply for a certificate authorizing autonomous  
 141 practice as a psychologist or psychological associate in Ontario in accordance with the Labour  
 142 Mobility provisions of the *CFTA*. In Ontario, the communication of a diagnosis is a controlled act  
 143 restricted to qualified members of specific Colleges. Evaluation of skills and competencies  
 144 required to formulate and communicate a psychological diagnosis is necessary to ensure public  
 145 safety and protection.

146

147 **It was MOVED by Adrienne Perry**

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

151

152 **Action Item Registration Committee**

153 Develop a pilot implementation of evaluating CFTA candidates for Autonomous practice

154

155 **.03C ABA KNOWLEDGE EXAMINATION BLUEPRINT**

156 The draft Registration Regulation of the yet to be proclaimed *Psychology and Applied Behaviour*  
 157 *Analysis Act, 2021* requires the College to develop an examination of knowledge or competence  
 158 related to the regulation of Behaviour Analysts. To ensure that the examination reflects the  
 159 College's public interest mandate and to mitigate risk of harm to the public, the College engaged  
 160 active professionals of Applied Behaviour Analysis in the development of the examination. The  
 161 Council reviewed the competency profile and blueprint for the Applied Behaviour Analysis  
 162 Examination of Knowledge or Competence.

163

164 **It was MOVED by Scott Warnock**

165 **That the competency profile and blueprint for the Applied Behaviour Analysis Examination of**  
 166 **Knowledge or Competence be approved. CARRIED**

167

168 **Action Item Office of the Registrar**

169 The competency profile and blueprint for the Applied Behaviour Analysis Examination of  
 170 Knowledge or Competence will be posted to the College website.

171

172 **.03A ABA TRANSITIONAL GUIDELINES FOR REGISTRATION**

173 The Council was provided with proposed Transitional Route Guidelines for Behaviour Analysts.  
 174 The College must balance the need to confirm that an experienced Behaviour Analyst has the  
 175 necessary knowledge, skills, and judgement for safe and effective practice with the need to avoid  
 176 unnecessary service disruptions to clients and other stakeholders. The registration requirements  
 177 for such applicants are outlined in the draft Registration Regulation of the yet to be proclaimed  
 178 *Psychology and Applied Behaviour Analysis Act, 2021*. It is necessary to develop and circulate  
 179 guidelines that expand upon the Registration Regulation so that the College has uniform criteria  
 180 for confirming whether an applicant is eligible for registration, and to provide applicants with

181 information about the specific registration requirements, application process, and other  
 182 registration procedures.

183

184 **It was MOVED by Marjory Phillips**

185 **That the Transitional Route Guidelines for Behaviour Analysts be approved. CARRIED**

186

187 **Action Item Office of the Registrar**

188 The Transitional Route Guidelines will be posted on the College's website.

189

190 **2023.04.04 BUSINESS ISSUES**

191

192 **.04A PRESIDENT'S REPORT**

193 The Council reviewed the President's Report for the fourth quarter.

194

195 **.04B REGISTRAR & EXECUTIVE DIRECTOR'S REPORT**

196 The Council reviewed the Registrar's Report for the fourth quarter.

197

198 **.04C REGISTRATION COMMITTEE QUARTERLY REPORT**

199 The Council reviewed the report for the fourth quarter.

200

201 **.04D INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE QUARTERLY REPORT**

202 The Council reviewed the report for the fourth quarter.

203

204 **.04E DIRECTORS OF CLINICAL TRAINING PROGRAMS MEETING REPORT**

205 Dr. Adrienne Perry gave an oral report on the joint meeting of the Directors of Clinical Training  
 206 and Internship Directors that took place on April 24, 2024. Forty-six representatives were in  
 207 attendance. Topics discussed included:

208

- Updates from the College and the Registration Committee
- Residency Application and Interview Process
- Supervision Opportunities
- New CPA Standards

209

210

211

212

213 **.04F APPOINTMENT OF SIGNING OFFICERS**

214

215 **It was MOVED by Paul Stopciati**

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

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

220 **As Dr. Marjory Phillips and Dr. Paula Conforti's term on Council have ended, that their names  
 221 be removed from the list of Signing Officers as June 16, 2023.**

222 **As the President and Vice-President resides outside of the GTA, that Dr. Archie Kwan and Dr.**

223 **David Kurzman be added to the list of signing officers as of June 16, 2023. CARRIED**

224

225 **.04G PROPOSED AMENDMENTS TO BY-LAW 18: FEES FOR CONSULTATION**



226 The Registrar provided Council with a Briefing Note and copy of proposed amendments to *By-law*  
 227 *18: Fees* for discussion. The Registrar presented a proposal to Council to increase Autonomous  
 228 Practice and Interim Autonomous Practice membership fees from \$795 to \$1,200. Academic  
 229 Certificates to \$600, and all other membership fees by 25%, as well as increasing the late fee  
 230 penalty to 20%. The College takes the decision to increase fees seriously and is only doing so in  
 231 order to stabilize the College's financial position after several years of annual deficits.  
 232 Membership fees have not been raised since 2002. Any changes to *By-law 18: Fees* requires  
 233 circulation to the membership for 60 days before receiving final approval by the College Council.  
 234 It was noted that the current financial situation is independent of ABA which will also be a self-  
 235 funded profession. The mandate of the College is to serve and protect the public interest, and it  
 236 delivers programs and services to fulfill that mandate. The College needs to ensure it has adequate  
 237 resources to deliver the programs and services necessary to meet the public interest mandate.

238  
 239 **It was MOVED by Jacob Kaiserman**

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

242  
 243 **Action Item Office of the Registrar**

244 Circulate the proposed amendments to *By-law 18: Fees* to the membership.  
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246 **2023.04.05 STRATEGIC ISSUES**

247  
 248 **.05A STRATEGIC DIRECTION IMPLEMENTATION UPDATE**

249 The Registrar provided the Council with the updated *Strategic Direction Implementation Table*.  
 250 This table is used to chart the work undertaken and accomplished in fulfilling the College's  
 251 Strategic Direction. Items added since the Council Meeting of March 24, 2023, were shown in  
 252 **Bold**.

253  
 254 **.05B NEW STRATEGIC DIRECTION 2023 – 2028**

255 The current Strategic Direction has expired and could benefit from an update based on the current  
 256 needs of the College and its direction into the next five years. The Registrar provided Council with  
 257 a proposed Strategic Direction for 2023-2028.

258  
 259 **It was MOVED by Marjory Phillips**

260 **That the Strategic Direction 2023-2028 be approved. CARRIED**

261  
 262 **Action Item Office of the Registrar**

263 Update the Strategic Direction on the College's website.  
 264

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265 **2023.04.06 OTHER BUSINESS**

266  
 267 **.06A NEXT COUNCIL MEETINGS:**

268  
 269 The next meetings of Council will be held on:

- 270 - September 22, 2023
- 271 - December 15, 2023

272 - March 22, 2024

273

274 **It was MOVED by Fred Schmidt**

275 **That December 15, 2023 and March 22 2024 be set as meeting dates.**

**CARRIED**

276

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277 **2023.04.08 ADJOURNMENT**

278

279 There being no further business,

280

281 **It was MOVED by Pascale Gonthier.**

282 **That the Council Meeting be adjourned.**

**CARRIED**

283

284 The Council Meeting was adjourned at 1:11PM.

285

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288 \_\_\_\_\_  
Wanda Towers, Ph.D., C.Psych., President

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

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294 **Minutes approved at the Council Meeting on September 22, 2023**

## ACTION LIST - COUNCIL

2023.05.01E

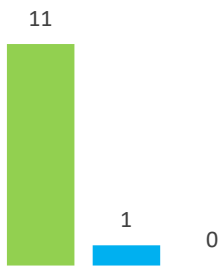
Item:	Responsibility:	Action:	Status:
2019.03.03C	College	To pursue amendments to O.Reg. 74/15 - Registration under the <i>Psychology Act, 1991</i> to discontinue Master's level registration and at that time, grant the title Psychologist to all existing Psychological Associates.	In Process. Update expected at December 2023 Council meeting
2023.04.03A	Office of the Registrar	Inform ACPRO of the Colleges intention to sign onto the Pan-Canadian Telepsychology Memorandum.	Completed. MOU expected to be signed October 1 2023
2023.04.03B	Registration Committee	Develop a pilot implementation of evaluating CFTA candidates for Autonomous practice	In process.
2023.04.03C	Office of the Registrar	The competency profile and blueprint for the Applied Behaviour Analysis Examination of Knowledge or Competence will be posted to the College website.	Completed.
2023.04.03D	Office of the Registrar	The Transitional Route Guidelines will be posted on the College's website.	Completed.
2023.04.04G	Office of the Registrar	Circulate the proposed amendments to <i>By-law 18: Fees</i> to the membership.	Completed and on Agenda.
2023.04.05B	Office of the Registrar	Update the Strategic Direction on the College's website.	Completed.

# COUNCIL MEETING EVALUATION SUMMARY

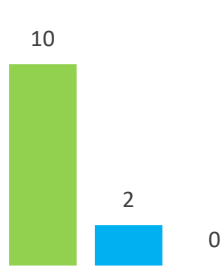
## COUNCIL MEETING JUNE 16, 2023

### 12/19 COUNCIL MEMBERS PRESENT COMPLETED EVALUATIONS

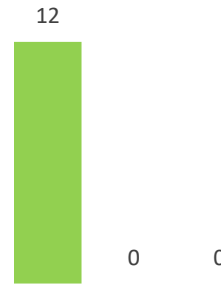
■ Very Good/Excellent ■ Good/OK ■ Needs Improvement



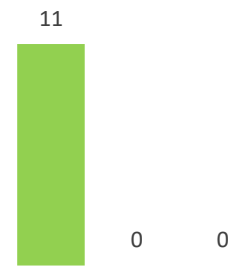
Q1: The Council meeting materials were received in a timely manner.



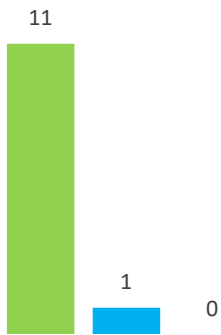
Q2: The materials were sufficient to assist me in forming an opinion on decisions to be made by Council. Briefing Notes and Reports were clear and contained needed information.



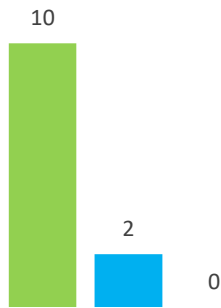
Q3: Agenda items were appropriate for Council discussions. Topics were relevant to the mandate and strategic direction of the College.



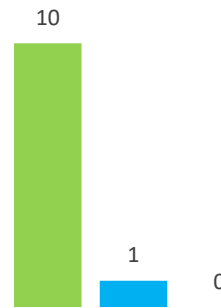
Q4: The public interest was described in Briefing Notes and considered in all discussions.



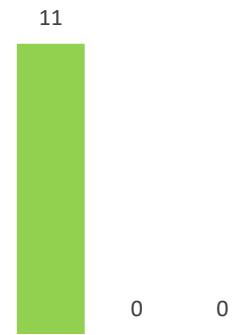
Q5: Time was used effectively. Questions and discussions remained on topic.



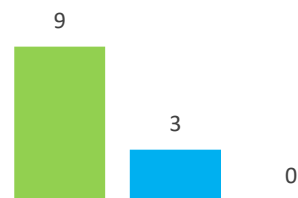
Q6: Council avoided getting into operational, administrative and/or management areas of responsibility.



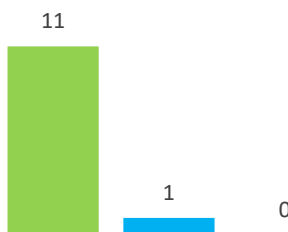
Q7: There was opportunity for me to be actively engaged in all discussions and I felt comfortable participating in the Council discussions.



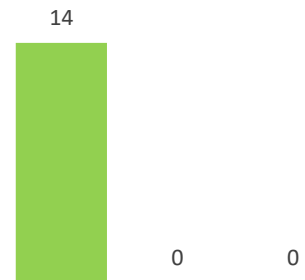
Q8: I was satisfied with the way in which other members of Council contributed to discussions and debate. There was a positive climate of trust and respect. Disagreements were handled openly, honestly, and directly.



Q9: Where appropriate, Next Steps and Action Items were clearly identified.



Q10: In general, Council Members appeared prepared for the meeting.



Q11: The President chaired the meeting in a manner that enhanced Council's performance and decision-making.

**ADDITIONAL COMMENTS**

Q1	<ul style="list-style-type: none"> <li>• Easy to access; clear to understand.</li> </ul>
Q2	<ul style="list-style-type: none"> <li>• All relevant material was provided. With time, I will get more accustomed to the format and flow of these meetings.</li> <li>• some redundancy sometimes, making it seem longer than it is.</li> <li>• Full explanations re: fees issue and strategic direction plan were very helpful</li> </ul>
Q3	<ul style="list-style-type: none"> <li>• Insightful</li> <li>• Council had multiple agenda items that required thoughtful consideration by the "board of directors" and met their mandated role in decision making.</li> </ul>
Q4	<ul style="list-style-type: none"> <li>• Room for growth</li> <li>• Always front &amp; centre</li> </ul>
Q5	<ul style="list-style-type: none"> <li>• Good conversations amongst Council folks</li> <li>• A lengthy agenda today, yet we still got through the items in less time than anticipated</li> </ul>
Q6	<ul style="list-style-type: none"> <li>• No evidence of this</li> <li>• Any operational type discussion was appropriate in the context of strategic plan and fees discussions.</li> </ul>
Q7	<ul style="list-style-type: none"> <li>• I always feel that my comments are appreciated.</li> </ul>
Q8	<ul style="list-style-type: none"> <li>• The discussion around Fees was handled in a professional manner by everyone.</li> </ul>
Q9	No comments
Q10	<ul style="list-style-type: none"> <li>• Seems so</li> </ul>
Q11	<ul style="list-style-type: none"> <li>• Wanda does an excellent chairing the meeting. She is highly professional and respectful.</li> <li>• Lovely job as always</li> </ul>
Additional Comments	<ul style="list-style-type: none"> <li>• Much information was covered and a great deal of work was completed in an efficient manner.</li> <li>• Lots of interesting and collaborative conversation, especially on topics that may seem unpopular or controversial. The breadth and volume of the work the council participates in is always amazing to see through the updates.</li> <li>• Thanks for all your helpful information Tony.</li> </ul>

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## REPORT TO COUNCIL

2022.05.02A(1)

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FIRST QUARTER, JUNE 1, 2023 – AUGUST 31, 2023

### EXECUTIVE COMMITTEE

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#### COMMITTEE MEMBERS:

Wanda Towers, Chair, Professional Member of Council  
Ian Nicholson, Professional Member of Council  
Fred Schmidt, Professional Member of Council  
Paul Stopciati, Public Member of Council  
Scott Warnock, Public Member of Council  
Glenn Webster, Professional Member of Council

#### STAFF

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

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#### MEETINGS

The Executive Committee met on:

- June 16, 2023
- August 31, 2023

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#### ITEMS TO COUNCIL FOR DECISION

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

- Transfers from the Investigations and Hearings and the Fee Stabilization Reserve Funds.
- Proposed amendments to *By-law 18: Fees*.
- Registrar’s Performance Review process.

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#### ACTIONS

The Executive Committee took the following actions:

- Made Committee appointments for the 2023-2024 year.
- Approved a training day for the College Council to occur in conjunction with the Fall and Spring Council meeting.
- Reviewed draft Audited Financial Statements 2022-2023 and Auditor’s report. Recommended that these be presented to Council for approval.

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#### SUBMITTED BY

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

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## REPORT TO COUNCIL

2023.05.02A(2)

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FIRST QUARTER, JUNE 1, 2023 – AUGUST 31, 2023

### DISCIPLINE COMMITTEE

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#### COMMITTEE MEMBERS

Janice Currie, College Member, Chair  
 Glenn Webster, Council Member, Vice-Chair  
 Peter Bieling, Council Member  
 Deirdre Boyle, College Member  
 Lisa Couperthwaite, College Member  
 Lynette Eulette, College Member  
 Jennifer Felsher, College Member  
 Robert Gauthier, College Member  
 Pascale Gonthier, Public Member  
 Michael Grand, College Member  
 Philip Grandia, College Member  
 Anthony Hopley, College Member  
 Sandra Jackson, College Member  
 Jacob Kaiserman, Council Member  
 David Kurzman, Council Member

Archie Kwan, Council Member  
 Ilia Maor, Public Member  
 Nadia Mocan, Public Member  
 Melanie Morrow, College Member  
 Ian Nicholson, Council Member  
 Cenobar Parker, Public Member  
 Adrienne Perry, Council Member  
 Fred Schmidt, Council Member  
 Robert Smith, College Member  
 Paul Stopciati, Public Member  
 Wanda Towers, Council Member  
 Ester Vlessing, Public Member  
 Scott Warnock, Public Member  
 Pamela Wilansky, College Member

#### STAFF SUPPORT:

Zimra Yetnikoff, Director, Investigations & Hearings

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#### REFERRALS TO DISCIPLINE

1. Dr. Laura Brown: [https://members.cpo.on.ca/public\\_register/show/20739](https://members.cpo.on.ca/public_register/show/20739)

A referral was made to the Discipline Committee on June 30, 2023. This matter is currently at the Pre-Hearing Conference stage.

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#### PRE-HEARINGS

There were no Pre-Hearings held in the first quarter.

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#### HEARINGS

There were no Hearings held in the first quarter.

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**ONGOING MATTERS**

1. **Dr. André Dessaulles:** [https://members.cpo.on.ca/public\\_register/show/2530](https://members.cpo.on.ca/public_register/show/2530)

Dr. Dessaulles did not attend the scheduled reprimand.

2. **Dr. Douglas Misener:** [https://members.cpo.on.ca/public\\_register/show/2500](https://members.cpo.on.ca/public_register/show/2500)

This matter is at the pre-hearing conference stage.

3. **Dr. Darren Schmidt:** [https://members.cpo.on.ca/public\\_register/show/21702](https://members.cpo.on.ca/public_register/show/21702)

The Hearing for this matter is currently being scheduled.

4. **Dr. Ian Shields:** [https://members.cpo.on.ca/public\\_register/show/1380](https://members.cpo.on.ca/public_register/show/1380)

The Discipline panel's Decision with respect to this matter has not yet been released.

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**SUBMITTED BY**

Janice Currie, Chair



## REPORT TO COUNCIL

2023.05.02A(3)

FIRST QUARTER, JUNE 1, 2023 – AUGUST 31, 2023

### QUALITY ASSURANCE COMMITTEE

#### COMMITTEE MEMBERS

Ilia Maor, Public Member, Chair  
 Pascale Gonthier, Public Member  
 Sabrina Hassan, College Member  
 David Howard, College Member  
 David Kurzman, Council Member  
 Conrad Leung, Council Member  
 Bruno Losier, College Member  
 Michelle Todd, College Member  
 Wanda Towers, Council Member  
 Glenn Webster, Council Member

#### STAFF

Barry Gang, Deputy Registrar & Director, Professional Affairs

#### COMMITTEE ACTIVITY

A panel of the Committee met on August 18, 2023, to review member-specific matters. The Committee Orientation and Planning meeting will occur during the second quarter, on October 25, 2023. A Vice-Chair will be elected for the term by the Committee members.

#### MEMBER MATTERS

##### SELF ASSESSMENT GUIDE (SAG) REVIEWS

###### Planning

SAG Requirement Reviews (Failure to Declare Completion in 2023)	2
SAG Reviews Carried Over from Previous Cycles	4
<b>Total SAG Reviews Planned*</b>	<b>6</b>

\*Further to the above figures, Declaration of Completion matters for three (3) additional members are being monitored, which may result in SAG Requirement Reviews, dependent upon outcome.

##### CONTINUING PROFESSIONAL DEVELOPMENT (CPD) AUDITS

###### Planning

CPD Requirement Audit (Failure to Declare Completion in 2023)	3
CPD Random Audit (Selection due to Random Selection)	47
<b>Total Audits Planned for 2023-2024*</b>	<b>50</b>

\*Further to the above figures, Declaration of Completion matters for two (2) additional members are being monitored, which may result in CPD Requirement Audits, dependent upon outcome. The Committee is also in the midst of two (2) ongoing requirement inquiries to determine whether information provided by the members satisfies program obligations.

#### PEER ASSISTED REVIEWS (PAR)

<b>Planning</b>		
PARs Carried Over from Previous Years		25
PARs due to SAG Requirements (Failure to comply with 2023 SAG Requirements)		TBD
PARs due to Random Selection		TBD
PARs due to Stratified Random Selection		TBD
	<b>Total PARs Planned</b>	<b>TBD</b>
<b>Completed</b>		
	<b>Q1</b>	<b>YTD</b>
PARs Disposed - TNFA	3	3

In all three (3) cases, Peer Assisted Review Reports considered by the Panel resulted in positive outcomes, with members demonstrating adherence to the Standards of the profession. No further action was required in any of the cases.

There are 22 reviews that were carried over from previous years which remain outstanding. The College is in the process of recruiting additional peer reviewers in order to address the backlog and to conduct reviews for the 2023-2024 period.

The total number of PARs planned for 2023-2024 may vary, dependent upon the number of members who fail to comply with the Self-Assessment Guide Declaration of Completion, following the expiration of extended deadlines.

#### SUBMITTED BY

Ilia Maor, Chair



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## REPORT TO COUNCIL

2023.05.02A(4)

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FIRST QUARTER, JUNE 1, 2023 – AUGUST 31, 2023

### CLIENT RELATIONS COMMITTEE

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#### COMMITTEE MEMBERS

Esther Vlessing, Public Member, Chair  
Jacob Kaiserman, Council Member, Vice-Chair  
Rosemary Barnes, College Member  
Kirsten Barr, College Member  
Diana Mandeleew, College Member  
Archie Kwan, Council Member  
Cenobar Parker, Public Member  
Catherine Pryor, College member

#### STAFF

Barry Gang, Deputy Registrar & Director, Professional Affairs

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#### COMMITTEE ACTIVITIES

The Committee met once during the quarter, on August 14, 2023.

The Committee received an Orientation and elected, by acclamation, Dr. Jacob Kaiserman as Vice Chair. It also continued its ongoing review of College documents intended for those who have allegedly experienced sexual abuse by College members.

The Committee also continued its review of a new "*Member Guide to the Requirements to make a Mandatory Sexual Abuse Report*", to assist College members in communicating with clients concerning sexual abuse by regulated health professionals. Once it is finalized, the document will be posted on the College website and distributed to members of the College.

#### Funding for Therapy for Clients Sexually Abused by Members, or Individuals Supervised by Members

There are currently 12 individuals whose therapy or counselling is being funded by the College.

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#### SUBMITTED BY

Esther Vlessing, Chair



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## REPORT TO COUNCIL

2023.05.02A(5)

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**FIRST QUARTER, JUNE 1, 2023 – AUGUST 31, 2023**

### **FITNESS TO PRACTICE COMMITTEE**

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**COMMITTEE MEMBERS:**

Ian Nicholson, Chair, Council Member

Archie Kwan, Council Member

Melanie Morrow, College Member

Esther Vlessing, Public Member

Oliver Foese, College Member

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The Fitness to Practice Committee held no meetings during the first quarter.

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## REPORT TO COUNCIL

2023.05.02A(6)

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FIRST QUARTER, JUNE 1, 2023 – AUGUST 31, 2023

### FINANCE AND AUDIT COMMITTEE

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#### COMMITTEE MEMBERS

Wanda Towers, Chair, Council Member  
Duncan Day, College Member  
David Kurzman, Council Member

Cenobar Parker, Public Member  
Paul Stopciati, Public Member

#### STAFF

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

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#### COMMITTEE ACTIVITIES

The Finance and Audit Committee (FAC) met by videoconference on August 31, 2023. The primary purpose of this meeting was to discuss the draft *Audited Financial Statements* for the year ending May 31, 2023, with the College’s Auditors. The Auditors confirmed that the College’s accounting practices met standards with no concerns of fraud or impropriety, however, they did express concerns about the risks associated with the College’s deficit growth over the past five years. The FAC agreed to recommend that Council accept the draft *Audited Financial Statements* as presented. The Auditor will attend the Council meeting to review and discuss the *Statements*.

The FAC also reviewed the *Unaudited Financial Statements* and *Variance Report* to May 31, 2023, the end of the College’s fiscal year. In considering the *Statement of Revenue & Expenses*, the FAC reviewed the *Variance Report* which explained items that deviated from the budget by the level of materiality set by Council; items which exceeded the expected budget by \$5,000 or were underspent by \$10,000. The Committee was satisfied with the information presented and voted to receive the reports.

The Committee also reviewed the consultation results for the proposed amendments to *By-law 18: Fees* and agreed to forward the recommended amendments to Council for a decision at this time. A Briefing Note regarding these proposed amendments is provided to Council separately for consideration.

The Committee also considered the College reserve funds. It recommends that the Fee Stabilization Reserve Fund, together with the Investigations and Hearings Reserve Fund, be used to cover the operating deficit 2022-2023. This is presented separately in Agenda item 2023.05.04G.

The memorandum confirming the remittances of Taxes to Canada Revenue Agency and the Ontario Employer Health Tax for the period March 1, 2023, to May 31, 2023, was received.

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#### ATTACHMENTS

1. Statement of Revenue and Expenses to May 31, 2023
2. Balance Sheet to May 31, 2023 (unaudited)

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#### SUBMITTED BY

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

**THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO**  
**STATEMENT OF REVENUE & EXPENSES**

June 2022 - May 2023

	Annual Budget	Budget	YTD Actual	YTD \$ Variance	2022-2023 % YTD	Expected % YTD	% Variance YTD
<b>REVENUE</b>	3,842,650.00	3,842,650.00	4,074,828.38	232,178.38	106%	100%	6%
<b>COST OF SALES</b>	242,642.00	242,642.00	235,779.50	-6,862.50	97%	100%	-3%
<b>GROSS MARGIN</b>	3,600,008.00	3,600,008.00	3,839,048.88	239,040.88	107%	100%	7%
<b>EXPENDITURES</b>							
<b>Governance</b>	85,550.00	85,550.00	113,214.81	27,664.81	132%	100%	32%
<b>Registration</b>	105,000.00	105,000.00	56,839.40	-48,160.60	54%	100%	-46%
<b>Client Relations, Communications &amp; Education</b>	21,000.00	21,000.00	36,020.50	15,020.50	172%	100%	72%
<b>Quality assurance</b>	43,600.00	43,600.00	39,034.20	-4,565.80	90%	100%	-10%
<b>Investigations and resolutions</b>	138,700.00	138,700.00	186,547.26	47,847.26	134%	100%	34%
<b>Hearings</b>	390,900.00	390,900.00	780,304.98	389,404.98	200%	100%	100%
<b>Liaison (Professional Organizations)</b>	31,800.00	31,800.00	27,591.37	-4,208.63	87%	100%	-13%
<b>Administration</b>	3,158,885.46	3,158,885.46	3,479,200.72	320,315.26	110%	100%	10%
<b>Total Expenditures</b>	3,975,435.46	3,975,435.46	4,718,753.24	743,317.78	119%	100%	19%
<b>EXCESS OF REVENUE OVER EXPENDITURES</b>	-375,427.46	-375,427.46	-879,704.36	-504,276.90	234%	100%	134%

**The College of Psychologists of Ontario**  
**Balance Sheet Comparison**  
As of May 31, 2023

	Total		
	As of May 31, 2023	As of May 31, 2022 (PY)	Change
<b>Assets</b>			
<b>Current Assets</b>			
<b>Cash and Cash Equivalent</b>			
10000 Petty Cash	200.00	200.00	0.00
10100 Bank	419,355.64	394,409.31	24,946.33
10199 Telpay Clearing	0.00	0.00	0.00
10250 Cash Equivalents	1,496,676.66	7,077,053.90	-5,580,377.24
12001 Undeposited Funds	0.00	0.00	0.00
<b>Total Cash and Cash Equivalent</b>	<b>\$ 1,916,232.30</b>	<b>\$ 7,471,663.21</b>	<b>-\$ 5,555,430.91</b>
<b>Accounts Receivable (A/R)</b>			
10400 Accounts Receivable - Control	-3,053,028.04	-2,952,193.75	-100,834.29
<b>Total Accounts Receivable (A/R)</b>	<b>-\$ 3,053,028.04</b>	<b>-\$ 2,952,193.75</b>	<b>-\$ 100,834.29</b>
10300 Short Term Investments	5,265,215.96	0.00	5,265,215.96
10410 Accounts Receivable - Other	3,063,748.34	2,971,095.70	92,652.64
10550 Interest Receivable	0.00	1,264.04	-1,264.04
10600 Prepaid Expenses	41,794.91	71,526.46	-29,731.55
10800 Government Funding-ABA	-84,649.86	5,460.98	-90,110.84
<b>Total Current Assets</b>	<b>\$ 7,149,313.61</b>	<b>\$ 7,568,816.64</b>	<b>-\$ 419,503.03</b>
<b>Non-current Assets</b>			
<b>Property, plant and equipment</b>			
12000 Furniture & Equipment			0.00
12010 Furniture & Equipment - Cost	167,486.37	177,107.75	-9,621.38
13000 Accum Amort Furniture & Equip	-90,818.42	-74,379.24	-16,439.18
<b>Total 12000 Furniture &amp; Equipment</b>	<b>\$ 76,667.95</b>	<b>\$ 102,728.51</b>	<b>-\$ 26,060.56</b>
12100 Computer Equipment			0.00
12110 Computer Equipment - Cost	121,133.66	143,342.76	-22,209.10
13100 Accum Amort Computer Equipment	-114,440.31	-139,276.88	24,836.57
<b>Total 12100 Computer Equipment</b>	<b>\$ 6,693.35</b>	<b>\$ 4,065.88</b>	<b>\$ 2,627.47</b>
12200 Leasehold Improvements			0.00
12210 Leasehold Improvements - Cost	1,331,174.87	1,331,174.87	0.00
13200 Accum Amort Leaseholds	-462,800.72	-361,630.91	-101,169.81
<b>Total 12200 Leasehold Improvements</b>	<b>\$ 868,374.15</b>	<b>\$ 969,543.96</b>	<b>-\$ 101,169.81</b>
12300 Website Development			0.00
12310 Website Development - Cost	0.00	0.00	0.00
13300 Accum Amort Website Devt	0.00	0.00	0.00
<b>Total 12300 Website Development</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Total Property, plant and equipment</b>	<b>\$ 951,735.45</b>	<b>\$ 1,076,338.35</b>	<b>-\$ 124,602.90</b>
10302 Long Term Investment	0.00	35,382.40	-35,382.40
<b>Total Non Current Assets</b>	<b>\$ 951,735.45</b>	<b>\$ 1,111,720.75</b>	<b>-\$ 159,985.30</b>
<b>Total Assets</b>	<b>\$ 8,101,049.06</b>	<b>\$ 8,680,537.39</b>	<b>-\$ 579,488.33</b>

*These statements have been prepared based on information provided by management/owners. These statements are for internal purposes only and should not be relied on by third parties.*

	Total		
	As of May 31, 2023	As of May 31, 2022 (PY)	Change
<b>Liabilities and Equity</b>			
<b>Liabilities</b>			
<b>Current Liabilities</b>			
<b>Accounts Payable (A/P)</b>			
21000 Accounts Payable - Control	236,527.34	61,285.93	175,241.41
<b>Total Accounts Payable (A/P)</b>	<b>\$ 236,527.34</b>	<b>\$ 61,285.93</b>	<b>\$ 175,241.41</b>
21100 Accounts Payable - Other	401,168.32	346,738.81	54,429.51
22000 Employee Tax Deductions Payable	35,084.26	32,280.05	2,804.21
22100 Payroll Clearing	0.00	0.00	0.00
23000 Prepaid Fees	3,092,348.34	2,999,145.70	93,202.64
24000 Peer Mentorship - Clearing	0.00	0.00	0.00
25500 GST/HST Payable	0.00	0.00	0.00
Direct Deposit Payable	0.00	0.00	0.00
<b>Payroll Liabilities</b>			<b>0.00</b>
Life Insurance Premium	0.00	0.00	0.00
LTD	0.00	0.00	0.00
RRSP	0.00	0.00	0.00
Vacation Pay	0.00	0.00	0.00
<b>Total Payroll Liabilities</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Total Current Liabilities</b>	<b>\$ 3,765,128.26</b>	<b>\$ 3,439,450.49</b>	<b>\$ 325,677.77</b>
<b>Non-current Liabilities</b>			
27000 Deferred Leasehold Inducement	218,546.54	244,008.28	-25,461.74
<b>Total Non-current Liabilities</b>	<b>\$ 218,546.54</b>	<b>\$ 244,008.28</b>	<b>-\$ 25,461.74</b>
<b>Total Liabilities</b>	<b>\$ 3,983,674.80</b>	<b>\$ 3,683,458.77</b>	<b>\$ 300,216.03</b>
<b>Equity</b>			
30000 Opening Balance Equity	0.00	0.00	0.00
31100 Investigtns&Hearing ReserveFund	813,640.00	850,000.00	-36,360.00
31200 Contingency Reserve Fund	1,000,000.00	1,000,000.00	0.00
31300 Fee Stabilization Reserve Fund	561,895.44	820,000.44	-258,105.00
31400 Website&DatabaseDevtReserveFund	165,872.02	165,872.02	0.00
31500 Premises Reserve Fund	227,742.00	227,742.00	0.00
31600 FairRegn Practices Reserve Fund	0.00	80,000.00	-80,000.00
Retained Earnings	2,227,929.16	2,227,929.91	-0.75
Profit for the year	-879,704.36	-374,465.75	-505,238.61
<b>Total Equity</b>	<b>\$ 4,117,374.26</b>	<b>\$ 4,997,078.62</b>	<b>-\$ 879,704.36</b>
<b>Total Liabilities and Equity</b>	<b>\$ 8,101,049.06</b>	<b>\$ 8,680,537.39</b>	<b>-\$ 579,488.33</b>

*These statements have been prepared based on information provided by management/owners. These statements are for internal purposes only and should not be relied on by third parties.*



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## REPORT TO COUNCIL

2023.05.02A(7)

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**FIRST QUARTER, JUNE 1, 2023 – August 31, 2023**

### **EQUITY, DIVERSITY, AND INCLUSION WORKING GROUP**

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#### **COMMITTEE MEMBERS:**

Donna Ferguson, Chair, College Member  
Wanda Towers, Vice-Chair, Council Member  
Kofi Belfon, College Member  
Michael Grand, College Member  
Tae Hart, College Member  
Chris Mushquash, College Member

#### **STAFF SUPPORT:**

Tony DeBono, Registrar & Executive Director  
Caitlin O’Kelly, Assistant to the Registrar

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#### **MEETINGS**

The Equity, Diversity, and Inclusion (EDI) Working Group met on:

- July 24, 2023

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#### **FOR INFORMATION**

The Working Group discussed the following:

- The Working Group’s Action list
- Ongoing goals for the EDI Working Group including working with the various College committees on their EDI initiatives and following up on those initiatives and how they fit in with the EDI plan
- The College Performance Measurement Framework and the requirements of Health Equity Impact Assessments and an EDI plan

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#### **SUBMITTED BY**

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

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## REPORT TO EXECUTIVE COMMITTEE

2023.05.02A(8)

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### SEPTEMBER 2023 COUNCIL MEETING

#### ABA WORKING GROUP

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##### WORKING GROUP MEMBERS

**Jennifer Cunningham**, M.ADS., BCBA

**Nancy Marchese**, Ph.D., C.Psych., BCBA-D, President, Ontario Association for Behaviour Analysis (ONTABA)

**Nicole Neil**, Ph.D., BCBA-D, Western University, ABA Program Coordinator

**Adrienne Perry**, Ph.D., C.Psych., BCBA-D, Registration Committee Co-Chair

**Kendra Thomson**, Ph.D., BCBA-D, Brock University ABA Faculty

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

**Scott Warnock**, Public Member

##### STAFF

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

**Paula Garshowitz**, OD, Consultant-ABA Regulation

**Lesia Mackanyn**, Director, Registration

**Emily Sarmento**, Acting ABA Coordinator

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##### MEETINGS

The ABA Working Group met three times since June; June 28, July 26, and August 30.

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##### FOR INFORMATION

On July 20, 2023, the Lieutenant Governor in Council approved the Registration Regulation (O. Reg. 193/23), General Regulation (O.Reg. 194/23) and Professional Misconduct Regulation (O.Reg. 195/23) under the *Psychology and Applied Behaviour Analysis Act, 2021*. The Act and the three regulations will be proclaimed on July 1, 2024, when the College will change its name to the College of Psychologists and Behaviour Analysts of Ontario.

Preregistration for Behaviour Analysts is expected to open in late Fall/Winter 2023.

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

- The supervision standards, quality assurance program requirements, and draft policies/guidelines that will inform implementation of the new regulation. These include:
  - Good Character Policy, including rationale for criminal record check for ABA;
  - Registration Guidelines
- In July 2023, following the review of the existing item bank from the BACB, the ABA Examination Working Group met three times to write new examination items. They wrote and validated 77 new questions for the exam. Together with the 112 questions accepted from the BACB question bank, there is a total of 189 examination items. The Examination Working Group will meet again to approve the examination form(s). This is expected to take place in the Fall 2023.
- College staff have now started their outreach to stakeholders who employ behaviour analysts to inform them of the regulation process for ABA in Ontario. The College plans to offer a virtual

information session for stakeholders in the Fall 2023. On September 20, the College will be meeting with Ontario regulatory Colleges to develop a collaborative Q&A document for ABA which the Colleges can share with their members.

- The College will be striking a separate working group for the development of the Jurisprudence Module, consisting of one or two members of the current Working Group and new members.

#### Website Development

The College has added new sections to the [ABA Portal](#) of the College website, including:

- A [Self-Screening Tool](#) to assist practitioners of behaviour analysis, therapy, or intervention to determine if they will need to apply to the College once preregistration opens;
- [Competency Profile and Examination Blueprint](#);
- [Entry-Level Route to Registration](#);
- [Transitional Route Guidelines](#).

Additional registration information and FAQs are currently under development.

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#### **SUBMITTED BY**

Emily Sarmiento  
Acting ABA Coordinator

## REPORT TO COUNCIL

2023.05.02B

### SEPTEMBER 2023 COUNCIL MEETING

## BARBARA WAND SEMINAR IN PROFESSIONAL ETHICS, STANDARDS AND CONDUCT

June 15, 2023

### SURVEY RESULTS

## The Ethics of Professional Supervision

### ETHICAL PRINCIPLES OF SUPERVISION

Tony DeBono, MBA, Ph.D., C.Psych.

### AVAILABLE SUPERVISION RESOURCES & ANSWERS TO POPULAR PRACTICE QUERIES

Barry Gang, MBA, Dip.C.S., C.Psych.Assoc.

### COMMON CHALLENGES IN SUPERVISION FOR REGISTRATION

Lesia Mackanyn

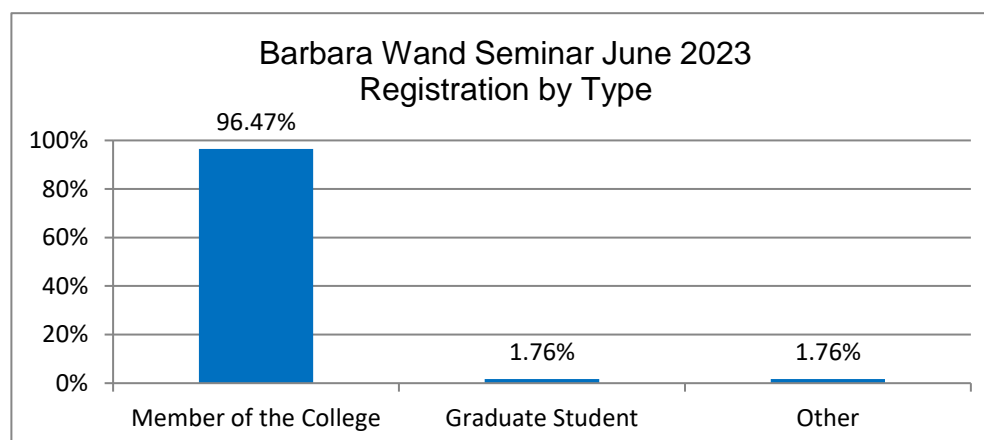
### COMPLAINTS ABOUT SUPERVISION

Zimra Yetnikoff

The Barbara Wand Seminar was held on June 15, 2023 and was provided exclusively by webinar. The Barbara Wand Seminar was offered at no charge in keeping with the College's wish to support and encourage continuing professional development.

There were a total of 1985 registrations to view the webinar. This included 1,532 registered as individuals and 453 as groups, with an estimated 2,022 people viewing with colleagues. This gave a total viewership estimated at 3,557.

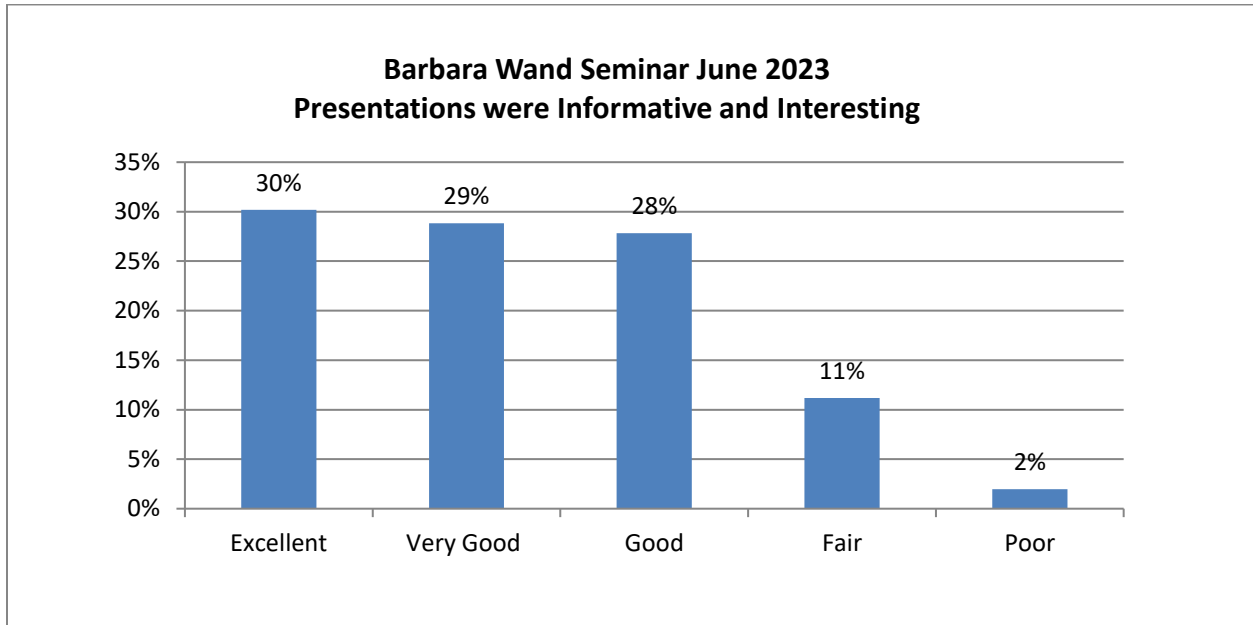
The registrants included members of the College, graduate psychology students, those who were part of interdisciplinary teams led by College members, members of the Ontario Association for Behaviour Analysis (ONTABA), and others.



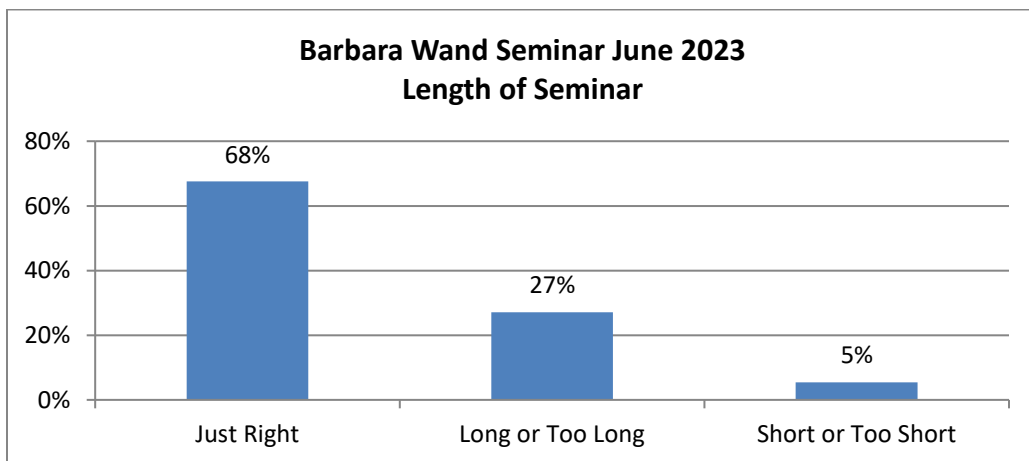
We thank those who responded to our survey.

The evaluation of the Seminar was completed on-line by 513 (15%) of the participants. Their feedback indicated that most attendees found the presentation to be of value.

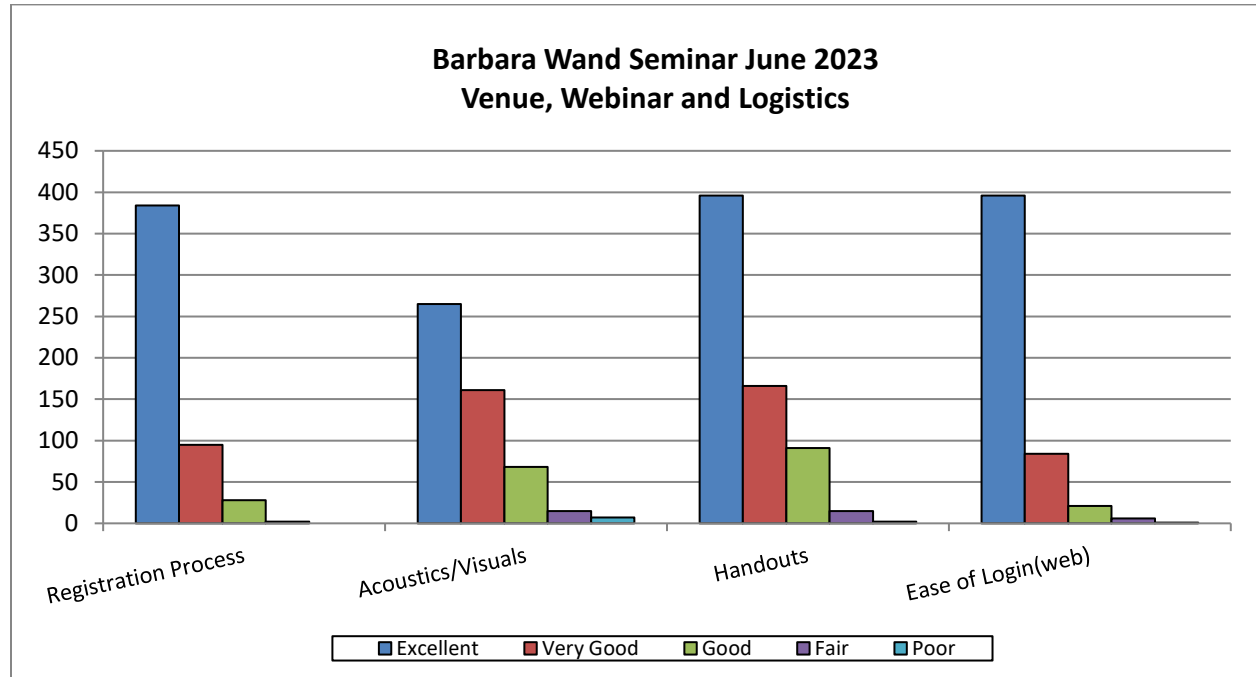
When asked whether they found the presentations to be “Informative and Interesting”, 87% of respondents reported that the Seminar was Excellent, Very Good or Good.



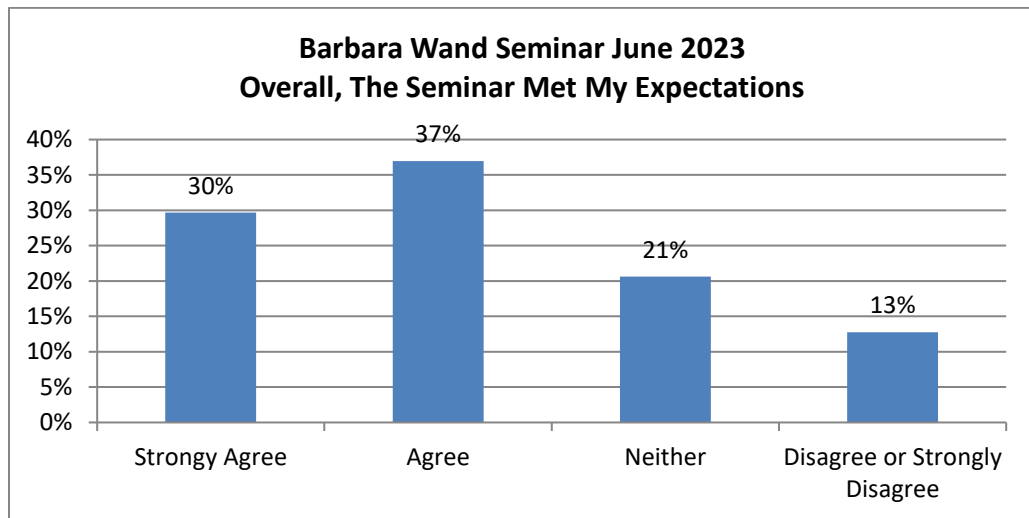
When asked about the length of the Seminar, 68% of respondents indicated that they found it to be Just Right.



The majority of members rated the registration process, handouts and webinar logistics as Excellent, Very Good or Good.



Most attendees found the workshop to be informative and interesting and to have met their expectations.



**CONTACT FOR QUESTIONS**

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

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## BRIEFING NOTE

2023.05.03A

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### SEPTEMBER 2023 COUNCIL MEETING

## EQUITY IMPACT ASSESSMENTS

### STRATEGIC DIRECTION REFLECTION

*Excellence in Care*

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### FOR INFORMATION

There is no action required at this time.

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### PUBLIC INTEREST RATIONALE

In December 2020, the Ministry of Health released the *College Performance Measurement Framework (CPMF)*. This document sets out expectations and reporting requirements for all health regulatory colleges in Ontario. Within the *CPMF*, it is an expectation that the College has a Diversity, Equity, and Inclusion (DEI) plan and that they conduct Equity Impact Assessments to ensure that decisions are fair, and that policies, programs, or processes are not discriminatory. Prior to creating a DEI plan, Equity Impact Assessments will provide baseline data to build upon. Equity Impact Assessments are important to serving and protecting the public interest by examining the fairness of internal College processes for applicants and registrants from equity-seeking communities. Fair regulation that is sensitive to inequities contributes to the public interest by striving to eliminate structural barriers to entering the profession.

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### BACKGROUND

The Ministry outlined Standards within the *CPMF* considered to be “best practices” of regulatory excellence toward which Colleges are to strive and against which Colleges will be evaluated. The *CPMF* has several measures under each Standard to guide the College in demonstrating its achievement of each Standard. Colleges are asked to provide evidence of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant Standards. This Briefing Note addresses the highlighted measurement below.

#### **Domain1: Governance**

#### **Standard 3**

#### **Measure:**

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

*a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).*

*b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.*

While there are some Equity Impact Assessment tools available that are applicable to those providing healthcare, a tool appropriate to the operations of a regulatory body did not appear to be available. As such the College had not yet undertaken the task of completing an Equity Impact Assessment. The Health

Professions Regulators of Ontario (HPRO) discussed this issue and procured a consultant to prepare the attached guide and materials. The tool is comprehensive, and the instructions indicate that Colleges may use it as a reference and may choose only those elements that are relevant to them.

At a recent meeting of the College's Equity, Diversity and Inclusion Working Group, the materials were reviewed, and a decision was made to conduct an initial Equity Impact Assessment using the tool as a guide.

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**RISK**

If the College does not adopt Equity Impact Assessments and create a DEI plan, the public may perceive the College as inauthentic in its commitment to EDI and social justice. In addition to reputational risks, the College would not be in compliance with the CPMF, which is an expectation of the Ministry of Health and Long-Term Care.

---

**BUDGETARY IMPLICATIONS**

At present, there are no additional budgetary implications as the College already has an EDI workgroup who has been commissioned to perform this type of work. However, depending on the results of these assessments and of the DEI plan, there will likely be a need for financial resourcing of initiatives.

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**NEXT STEPS**

The Equity, Diversity, and Inclusion Working Group to continue this work.

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**ATTACHMENTS**

- HPRO Assessment and Action Guide
- HPRO Case Studies
- HPRO FAQs
- HPRO Overview of the General Context and Existing EDI and Anti-Racism Measures

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**CONTACT FOR QUESTIONS**

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





## EDI Organization Self-Assessment and Action Guide (FINAL DRAFT)

# HPRO EDI Organization Self-Assessment and Action Guide

|| (Incl. Equity Impact Assessment tools)



## EDI Organization Self-Assessment and Action Guide (FINAL DRAFT)

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## EDI Organization Self-Assessment and Action Guide (FINAL DRAFT)

### Acknowledgements



## EDI Organization Self-Assessment and Action Guide (FINAL DRAFT)

### Overview of this document

Research into the effect of exclusion and racism, whether they be systemic or interpersonal, intentional or unintentional, has demonstrated the need to ensure that EDI and anti-racism form an important part of the lens through which any health or other regulatory college undertakes its work, from how it is governed to what policies and processes it develops. As much as it is important to assess the impact of exclusion and racism on those receiving services from practitioners regulated by these colleges, recent studies have also demonstrated the need to combat systemic and interpersonal exclusion and racism within regulatory colleges, between colleges and their registrants, and among regulated professionals. Doing so requires colleges to assess the level of integration of Equity, Diversity, and Inclusion (EDI) and anti-racism<sup>1</sup> processes and initiatives within the various aspects of their work.

Self-assessments are beneficial when they can provide the health regulatory College (the College) with an understanding of the status of their practices related to EDI and anti-racism, what areas they can further advance in, and how to do so within important areas of interest. However, embarking on EDI and anti-racism self-assessment processes can be daunting. It is also very hard to properly undertake without some form of direction.

The objective of this guide is to assist the College with the continuous process of integrating EDI and anti-racism into their work. Given the importance of ensuring that EDI and anti-racism are integral to any process undertaken by the College, this guide helps the College carry out an EDI and anti-racism self-assessment across all aspects of their work and their functions. It also helps the College on its journey of continual integration and improvement of EDI and anti-racism.

To ensure coherence with the College Performance Measurement Framework (CPMF), this Guide provides an assessment along the following domains:

1. Governance Goals
2. Resource Goals
3. System Partner Goals
4. Information Management Goals
5. Regulatory Policies
6. Suitability to Practice
7. Measurement, Reporting, and Improvement

These domains are meant to cover most of the work that the College undertakes and the manner in which it functions. Consequently, there will be some repetition and overlap between various domains, especially as it relates to certain assessment markers and suggested actions.

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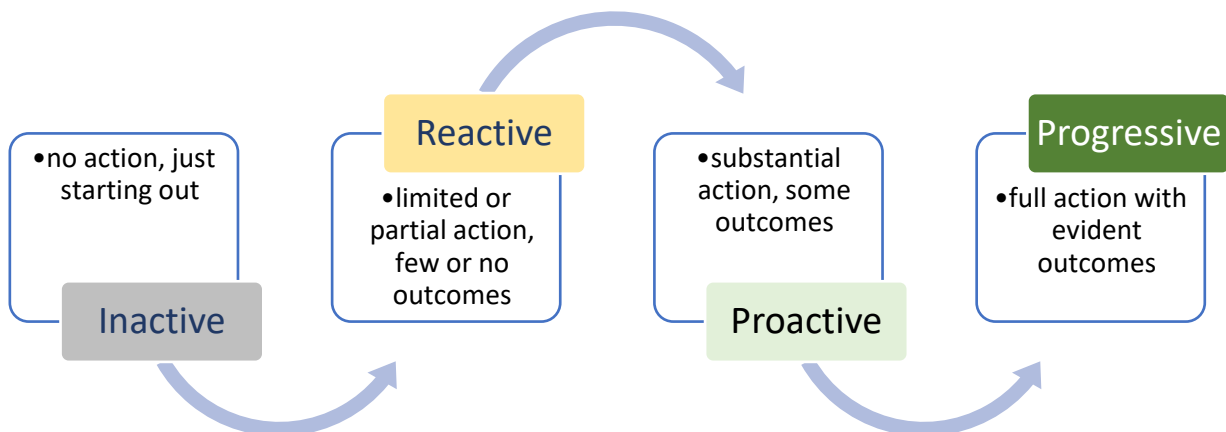
<sup>1</sup> Throughout the document, EDI is used to reflect the comprehensive approach to issues related to the barriers and successful practices for achieving equitable outcomes across many different equity-seeking groups. Anti-racism is specifically mentioned to bring attention to the particular challenges in this regard.

## EDI Organization Self-Assessment and Action Guide (FINAL DRAFT)

Moreover, the guide assists the College in undertaking a regulatory **Health Equity Impact Assessment (HPRO-EIA)** with a focus on applicants to the profession, registrants in the profession, or those leaving their health profession prematurely.. The assessment found under **Domains 5 and 6** (Regulatory Policies and Suitability to Practice) is particularly helpful in this regard.

This guide contains three interrelated components:

1. **Self-Assessment Grid:** This grid is a summary matrix that helps Colleges undertake an initial assessment of their strengths and gaps as they relate to EDI and anti-racism. The results are presented along a continuum (inactive, reactive, proactive, progressive) so as to provide the College with an ability to assess its varying levels of achievements related to the various domains. The four levels were informed and inspired by the Global Diversity, Equity, and Inclusion Benchmark. In effect, this grid supports a first high-level “taking stock” and allows the College to describe and come to terms with its current degree of organizational commitment and performance in EDI and anti-racism.



\*Figure to be further assessed for accessibility.

2. **Assessment Markers:** These markers provide a more detailed assessment of the integration of EDI and anti-racism along the above-listed seven domains. The markers are presented in a manner that supports a more comprehensive self-assessment along the same continuum presented in the grid. The colour categorization among the various levels in these domain-specific tables is meant to be understood as a representation of the fluidness of the continuum rather than an abrupt or distinct transition from one level to the other. As such, each level is interconnected with the adjacent levels; movement along these levels is complex and not necessarily linear in all cases. It also means that some of the markers might not continue throughout the four levels. In such cases, these markers are meant to feed into the accomplishment of markers at the higher levels. The College can use these lower-level markers as preparation for the potential achievements of the higher-level markers.
3. **Guidance Document:** This document provides the Colleges with some suggested actions that can be taken related to some specific areas of improvements. The guidance is meant to leverage strengths and remedy gaps in EDI and anti-racism practices at the personal and institutional levels within the College and the profession.



## EDI Organization Self-Assessment and Action Guide (FINAL DRAFT)

These interrelated components help provide the College with a reflective tool and a means to tell an evidence-based story regarding their work on EDI and anti-racism. Moreover, the suggested story telling approach allows the College to demonstrate advancements over time. It is not a tool that can allow the College to quantitatively report its achievements since the quantification process requires a valuation that would be misleading and that would have to grapple with varying levels of importance and varying number of markers across the continuum.

If the College finds itself in a situation where the self-assessment indicates achievements at differing levels related to different aspects that are being assessed, including within the same domain, it is suggested that the College assess the implications of each achievement. For example, if the self-assessment indicates that College has completed a few suggested markers within each of the four levels of a domain, the College can determine whether the achievements at the reactive or proactive levels are parts of a building process to achieve related markers at the proactive or progressive levels respectively. This approach to assessing achievements integrates the objectives of continuous improvements, of working on EDI and anti-racism through a building block approach, and of approaching work on EDI and anti-racism from a story telling perspective that reflects the inherent endless journey that must be undertaken to effect real change, especially at the institutional level.

### Suggested Usage of this Guide

While all three components can be used individually or in isolation from each other, it is suggested that the assessment process follow the following steps:

1. Begin with the **self-assessment grid** in order to develop high-level takeaways regarding the College's level of integration of EDI and anti-racism into the seven domains. Naturally, the College might find that it has realised differing levels of achievements regarding the different domains (or sub-domains, if applicable).
2. Refer to the **assessment markers** that correspond to the domain (or sub-domain, if applicable) that the College has quickly assessed. As noted earlier, the College can find that within one domain, there are practices that it has undertaken that are in the lower levels of achievement while others are another level. The College can use these markers as guidance on what it can do to improve its integration of EDI and anti-racism in the relevant domain (or sub-domain, if applicable).
3. If the College is interested in achieving certain markers, the College can turn to the **guidance document** for step-by-step guidance on certain domain markers. The guidance document follows the same seven domains that are represented in the self-assessment grid and the assessment markers. The list is not comprehensive of all of the markers, but provides essential steps to achieving certain markers at the progressive level. Note: given the importance of Domains 5 and 6, the interconnection between them, and the link between them and the HPRO-EIA, Domains 5 and 6 have been combined together in the guidance document.

Finally, this guide is to be used and, if necessary, adapted to the realities of the College. It is also to be used on a continuous basis with the interval being decided by the College. This helps the College establish a benchmark and the information needed to show the change (the process of improvement). It is also a guide that will be regularly reviewed and adjusted to allow for the continuous learning and advancements that are inherent to any EDI initiative, process, and understandings.



## EDI Organization Self-Assessment and Action Guide (FINAL DRAFT)

### Introduction and terminology

#### *Identity Factors*

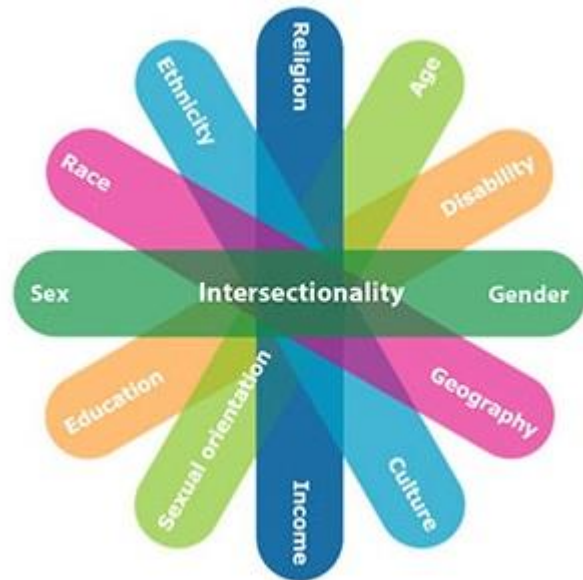
In this document, there are many references to “identity factors” – this is a term that loosely refers to the various ways in which people define themselves, or are defined by others. They can include characteristics such as gender, age, ethnicity, race, (dis)ability, and sexual orientation, as well as aspects such as profession, geographic location, national origin, family status, socioeconomic status, and many others. These identity factors will be more or less important to certain individuals, and will have more or less impact on their lived experience within systems and processes as well as in their interactions with others.

The concept of intersectionality, initially coined by Kimberley Crenshaw after drawing on work done by women from the African continent and from Latin America in the 1960s and 1970s, is used to capture the multitude of interlocking identities, social and personal, that make each person unique in their own way (see figure). These identities can be self-proclaimed or imposed by others within society.

A comprehensive lens of Equity, Diversity and Inclusion (EDI) allows for the recognition of multiple identity factors as well as their intersections.

#### *EDI, Intersectionality and Anti-racism*

The various factors that make up the identity of a person could offer them opportunities of power and privilege<sup>2</sup> as well as challenges and difficulties. The concept of intersectionality and the approaches that are based on it avoid ranking and comparing the intensity of oppression, domination, or hindrance of each factor. However, when assessed through the lens of societal organization, systemic oppression, and power and privilege, race is understood to present an amplified multiplying factor that further limits one’s power, privilege, and social location. We see this in studies that assess the power dynamics within women’s groups,



<sup>2</sup> Privilege in this context refers to power or benefits that are provided to someone without them doing anything to earn it. For example, from a physical perspective, an abled bodied person has privilege given that they can move through physical spaces easily. An abled bodied person did not ‘earn’ this power or advantage. A person in a wheelchair cannot navigate these same spaces with the same ease, will face many hurdles and blockages, and will likely have to fight to be treated equally and to be able to move in the space with the same ease as an abled bodied person.



## EDI Organization Self-Assessment and Action Guide (FINAL DRAFT)

LGBTQ2+ community groups, disability groups, etc. To this day, race and racism continue to be a predominant influence in societies. They also remain deeply influential in many interpersonal interactions and within institutional and societal systems.

### *Equity-seeking Groups*

Equity-seeking groups are groups of people loosely or officially connected (e.g. civil society groups) who have been denied equity and true equality and are fighting for both. Not all members who share equity-related identity factors with equity-seeking groups are fighting to change systems and structures. Moreover, those that have none to limited levels of privilege should not be the ones who are saddled with the overwhelming responsibility to fight for change. The onus of change is a shared one, but when groups of people are denied equity, the urgency of action for those who have privilege becomes important.

It is also important to recognize that while it is not fair to saddle all members of equity-seeking groups with the responsibility of change, each equity-seeking group has members that are fighting hard for equity. As such, this document uses the terminology '**members of equity-seeking groups**' as a means to:

- Highlight that those who have to fight for equity do so because they are deserving of it,
- Note that members of equity-seeking groups are denied equity,
- Recognize that not everyone who belongs to a group that has to fight for equity wants to, is able to, and should be saddled with the responsibility to do so,
- Recognize that there are actors who belong to groups or represent people who deserve equity who are actively fighting for it through group structures (e.g., civil society groups), and
- Indicate that the reference is about people who belong to these groups that are fighting for equity without implying or placing the onus on these same people and without erasing or minimizing the need for true equality and justice through systemic change.

### *Self-Assessment Domains and Markers*

In the process of conducting equity impact assessments there will be discussion of key measures suitable to describe the current state and to track progress on performance, and facilitate decision making regarding equity and anti-racism across the seven domains of the CPMF.

There are three types of key measures structure, process, and outcome (Donabedian, 1966). Each type serves a purpose, and each has benefits and challenges. Generally speaking, an organization developing key measures to assess, monitor and track progress on equity will move from structural markers as a starting point, to process markers, to outcome indicators as the gold standard.

**Structural measures** refer to “things”, entities, that are established to help lead to a desired outcome (e.g. committees, institutions, and manuals). They set the stage for the work needed to achieve a goal or series of goals. Structural measures are often easily defined and easily measured (frequently, but not always, these measures are yes/no measures). However, they are often considered “necessary but not sufficient” because it is not always possible to establish a clear relationship



## EDI Organization Self-Assessment and Action Guide (FINAL DRAFT)

between the structural measure and the ultimate desired outcome. Examples of these measures include policies, committees, and resources committed to providing EDI focused practice advice.

**Process measures**, as the name suggests, refer to measures of procedures or processes or the implementation of institutional policies to achieve a goal. They generally target the application of ‘good’ procedures or best practices. Process measures are usually more immediately sensitive to differences in quality or to implementation steps than are structure or outcome measures and they can be easier to interpret. They have been criticized, however, because continuously employing good procedures does not always equate with desired goals. Again – they are necessary but not sufficient to measure the important objectives that organizations, groups, or individuals are trying to achieve. Examples include training and EDI and anti-racism focused data collection.

**Outcome measures** are considered to be the “highest standard” because they most clearly articulate the desired objectives of a policy, program, standard, guideline, or decision (e.g., being sensitive to identity factors of registrants). They are the most concrete of the three types but may be hard to measure. Outcome measures are also sometimes challenging to link directly to adopted processes or policies – especially if other intervening factors may be involved. For example, regulatory anti-racism outcome measures may include levels of trust of regulators by members of equity-seeking groups, differential access to professional development across geographical regions, or increased access to healthcare education among these groups. However, these outcomes might be produced through policies that are unrelated to regulator decisions, such as changes to payment policies for care. The broader and more ambitious the outcome measure, the harder it can be to link to regulatory activity.

## EDI Organization Self-Assessment and Action Guide



### ORGANIZATION SELF-ASSESSMENT GRID: OVERVIEW OF CURRENT EDI STATUS AT OUR COLLEGE

The **Self-Assessment Grid** is a summary matrix to help Colleges do an initial assessment of strengths and gaps on the EDI and anti-racism continuum (inactive, reactive, proactive, and progressive). It supports a first high-level “taking stock”, allowing a College to describe and come to terms with its degree of organizational commitment and current performance in EDI and Anti-racism.



## EDI Organization Self-Assessment and Action Guide

### Self-assessment Grid: Overview of Current EDI Status at our College

How it is related to the CPMF	EDI Integration Areas	Wording that Colleges can customize to situate themselves and to support their reporting.			
		A. INACTIVE	B. REACTIVE	C. PROACTIVE	D. PROGRESSIVE
CPMF DOMAIN AND GOALS (Note: CPMF standards have been transformed into related goals)	PROPOSED MARKERS (Colleges can skip proposed markers and add additional markers) “Which of the following is in place?” yes/no – and to what degree?	No action plan has been developed or implemented  No evidence of improved EDI outcomes	Limited or partial action plan has been developed or implemented  Unknown/unclear connection between actions and outcomes	More comprehensive action plan developed, substantial implementation under way  Clear connection between actions and outcomes	Action plan has been fully implemented; effects may be assessed.  Improved EDI outcomes are apparent
1. GOVERNANCE Goals:  Council and committee members have EDI competence. Decisions are made in a diverse public’s interest. Transparency about actions fosters trust with a diverse public.	Public EDI commitment and transparency of actions  EDI competence of council and committee members	<ul style="list-style-type: none"> <li>There is no public commitment to EDI</li> <li>Council and committee members have insufficient awareness to support the application of EDI concepts</li> <li>There are no efforts to promote diversity of identities and lived experience among council/committee members</li> </ul>	<ul style="list-style-type: none"> <li>There is a public commitment with no goals or action plans</li> <li>Decision-makers (council or committee members) display some EDI awareness or skills with limited effectiveness in applying EDI concepts when making decisions</li> <li>There are limited efforts to promote diversity of identities and lived experience among council/committees</li> </ul>	<ul style="list-style-type: none"> <li>There is a public commitment with high-level goals or action plans</li> <li>The commitment is not consistently integrated in public statements</li> <li>Council/committee membership reliably reflects the diversity of the populations we serve/the public</li> <li>There have been some learning events or resources provided to decision makers</li> </ul>	<ul style="list-style-type: none"> <li>Progress and achievements are reported</li> <li>Public commitments are integrated, and outcomes frequently shared/communicated</li> <li>EDI lens is applied consistently by committees, working groups and projects</li> <li>EDI competency is a factor in making council/ committee appointments</li> <li>Council and committee members are driving EDI, providing leadership on</li> </ul>



## EDI Organization Self-Assessment and Action Guide

How it is related to the CPMF	EDI Integration Areas	Wording that Colleges can customize to situate themselves and to support their reporting.			
					related issues, and engaging with training and education opportunities
<p>2. RESOURCE Goals:</p> <p>Responsible stewardship of financial and human resources dedicated to EDI is demonstrated.</p>	<p>EDI competence of staff</p>	<ul style="list-style-type: none"> <li>Staff have no awareness of how to support EDI</li> <li>There is no effort to promote diversity of identities and lived experience among staff</li> </ul>	<ul style="list-style-type: none"> <li>Staff display some EDI awareness or skills</li> <li>There are limited efforts to promote diversity of identities and lived experience among staff</li> </ul>	<ul style="list-style-type: none"> <li>The college’s staff reliably reflects the diversity of the populations we serve/the public</li> <li>There have been some learning events or resources provided to staff</li> <li>EDI competency is a key consideration in making staff assignments</li> </ul>	<ul style="list-style-type: none"> <li>EDI competency is a factor in hiring staff</li> <li>Staff play an active part in leading EDI initiatives</li> <li>Staff are capable to help train committees and councils on EDI</li> </ul>
	<p>EDI specific internal resourcing and external funding</p>	<ul style="list-style-type: none"> <li>The College has not made EDI specific resourcing or funding commitments</li> </ul>	<ul style="list-style-type: none"> <li>EDI specific resourcing or funding is being explored</li> </ul>	<ul style="list-style-type: none"> <li>EDI specific funding applications have been submitted to non-profit, provincial, or federal funding agencies; and/or</li> <li>EDI specific internal resources have been allocated</li> </ul>	<ul style="list-style-type: none"> <li>EDI is included, resourced and/or funded in key projects; impact has been demonstrated through project evaluation</li> </ul>
<p>3. SYSTEM PARTNER Goals:</p> <p>There is active engagement with other colleges and system partners regarding EDI. Cooperative and collaborative relationships to progress on EDI are maintained.</p>	<p>Relations with EDI system partners</p>	<ul style="list-style-type: none"> <li>Relations with EDI system partners may be perceived as outside of the regulatory mandate</li> </ul>	<ul style="list-style-type: none"> <li>External EDI system partners initiate relations</li> <li>Relations with EDI system partners are minimal and inconsistent</li> </ul>	<ul style="list-style-type: none"> <li>Equity-seeking groups are consulted</li> <li>Several relations with EDI system partners exist, mostly within short-term initiatives</li> </ul>	<ul style="list-style-type: none"> <li>There is a robust set of contacts and a consistent practice of engaging relevant interested parties</li> <li>There is ongoing collaboration across groups and health professions</li> </ul>
<p>4. INFORMATION MANAGEMENT</p>	<p>Collection of EDI-related data and protection from unauthorized disclosure</p>	<ul style="list-style-type: none"> <li>There is no equity-related data collected on a consistent basis</li> </ul>	<ul style="list-style-type: none"> <li>Data collection is limited to what is legally required</li> </ul>	<ul style="list-style-type: none"> <li>There are data systems in development, applied occasionally, or with limited focus</li> </ul>	<ul style="list-style-type: none"> <li>There is consistent use of high-quality data to inform EDI initiatives</li> </ul>



## EDI Organization Self-Assessment and Action Guide

How it is related to the CPMF	EDI Integration Areas	Wording that Colleges can customize to situate themselves and to support their reporting.			
There is protection from unauthorized disclosure of EDI data.			<ul style="list-style-type: none"> <li>Other available data that could potentially be used for EDI purposes are not leveraged.</li> </ul>		
<p><b>5. REGULATORY POLICIES</b></p> <p>Policies, standards of practice, and practice guidelines are based on the best available EDI evidence. They reflect current best practices on EDI and are reasonably aligned with changing public expectations on EDI and other College.</p>	Policies, standards of practice and practice guidelines	<ul style="list-style-type: none"> <li>There is no EDI consideration in policies, practice standards and guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Limited EDI consideration in policies, current practice standards and guidelines</li> <li>Review of policies, practice standards and guidelines through an EDI-lens is being planned</li> </ul>	<ul style="list-style-type: none"> <li>EDI impact is considered when developing/renewing policies, practice standards and guidelines</li> <li>Research into the best available evidence is incorporated as part of any policy/guidelines/standard review</li> <li>Registrants' questions and enquiries are handled sensitively, and alternative communication channels offered when requested</li> </ul>	<ul style="list-style-type: none"> <li>Policies and practice standards are grounded in best available evidence using an EDI-lens</li> <li>EDI is embedded in each practice standard and guideline</li> <li>EDI impact of the standard or guideline has been evaluated</li> <li>Registrants routinely suggest how to enhance EDI in practice</li> </ul>
<p><b>6. SUITABILITY TO PRACTICE</b></p> <p>Diverse registrants are assessed for competent, safe, and ethical practice with diverse patients/clients and colleagues. Continuing competence is assured. Complaints processes are integrated, accessible and supportive of EDI. Activities are prioritized based on a diverse public's risk and actions to protect.</p>	Registration	<ul style="list-style-type: none"> <li>EDI in registration is limited to what is legally required</li> </ul>	<ul style="list-style-type: none"> <li>There is anecdotal evidence of inequity</li> <li>Limited data may impact insight into potential issues (i.e., bias, differential failure/rejection rates)</li> <li>Assessment of competence may be conflated with language ability</li> </ul>	<ul style="list-style-type: none"> <li>Bridging programs are offered</li> <li>Efforts are underway to increase access to education and credentials</li> <li>Potential bias in assessments is being addressed</li> </ul>	<ul style="list-style-type: none"> <li>Bridging programs increase access</li> <li>Equitable registration streams increase access for populations such as Indigenous practitioners and specialized Internationally Educated Health Professionals (IEHPs)</li> </ul>
	Quality assurance	<ul style="list-style-type: none"> <li>EDI competence is not part of continuing development and quality assurance and is deferred to schools training new graduates</li> <li>Only mandatory areas of focus (e.g., sexual abuse) are being addressed</li> </ul>	<ul style="list-style-type: none"> <li>EDI competence is not a discrete part of continuing development and quality assurance</li> <li>Patients/clients are predominantly viewed from the bio-medical and individualist lenses</li> </ul>	<ul style="list-style-type: none"> <li>Eligible professional development activities include EDI</li> <li>Patients/clients are viewed holistically, and beyond a bio-medical and individualist lens, while protecting privacy and confidentiality</li> <li>Key concepts, (e.g., social determinants of health, recovery orientation, trauma informed care) are being explored</li> </ul>	<ul style="list-style-type: none"> <li>Quality assurance and continuing professional development provide safe spaces where health professionals may reflect and commit to improving their awareness and application of EDI principles in their practice</li> </ul>



## EDI Organization Self-Assessment and Action Guide

How it is related to the CPMF	EDI Integration Areas	Wording that Colleges can customize to situate themselves and to support their reporting.			
	Complaints and discipline	<ul style="list-style-type: none"> <li>The complaint, investigation and tribunal processes have no scope and/or capacity for addressing EDI issues in competence or professional conduct</li> <li>Focus is on the Regulated Health Professions Act's definition of 'incapacitated'</li> <li>Training relating to harassment or discrimination may be recommended if determined relevant as part of discipline and re-licensing</li> </ul>	<ul style="list-style-type: none"> <li>The fitness to practice, complaints, investigation and tribunal processes have limited scope and/or capacity for addressing EDI issues</li> <li>Biases and humility in fitness to practice, complaints, and discipline decision-making are explored if raised during the process</li> </ul>	<ul style="list-style-type: none"> <li>EDI training for tribunal members exists</li> <li>EDI concerns are addressed during complaints, investigations and tribunal processes</li> <li>There is some access and support addressing biases, humility and intersectionality during the complaints and discipline processes</li> </ul>	<ul style="list-style-type: none"> <li>EDI is thoroughly considered during all phases of the complaints, investigation, and tribunal processes</li> <li>EDI is integrated in all phases of the complaints, investigation, and tribunal processes</li> <li>Potential biases are actively identified and managed</li> <li>Humility and intersectionality are explicitly embedded in the fitness to practice, complaints, discipline and tribunal processes</li> </ul>
<p>7. MEASUREMENT, REPORTING, AND IMPROVEMENT</p> <p>College monitors, reports on, and improves its performance.</p>	Accountability, reporting, action planning	<ul style="list-style-type: none"> <li>EDI initiatives are not part of reporting</li> <li>EDI is not defined</li> <li>EDI issues are considered at a surface level when they arise</li> <li>Legal aspects of EDI are met</li> </ul>	<ul style="list-style-type: none"> <li>There is very limited involvement in EDI initiatives</li> <li>EDI may be defined</li> <li>EDI issues are considered at a surface level when they arise</li> <li>Some equity-seeking groups are considered</li> <li>There are limited KPIs, typically output / activity measures</li> </ul>	<ul style="list-style-type: none"> <li>There is a designated individual with accountability for EDI progress and action planning</li> <li>Bias in decision-making is minimized</li> <li>Policies and processes are updated with EDI in mind</li> <li>There is some monitoring and measurement of outcomes in place</li> <li>There is some evidence that policies are having a positive impact</li> </ul>	<ul style="list-style-type: none"> <li>There is a consistent planning and budgeting process for EDI initiatives and progress integrated into business planning</li> <li>Strategic plans incorporate EDI and Key Performance Indicators are tracked</li> <li>Partnerships with EDI interested parties are nurtured</li> <li>There is strong evidence of positive outcomes from inclusive policies</li> <li>More patients have access to culturally safer and evidence-informed care</li> </ul>





## SELF-ASSESSMENT DOMAINS AND MARKERS

The **Assessment Markers** are more detailed tables of established good practices that Colleges can use for more comprehensive self-assessment in areas they have identified for early attention. The colour categorization among the various levels in these domain-specific tables is meant to be understood as a representation of a continuum rather than a distinct transition. Each level is interconnected with the adjacent levels; movement along these levels is complex and not necessarily linear in all cases.

## EDI Organization Self-Assessment and Action Guide

### DOMAIN 1: GOVERNANCE

**GOVERNANCE Goals:** Council and committee members have EDI competence. Decisions are made in a diverse public's interest. Transparency about actions fosters trust with a diverse public.

#### **1.1 Public EDI commitment and transparency of actions**

Inactive

- The College has made no public commitment to EDI.
- The College has made no public commitment to anti-racism

Reactive

- The College has made a public commitment to EDI (publishing a statement on the College's website).
- The College has made a public commitment to anti-racism (publishing a statement on the College's website).
- The College has undertaken consultation processes with several groups without being guided by EDI and anti-racism benchmarks and best practices.
- The College has developed a basic anti-racism vision, mission, or strategy. The vision, mission or strategy is written in a general manner.
- The College has developed a basic EDI vision, mission, or strategy. The vision, mission or strategy is written in a general manner.
- The College's commitment to EDI and anti-racism is integrated, albeit somewhat inconsistently, into other public statements, processes, and policies and is linked to long-term EDI and anti-racism objectives, albeit vaguely.

## EDI Organization Self-Assessment and Action Guide

### Proactive

- The College has defined EDI broadly to include some dimensions beyond gender, race, and Indigeneity.
- The College's commitment to EDI and anti-racism is consistently integrated into other public statements, processes, and policies with limited foresight into how this integration will help or work (in the case of products).
- The College's public commitment includes high-level goals or action plans that reflect the College's responsibility as a regulated health profession regulator so that the diverse needs of the communities served are met, but with limited EDI and anti-racism-related details.
- The College has undertaken consultation processes with various equity-seeking groups (e.g. Indigenous, other racialized groups, people disabilities, members of the LGBTQ2+ community) that were guided by EDI and anti-racism benchmarks and best practices.
- The College has qualitative goals for achieving EDI and anti-racism within the College's mandate that include input from a variety of internal and external interested parties.
- The College has quantitative goals for achieving EDI and anti-racism within the College's mandates that include input from a variety of internal and external interested parties.
- The College has examined its organizational policies and procedures to identify opportunities for reducing barriers to equity, diversity, and inclusion.
- Most of the Council members, registrants, and key system partners are aware that EDI and anti-racism are important to the College.
- The College's commitment to EDI and anti-racism are communicated widely and frequently, and integrated into most of the College's messaging.

### Progressive

- The College has incorporated EDI and anti-racism concepts as part of the organizational culture, and it is considered in the College's strategic planning.
- The College regularly undertakes consultation processes with several equity-seeking groups that are guided by EDI and anti-racism benchmarks and best practices.
- Competencies that help achieve the College's EDI and anti-racism goals and strategy are openly demonstrated by most decision-makers within the College (Executive and Management, Council and committee and tribunal members, etc.).
- The College regularly reports its progress and achievements in relation to its stated goals in a number of ways suitable to different audiences.
- The College demonstrates a commitment to lessons learned, adjusts its approach to EDI and anti-racism and its action plan when needed, and integrates updates in its communication channels and in its statements.
- EDI and anti-racism (featuring an intersectional approach) are embedded in the College's operations as a core value, a source of innovation, and a means to belonging, sustainability and success.
- The College is frequently acknowledged and benchmarked by others (e.g., health regulatory Colleges, community organizations, or associations) for its EDI and anti-racism accomplishments.
- The College is proactive and responsive to EDI and anti-racism challenges faced by society.
- EDI and anti-racism are now ingrained in the College's work culture.



## EDI Organization Self-Assessment and Action Guide

### **1.2 EDI competence of council and committee members**

Inactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> Council and committee members have no or limited understanding of EDI and anti-racism.</li> <li><input type="checkbox"/> The composition of the Council and committees appears to be homogeneous, and is generally unquestioned.</li> </ul>
Reactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> Council and committee members have had some training on EDI, anti-racism and unconscious bias.</li> <li><input type="checkbox"/> Council and committee members have some knowledge and awareness of EDI and anti-racism focusing on personal interactions, not yet developing College-specific approaches, policies, procedures, and processes.</li> <li><input type="checkbox"/> Council and committee members are open to making EDI and anti-racism-related adjustments within the College while maintaining the existing systems and processes as they are.</li> <li><input type="checkbox"/> Council and committee members issue a commitment to increasing representation of equity-seeking groups (members of the LGBTQ2+ community, Indigenous groups, other racialized groups, disability groups, ethnic/religious groups, etc.)</li> </ul>
Proactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> Council and committee members are actively working on enhancing the diversity to better represent the public the College has a mandate to protect (within the constraints that they are under).</li> <li><input type="checkbox"/> Council and committee members have continuous training on EDI and anti-racism as a means to stay up to date and to keep the EDI and anti-racism lens strong and effective.</li> <li><input type="checkbox"/> Council and committee members use their EDI and anti-racism competencies while making decisions.</li> <li><input type="checkbox"/> Council and committee members are supporters, and several are champions of EDI and anti-racism.</li> <li><input type="checkbox"/> Council and committee members are open and willing to make EDI and anti-racism-related adjustments within the College (flexibility and the willingness to implement recommended changes).</li> <li><input type="checkbox"/> Council and committee members use EDI and anti-racism tools to make some changes to their approaches, projects, working groups, etc., although the changes may be inconsistent.</li> </ul>
Progressive	<ul style="list-style-type: none"> <li><input type="checkbox"/> Council and committee members use EDI and anti-racism tools to make consistent and long-term changes to their approaches, projects, working groups, etc.</li> <li><input type="checkbox"/> Council and committee members draw on their EDI and anti-racism resources to make committee and council assignments.</li> <li><input type="checkbox"/> Council and committee members understand the need to and demonstrate support for undertaking EDI and anti-racism assessments within their College.</li> <li><input type="checkbox"/> Council and committee members are champions of EDI and anti-racism and take consistent action to achieve EDI and anti-racism objectives.</li> </ul>



## EDI Organization Self-Assessment and Action Guide

### DOMAIN 2: RESOURCES

**RESOURCE Goals:** Responsible stewardship of financial and human resources dedicated to EDI is demonstrated.

#### **2.1 EDI competence of staff (including leadership)**

- |          |   |
|----------|---|
| Inactive | <ul style="list-style-type: none"> <li><input type="checkbox"/> Staff have no to very limited awareness of the importance of EDI and how to support it.</li> <li><input type="checkbox"/> Staff have no to very limited awareness of the importance of anti-racism and how to support it.</li> <li><input type="checkbox"/> Diversity among staff members is either non-existent or limited along very few identity factors (e.g., men and women).</li> <li><input type="checkbox"/> Staff are unwilling or do not feel able to take the initiative to inform themselves of EDI.</li> <li><input type="checkbox"/> Staff are unwilling or do not feel able to take the initiative to inform themselves of anti-racism.</li> </ul>   |
| Reactive | <ul style="list-style-type: none"> <li><input type="checkbox"/> Staff can identify some aspects of EDI, even if there is not a clear understanding of the implications and complexity of EDI.</li> <li><input type="checkbox"/> Staff can identify some aspects of anti-racism, even if there isn't a clear understanding of the implications and complexity of anti-racism.</li> <li><input type="checkbox"/> Staff assess or implement basic EDI measures (e.g., adjust language references, have one level of equity-markers (e.g., women and men))</li> <li><input type="checkbox"/> Staff assess or implement basic anti-racism measures (e.g., add language on diversity and send out reminders on the College's stand on racism)</li> <li><input type="checkbox"/> Staff have some knowledge and awareness of EDI and anti-racism focusing on personal interactions, not yet developing College-specific approaches, policies, procedures, and processes.</li> <li><input type="checkbox"/> The diversity of staff members is very limited and cuts across one or two identity factors.</li> <li><input type="checkbox"/> The willingness and ability of the staff to engage, intentionally and consistently, with diversified voices outside those officially staffed by the College is limited, or at best is done in a performative manner (for cases where staff diversity is limited).</li> </ul> |



## EDI Organization Self-Assessment and Action Guide

### Proactive

- Staff have access to EDI and anti-racism resources to help guide them.
- The diversity of staff members more closely reflects the diversity of the public they are mandated to protect.
- Staff have a solid understanding of EDI and the steps that need to be taken to increase EDI.
- Staff have a solid understanding of racism and the steps that need to be taken to fight against the various forms of racism and to become anti-racist.
- Staff members are assigned to varying tasks based on EDI competencies and an equity lens.

### Progressive

- Staff are actively and consistently implementing changes to help improve EDI, using an intersectional approach and beyond just responding to a specific situation.
- Staff are actively and consistently implementing changes to help decrease racism (against Indigenous and other-racialized groups), beyond responding to a specific situation.
- Staff hiring processes incorporate an equity lens.
- Staff's performance is assessed through an equity and intersectional lens.
- Staff members have the knowledge and expertise to provide some training to committee and council members on EDI.
- Staff have the knowledge and expertise to engage appropriate experts to train committees and council members on EDI (in cases where external expertise may be required).
- Staff undertakes continuous learning and training on EDI.

## EDI Organization Self-Assessment and Action Guide

### **2.2 EDI specific funding (in-kind and otherwise, internal and external)**

Inactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College has not made EDI specific resourcing commitments.</li> <li><input type="checkbox"/> The College has not made anti-racism specific resourcing commitments.</li> <li><input type="checkbox"/> The College has not identified any in-kind or budgetary commitments that it can make to EDI.</li> <li><input type="checkbox"/> The College has not identified any in-kind or budgetary commitments that it can make to anti-racism.</li> <li><input type="checkbox"/> The College draws on freely available resources and does not commit to ensuring in-kind or monetary support for the necessary EDI and anti-racism initiatives/changes.</li> </ul>
Reactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College has completed the assessment of the availability of the in-kind and monetary resources that it can and will dedicate to EDI and anti-racism.</li> <li><input type="checkbox"/> The College has identified external funding or in-kind potentials that can help it advance on its EDI and anti-racism journey.</li> <li><input type="checkbox"/> The College has assessed the level/quality of its human and financial capacity to implement EDI- and anti-racism-related changes.</li> </ul>
Proactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College has secured in-kind or financial funding internally for EDI- and anti-racism-related changes.</li> <li><input type="checkbox"/> The College has specifically allocated in-kind or financial funding internally solely for EDI- and anti-racism-related changes.</li> <li><input type="checkbox"/> The College has submitted applications for external funding to support its EDI and anti-racism initiatives.</li> <li><input type="checkbox"/> The College has secured external funding to support its EDI and anti-racism initiatives (including combining resources with other regulatory Colleges).</li> </ul>
Progressive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College has implemented key EDI-related projects, with clearly identified resourcing/funding.</li> <li><input type="checkbox"/> The College has developed an EDI and anti-racism-specific funding mechanism that protects the funds (in-kind and otherwise) from their diversion to other purposes.</li> <li><input type="checkbox"/> The College continuously assesses its budget to maintain the continued funding (in-kind and otherwise) for EDI and anti-racism initiatives that integrate intersectional approaches.</li> </ul>



## EDI Organization Self-Assessment and Action Guide

### DOMAIN 3: SYSTEM PARTNERS

**SYSTEM PARTNER Goals:** There is active engagement with other colleges and system partners regarding EDI. Cooperative and collaborative relationships to progress on EDI are maintained.

#### **3.1 Relations with EDI system partners**

Inactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> No initiative or effort is undertaken to reach out to other Colleges and partners within the health system regarding the sharing of information on EDI and anti-racism.</li> <li><input type="checkbox"/> No initiative or effort is undertaken to reach out to other colleges and partners within the health system regarding collaborative activity on EDI and anti-racism.</li> <li><input type="checkbox"/> The College considers the work on EDI and anti-racism as a College-based work and as not connected to the rest of the system/process.</li> </ul>
Reactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> There is limited engagement about EDI practices with other Colleges within the health system in Ontario.</li> <li><input type="checkbox"/> There is limited engagement with other Colleges about EDI practices within the health system across Canada.</li> <li><input type="checkbox"/> There is limited engagement with other interested parties working on EDI and anti-racism within the health sector in Ontario.</li> <li><input type="checkbox"/> There is limited engagement with other interested parties working on EDI and anti-racism within the health sector across Canada.</li> <li><input type="checkbox"/> Contacts with other interested parties are initiated by external interested parties and the sharing of information is limited and guarded.</li> <li><input type="checkbox"/> Contact with other interested parties (other Colleges and civil society groups) on issues related to EDI and anti-racism is occasional and inconsistent.</li> </ul>
Proactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> Various equity groups have been consulted, but consultation is not ongoing or consistent outside of specific initiatives.</li> <li><input type="checkbox"/> Collaboration with other interested parties on issues related to EDI and anti-racism is completed as part of an initiative and is not ongoing or consistent following the end of a project or an initiative.</li> <li><input type="checkbox"/> There is an updated list of actors to consult, but the consultation process remains selective (always choosing selected groups for consultation rather than undertaking consultations with a wide range of groups).</li> </ul>





## EDI Organization Self-Assessment and Action Guide

### Progressive

- The College has established and consistently implements an ongoing plan for consistent and meaningful consultation with various equity groups (e.g., Indigenous, other racialized groups, gender-based groups, LGBTQ2+ groups, disability groups, religious groups, etc.).
- The College has established and consistently implements an ongoing plan for consultation with other Colleges and actors in the health sector in Ontario.
- The College has established and consistently implements an ongoing plan for consultation with other Colleges and actors in the health sector across Canada.
- The College has expanded its reach to outside entities through upstream (universities, educational institutions, certifiers, etc.), downstream (civil society organizations, community groups, advocates, etc.), and horizontal (other Colleges, professional associations) consultations.
- The College regularly reviews and improves its collaborations efforts on EDI and anti-racism (using an intersectional lens).

## EDI Organization Self-Assessment and Action Guide

### DOMAIN 4: INFORMATION MANAGEMENT

**INFORMATION MANAGEMENT Goals:** There is protection from unauthorized disclosure of EDI data.

#### 4.1 EDI-related data collection and protection from unauthorized disclosure

Inactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College’s practices for EDI-related data collection and protection are informal.</li> <li><input type="checkbox"/> There has not been collection of any EDI-related data from individuals.</li> <li><input type="checkbox"/> EDI data collection has been very limited.</li> <li><input type="checkbox"/> College staff, council and committee members show little or no awareness of issues related to the management of EDI-related information.</li> <li><input type="checkbox"/> The College’s formal practices governing data collection and protection make no reference to particular considerations for EDI-related information.</li> </ul>
Reactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI data collection is undertaken for only a very limited number of individual characteristics, generally to respond to specific pressures.</li> <li><input type="checkbox"/> EDI data collection is undertaken within particular initiatives but not on an ongoing basis.</li> <li><input type="checkbox"/> There are processes in place to manage any unauthorized disclosure of individuals’ EDI information.</li> <li><input type="checkbox"/> Clear and ongoing communication efforts are in place to minimize individuals’ hesitation to self-identify EDI data.</li> <li><input type="checkbox"/> College staff, council and committee members receive training and ongoing support to manage EDI-related information.</li> <li><input type="checkbox"/> There are policies and practices in place to prevent clearly inappropriate (e.g., racist, misogynist, biased) information being shared in the College’s social media and public documents.</li> <li><input type="checkbox"/> The College’s data analysis and reporting practices explicitly address the risk of individual identities being discoverable due to small group sizes.</li> </ul>
Proactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College’s data collection methods are regularly reviewed to reflect EDI terminology and definitions that are currently recommended by experts and system partners.</li> <li><input type="checkbox"/> The College undertakes regular strategic reviews of its need for EDI-related data and its processes for collecting, securing, analyzing, and reporting it.</li> <li><input type="checkbox"/> Self-identification of a range of EDI-related characteristics (e.g., race, gender, age, disability, etc.) and their intersections is in place with registrants.</li> <li><input type="checkbox"/> Self-identification of a range of EDI-related characteristics and intersections (e.g., race, gender, age, disability, etc.) is in place with individuals other than registrants (e.g., applicants, complainants).</li> <li><input type="checkbox"/> The College’s data analysis and reporting practices recognize the potential for causing harm, including groups’ discomfort or stigma resulting from reporting of EDI-related data.</li> </ul>



## EDI Organization Self-Assessment and Action Guide

### Progressive

- The College regularly consults with representatives of equity-seeking groups to review and adjust its information management practices.
- The College has a robust set of practices for analyzing, interpreting and making decisions on EDI-related data.
- There are policies and practices in place to enhance the equity-promoting impact of information being shared in the College’s social media and public documents.



## EDI Organization Self-Assessment and Action Guide

### DOMAIN 5: REGULATORY POLICIES

**REGULATORY POLICIES Goals:** The development, review and implementation of policies, standards of practice, and practice guidelines are based on the best available EDI evidence. They reflect current best practices on EDI and are reasonably aligned with changing public expectations on EDI and other College objectives.

#### **5.1 Policies, standards of practice and practice guidelines**

<b>Inactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> College staff responsible for professional practice and policies have little experience with practice-related and policy-related issues understood through an EDI lens.</li> <li><input type="checkbox"/> EDI is not a factor in identifying potential new policy or practice standard areas.</li> <li><input type="checkbox"/> The development process for practice standards does not involve an EDI lens.</li> <li><input type="checkbox"/> The College develops policies using a standard approach without considering inclusion and equity.</li> <li><input type="checkbox"/> No input from equity-seeking groups is sought when policies, practice standards, and guidelines are reviewed.</li> </ul>
<b>Reactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College applies an EDI lens when reviewing individual policies, practice standards, and guidelines where adverse effects have been raised by external interested parties.</li> <li><input type="checkbox"/> The College has issued a statement/policy on EDI including how it relates to practice issues.</li> <li><input type="checkbox"/> The College involves some equity-seeking groups in new policy and practice standards development process.</li> </ul>
<b>Proactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> College staff responsible for professional practice and/or policies has demonstrated awareness of unconscious bias, intersectionality and other EDI dynamics and systemic challenges for equity-seeking groups (e.g., racialized, Indigenous, gender non-conforming, people with disabilities, etc.).</li> <li><input type="checkbox"/> The College engages with equity-seeking groups and individuals, as well as relevant interested parties and knowledgeable experts to identify underlying themes and considerations within practice issues and the implementation of policies.</li> <li><input type="checkbox"/> The College has integrated an EDI lens into its policy and practice standard development, review, and launch process.</li> <li><input type="checkbox"/> The College has a formal process for tracking and analysing how practice issues may be caused or affected by discriminatory or biased behaviours. The College consistently acts on findings, e.g., publishing practice advice, revising policies</li> </ul>



## EDI Organization Self-Assessment and Action Guide

### Progressive

- The College invests resources to provide practice advice to registrants with an equity and intersectional lens.
- The College invests in-kind resources working with interested parties in raising awareness and addressing common root causes that negatively affect some registrants (and their patients / clients).
- The College consistently takes into account intersectionality and the social determinants of health when developing or reviewing policies, practice standards, and guidelines.
- The College is promoting self-identification, and tracking and analysing multiple identity factors (e.g., Indigenous people, other racialized groups, gender, sexual orientation, disability, etc.) for participants involved in the development and review of policies, practice standards, and guidelines.



## EDI Organization Self-Assessment and Action Guide

### DOMAIN 6 SUITABILITY TO PRACTICE

**SUITABILITY TO PRACTICE Goals:** Registrants are assessed for competent, safe and ethical practice with patients/clients and colleagues. Continuing competence is assured. Complaints processes are integrated, accessible and supportive of EDI. Activities are prioritized based on a diverse public's risk and actions to protect.

#### 6.1 Registration

- |           |  |
|-----------|--|
| Inactive  | <ul style="list-style-type: none"> <li><input type="checkbox"/> The College's registration committee is not representative of the diversity of applicants or registrants.</li> <li><input type="checkbox"/> The registration process only includes legally required EDI references/questions.</li> <li><input type="checkbox"/> The College does not track identity factors for applicants or registrants.</li> </ul>  |
| Reactive  | <ul style="list-style-type: none"> <li><input type="checkbox"/> The College is tracking success rates on licensing assessments for domestic and international applicants.</li> <li><input type="checkbox"/> The College communicates its registration policies and procedures.</li> <li><input type="checkbox"/> The College is asking applicants and registrants to self-identify along one or two identity factors.</li> <li><input type="checkbox"/> The College integrates limited EDI identity factors in its formal decisions related to registration practices.</li> <li><input type="checkbox"/> The College has an appeal process.</li> </ul>   |
| Proactive | <ul style="list-style-type: none"> <li><input type="checkbox"/> The College has a registration committee that is broadly representative of the diversity of applicants or registrants.</li> <li><input type="checkbox"/> The College is implementing strategies to promote self-identification of applicants and registrants (along multiple identity factors).</li> <li><input type="checkbox"/> The College is tracking and reporting success rates on licensing assessments along multiple identity factors or categories.</li> <li><input type="checkbox"/> The College is supporting efforts by educational institutions to ensure a diversified pool of candidates qualified in competency and experience.</li> <li><input type="checkbox"/> The College engages diverse registrants who self-identify using multiple identity factors to validate assessment tools and identify unintended bias.</li> <li><input type="checkbox"/> The College tracks and reports its appeal data broken down along multiple identity factors.</li> <li><input type="checkbox"/> The College collects, uses and protects applicants' and registrants' identity data following all required legislative, regulatory and industry standards.</li> </ul> |



## EDI Organization Self-Assessment and Action Guide

### Progressive

- The College invests resources to work with other system partners to increase registrant diversity along several intersectional factors.
- The College invests resources working with interested parties in raising awareness and addressing common root causes that have a disproportionate negative impact on the assessments of diverse registrants' physical or mental capacity to practice.
- The College consistently acts upon the findings of differential success rates on licensing assessment for those who self-identify using multiple intersectional identity factors.
- The College engages diverse registrants who self-identify using multiple identity factors to develop inclusive communication materials and preparatory resources, as well as feedback processes, in order to support the success of diverse groups of applicants.
- The College invests resources to identify unintended biases in registration policies, requirements, and assessment tools as part of its defined processes for developing and updating them.
- The College takes action to minimize the impact of unconscious bias and institutional, structural, and systemic inequity and racism on the successful registration outcomes for seeking applicants who are members of equity-seeking groups.



## EDI Organization Self-Assessment and Action Guide

### 6.2 Quality assurance

Inactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College's quality assurance committee is not representative of the diversity of registrants.</li> <li><input type="checkbox"/> The College does not track identity factors related to the quality assurance process, e.g., identity of peer assessors, identity of registrants selected for peer assessments.</li> <li><input type="checkbox"/> The College only addresses mandatory areas of focus (e.g., sexual abuse).</li> </ul>
Reactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College has explicitly considered the potential impacts of the diversity of peer assessors and QA committee members.</li> <li><input type="checkbox"/> The College asks peer assessors to self-identify using one or two identity factors.</li> <li><input type="checkbox"/> The College asks registrants selected for peer assessments to self-identify on one or two identity factors.</li> <li><input type="checkbox"/> The College includes a reference to equity considerations in its communications about its quality assurance policies and procedures.</li> <li><input type="checkbox"/> The College assesses EDI competency as a 'nice to have' and not as an integral part of continuing development and quality assurance.</li> </ul>
Proactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College is implementing strategies to promote diversity of peer assessors, including self-identification of multiple identity factors.</li> <li><input type="checkbox"/> The College is tracking and analysing multiple identity factors for registrants selected for peer assessment.</li> <li><input type="checkbox"/> The College is tracking and analysing the decisions on remediation directives broken down by multiple identity factors.</li> <li><input type="checkbox"/> The College is tracking and analysing improvement on re-assessment broken down by multiple identity factors.</li> <li><input type="checkbox"/> The College has a representative quality assurance committee.</li> <li><input type="checkbox"/> The College has intentional practices for reaching out and engaging diverse registrants to act as peer assessors.</li> <li><input type="checkbox"/> The College seeks feedback from diverse peer assessors about its peer assessment process and tools.</li> <li><input type="checkbox"/> The College collects, uses and protects peer assessors and registrants' identity data following all required legislative, regulatory and industry standards.</li> </ul>





## EDI Organization Self-Assessment and Action Guide

### Progressive

- The College consistently reports and acts upon the findings of differential rates of selection for peer assessment, remediation directives, and/or improvement upon reassessment by considering multiple identity factors, and intersectional identity breakdowns (numbers permitting).
- The College invests resources to identify unintended biases in its quality assurance program as part of its defined processes for development and updating it.
- The College invests in-kind resources working with interested parties in ensuring that remediation 'training' or other supports are inclusive and meeting the needs of diverse registrants.
- The College provides its registrants with the support/safe space to reflect on and commit to improving their awareness and understanding of EDI and anti-racism.



## EDI Organization Self-Assessment and Action Guide

### 6.3 Complaints, discipline and fitness to practice

Inactive

- The College's Inquiries, Complaints and Report committee (ICRC) is not representative of those involved in complaints, investigations and discipline proceedings (e.g., complainant, registrant, witnesses).
- The College's Fitness to Practice committee is not representative of those being assessed for Fitness to Practice.
- The College's Discipline committee is not representative of those involved in hearings (e.g., patient / client, registrant).
- The College's Patient/Client Relations committee has little or no representation of members of equity-seeking groups (e.g., Indigenous, other racialized groups, member of the LGBTQ2+ community, those with disabilities, etc.).
- The College does not track identity factors related to Patient/Client Relations program participants.
- The College does not track identity factors related to Fitness to Practice allegations.
- The College does not track identity factors for those involved in complaints, investigations and discipline.
- The College's complaint, investigation, and tribunal processes have no scope and capacity for addressing EDI and anti-racism issues.
- The College's commitment to harassment and discrimination training is limited.

Reactive

- The College makes some reference to EDI considerations in its communications about its Patient/Client relations programming.
- The College asks those involved in complaints, investigation, and tribunal processes to self-identify along one or two identity factors.
- The College asks those applying to the victim compensation fund to self-identify along one or two identity factors.
- The College communicates its complaints and discipline policies and procedures.
- The College's complaint, investigation, and tribunal processes have limited capacity to protect from bias and address EDI and racism issues.
- The College explicitly considers EDI and anti-racism issues in the development of its Patient/Client Relations programming.

## EDI Organization Self-Assessment and Action Guide

### Proactive

- The College is implementing strategies to promote self-identification of complainants, health professionals and witnesses along several identity factors.
- The College is tracking and analysing multiple identity factors for all involved in the complaints, investigation, and tribunal processes, including the members of the tribunal.
- The College has representative professional conduct, complaints and discipline committees (ICRC, etc.).
- Members of the ICRC, Discipline and Fitness to Practice committees (and others involved in complaints and discipline proceedings) have had training or access to learning resources about how unconscious bias, racism, cultural differences, gender bias, and other factors can affect the dynamics of the complaints and discipline process.
- The College seeks feedback from diverse complainants and registrants about its complaints, patient/client relations, discipline, and fitness to practice processes.
- The College provides support for addressing biases, humility, and intersectionality during complaints and discipline processes.
- The College's communications regarding its complaints, patient/client relations, discipline and fitness to practice processes are accessible and inclusive for a diverse population of registrants and the public, for example in various languages and formats, and with consideration of cultural norms, accessibility, and inclusion.
- The professional conduct committees have demonstrated awareness of unconscious bias and other EDI dynamics and systemic challenges for equity-seeking groups, including racialized, Indigenous, gender non-conforming, people with disabilities, cross-cultural differences, etc.

### Progressive

- The College consistently reports and acts upon the findings of differential rates of complainants, and of health professionals subject to the complaint, by considering the potential impact of intersectional identity factors.
- Members of the ICRC committee (and others involved in complaints, discipline and fitness to practice proceedings) are knowledgeable and actively consider how unconscious bias, racism, cultural differences, trauma-informed practice, gender bias, and other factors might be affecting the dynamics of the complaints and discipline process.
- The College invests resources to identify unintended biases in its complaints, investigations and discipline process as part of its development and update processes.
- The College invests resources to apply an equity and intersectionality lens to its patient / client relations activities.
- The College invests in-kind resources working with interested parties in identifying, raising awareness, and addressing root causes for common complaints.
- The College consistently applies EDI and anti-racism principles to its Professional Conduct portfolio.
- The College consistently reports and acts upon the findings of differential rates of those involved in professional conduct proceedings, using multiple and intersectional identity factors.



## EDI Organization Self-Assessment and Action Guide

### DOMAIN 7 MEASUREMENT, REPORTING AND IMPROVEMENT

**MEASUREMENT, REPORTING AND IMPROVEMENT Goals** College monitors, reports on, and improves its performance.

#### **7. 1. Structural and Process Markers for Measurement – selecting, collecting and analyzing EDI and anti-racism indicators**

<b>Inactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI is not clearly defined.</li> <li><input type="checkbox"/> There are no identified EDI-related measurements collected on a regular basis.</li> <li><input type="checkbox"/> There are significant concerns on the part of College staff, leaders, or interested parties about the appropriateness of collecting EDI-related data to inform performance metrics.</li> </ul>
<b>Reactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI has been defined at a general level.</li> <li><input type="checkbox"/> There are limited KPIs, typically output / activity measures.</li> <li><input type="checkbox"/> There are occasional reviews of selected policies and practices, measuring against best practice EDI benchmarks, to assess strengths and opportunities for improvement.</li> <li><input type="checkbox"/> The College communicates why the selected indicators are important and how they are measured.</li> </ul>
<b>Proactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI has been defined in a comprehensive manner incorporating multiple identity factors – e.g., including anti-racism, gender, Indigeneity, disability, etc.</li> <li><input type="checkbox"/> Measurement methods are designed to be inclusive (in language, cultural norms, accessibility, etc.).</li> <li><input type="checkbox"/> There is some monitoring and measurement of EDI-related outcomes.</li> <li><input type="checkbox"/> There is movement toward integrating the College’s EDI-related process and outcome measurements into a logic model showing how activities and results are linked.</li> <li><input type="checkbox"/> Both internal and system-level data are utilized to identify EDI progress.</li> <li><input type="checkbox"/> KPIs and EDI-related indicators are to some extent compared to other relevant indicators such as: comparable regulatory Colleges; population / patient health outcomes; diversity within ‘feeder’ educational programs; etc.</li> <li><input type="checkbox"/> Relevant interested parties and equity-seeking groups are consulted about data collection purposes and methods.</li> <li><input type="checkbox"/> There is some evidence that EDI and anti-racism policies and practices may be accomplishing their stated goals.</li> </ul>

## EDI Organization Self-Assessment and Action Guide

### Progressive

- EDI has been defined in a comprehensive manner incorporating multiple and intersecting identity factors.
- Strategic plans incorporate EDI and related Key Performance Indicators (KPIs).
- There is strong evidence that EDI and anti-racism policies and practices are accomplishing their stated goals.
- Meaningful EDI-related outcomes across the CPMF domains are measured and monitored including quantitative and qualitative metrics such as (illustrative examples):
  - Percentage of registrants (survey) who perceive the College as open to addressing EDI issues; disaggregated by multiple identity factors.
  - Documented perception of interested parties (focus groups) who perceive that the College is a safe place to bring concerns.
  - Percentage of Board / Committee members who (1) feel confident they understand EDI implications of their work; (2) believe the College has fully embraced EDI procedures in actual practice.
  - Geographic distribution of registrants, such as in urban / rural / remote / Indigenous communities; this can be based on their self-identification.
  - Percent of complaints received by College where EDI issues are identified as part of the complaint.
  - Percent of complaints dismissed or no further action taken, disaggregated by identity factors and/or intersections, compared to all dismissed complaints.
  - Percent of surveyed patients / clients reporting being treated fairly in the previous 6 months; disaggregated by identity factors and/or intersections.
- EDI-related metrics are used to inform the College's consultations with interested parties who are seeking to identify and mitigate barriers or identify under-served groups or communities.

## EDI Organization Self-Assessment and Action Guide

### **7. 2. Structural and Process Markers for Reporting – purposeful and inclusive communication of EDI progress**

Inactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI is not clearly defined.</li> <li><input type="checkbox"/> EDI initiatives are not part of organizational reporting.</li> <li><input type="checkbox"/> EDI reporting is focused on demonstrating compliance with requirements such as legislated requirements and Ontario Fairness Commissioner (OFC) standards.</li> </ul>
Reactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI reporting is limited to meeting the requirements of the Ontario Fairness Commissioner (OFC).</li> <li><input type="checkbox"/> EDI reporting is consistent with the College’s definition(s) of EDI, including aspects such as anti-racism, gender, Indigeneity, disability, etc.</li> <li><input type="checkbox"/> Reporting focuses on a few EDI initiatives.</li> <li><input type="checkbox"/> There are limited performance indicators (KPIs) related to EDI or anti-racism, and typically limited to output / activity measures.</li> <li><input type="checkbox"/> Reporting identifies some equity-seeking groups who may be affected by College activities.</li> </ul>
Proactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> There is some reporting of EDI-related outcomes.</li> <li><input type="checkbox"/> There is some reporting of evidence that equity-focused policies and practices are accomplishing the stated goals.</li> <li><input type="checkbox"/> The methods, vehicles, content and timing of EDI and anti-racism reporting activities are intentionally designed to be meaningful and accessible to multiple, diverse audiences.</li> <li><input type="checkbox"/> Reporting and review of relevant indicators takes place at multiple levels of the organization (operational, strategic).</li> </ul>
Progressive	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI-related issues are reflected in other organizational reporting such as risk reviews.</li> <li><input type="checkbox"/> EDI-related Key Performance Indicators (KPIs) are tracked and integrated into ongoing reporting methods (briefings, balanced scorecards, dashboards, etc.).</li> <li><input type="checkbox"/> There is reporting of strong evidence of positive outcomes that EDI and anti-racism policies and practices are accomplishing the stated goals.</li> <li><input type="checkbox"/> Relevant system partners and equity-seeking groups are advised of detailed EDI-related outcomes (measurement results) and engaged in validating and interpreting the findings.</li> <li><input type="checkbox"/> Approaches for creating and delivering College performance reporting are explicitly designed to educate, engage and influence system partners, as part of the College’s broad commitment to making progress on EDI and anti-racism.</li> </ul>

### **7.3. Structural and Process Markers for Improvement – sustainable organizational practices for making progress on EDI**

<b>Inactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI is not clearly defined.</li> <li><input type="checkbox"/> EDI issues that arise are generally not addressed in a robust manner.</li> <li><input type="checkbox"/> The sole or primary performance standard is the avoidance of legal risk.</li> </ul>
<b>Reactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI has been defined at a general level.</li> <li><input type="checkbox"/> Involvement in EDI initiatives is limited and/or compartmentalized without systemic linkages.</li> <li><input type="checkbox"/> KPIs are generally limited to output / activity measures, without a clear linkage to desired improvement in outcomes.</li> <li><input type="checkbox"/> EDI issues are considered at a surface level when they arise; they are resolved as exceptions or discrete events, not as potential indicators of systemic considerations.</li> <li><input type="checkbox"/> Some equity-seeking groups are named as system partners in improvement efforts.</li> </ul>
<b>Proactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> There is a clear definition / vision of EDI that compares current state to ideal future across multiple dimensions.</li> <li><input type="checkbox"/> Policies and processes are updated with explicit considerations of EDI aspects.</li> <li><input type="checkbox"/> There is some monitoring and measurement of EDI-related outcomes.</li> <li><input type="checkbox"/> There is a designated individual with accountability for EDI progress and action planning.</li> <li><input type="checkbox"/> There is a formal process for using KPI data to identify areas for improvement.</li> <li><input type="checkbox"/> Representatives of some equity-seeking groups are consulted for their input into selected improvement initiatives.</li> <li><input type="checkbox"/> There is some demonstration to interested parties that changes to policies and practices are having a positive impact.</li> </ul>
<b>Progressive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> There is a consistent planning and budgeting process for EDI initiatives and progress integrated into business planning.</li> <li><input type="checkbox"/> The strategic plan incorporates EDI and related Key Performance Indicators (KPIs) are tracked and integrated into decision making and future planning.</li> <li><input type="checkbox"/> Potential bias in decision-making about improvement priorities and budgeting is minimized through explicitly designed processes and supporting resources and learning investments.</li> <li><input type="checkbox"/> Partnerships with EDI interested parties are nurtured as strategic partners in identifying, scoping and prioritizing improvement initiatives.</li> <li><input type="checkbox"/> There is strong evidence of positive outcomes from changes introduced to have more inclusive policies and practices.</li> <li><input type="checkbox"/> There is ongoing and transparent communication of high-level KPI results and how the findings have translated into ongoing improvement activities.</li> </ul>



## GUIDANCE DOCUMENT

The **Guidance Document** section provides the Colleges with some suggested actions that can be taken to leverage strengths and remedy gaps in EDI and anti-racism practices at the personal and institutional levels within the College and the profession.

Colleges will find it helpful to first complete a self-assessment using the Markers in the previous section. It is not necessary to complete an assessment in all areas. If there are areas of concern, previously identified priorities, or concurrent initiatives that can be leveraged for other actions, those can be appropriate areas for focus.





## EDI Organization Self-Assessment and Action Guide

### **Domain 1: Governance**

#### **Guidance for: Demonstrating commitment to EDI on the Board level (representation, awareness, appointments, etc.)**

The governance aspect of EDI and anti-racism requires that EDI and anti-racism become integrated into the ethos of the College. At the heart of it, EDI and anti-racism should become an integral part of the processes that guide the governance of the College. However, this cannot come to fruition without a commitment to EDI and anti-racism. Cementing such a commitment to EDI and anti-racism requires (a) the establishment of processes to ensure genuine commitment to EDI and anti-racism and (b) the building of EDI competency among Council and Committee members (*see 1.2 below*).

It is important to undertake a review process that leads to transparent and genuine commitments to EDI. At a minimum, the College should undertake a review of whether its policies and procedures make genuine and transparent commitments to EDI and anti-racism. This can take place concurrently with actions that are taken to improve the EDI- and anti-racism-related competency of Council and Committee members.

#### **1. Undertake a Review Process of College Policies and Procedures**

An important part of achieving EDI and eliminating racism is to revise policies and procedures that dictate the College's work. This is important for three main reasons: (1) to ensure that the policies and procedures are written in a manner that does not discriminate and are inclusive of voices that have been historically excluded, (2) to establish a discrimination and racism free environment at the interpersonal level, promoting an inclusive and diverse environment, and (3) to ensure that aspects of institutional and systemic discrimination and racism are eliminated.

Undertake a review of the existing documents, policies and procedures through an EDI and anti-racism lens:

- a. Begin by reviewing the policies and procedures that are considered the most important for the functioning of the College, assigning an EDI and anti-racism expert (within the College or from the private sector) to review important materials,
- b. Expand the analysis to the rest of the policy and procedure suite,
- c. Engage with interested parties to develop a better understanding of the challenges and impact of the current policies and procedures on equity-seeking groups, and
- d. Identify areas of concern from an EDI and anti-racism perspective and steps that can be taken to remedy the identified concerns.



## EDI Organization Self-Assessment and Action Guide

### 2. Make Public Commitments to EDI and anti-racism and Relevant Updates

Public commitments to EDI and anti-racism are not only a way to demonstrate the seriousness of the process, but it is also a way to be held accountable by the public and by the registrants, to demonstrate a commitment to make the environment more welcoming for equity-seeking groups, and to attract more applicants / registrants from equity-seeking groups.

- Make commitments to EDI and anti-racism and publish them in a manner that is accessible and transparent:
  - a. Consult with EDI and an anti-racism experts/point person to help write a strong EDI and anti-racism statement that mentions actions, notes targets, and establishes timelines and follow-up procedures for the achievement of the targets,
  - b. Make the link between the statements and the actual changes that the College has committed to or will commit to, and
  - c. Ensure that the information is continuously updated and made public and demonstrate successes and issues that need continued attention.

#### Guidance for: Mitigating unconscious bias in decision-making (systemic and personal)

The mitigation of unconscious bias requires several steps. First, consultations need to be undertaken to better understand and document the impact on equity-seeking groups. Second, learning should be undertaken to better understand the impact of discrimination and racism at the individual and systemic levels and to learn EDI and anti-racism tools. Third, systems, tools, and procedures need to be put in place to mitigate its impact.

To achieve the level of competency that can contribute to sustainable commitment to EDI and anti-racism, the following are three very important steps that need to be taken:

#### 1. Undertaking Consultations

Understanding one's own competency requires an ability to assess one's own knowledge and understanding of the subject matter at hand. To do so, it is important that there be an effort to engage with interested parties that can help better understand the experiences of equity-seeking groups and help improve policies, systems, tools, and procedures. These interested parties can include:

- d. Professional organizations
- e. Relevant networks that are sources of applicants for registration (e.g., students and faculty members, newcomers to Canada)
- f. Other Colleges and regulatory bodies
- g. Representatives of equity-seeking groups
- h. Experts/researchers working on EDI and anti-racism



## EDI Organization Self-Assessment and Action Guide

### 2. Undertake Learning

An important part of the EDI and the anti-racism process is increasing one's awareness of issues related to EDI and racism. No one person can understand the experiences of everyone else and no one can be fully aware of how they contribute (directly or indirectly, consciously or unconsciously) to the factors that have a negative impact on equity-seeking groups. Therefore, EDI and anti-racism training, when properly done, can help develop a better understanding of the experiences of members of equity-seeking groups and the changes that are necessary to eliminate discrimination and racism.

The training related to EDI and anti-racism can include:

- a. An initial introductory facilitated training
- b. Continuous learning trainings
- c. A self-reflection and a self-assessment from the point of view of EDI and anti-racism
- d. Continuous learning opportunities to continue updating one's own knowledge (e.g., self-paced reading) with established methods or checks that evaluate and ensure learning goals or objectives are met.

### 3. Integrating Unconscious Bias Checks into Processes, Procedures, and Policies

The work on EDI and anti-racism should occur at the personal, interpersonal, and systemic levels if the objective is to genuinely increase diversity and, more importantly, inclusivity. Therefore, in addition to working on enhancing one's own understanding of unconscious bias and how it manifests into challenging situations for equity-seeking groups, it is important to assess how biases impact decision-making and the design of policies and approaches. This can be done by adding checks throughout the decision-making processes to help limit the impact of biases.

These can include:

- a. Using an EDI and anti-racism reference document that provides questions to help surface unconscious and systemic biases and limit their impacts in decision-making
- b. Consulting with interested parties (like those listed earlier) to help provide an EDI- and anti-racism-based assessment of the decision that is to be made
- c. Reflecting on the impact of the decision on equity-seeking groups in the profession
- d. Establishing and following formal practices that include EDI and anti-racism considerations (e.g., EDI and anti-racism codes of conduct for council and committee members)



## EDI Organization Self-Assessment and Action Guide

### **Domain 2: Resources**

#### **Guidance for: Hiring and retaining diverse staff including with competence to manage EDI initiatives**

Places of work and membership often suffer from the following conundrum: there is the intention and drive to hire and include a more diverse group, but the lack of diversity turns away members of the very communities that are under-represented. It is thus important that this objective be completed as part of an overall approach to increasing diversity and inclusion among staff and in the profession in general.

#### **1. Fostering Diversity Among New Hires**

Hiring with an EDI lens allows the College to assess candidates based on their ability and potential, rather than mostly on experience. Moreover, hiring with an EDI lens allows for a more inclusive hiring process that is accessible to different equity-seeking groups. To do so, it is important to

- a. Write job ads in a manner that is accessible for people with disabilities and for certain groups who have language barriers or other barriers that can limit them from knowing about the job ads or feeling that they are sufficiently qualified
- b. Distribute the job ads as widely as possible, with special attention paid to targeting equity-seeking communities
- c. Consult with EDI and anti-racism interested parties in the development of EDI-informed candidate assessment criteria that do not penalize members of equity-seeking groups who may have faced barriers in gaining directly comparable experience or having educational credentials from “preferred” institutions
- d. If possible, include members of equity-seeking groups in the hiring process when interviewing someone from an equity-seeking group

#### **2. Ensuring Equitable Assessment Practices of Candidates and Staff**

Given the systemic and institutional racism and discrimination that equity-seeking groups face, it is important to re-assess how candidates are evaluated and the specific skills and abilities that are critical for performance. Doing so will help ensure an assessment of the candidate’s abilities rather than the results of a system where discrimination and racism impact the success of candidates. This will likely require the hiring committee to

- a. Develop more inclusive assessment criteria that allow for candidates to demonstrate capacity and ability and not only previous very similar experience; look for transferable skills
- b. Have some knowledge of the impact of discrimination and racism on achievement and thus what could be missing from the CV



## EDI Organization Self-Assessment and Action Guide

- c. Re-write parts of the Codes of Conduct as it relates to hiring and/or hiring policies in the College; similarly, review implications for other processes that affect current staff (e.g., performance reviews, advancement processes, etc.)
- d. Consult with interested parties on the process of assessment of staff belonging to equity-seeking groups to help eliminate the influence of bias
- e. Reassess candidate and staff complaint mechanisms to ensure that they are free of bias and to include an equity, anti-discriminatory, and anti-racism-based assessment of the complaints
- f. Include an assessment of EDI- and anti-racism-related awareness and skills that are related to the job in question

### 3. Ensure Continued EDI and Anti-racism Training

- a. Include EDI and anti-racism training as part of the competency assessment of staff
- b. Make EDI and anti-racism training mandatory for staff
- c. Include evaluation measures to assess knowledge gained and skills applied from training

#### Guidance for: “Don’t re-invent the wheel,” and Do Sustain Efforts Past Specific Projects

Work on EDI and anti-racism is being undertaken in many professions, both beyond and within fields relevant to healthcare. Within the health professions, these efforts are also being undertaken by various Colleges. There are many lessons that can be learned from the experiences of various Colleges and other entities within the health sector and outside of it. Collaboration across Colleges is essential in being able to learn from one another and using the resources available to build on previous work and continue to improve and innovate.

As such, it is important that the Colleges

### 1. Build and Maintain a Network related to EDI and Anti-racism

- a. Communicate and collaborate with each other on EDI and anti-racism
- b. Review reports of successes and challenges related to work on EDI and anti-racism in the health sector (and other sectors if helpful)
- c. Engage interested parties who have experience in working on and working with other health professionals
- d. Build a network of EDI and anti-racism committees/groups that develop avenues for sharing information (successes, failures, and discoveries) among each other



## EDI Organization Self-Assessment and Action Guide

### 2. Ensure Continued Allocation of Resources to EDI and Anti-racism

- a. Continuously assess financial and in-kind College contributions to EDI and anti-racism initiatives
- b. Include and maintain a commitment to EDI and anti-racism in the budget
- c. Look for other sources of funding and in-kind contributions (external and otherwise) to support continued work on EDI and anti-racism, including government funding
- d. Ensure that an identified staff or committee member is tasked with ensuring sustainability of EDI and anti-racism initiatives by keeping abreast of funding opportunities and capacity needs
- e. Collaborate with other Colleges on joint EDI and anti-racism activities as a means to learn from each other and pool available resources
- f. Protect the commitments (financial and otherwise) made to existing EDI and anti-racism initiatives
- g. Ensure that committee members and other system partners on EDI initiatives are adequately compensated for their time and effort



## EDI Organization Self-Assessment and Action Guide

### **Domain 3: System Partners**

#### **Guidance for: Identifying and working with key partners, interested parties and interprofessional networks**

EDI and anti-racism by its nature is inclusive of many factors that make up the identity of a person (some proclaimed by the person and some imposed on them by the rest of the society). As such, when working towards EDI and anti-racism, it is imperative to be inclusive of the voices that are heard, of the representation that is pursued, and of the spaces that can be accessed. This, in turn, requires reaching out to and collaborating with a diverse set of partners, interested parties and networks. It also requires the establishment of a system that is inviting for others who are looking to join future collaborative efforts and that is capable of finding and accommodating the participation of others. The quality and type of networking and collaborative system that a College has put in place has a direct bearing on whose voices are heard and who contributes to certain policies and initiatives.

Therefore, it is important that the College:

- a. Complete an environmental scan to identify potential partners, interested parties, and networks
- b. Reach out to the partners, interested parties, and networks that the College wants to engage
- c. Establish a process that allows for a consistent and continued engagement with these partners, interested parties, and networks
- d. Set up an evergreen list of partners, interested parties, and networks that can be and is continuously updated and rotated to minimize mental and emotional burnout, stress and fatigue
- e. Ensure that the collaborative space is inclusive and safe for various equity-seeking groups to engage in
- f. Formalize the collaborative process and ensure that adequate time and resources are allocated to it.
- g. Formalize a process that is meant to integrate some of the findings of these collaborations into the work of the College



## EDI Organization Self-Assessment and Action Guide

### **Domain 4: Information Management**

#### **Guidance for: Mitigating privacy and confidentiality concerns in data collection**

Within the CPMF Domain 4, this section is focused on mitigating privacy and confidentiality concerns as it relates to EDI and anti-racism data collection within the College. Often, people who face discrimination and racism are reluctant to provide personal data for fear of its misuse and/or its use in a manner that further discriminates against them. Therefore, the proper use and management of personal data not only helps prevent any negative unintended outcomes, but it also helps build trust in the process, which in turn creates further willingness to participate in data collection processes.

Trusted data collection processes also help in achieving the objectives in Domain 3, consultations with interested parties in general, since it provides some key data that can help identify interested parties and help guide discussions. Effective EDI and anti-racism data gathering is also fundamental to conducting an Equity Impact Assessment (EIA) and making progress under Domains 6 and 7. Colleges can track the extent of the trust in their data collection efforts by monitoring the self-identification rates of those from whom data is requested – i.e., how many do not respond at all, how many indicate that they prefer to not self-identify, unusually low representation rates in particular identity groups, and so on.

#### **Mitigating privacy and confidentiality concerns in data collection**

Colleges are expected to take reasonable steps to secure personal information throughout its life cycle; for example, during transmission, storage and disposal (transportation, handling and destruction or transfer to an archive). Taking these steps is necessary, but not sufficient, for fully addressing privacy and confidentiality concerns that may be raised by registrants and interested parties.

##### **1. Managing Security of Information**

- a. Develop and publish data security policies and procedures
- b. Implement and continuously assess the performance of these policies and procedures, with transparent reporting processes accessible to groups of interested parties
- c. Develop and implement a reporting mechanism in case of a breach in privacy
- d. Develop a strategy to securely store private information. It is best practice to ensure an appropriate separation of self-identification EDI data from other administrative information on registrants, candidates, complainants, etc.

##### **2. Mitigating Concerns of Individuals and Groups**

- a. Increase transparency around the purpose of the EDI and anti-racism data gathering and the methodologies that will be used. Consult with representatives of equity-seeking



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populations to ensure that the methodologies are culturally appropriate, and that terminology is up-to-date and reflective of groups' own usage.

- b. Ensure that participants in the data collection process are aware of how their information is being secured and managed. The communication should be intentionally inclusive of people with disabilities and those from various cultural backgrounds.
- c. Provide participants with the ability to update or withdraw their identity data. An individual's self-identification data can change – e.g., they may acquire a disability; change their gender identity; or become aware of a heritage characteristic that was previously unknown to them (e.g., Indigenous background, ethnic or racial heritage, etc.). Some individuals' comfort level with self-identification may change over time. State that there is no expectation that previous data will be amended. Explain in reporting that the data and results that are reported are “point in time”.
- d. Ensure continuous consultation and communication with interested parties and participants. Designate an individual who will be a consistent contact and who will receive and address concerns in a timely manner.
- e. Draw on the following: CIHI Data Standards, 2022 and the Government of Ontario systemic racism data standards to ensure the continued respect of existing data standards<sup>3</sup>

### 3. Demonstrating outcomes of data collection

- a. Develop a policy on sharing the results of studies and reviews, articulating when and how demographic data will be reported and the extent to which results will be disaggregated by identity factors.
- b. Ensure that all information is de-identified and the identity of the participants remain anonymous
- c. Develop protocols regarding sample sizes to be used when reporting, especially to ensure the protection of identifiable factors that can become an issue in small sample sizes. Particularly when reporting on racialized identity and other under-represented groups, numbers can be small and the risk of revealing personal identities is increased.

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<sup>3</sup> With a particular focus on race-based and Indigenous identity collection, there is other useful reference information available to guide the data collection efforts, such as

- the Canadian Institute for Health Information <https://www.cihi.ca/en/race-based-and-indigenous-identity-data> and
- the Anti-Racism Directorate of Ontario <https://www.ontario.ca/document/data-standards-identification-and-monitoring-systemic-racism/collection-personal-information#section-5>

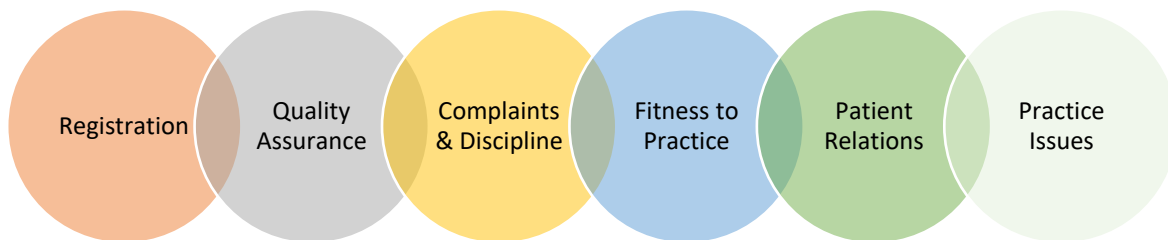
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### **Domains 5 and 6: Regulatory Policies and Suitability to Practice**

The **HPRO Equity Impact Assessment** (HPRO-EIA) establishes processes for identifying and monitoring equity impacts and outcomes of policies, programs, and standards on applicants to and registrants in regulated health professions. The processes are largely situated in the CPMF domains 5 and 6.

In the context of HPRO, an Equity Impact Assessment is a systematic, evidence-based process developed to assess a regulatory policy, suitability to practice program, or standard to identify unforeseen and unintended adverse effects on equity (i.e., racial and other identity factors) and to modify it so that it does not result in negative impacts or a worsening of existing disparities.

The tools apply an EDI, anti-racism and anti-oppression lens and are intended to be used in conjunction with the EDI Self-Assessment Guide and Resources, supporting a more in-depth review of adverse impacts to foster change for more inclusive and equitable regulatory activities. Figure 1 shows the six statutory functions of a health regulatory College which have potentially adverse effects on domestic and international applicants, and registrants who are/identify as a member of a racialized, marginalized, or equity-seeking community.



While all CPMF domains have some relevance for an Equity Impact Assessment (EIA), this section of the guidance document presents the methodology within the context of domains 5-6. This set of tools can be used for any scope of equity impact assessment related to any policy, process, practice standard or guideline.

Conducting equity impact assessments is integral to organizational change and to convey a clear message that health regulatory Colleges contribute to equity, anti-racism, anti-oppression, diversity and inclusion. Activities and outcomes can inform health regulatory Colleges' annual reporting in response to the CPMF's central question "how well are Colleges executing their mandate which is to act in the public interest"?

This section contains markers, guides and resources to support health profession regulators of all sizes to identify and eliminate systemic inequity and racism and advance equity in professional regulation.



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The HPRO-EIA will equip users to:

- Recognize the nature and scope of racial and other equity issue(s) as they relate to policies, programs, and standards
- Assess how the implementation of regulatory statutory functions may differently impact regulated health practitioners and those seeking to become licensed whether Indigenous, racialized, or belonging to other equity-seeking groups
- Identify and understand the “root causes” of inequities, to support the development of effective actions to address adverse impacts
- Anticipate and address adverse impacts of implementation of regulatory statutory functions on people who are Indigenous, racialized or who belong to other equity-seeking groups
- Implement monitoring and evaluation systems to determine and track progress in advancing equity in programs, policies and standards
- Report and communicate findings.

*HPRO-EIA* consists of four sequential phases of information gathering, analysis and engagement/consultation that should be carried out in respect of assessing a policy, program or standard.

1. Scoping
2. Information Gathering
3. Analysis
4. Action



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### 1. SCOPING

As a health regulatory College completes the Self-Assessment Grid, some areas related to the CPMF domains 5 and 6 will have been identified as a priority and approved for further action by its governing body. To begin the assessment, explore the context and describe what is being assessed; this could include a policy, program, standard, guideline, or decision (e.g., standards on language requirements or therapeutic relationships, or policies on appeals, committee representation, or qualification recognition.) The following guidance informs your assessment scope and the co-creation of terms of reference with interested parties.

#### Guidance for reflecting on the extent of your assessment approach

Many factors will affect a health regulatory College's ability to perform equity impact assessments. Determining your approach will require agreement among decision-makers. It is advisable to document the factors that were considered in this decision. The list below outlines many of the criteria that will help you determine whether a light touch or more robust assessment approach would be more appropriate. (Please note: While each approach requires the same steps, the central difference relates to the extent and scope of information gathering and engagement with key communities.)

Public sentiment:

1. Are your system partners, registrants/applicants and clients/patients generally satisfied?
2. Is the policy's, program's or standard's area of focus a priority in the profession, department, or jurisdiction?
3. Are there highly charged concerns among partners, interested parties and communities?

Budgets, resources, and time:

1. Are your resources and time very limited?
2. Is new investment allocated to refresh or expand the policy, program or standard?
3. Do you have support for the investment of significant resources? Is there an opportunity to partner and leverage available in-kind or financial resources?

Indication of adverse effects:

1. Are there credible and evidence-based indications that adverse effects are unlikely?
2. Do historical data or results from comparable professions indicate potential for adverse impacts on people who are Indigenous, racialized, or who belong to other equity-seeking groups?
3. Are there existing indications of impact and adverse effects based on race and other identity factors?



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Availability of disaggregated data:

1. Is there significant recent/relevant research and consultation information available (disaggregated) on groups affected, barriers and promising actions?
2. Is there limited amount of information available – e.g., areas of uncertainty regarding populations affected or actions that may be effective?
3. Is there no disaggregated data available?

Other reasons for choosing a more robust assessment approach:

- Is the policy, program, standard, guideline, or decision slated for a revision or update, and/or unlikely to be thoroughly assessed again in the near future?
- Are the changes likely going to require significant investment, for which a thorough review is warranted?
- Are there important strategic linkages to identified priorities of the profession, the health sector, and interested parties?
- Are there legal, government, or funder requirements for EDI information that must be met?

### Guidance for building on existing knowledge and activities

As a general guideline, and as your circumstances permit, the more research and engagement/consultation you can conduct, the more valid and reliable the evidence you will have upon which to base your key decision points. As more organizations are engaging in this type of research, explore ways that build on existing knowledge and activities, which brings efficiencies to your approach::

#### **In research:**

Mining readily available information and experience in your team or College, or in comparable professions, such as:

- background research or needs assessments already conducted on potentially affected groups
- possible barriers indicated through data/records on participation in related programs
- successful actions that have addressed inequities in similar policy, program or standards

Should disaggregated data be lacking in the public domain, instead of gathering it through your research, consider requesting a custom data order – e.g., through [Statistics Canada](#).

Should gaps in the research emerge, consider continuing to an engagement/ consultation phase, scaling up activities as a way to address the gaps.



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### In engagement/consultations:

Leveraging current knowledge and working experience in your team or College, or in comparable professions, such as:

- effective outreach methods or barriers to participation in previous engagements
- contacts with potentially affected networks, communities and subject matter experts\*
- existing data collection methodologies and instruments that can be adapted

Focusing on quality over quantity by, for example:

- using a single (or limited number of) methods to address several topics – e.g., ask questions on both impacts and potential actions in the same interview/survey, etc.
- focusing topics/questions on areas with the largest potential to meet your target needs and outcomes for the assessment
- using methods that are most accessible to your applicant / registrant population, your target partners, interested parties, communities and networks

Investigate the option of partnering with community organizations or other health regulatory Colleges to include a segment on your project in an existing engagement/consultation they have planned.

\*Draw on existing frameworks for community consultations such the *Community Engagement Framework developed by the Centre for Addiction and Mental Health*<sup>4</sup> through a literature review of best practice with a focus on the Canadian health care context. It discusses engagement levels, informs engagement planning and initiatives, and identifies further resources, checklists and links to practical tools and templates.

### Guidance for reflecting on quality and potential bias of existing policies, standards of practice, or guidelines

Often there is an assumption that policies or practice standards are neutral and apply to everyone equally. Incorporating an equity approach into research will help to understand and expose racial and other types of inequities and will ensure that the research process itself does not perpetuate them. Use the following questions for reflection:

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<sup>4</sup> Centre for Addiction and Mental Health <https://camh.ca/-/media/files/camhcommunityengagementframework-pdf.pdf>



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- What kinds of disaggregated data would be important in understanding the different ways that Internationally educated, Indigenous, Black, other racialized people and those belonging to other equity-seeking groups of applicants and registrants experience this policy or standard?
- How diverse is the information available: are there a number of sources and a mix of quantitative and qualitative data?
- How old is the data? Is it based on dated stereotypes or assumptions? Does it identify or consider racial and other identity differences in its methodology?
- What are the gaps in information on this policy or standard?
- Could there be unconventional data sources such as Elder knowledge, and oral information passed down from generations? Might there be anecdotal evidence that point to additional research questions?
- How might assumptions, attitudes and norms – own, the College’s, the profession’s, and those of the institutions and society – limit the range of options being considered and proposed?

### Guidance for developing terms of reference with key partners and interested parties

A Terms of Reference (TOR) is the concept for the *HPRO-EIA*. Some elements of a TOR will involve describing:

- Objectives and outcomes (including key groups affected)
- Responsibilities and involvement of decision-makers, steering and working groups
- Engagement and consultation approach, and compensation of participants<sup>5</sup> )
- Accountability, resourcing, evaluation and reporting

A TOR is a living document and will likely be updated as you begin to plan, prepare, and manage the implementation. Every HPRO-EIA will be different, and TORs can be tailored to the specific requirements or equity problem being considered for the policy, program or standard, as well as the resources available for the assessment.

In developing a TOR, consider who is around the table from the start and where there might be important gaps. A key component of the assessment process is establishing relationships with the individuals and communities of interest who are most affected. The process itself can impact people and groups – this should be reflected in the TOR. (For more information and a useful conceptualization

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<sup>5</sup> Wellesley Institute. Compensating Research Participants: A Survey of Current Practices in Toronto. <https://www.wellesleyinstitute.com/wp-content/uploads/2018/07/Fair-compensation-Report-.pdf>



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about different levels of consultation and engagement, see the IAP2 public participation spectrum<sup>6</sup>.) Consider both, internal groups, such as board, staff, and volunteers, as well as external partners and interested parties like current and potential registrants, clients or patients, educators, partners, funders, and communities. Involve others such as staff and community members with lived experiences, and especially those who experience the issue in question.

Ensure that equity-seeking groups who are most adversely affected by systemic racism and oppression are informed and authentically engaged. To ensure diverse perspectives are heard, individuals and groups or communities of interest should be engaged in a manner that recognizes and respects cultural identities, histories, and ways of knowing and doing and does not challenge, deny, diminish, or disempower individuals and communities. Avoid tokenism, or using the same people for all of the EDI work, as EDI work can be mentally, emotionally and physically cumbersome and tiring for members of equity-seeking groups.

Undertaking an HPRO-EIA requires that those leading the assessment recognize and acknowledge the connection between the College and the broader context and community in which the policy, program or standard exists.

Partners, interested parties and communities of interest can be involved in several ways, including:

- sitting on an external committee to share their views
- contributing to the information collection process
- helping identify indicators to measure success
- helping share the assessment results and engaging in ongoing monitoring

An effective and inclusive approach to engaging partners and interested parties, considers:

- Why is this important for the organization? Why is it important to populations such as [...]?
- Who might the process harm?
- Are there accepted practices and norms (such as the First Nations OCAP Principles for ownership, control, access and possession of information) that should be reflected or that might shape expectations about an appropriate process?
- Are there any barriers to engagement that could deter some partners and interested parties? Who was involved in this issue in the past? Who has not been involved but perhaps should have been?

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<sup>6</sup> See, for example, the IAP2 spectrum for public participation. [https://iap2canada.ca/Resources/Documents/0702-Foundations-Spectrum-MW-rev2%20\(1\).pdf](https://iap2canada.ca/Resources/Documents/0702-Foundations-Spectrum-MW-rev2%20(1).pdf)





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### 2. INFORMATION-GATHERING and ENGAGEMENT

Health regulatory Colleges regularly gather quantitative and qualitative data for a variety of purposes. Domain 4 addresses the management of personal information, focusing on aspects like security, privacy, confidentiality and reporting. This section hones in on the manner information is gathered and research subjects are engaged, to identify and inform solutions to address barriers.

#### Guidance on meaningful and safe engagement

For a successful EIA, partners, and interested parties from different racial/ethnic and equity-seeking groups— especially those most adversely affected—must be meaningfully involved and authentically represented, by:

1. Developing a plan for engagement in collaboration with key partners and interested parties.
2. Using communications and outreach methods that incorporate inclusive language, are aligned with community values, and clarify the benefits of taking part and their expected role.
3. Designing methods of engagement that promote cultural safety, respect confidentiality, and include equitable measures.
4. Utilizing trauma-informed approaches when engaging with members of equity-seeking groups.
5. Ensuring that there are adequate measures in place during engagement processes to mitigate the risk of potential exposure to triggering content or adverse impact or experiences for members of equity-seeking groups. For example, consider having a counsellor or social worker from an equity seeking group present during public engagement discussions.
6. Ensuring the consideration of an individual or community's views on how they wish to be engaged/ consulted.
7. Recognizing and respecting the community or organization's protocols on research and information collection.
8. Ensure information collected is only used for the intended purpose.
9. Ensure you receive consent or permission for participation, documentation and aggregated reporting.



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Depending on the group or individual you plan to consult, as well as their geography, there are several information-gathering methods you could use.

Method	When to use
Social media and advertising	To share information about the College's Equity Impact Assessment on a particular topic and opportunities to contribute – may be useful to create awareness about EIA activities.
Surveys	For gathering quantitative information and individual perspectives and experiences – may be useful when capacity, timing and budget are constrained and potential groups for consultation are large in number.
Individual interviews	For in-depth discussions and solution-finding with a small set of selected individuals – may be useful to build relationships or gather expert views
Focus groups	For in-depth discussions and solution-finding with a larger set of selected individuals. Ensure appropriate session design and skilled facilitation to support a safe environment.

### Guidance on types of feedback

Engage and consult with applicants and registrants, separately or in mixed groups, to explore, gain a deeper understanding, and validate your findings. When developing questions, it is helpful to consider the type of feedback to be collected and whether it describes needs and experiences, identifies barriers and impact, or pinpoints root causes. While personal needs or root causes may not always be within the mandate of the health regulatory College, collaboration with interested parties who are most impacted, is important to inform the co-creation of possible actions that address adverse impacts and success measures.

Consult on:	Examples may include:
Professional and personal needs	skills-commensurate employment; psychological safety; work in chosen field; provide for loved ones
Experiences in getting licensed and practising	anecdotes and stories about wait times, misinformation, failing assessments, lack of respect for values, etc.
Barriers to registration, etc.	lack of available gap training; focus on clinical knowledge and skills in education; lack of tools to combat -isms;
Positive or negative impact	more likely/less likely to pass assessments; be at the receiving end of a complaint
Root causes of impact or barriers	lack of access to post-secondary education; lack of sponsors lack of role models; values conflicts; discrimination in K-12;
Actions to address adverse effects	Implementation of policies; increasing awareness; recognition of work experience; flexible assessments; mentoring and bridging; limited licensing; gap assessments and training; online access



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Success measures	Identity factors of applicants/registrants: named in complaints; passing licensing; involved in exam development. Patients applying to the victim compensation fund.
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### Guidance for applying an intersectional lens

In the Introduction and Terminology section we have introduced the concept of identity factors and intersectionality. An awareness of how race intersects with other forms of systemic inequities is integral to conducting an Equity Impact Assessment. It is critical to fulsome identification and monitoring of racial and other equity impacts and outcomes of policies and programs on racialized and marginalized communities and sub-groups within those communities.

In exploring the impact of race, there is a tendency to talk about it as separate and distinct from impacts of other inequities. We often forget that people may be subject to many different types of inequities which work together to limit opportunities and hinder advancement.

Integrating an intersectional<sup>7</sup> lens into an EIA means moving beyond simply looking at race or gender or other identity factors in isolation. It encourages us to look at the experiences of a group more holistically and offers a better understanding of the cumulative impact of multiple forms of inequities, i.e., race, gender identity, class, sexual orientation, ability, religion etc. It recognizes that various inequities overlap, combine, and intersect to produce specific experiences of inequality. It explains why all inequality is not created equal. For example, the inequities experienced by Indigenous and Black students in the postsecondary educational system, may be best analyzed and understood from a lens that considers not only race, but also socio-economic status, community of residence, education, and family status.

An intersectional lens reveals the complex historical, social, and political contexts which lead to persistent and growing inequities for Indigenous, Black, other racialized people, and members of other equity-seeking identity groups. It recognizes unique individual experiences resulting from the confluence of different types of identity and exposes the diversity within groups at risk of being treated as a homogenous mass.

An intersectional lens supports the consideration of a variety of socio-political forces and understand how privilege, power, oppression, and exclusion operate in interlocking ways to shape the lives of individuals i.e., how gender identity intersects with race, how sexual orientation intersects with age, how disability intersects with national background, and how the interaction of these inequities

<sup>7</sup> Intersectionality – term was coined over 30 years ago by Kimberlé Crenshaw, a law professor who is Black



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exacerbates each other. *“It is simply about how certain aspects of who you are will increase your access to the good things or your exposure to the bad things in life”*<sup>8</sup>.

It considers the ways in which people’s lives are shaped by their multiple and overlapping identities and social locations, which together can create additional barriers, opportunities, and/or power imbalances<sup>9</sup>.

### Guidance for equity in consultations<sup>10</sup>

When the voices of all affected population groups can be heard, and when the consultation method is culturally and contextually robust, the validity and quality of the findings – and eventual mitigation solutions – increases.

- Include a variety of perspectives, in terms of identify factors, geographic location, professional practice experience, and familiarity with the policy, standard, or guideline.
- Be clear about what you expect from the individual or group and what you are planning to give back.
- Be transparent how you protect participants’ confidentiality and anonymity throughout the information collection, analysis and reporting activities. Confirm any limitations around confidentiality and anonymity. And, collect only what is necessary to your context.
- Provide participants or interested parties with a brief overview of what information is being collected, why these questions are being asked, the participant's right to choose not to disclose uncomfortable information, the participant's right to ask questions, how the information and data will be used to benefit the health-regulatory system and protect the public.
- Use inclusive language and customize messaging to describe why each group or community you want to hear from should engage in the consultation process.
- Engage community and professional network leaders in outreach and disseminating invitations to participate.
- Co-create an ethical space for dialogue and promote cultural safety and recognition of the cultural identities, histories, knowledge and perspectives within identity groups.
- Use mixed methods (interviews, focus groups, narrative, longform surveys) in conjunction with quantitative administrative data to better understand the lived experience of members of

<sup>8</sup> Understanding Intersectionality | Carpenter Smith ..., <https://www.carpentersmith.com/business-coach/understanding-intersectionality/>.

<sup>9</sup> <https://www.ontario.ca/document/data-standards-identification-and-monitoring-systemic-racism/glossary>

<sup>10</sup> Adapted from [https://www.aisp.upenn.edu/wp-content/uploads/2020/08/AISP-Toolkit\\_5.27.20.pdf](https://www.aisp.upenn.edu/wp-content/uploads/2020/08/AISP-Toolkit_5.27.20.pdf)  
<https://drive.google.com/file/d/1OEJmWNYjlyDjQWt24p24GF6HPs3N7tdZ/view>



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equity-seeking groups, administrative data could include information related to age, gender, sex, race, ethnicity, social economic status, income, housing, (dis)ability/accessibility as well as other new/emerging social determinants of health

- Proactively solicit feedback on data collection practices during engagement planning.
- Avoid over-burdening certain groups and individuals, and consider compensating participants for their time (similar to committee member per diems).
- Develop authentic records and avoid paraphrasing interview and focus group responses in the data gathering stage.
- Work with interviewers and facilitators that have experience collaborating with the communities they are engaging with.

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### 3. ANALYSIS

Once you have gained a preliminary understanding of potential disparities between identity groups, the next step is to analyze the potential and actual impacts – both positive and negative – on particular groups or more likely on individuals/groups with various relevant identity factors. In cases, where the information gathered is not as fulsome as hoped for, or sample sizes required for statistical significance are not attainable, data can still be useful and should be presented accordingly.

#### Guidance for identifying impacts and root causes

The information gathered may point to positive and adverse impacts. *Positive* impacts include meeting the equity intents of the policy, program or standard, or an increase in equity for racialized or members of other equity-seeking groups (e.g., increased number of competent [...] become licensed).

*Adverse* impacts include a diminishing of opportunities and benefits, a limiting of access, or over- or underrepresentation (e.g., registration, complaints, disciplinary action).

Review and analyze the evidence gathered, considering...

1. Is the policy, program or standard, or guideline meeting the needs of various or targeted communities of interest?
2. Keeping in mind the related regulatory context and intent of the policy, program, standard, guideline, or decision:
  - a. What are the *positive* impacts/outcomes for [a given population]? How does that differ from other populations [such as ...]?
  - b. What are the *adverse* impacts/outcomes for [a given population] and how does that differ from other populations [such as ...]?
  - c. Are these impacts/outcomes in line or in contradiction with related research and evidence?
3. Is there parity in impacts and outcomes across populations?
  - a. Do some groups benefit more?
  - b. Are others limited more?
4. Consider the intersections in these groups – e.g., do impacts differ based on intersecting identity factors such as country of education, immigration status, gender identity, ethnic origin, religion, language, race, Indigenous heritage, disability, age, family status, socio-economic status, etc.? Are the sample sizes sufficient for drawing meaningful conclusions?
5. Have any adjustments/other possible options been identified to address adverse impacts?
6. What assumptions underlie these differential impacts? What are their effects?
7. Have we gone beyond mainstream literature/evidence sources by including research from community organizations? (This may help to gain valuable insights and perspectives not considered in peer-reviewed or mainstream research.)



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Inequities based on race or other identity factors can typically be attributed to a number of factors. Complex issues are best understood by looking at how these factors may be interrelated and going beyond the surface factors, or symptoms, to identify and address the “root cause”. When a social problem is observed, we often are tempted to move too quickly to develop solutions.

For example, a health regulatory College receiving numerous patients’ complaints about the English language proficiency of its internationally trained registrants, may consider increasing the language benchmark requirements of its registrants. Root cause analysis (RCA) aims to uncover instances in which chosen solutions could be addressing a misunderstood problem and may therefore be ineffective. It does this by guiding partners and interested parties in asking why they might be observing the outcomes they do, or in other words: what is the story behind the information?

In the above example, RCA could lead a health regulatory College to find that racism, lack of communicative competence and other causes are at play. A health regulatory College may take action to strengthen its entry to practice competency profile and assessment by accounting for applicants’ diversity by including communicative competence in patient encounters. It may also involve bridging/continuing professional development programs regarding unconscious bias, cultural differences, allyship, and dealing with racism in the practice environment.

RCA is a method of problem-solving and system evaluation which can be used to guide assessment of a policy, program or standard’s equity impacts. While it can be particularly helpful in the exploration of racial equity, it is a widely used technique outside of this context. The purpose of RCA is to *define, analyze, and solve* an equity problem by tracing it back to its systemic root cause/source and evaluate how to prevent or mitigate root causes of inequities. Collaboration with partners and interested parties and communities will help to validate evidence and findings to date and may help to inform the identification of root causes. Key to an effective analysis is approaching it with an open mind, avoiding making assumptions, and probing as far as needed to determine what the mitigating solution would be. In some cases, root causes may be outside of the regulatory health College’s mandate, which may make follow-up action more complex and require collaboration with other interested parties.

### Guidance for describing inequity<sup>11</sup>

Racial disproportionality and disparity indices are widely used to compare the outcomes of populations or groups in sectors such as child welfare, youth and adult justice, education, and health. Data-driven results that meet requirements for statistically significant data sets on racial disparities or disproportionality are scarce, but can underscore the need for a race focused impact assessment, such as the HPRO-EIA, to help identify the root causes and mitigate racial inequities. The same analytical

<sup>11</sup> Adapted from [https://www.aisp.upenn.edu/wp-content/uploads/2020/08/AISP-Toolkit\\_5.27.20.pdf](https://www.aisp.upenn.edu/wp-content/uploads/2020/08/AISP-Toolkit_5.27.20.pdf)  
<https://drive.google.com/file/d/1OElmWNYjlyDjQWt24p24GF6HPs3N7tdZ/view> AND Data Standards for the Identification and Monitoring of Systemic Racism: Analyses of information collected | Ontario.ca



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model can be applied to a range of identity groups, such as persons with disabilities, Indigenous peoples, internationally trained professionals, etc. Collaboration with quantitative researchers is recommended.

Racial disparity is *unequal outcomes* in a comparison of one racial group to another racial group. Racial disproportionality is the *over-representation or under-representation* of a racial group in a particular program or system, compared with their representation in the general population. For more information, please refer to [Standard 29 of the Anti-Racism Data Standards \(ARDS\)](#).

### Calculating Racial Disproportionality Index

The disproportionality index is calculated using this equation:

$$\text{Disproportionality}_{\text{GroupA}} = \frac{\left( \frac{\# \text{GroupA\_ProgramPop}}{\# \text{Total\_ProgramPop}} \right)}{\left( \frac{\# \text{GroupA\_BenchmarkPop}}{\# \text{Total\_BenchmarkPop}} \right)}$$

Where:

#### #GroupA\_ProgramPop

Is the number of individuals of Group A in a program population

#### #Total\_ProgramPop

Is the total number of all individuals in the program population

#### #GroupA\_BenchmarkPop

Is the total number of individuals of Group A in a benchmark population (or eligible population)

#### #Total\_BenchmarkPop

Is the total number of all individuals in a benchmark population (or eligible population)

The racial disparity index (also known as a risk ratio or relative risk index) is calculated as follows:

$$\text{a. Disparity}_{\text{GroupA/B}} = \frac{\text{Disproportionality}_{\text{GroupA}}}{\text{Disproportionality}_{\text{GroupB}}}$$





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While still largely unavailable, anecdotal, or limited by small data sets, disproportionality indicators are beginning to form. Some examples include:

- Race: there are fewer Black students in health programs requiring Bachelor's and Master's degrees, more Black students in health programs requiring certificate or diploma qualifications.
- Race: An Ontario-wide survey conducted by RNAO revealed that 88.3% of Black nurses *'believe to have experienced racism and/or discrimination'*.<sup>12</sup>
- Country of Education: Canadian Alliance for PT Regulators shares on its website the pass rates for its licensing exam -- 44% of Nigerian educated, 70% of UK educated, 83% of Australian educated PTs pass on the first attempt, compared to 95% of Canadian educated PTs.

To contribute to building up the data necessary to produce these indices:

- Disaggregate data beyond the level of major racial groups (e.g., Racialized or Indigenous) to also reflect sub-groups (e.g., Latin American, Black Canadian, Inuit, etc.)
- Disaggregate data and analyze intersectional experiences (e.g., looking at race by gender identity or by years of experience).

Markers in domain 7.1 provide some concrete examples of other disparity indicators, for example:

- Percent of complaints dismissed or no further action taken, disaggregated by identity factors and/or intersections, compared to all dismissed complaints.
- Percent of surveyed patients / clients reporting being treated fairly in the previous 6 months; disaggregated by identity factors and/or intersections, compared to all surveyed patients / clients.

### Guidance for developing actions in response to an equity impact assessment

Systemic racism and inequity can take root and be perpetuated through inaction. To determine the best approach to developing actions to address adverse impacts, review your findings to date and consider:

- Who have you consulted to date? Who haven't you heard from?
- Which groups could you focus on in this step to gain more representative viewpoints towards identifying actions to address adverse impacts that will result in improved outcomes for all populations?
- Who will make the final decision on actions to be implemented? How will you engage these partners and interested parties?

<sup>12</sup> [https://rnao.ca/sites/default/files/2022-02/Black\\_Nurses\\_Task\\_Force\\_report\\_.pdf](https://rnao.ca/sites/default/files/2022-02/Black_Nurses_Task_Force_report_.pdf)



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- What other actions that are outside of your mandate would support addressing adverse impacts? And who could implement those actions?

Based on your answers to these questions, update your Terms of Reference as needed.

The assurance of an evidence-based process increases the probability of designing a successful action to address adverse impacts. It also builds confidence in the process as inclusive and transparent.

The recommended method to identify actions to address adverse impacts is through

- best practices research about the impacts and root causes identified,
- consultations with subject matter experts, and
- insights from members of the most affected groups.

Through this research and engagement/consultation, explore:

- What are the options to eliminate or address the identified adverse impacts and advance racial equity?
- What would these conditions look like if we achieved them? What measures can we use to quantify these conditions?
- What aspects of the policy, program or standard(s) can we tailor to reflect the needs of different groups of people?
- Who might have their benefits diminished from the action? How can we further adjust the options to address any new inequities that might arise?

Finally, it is time to decide on actions to implement.

To prepare for this activity, refer to the Terms of Reference:

1. Bring together the key decision-makers identified, being sure to include multiple viewpoints to ensure equitable decision-making (could include colleagues, experts, and representatives of communities of interest, as appropriate).
2. Select the criteria to be used to assess and rank the shortlisted options, focusing on those that would be useful for your internal partners and system partners to make an informed decision.

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### EXAMPLE Project: EIA of differential pass rates on written licensing assessments (barriers, impact, root causes identified through consultations)

Example: Results of the root cause analysis

- Internationally educated candidates lack strategies to complete multiple-choice assessments because this type of testing is little known outside of Commonwealth countries.
- Language testing lacks occupation-specific assessment and creates a false sense of language proficiency for candidates and assessors.
- Written licensing assessments using Canadian terminology and focusing on knowledge recall, put many Canadian candidates at an advantage.
- Gap assessments and bridging and gap training are less accessible to mature candidates, who have to support themselves and families.
- Internationally trained candidates with many years of work experience are judged against an entry to practice benchmark. (Would experienced Canadian practitioners pass entry to practice assessments?)
- Little to no experience of the Canadian health care system (even as patient), means internationally trained candidates lack context.
- Financial cost of writing entry to practice assessments or licensing exams is an enormous burden for many internationally trained workers and barrier to their employment within the Canadian workforce

Example: Groups adversely impacted identified through consultations

Internationally educated from: (Note: countries with comparable practice environments and education to Canada are considered only =regulated, autonomous practitioners who assess, diagnose, treat)	Western Europe: UK-educated (positive impact) Dutch Educated (negative impact) Eastern Europe: Polish Educated (negative impact) Southern Europe: n/a Northern Europe: n/a	Northern Africa, Eastern Africa, Western Africa: Nigerian-educated (negative impact) etc.	East and Southeast Asia: e.g., n/a
	South America:	North America:	Australia (positive impact)
Racialized communities	Black immigrants	East Asian immigrants	
Work experience	Mature practitioners		
Languages	ESL speakers		
Socio-economic	Candidates who have to work multiple jobs		

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Example: Identify options to address adverse impacts by

1. Conducting best practice research of addressing barriers, impact and root causes above.
2. Consulting with experts in occupational language assessment.
3. Consulting with experts in clinical competency assessment of new and mature practitioners.
4. Benchmarking with similar professions.
5. Consulting with internationally educated generally and mature practitioners in particular to co-create supports and solutions.
6. Creating job shadowing opportunities where internationally trained workers can gain experience under supervision of a licensed professional.

Potential options identified through 1-6.

- Conduct additional research into the differential pass rates as required, also looking beyond specific occupation.
- Offer multiple assessment methods, including those internationally educated applicants are familiar with.
- Separate language benchmarks for all forms of communication (written, spoken, listening, etc.).
- Assess communicative competence (rather than generic language proficiency only).
- Focus on application of knowledge in scenarios, and higher order thinking in written assessments.
- Offer competency gap assessments for all internationally and Canadian educated applicants.
- Provide targeted gap training in modular and highly accessible formats so those supporting families can continue to hold jobs.
- Provide opportunities to observe, assist in real practice environments to provide Canadian context.
- Consider creating temporary license that allows internationally trained workers to work (under supervision), while studying to write their licensing exams
- Develop mutual recognition agreements for internationally trained applicants from countries/school with high success rates.



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Assessment grid of options based on organizational capacity and alignment with the strategic plan

Options (don't recommend=N; recommend=R; short-term=ST; medium-term-MT; long-term=LT)	N	R-ST	R-MT	R-LT

Assessment grid for each option

Criteria	What it covers	Assessment	Notes
Effectiveness	Does it address the goal/objectives for the HPRO-EIA assessment (refer to the Terms of Reference)? Does it address immediate impacts?		
Longer-term equity	Thinking beyond this policy, program or standard, will the anticipated benefits: <ul style="list-style-type: none"> <li>• advance equity for groups most affected?</li> <li>• address the differential effects or impacts on diverse groups of people, including the interaction of any Racialized identity with other identity factors – e.g., geography, gender identity, etc.?</li> <li>• avoid most risks of negative impacts or a worsening of disparities for another group?</li> <li>• have a meaningful impact on one or more of the root causes?</li> </ul>		
Support for system partners and interested parties	<ul style="list-style-type: none"> <li>• Was it proposed by partners and interested parties?</li> <li>• Will most partners and interested parties support it?</li> <li>• Will there be negative reaction to be addressed?</li> <li>• Is it culturally relevant?</li> <li>• Will capacity support, accommodations, and resources be provided, if needed?</li> </ul>		
Strategic feasibility	Is it consistent with regulatory requirements, bylaws, strategic plan?		



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Criteria	What it covers	Assessment	Notes
Administrative feasibility	<ul style="list-style-type: none"> <li>• What administrative enablers would be needed; timing considerations; fiscal requirements; legal or jurisdictional considerations?</li> <li>• Is it compatible with existing norms and procedures?</li> <li>• How easy will implementation be?</li> <li>• Can it be implemented in phases?</li> </ul>		
Efficiency	Is it efficient in terms of costs vs. anticipated benefits?		
Sustain-ability	Will it sustain through changing conditions?		
Robustness	Will it help us to identify and quickly address risks?		

Once you have documented and assessed all options, rank them in order:

1. 2. 3. Etc....
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### 4. DEVELOPING AN IMPLEMENTATION PLAN

As outlined above, the first step is to identify actions to address or eliminate adverse impacts and root causes and increase equity for adversely affected groups. The next step is to develop a plan to help ensure that proposed measures to address adverse impacts and/or the new or amended policy, program or standards are implemented appropriately. Consider:

- **FEASIBILITY:** Is the plan feasible, and does it have mechanisms to evaluate successful implementation and monitoring?
- **SUSTAINABILITY:** How will the actions be implemented in a sustainable manner?
- **ACCOUNTABILITY:** Are there provisions to ensure public reporting and accountability to key partners, interested parties, and communities?

Work with internal partners and interested parties, specialists (e.g., analysts, IT staff, trainers, communications and legal) and decision-makers, those who will operationalize the actions, and key affected communities, as appropriate to determine a feasible plan.

Three components of “change” should be incorporated in developing the plan:

1. actual changes to the policy, program or standard
2. change management to support adoption
3. facilitation of resulting changes in the broader environment.

Changing the policy, program or standard:

- What do we need to do to make the agreed upon updates to the policy, program or standard (formal approvals; make changes to policy/budget/program directives/standards, etc.)?
- Do we need to update or draft new practice guidelines? Develop forms? Adjust information systems? Train service providers? Who needs to adopt the new practices?
- Who should be made aware of the actions/measures to address adverse impacts and updates to the policy, program or standard – e.g., partners and interested parties consulted throughout the HPRO-EIA process, internal and external partners/ interested parties involved in implementation, and the wider public potentially affected by the policy, program or standard?
- Are there opportunities for communities or networks to be involved in implementing the changes that might affect their members?
- How will we build the EDI and anti-racism equity capacities of those operationalizing/delivering the policy, program or standard to support a successful implementation?



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### Communication and report dissemination:

- What key messages will be used to help advance EDI and anti-racism and build broad support for the selected option(s)?
- How can we maintain clear and transparent communication with communities of interest as the new/revised policy, program or standard is implemented?
- Who should receive the report on the results of the HPRO-EIA?
- Is there an external or independent body or committee that ensures accountability and transparency, and therefore needs to see the report? Are there other Colleges who would benefit from seeing the report?
- Should different versions with varying levels of detail be developed – e.g., more detailed for internal audiences, executive summary and recommendations for key partners, interested parties, and communities, infographics for the general public (considering any legal obligations)?
- How can we be inclusive in dissemination – e.g., translation, accessible and plain language versions, etc.

### Accountability, monitoring and evaluation:

- What measures will be put in place to ensure appropriate monitoring and measuring of the implementation and effectiveness of the actions/revised policy, program or standard?
- How will accountability (processes, policies, and leadership) for effective implementation be ensured? Are mechanisms in place to ensure successful application of the new practices?

### Risk management and broader impacts:

- What are some possible barriers/risks to implementation (e.g., acceptance of changes)? How could we address these – e.g., through communication messaging? What contingency plans could we put in place to manage these?
- Does the implementation of the action(s) to address adverse impacts require changes to other organizational systems, administration, or policies and procedures?

### Timeframes, budget and resources

- What are the timeframes for implementation? For monitoring and evaluation?
- Are there provisions to ensure ongoing participation of partners and interested parties in monitoring, evaluation, and ongoing data collection?
- Is there a meaningful and adequate investment of resources and staff to ensure:
  - Effective implementation according to the plan
  - Continuing monitoring for early identification of unanticipated impacts, whether positive or negative
  - Appropriate two-way communication between the College and interested individuals and groups





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### **Domain 7: Measurement, Reporting and Improvement**

#### **Guidance for selecting, collecting, and analyzing EDI and anti-racism related indicators**

It is impossible to measure progress along any lines without the use of data. More importantly, the gathering of data can only be beneficial if it is done with the use of appropriate indicators that will measure what is needed. The quality of the indicators and the manner in which the data is gathered are both vital for the quality of the analysis and the ability of any College to implement the most appropriate policies, procedures and tools.

Many of these issues have been addressed in earlier sections. There is some repetition here to provide context.

The focus in Domain 7 is on the College's practices for using measurement to improve its practices on an ongoing and a strategic basis. Colleges that are advancing well in Domain 7 will be integrating EDI and anti-racism indicators into their strategic and operational planning processes.

The measurement process needs to be done in a manner that

- a. Builds, and builds upon, an understanding among key decision-makers (Board / Council, committees, staff, etc.) of the importance of EDI and anti-racism and the appropriateness of the indicators. Dedicated Board or committee discussions during planning sessions will likely be required.
- b. Reflects the three types of key measures: structure, process, and outcome (see the description in the Introduction and Terminology section, specifically Self-Assessment Domains and Markers)
- c. Uses key performance indicators (KPI) that have been deemed to be the most appropriate and the most beneficial. There should be clear alignment between EDI or anti-racism KPIs and other metrics used by the College to assess and manage its performance.
- d. Avoids the collection of indicators that are not meaningful or do not provide much help in the process. Collecting, interpreting, and acting on data requires an investment of effort; it is appropriate to be judicious in selecting the indicators.
- e. Begins small and grows with increasing complexity of information
- f. Engages with interested parties to:
  - o Select and define the appropriate indicators



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- Gain support for collecting the data and to gain their commitment to engaging their networks, registrants, etc.
- Frame important analysis questions and validate / extend / interpret / communicate findings

Structure and process indicators are particularly important at early stages to demonstrate commitment, successful implementation and progressive impact of actions. They allow for communication of during a potentially lengthy period of time prior to having evidence of positive outcomes. The communication must clearly demonstrate the linkage between the actions taken (structural and process markers) and the anticipated outcomes.

### Guidance for monitoring and evaluation

As noted in the other domains, knowing the success or failure of a policy, procedure, or process is what allows for continued learning. This learning can lead to positive changes due to learning from successes and/or further improvements due to failures. It can also help identify unintended positive and negative consequences that were not part of the initial desired outcomes.

It is important that the College

- a. Take accountability for following up and using this information for decision-making.
- b. Integrate this data into other organizational monitoring / evaluation / accountability processes.
- c. Recognize that some indicators can show a decline but nonetheless there is progress and can be actual improvement in the core issue. For example, perspectives on the fairness of registration or assessment processes can show a decline over time, if people from under-represented groups become more willing to self-identify, or more comfortable to participate and declare their concerns. Similarly, many organizations find that the prevalence of reported harassment increases after training sessions that discuss the issue.
- d. Report both positive and negative findings – for transparency, credibility, impetus for change, and more informed decision-making.
- e. Establish realistic expectations for timeframes for monitoring. Early monitoring helps to flag implementation issues that require corrective action. However, it can also raise expectations or an implicit demand for ‘quick wins’ and early results that may not be centrally important or sustainable.



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A full view of monitoring and evaluation includes a focus on outcome measures. Many of these issues have been discussed under Domain 6, including the use of indices that indicate disproportionality and disparity to help assess the differing outcomes between various groups. When constructed at an appropriate level of analysis (i.e., sufficiently granular and process-based), they also help understand the more specific contributing factors that create hurdles for members of equity-seeking groups. Similarly, gathering data that is disaggregated along several intersectional factors can help improve understanding of hurdles and inequalities that many people face. For example, this type of data can help identify the inequities that Indigenous groups face in general, but also the differing levels and types of challenges that Indigenous groups face if they are on or off reserves, in rural or in urban areas.

### **Guidance for action plan for organizational change and guidance to implement outcomes from other sections**

Planning for organizational change helps ensure that the commitment for change is real and actionable. It also helps support achievements in all of the other domains, including the demonstration of commitments, the achievement of regulatory governance EDI objectives, etc. Systemic change also requires that change be undertaken in all domains and aspects of the College.

Ensuring that change occurs requires an overall framework, summarized in the following set of actions, some of which are further outlined in earlier sections.

1. Build awareness of discrimination and racism at Board, staff, and practitioner levels through the provision of mandatory and non-mandatory training that is focused on conscious and unconscious bias and on systemic oppression and discrimination
2. Officially recognize the presence and effects of discrimination and racism by
  - a. Issuing public statements with goals and action plans
  - b. Issuing frequent public statements describing progress and results
  - c. Applying resources to assessing EDI and racism
  - d. Achieving an agreement at the Board level for this commitment
  - e. Undertaking a self-assessment of EDI- and racism-related issues in Colleges
3. Show commitment to a more diverse and inclusive space by
  - a. Making official commitments to increasing representation and establishing objectives and timelines
  - b. Publishing EDI and anti-racism values
  - c. Appointing EDI champions (staff members with EDI as their primary responsibility) who have power to advocate and influence decision-making
  - d. Assessing EDI and racism-related factors in appointments and assignments



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- e. Undertaking Board meetings on a regular basis with a specific objective to assess advancements on EDI and anti-racism initiatives
- f. Consistent and constant check-ins with EDI champions
4. Provide institutional support and capacity by
  - a. Providing EDI and anti-racism champions with resources (EDI-specific funding)
  - b. Promoting EDI and anti-racism champions and their services as safe spaces for members of equity-seeking groups
  - c. Translating EDI and anti-racism values into action plans that promote anti-oppressive practices
  - d. Undertaking activities that promote EDI and anti-racism learning and values
  - e. Establishing EDI and anti-racism competency assessment in hiring processes
  - f. Establishing EDI and anti-racism standards for dealing with complaints (between practitioner and those receiving services and between registrants and staff of the College/other registrants)
  - g. Ensuring that EDI and anti-racism standards guide the process
  - h. Embedding EDI and anti-racism impact assessment into the assessment and decision-making processes
  - i. Embedding EDI and anti-racism into policy work planning, prioritization of areas of work, guidelines, and standards
  - j. Developing systems for EDI and racism-related data gathering and analysis
  - k. Reviewing accessibility of information on websites and in procedures/documents
  - l. Providing support to members of equity-seeking groups to increase equitability
5. Measure, monitor, and evaluate by
  - a. Gathering data on members of equity-seeking groups through surveys, reports, and other mechanisms
  - b. Gathering data on achievements of EDI and anti-racism objectives
  - c. Assessing achievements and unintended consequences of policies, standards, guidelines, and procedures with an EDI lens
  - d. Publishing findings
6. Make necessary changes by
  - a. Committing to responding to recommendations
  - b. Indicating the commitment and a timeline to achieve it
  - c. Adjusting approaches, decisions, policies and programs accordingly
7. Maintain some levels of flexibility by
  - a. Maintaining clauses that allow for future (short term and longer-term) adjustments
  - b. Ensuring a continuous learning and assessment process that aims to assess along multiple intersectional factors
8. Expand reach to outside entities (enhance mapping and engagement of interested parties) by consulting
  - a. Upstream: university, educational institutions, certifiers, etc.



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- b. Downstream: civil society organizations, community groups, advocates, etc.
- c. Horizontally: other regulators within Ontario

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### ANNEX 1: Glossary

<b>Anti-Racism</b>	Anti-racism is a process, a systematic method of analysis, and a proactive course of action rooted in the recognition of the existence of racism, including systemic racism. Anti-racism actively seeks to identify, remove, prevent, and mitigate racially inequitable outcomes and power imbalances between groups and change the structures that sustain inequities.
<b>Diversity</b>	Diversity captures the psychological, physical, and social differences that occur among any and all individuals. People differ by attributes such as age, race, education, mental or physical ability, learning styles, gender, sex, sexual orientation, immigration status, religion, socioeconomic status, family status, and others. A diverse group, community, or organization is one in which a variety of social and cultural characteristics exist.
<b>Equity</b>	<p>The term ‘equity’ acknowledges that different populations face different barriers to success and actively puts strategies in place to mitigate or eliminate these barriers. Social or historical factors can cause sameness of treatment to be inconsistent with equitable treatment—for instance, in cases where legacies of social inequality or systems oppression have placed groups in dominant or subordinate statuses relative to one another.</p> <p>Under such circumstances, access to services, supports, and opportunities and attaining economic, political, and social fairness cannot be achieved by treating individuals in exactly the same way. Equity honours and accommodates the specific needs of individuals/ groups.</p> <p>The term “equity-deserving” implies that the person in question or the identity group to which this person belongs is deserving of being treated in a just manner where their identity factor(s) do not hinder their circumstances, access to services, supports, and opportunities and attainment of economic, political, and social equality.</p> <p>The term “equity-denied” implies that the person in question or the identity group to which this person belongs is being denied their full human rights and their ability to attain economic, political, and social equality.</p> <p>The term “equity-seeking” usually refers to groups of equity deserving people who are actively working, directly or indirectly, consciously or unconsciously on attaining economic, political, and social fairness.</p>
<b>Ethnic Origins</b>	Ethnicity refers to a person’s ethnic or cultural origins. Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, linguistic, and/or religious characteristics.
<b>Indigenous Identities</b>	<p>Indigenous people identify as being descended from the Original Peoples of what is currently known as Canada.</p> <p>In this context, Indigenous peoples include people who may identify as:</p> <ul style="list-style-type: none"> <li>• First Nations (status and non-status)</li> <li>• Métis</li> <li>• Inuit</li> </ul>

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<b>Gender</b>	Gender refers to the socially constructed ideas and characteristics of women, men and non-binary individuals – such as norms, roles, behaviours, and relationships of and between groups. Terms such as genderqueer, gender-nonconforming and others are used to reflect some of the diversity of gender identities in the population.
<b>LGBT2SQ+</b>	One of a number of acronyms used to encompass a wide spectrum of gender and sexuality. People who ascribe to this umbrella grouping may identify as Lesbian, Gay, Bisexual, Pansexual, Trans, Gender Independent, Queer, Two Spirit, and Questioning. The plus sign acknowledges the many sexual and gender minority people don't see themselves in the umbrella acronym and prefer other identity terms.
<b>Inclusion</b>	Inclusion is used to describe an Environment in which all people are respected equitably and have access to the same opportunities. Requires the identification and removal of barriers (e.g., physical, procedural, visible, invisible, intentional, unintentional) that inhibit participation and contribution.
<b>Intersectionality</b>	People have multiple and diverse identity factors (beyond gender) that intersect, work together, or feed off of each other to shape their perspectives, ideologies and experiences. This perspective can provide a more comprehensive view of people's experiences in society as well as the systemic impacts that are interconnected and cannot be examined separately from one another (e.g., racism, sexism, homophobia, ableism, etc.).
<b>Race</b>	Race is a term used to classify people into groups based principally on physical traits (phenotypes) such as skin colour.
<b>Racialized</b>	Often used to stand in for "visible minority," this more fluid term acknowledges that race is a social construction that can change over time and place. It can be applied to people who have racial meanings attributed to them as a group in ways that negatively impact their social, political, and economic life, e.g., Black, Asian, Arab, and Roma.
<b>Racism</b>	Racism consists of ideas, beliefs or practices that establish, maintain or perpetuate the superiority or dominance of one racial group over another.
<b>Sexual Orientation</b>	A person's identity in relation to the gender or genders to which they are sexually/romantically attracted; the fact of being heterosexual, homosexual, etc.
<b>Systemic Racism</b>	Systemic racism occurs when institutions or systems create or maintain racial inequity often as a result of hidden institutional biases in policies, practices, and procedures that privilege some groups and disadvantage others.
<b>Unconscious Bias</b>	Everyone has unconscious assumptions, beliefs, attitudes and stereotypes that their brains have developed about different groups. They can be positive, negative, or neutral. These learned mental short-cuts affect how we perceive and respond to people, preventing us from clearly seeing fairly and accurately the information or the person in front of us. Unconscious biases can be triggered within a fraction of a second, affecting decision-making in ways of which we are generally unaware.

## Purpose of this document

This document is an element of the **HPRO Equity, Diversity and Inclusion (EDI) Assessment Toolkit**.

Within the toolkit, the **EDI Organization Self-Assessment and Action Guide** document provides resources and tools for Regulatory Colleges to use in assessing the current state and identifying opportunities for making progress in their own EDI efforts. The tools are not meant to be prescriptive. Each College will have its own way to approach the process.

These Case Studies are designed to help College staff, Council and committee members, and interested others to understand how the tools might be effectively applied. These case studies are fictional. It is hoped that as Colleges gain experience with the tools, they will document their experience in new case studies to support broad knowledge-sharing within the HPRO networks.



## Case study 1: A focused start to an 'Equity Impact Assessment' of Registration

<p><b>The College in numbers</b></p>	<ul style="list-style-type: none"> <li>• College ABC has approximately 3 000 registrants and 5 staff.</li> <li>• Registrant numbers have been increasing steadily over the last ten years, and new registrants now account for about 10% of their total numbers.</li> <li>• About two-thirds of their registrants identify as men; and two-thirds are under 40 years of age; approximately 8% were educated outside Ontario and 3% outside of Canada.</li> </ul>
<p><b>The EDI context</b></p>	<ul style="list-style-type: none"> <li>• The Council has had discussions about the need to review registration practices for racial equity, particularly in light of increasing interest in registration in the profession and apparent increase in diversity of new entrants. They are confident in the entry-to-practice exam but have discussed that any potential impact of the recent introduction of an online exam administration should be reviewed.</li> <li>• One current EDI issue is: The professional association has devoted considerable attention on outreach to postsecondary students, including international students. The association has approached members of the Council to express concern about the equity of the registration process for newcomers to Canada – whether trained in Ontario or elsewhere.</li> </ul>
<p><b>Scoping the review</b></p>	<ul style="list-style-type: none"> <li>• Council asked the College staff to undertake a pilot <i>Equity Impact Assessment</i> focused in one area. Staff were asked to confirm a priority focus and suggest an approach.</li> <li>• Staff used the <b>Self-Assessment Grid</b> to do a high-level review of the current status within the College.</li> <li>• They identified <i>Domain #6, Suitability to Practice</i>, as an appropriate area of focus, with a particular emphasis on Registration. They estimate that that the College's current practices might reflect the Reactive level and that there would be interest in making progress to the Proactive level.</li> </ul>

## Case Studies (FINAL DRAFT)

<p>Policies, standards of practice, and practice guidelines are based on the best available EDI evidence. They reflect current best practices on EDI and are regularly aligned with changing public expectations on EDI and other College.</p>	<p>Policies, standards of practice and practice guidelines</p>	<ul style="list-style-type: none"> <li>There is no EDI consideration in policies, practice standards and guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Limited EDI consideration in policies, current practice standards and guidelines</li> <li>Review of policies, practice standards and guidelines through an EDI lens is being planned</li> </ul>	<p>practice standards and guidelines</p> <ul style="list-style-type: none"> <li>Research into the best available evidence is incorporated as part of any policy/guidelines/standard review</li> <li>Registrants' questions and enquiries</li> </ul>	<ul style="list-style-type: none"> <li>using an EDI lens</li> <li>EDI is embedded in each practice standard and guideline</li> <li>EDI impact of the standard or guideline has been evaluated</li> <li>Registrants routinely suggest how to enhance EDI in practice</li> </ul>
<p>6. SUITABILITY TO PRACTICE</p> <p>Diverse registrants are assessed for competent, safe, and ethical practice with diverse patients/clients and colleagues. Continuing competence is assured. Complaints processes are integrated, accessible and supportive of EDI. Activities are public's risk and actions to protect.</p>	<p>Registration</p>	<ul style="list-style-type: none"> <li>EDI in registration is limited to what is legally required</li> </ul>	<ul style="list-style-type: none"> <li>There is anecdotal evidence of inequity</li> <li>Limited data may impact insight into potential issues (i.e., bias, differential failure/rejection rates)</li> <li>Assessment of competence may be conflated with language ability</li> </ul>	<ul style="list-style-type: none"> <li>alternative communication channels offered when requested</li> <li>Bridging programs are offered</li> <li>Efforts are underway to increase access to education and credentials</li> <li>Potential bias in assessments is being addressed</li> </ul>	<ul style="list-style-type: none"> <li>bridging programs increase access</li> <li>usable registration streams</li> <li>increase access for populations such as Indigenous practitioners and racialized Internationally Educated Health Professionals (IEHPs)</li> </ul>
	<p>Quality assurance</p>	<ul style="list-style-type: none"> <li>EDI competence is not part of continuing development and quality assurance and is necessary for preparing new graduates</li> <li>Only mandatory areas of focus (e.g., sexual abuse) are being addressed</li> </ul>	<ul style="list-style-type: none"> <li>EDI competence is not a discrete part of continuing development and quality assurance</li> <li>Patients/clients are predominantly viewed from the bio-medical and individualist lenses</li> </ul>	<ul style="list-style-type: none"> <li>Eligible professional development activities include EDI</li> <li>Patients/clients are viewed through a holistic, person-centred, medical and individualist lens, while protecting privacy and confidentiality</li> <li>Key concepts, (e.g., social determinants of health, recovery</li> </ul>	<ul style="list-style-type: none"> <li>quality assurance and continuing professional development provide safe spaces where health professionals may reflect and commit to improving their awareness and application of EDI principles in their practice</li> </ul>

- Staff used the scoping tools in the **Guidance Document (HPRO Equity Impact Assessment in Domains 5 and 6)** to discuss an appropriate approach with the Council. Given their capacity and other strategic priorities, a focused and light touch approach was selected as an appropriate first step. They agreed upon the following course of action:
  - Strike a working group composed of two staff members, two members of the Registration Committee, and one member of the Examination Appeals Committee.
  - Use the **Assessment Markers** to do a more detailed review of the College's equity status in Domain #6.
  - Report back to Council in three months, with initial findings and suggested next steps.

### Assessment

- The working group focused on the **Assessment Markers for Registration, within Domain #6, Suitability to Practice.** They decided to do independent ratings of the items in all four levels (Proactive to Progressive) and then meet to discuss and produce a consensus rating for each item. They recognized that they were missing some

**6.1 Registration**

Inactive	<ul style="list-style-type: none"> <li>The College's registration committee is not representative of the diversity of applicants or registrants.</li> <li>The registration process only includes legally required EDI references/questions.</li> <li>The College does not track identity factors for applicants or registrants.</li> </ul>
Reactive	<ul style="list-style-type: none"> <li>The College is tracking success rates on licensing assessments for domestic and international applicants.</li> <li>The College communicates its registration policies and procedures.</li> <li>The College is asking applicants and registrants to self-identify along one or two identity factors.</li> <li>The College integrates limited EDI identity factors in its decisions related to registration practices.</li> <li>The College has an appeal process.</li> </ul>
Proactive	<ul style="list-style-type: none"> <li>The College has a registration committee that is broadly representative of the diversity of applicants or registrants.</li> <li>The College is implementing strategies to promote self-identification of applicants and registrants (using multiple identity factors).</li> <li>The College is tracking and reporting success rates on licensing assessments along multiple identity factors or categories.</li> <li>The College is supporting efforts by educational institutions to ensure a diversified pool of candidates qualified in competency and experience.</li> <li>The College engages diverse registrants who self-identify using multiple identity factors to validate assessment tools and identify unintended bias.</li> <li>The College tracks and reports its appeal data broken down according to for multiple identity factors.</li> <li>The College collects, uses and protects applicants' and registrants' identity data following all required legislative, regulatory and industry standards.</li> </ul>
Progressive	<ul style="list-style-type: none"> <li>The College invests in-kind resources to work with other stakeholders to increase registrant diversity along several intersectional factors.</li> <li>The College invests in-kind resources working with stakeholders in raising awareness and addressing common root causes that have a disproportionate negative impact on the assessments of diverse registrants' physical or mental capacity to practice.</li> <li>The College consistently acts upon the findings of differential success rates on licensing assessment for those who self-identify using multiple intersectional identity factors.</li> <li>The College engages diverse registrants who self-identify using multiple identity factors to develop inclusive communication materials and preparatory resources, as well as feedback processes, in order to support the success of diverse groups of applicants.</li> <li>The College invests resources to identify unintended biases in registration policies, requirements, and assessment tools as part of its defined processes for developing and updating them.</li> <li>The College takes action to minimize the impact of unconscious bias and institutional, structural, and systemic inequality and racism on the diversity of the pool of successful applicants.</li> </ul>

## Case Studies (FINAL DRAFT)

	<p>information but could generally agree on clear strengths and clear gaps or missed opportunities.</p> <ul style="list-style-type: none"> <li>• In discussion with the Council, there was a strong concern about the lack of explicit representation of equity-seeking groups within the assessment process, particularly in the absence of meaningful equity data about applicants and registrants. It was agreed that next steps would be to consult more widely.</li> </ul>
<p><b>Consultation and decisions for action</b></p>	<ul style="list-style-type: none"> <li>• Using tools in the <b>Guidance Document (HPRO Equity Impact Assessment in Domains 5 and 6)</b>, the working group created a three-month consultation plan and sought input from interested parties and members of equity-seeking groups of applicants and registrants.</li> <li>• The working group presented the findings and recommendations to the Council.</li> <li>• An action plan was developed and approved.</li> </ul>
<p><b>Follow-up</b></p>	<ul style="list-style-type: none"> <li>• The action plan was funded and completed over the following year, leading to enhanced data collection and a more inclusive process for revision to the entry-to-practice exam.</li> <li>• Results and ongoing commitments were reported directly to the professional association and posted on the College’s website. The process and outcomes were included in the following year’s CPMF report.</li> </ul>

## Case Studies (FINAL DRAFT)

## Case study 2: Applying an Equity Lens to the College's Practices

<b>The College in numbers</b>	<ul style="list-style-type: none"> <li>• College JKL has approximately 14 000 registrants and 28 staff.</li> <li>• About 60% of registrants are under 50 years of age. About 65% identify as men, with significantly more men in the older age brackets. About 40% were initially trained outside Ontario; about 30% outside Canada/USA.</li> </ul>
<b>The EDI context</b>	<ul style="list-style-type: none"> <li>• The College is in the process of creating its new strategic plan. An enhanced focus on Equity, Diversity and Inclusion (EDI) will be highlighted. The Council wants to undertake a broad-based review of the College's practices in order to define three areas for EDI action within the upcoming three-year period covered by the plan.</li> <li>• The College has previously undertaken initiatives to examine fairness in registration practices, specifically related to internationally educated applicants. It has recently hired a senior professional staff member to focus on broader aspects of EDI.</li> <li>• There have been recent initiatives to collect diversity-related data from current registrants. Despite a limited response rate, the results clearly demonstrate that diversity is increasing among more recent registrants.</li> <li>• Pressures have been mounting from interested parties, educational institutions, and the public to demonstrate equity and responsiveness in the College's practices.</li> </ul>
<b>Scoping a review</b>	<ul style="list-style-type: none"> <li>• Council asked the College staff to collaborate with the Strategic Planning Committee in conducting an equity-focused review of the College's practices aligned to the CPMF reporting domains. The College has committed to consultation and engagement in the development of the strategic plan; the definition of the EDI component must reflect this.</li> <li>• Given the importance of the upcoming strategic plan, the timeframe was set at six months.</li> </ul>

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- Staff and two members of the Strategic Planning Committee used the tools in the **Guidance Document (HPRO Domains 5 and 6)** to clarify the scope and agree on an engagement process.
- A broadly representative EDI Planning Task Force was created. The EDI staff professional adapted the **HPRO Equity Impact Assessment Overview** presentation slide deck to brief the task force members on the HPRO initiative’s background, purpose and available tools and resources. A key element was to create a working definition of equity, diversity and inclusion that would build on, yet go beyond, their previous focus on gender and internationally educated professionals.
- As a step to familiarize themselves with the materials, the group reviewed the **Self-Assessment Grid** and agreed that all of the domains were relevant for their work. They agreed on a process for using the more detailed **Assessment Markers** for a broad review of the status of the College’s practices.

### Assessment

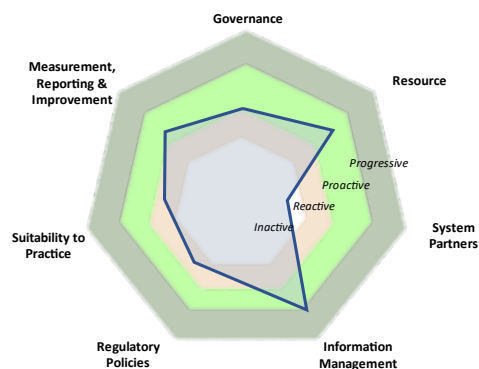
- The task force divided the domains among a number of small working groups, who used the **Assessment Markers** to evaluate and document the status of the College’s current EDI-related practices.

The screenshot displays a grid of assessment markers for three domains: 5.2 EDI competence of council and committee members, 4.3 Collection of EDI related data, and 6.3 Registration. Each domain is evaluated against a set of criteria, with markers indicating the status of each criterion (e.g., 'The College has not done this', 'The College has not done this', 'The College has not done this', 'The College has not done this', 'The College has not done this', 'The College has not done this', 'The College has not done this', 'The College has not done this', 'The College has not done this', 'The College has not done this').

- In two working sessions, the task force reviewed the outputs of the working groups and came to a consensus rating for each domain.

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	<ul style="list-style-type: none"> <li>The task force members acknowledged that the assessment was not an ‘exact science’ but they agreed they were very confident that their process had generated a reasonable basis for identifying the College’s strengths and gaps, and related priorities for the strategic plan.</li> </ul>
<p><b>Consultation and Decisions for Action</b></p>	<ul style="list-style-type: none"> <li>To validate the conclusions, the task force members used tools in the <b>Guidance Document (HPRO Equity Impact Assessment in Domains 5 and 6)</b>, and the <b>FAQs</b> to identify and consult with people in their networks, key system partners and interested parties, and representatives of equity-seeking groups.</li> <li>The Strategic Planning Committee concurred with the task force’s findings. They recommended that the three-year strategic plan should focus on selected EDI matters with respect to <i>System Partners, Regulatory Policies</i> and <i>Suitability to Practice</i>.</li> <li>The Council approved the recommendation. The Strategic Planning Committee used the details from the assessment process to expand upon the EDI section in the strategic plan.</li> </ul>
<p><b>Follow-up</b></p>	<ul style="list-style-type: none"> <li>The strategic plan’s EDI section was further developed with timeframes, desired outcomes, budget, and a consultation and engagement process.</li> <li>Progress was reported on an ongoing basis throughout the plan period, in engagements with interested parties, public communications, and CPMF reports.</li> </ul>





## Case Studies (FINAL DRAFT)

## Case study template: Learning from experience

As Colleges start to use the **EDI Organization Self-Assessment and Action Guide** it is expected that their experiences will generate useful insights to share. To support knowledge sharing, the template below can be used by Colleges to capture and share their experiences when applying the tools to their own practices.

<b>The College in numbers</b>	
<b>The EDI context</b>	
<b>Scoping a review</b>	
<b>Assessment</b>	
<b>Consultation and Decisions for Action</b>	
<b>Follow-up</b>	



## FAQs for EDI Organization Self-Assessment and Action Guide (FINAL DRAFT)

# FREQUENTLY ASKED QUESTIONS

### 1. What is an Equity Impact Assessment?

An equity impact assessment is a tool used to evaluate the potential and actual effects of policies, programs or projects on different groups and communities. It is a process to analyse how groups or communities may be affected, positively or negatively, based on identity factors such as race, gender, ability etc. The intent of the process is to identify disparities in distribution of benefits and burdens across various groups, with the intent to remediate or lessen the disparity by making changes to “the status quo”. In the healthcare field, equity impact assessments are frequently being conducted with a sole focus on disparities among patient groups. The Health Profession Regulators of Ontario (HPRO) Equity Impact Assessment builds on this work with its primary focus on regulatory practices and their positive and negative impact on groups and communities of applicants, registrants, or those that leave their health profession prematurely.

### 2. How does this set of Equity Impact Assessment tools (i.e., assessment markers and guidance) relate to other models of policy and process development and review?

These tools are intended to contribute an EDI, intersectional and anti-racism lens to policy and process development and review. They will align with established frameworks and models currently in use by Regulatory Health Colleges. Colleges are also encouraged to adapt them as needed to align with their own processes.

### 3. How often should we conduct an equity impact assessment as described in the tools?

Equity impact assessments are a means to identify areas for improvement and inform next steps. Assessments would likely align with strategic planning and reporting. Colleges may choose to tackle process and/or structural markers in one, two or all CPMF domains at once. Depending on magnitude of actions identified, Colleges may wish to allow enough time for improvements to be implemented and take root before doing a follow-up assessment.

### 4. How do I speak to my Council about why this matters?

It can be challenging to generate buy-in and confidence in using the tools and reporting on EDI and anti-racism. Quantitative or qualitative evidence directly related to your College or profession will be helpful in describing gaps in your College’s current outcomes, and in



identifying opportunities for improvement in current practices. If evidence is unavailable, utilize similar data from other health professions or draw from research conducted into the health professions. A good practice is also personal storytelling, demonstrating empathy and humility. Storytelling supplements an evidence-informed approach by humanizing what may otherwise be an abstract conversation. The tools contain a helpful PowerPoint presentation summarizing key speaking points. In addition, the research report prepared at the outset of this project, provides helpful context.

**5. Is there an overall score? How do we measure year-over-year progress?**

The organization self-assessment grid and markers are a curated list of good practices in EDI and anti-racism specific to Health Regulatory Colleges. The materials are designed for two purposes: (a) to assist with CPMF reporting on EDI and anti-racism, and (b) to provide Colleges with a starting point to self-assess their readiness, provide the basis for further action, and to document progress. For simplicity, the self-assessment grid and markers use checkboxes. If you would prefer more nuance, we recommend a qualitative scale such as: 1 - no action or being explored; 2 - partially met or in progress; 3 - fully met or completed.

**6. Is there a requirement for us to report our full assessment details?**

No. The tools are designed to support your College's own EDI and anti-racism assessment and planning. While the findings will be helpful in various reporting contexts, such as CPMF or communicating with interested parties, they are not designed to be prescriptive or a formalized set of requirements.

**7. How were the materials developed? What research or expertise has informed them?**

An initial view of the issues was developed and summarized in a previous report commissioned by HPRO with Dr. Javeed Sukhera. The current materials were developed by a team of experienced consultants in the field of EDI and anti-racism, and are informed by a literature review and EDI tools such as the Global Diversity, Equity and Inclusion Benchmarks (GDEIB). Health regulatory Colleges were involved in the development through consultations, workshops and review/piloting. The project was directed by a Steering Committee representing nine HPRO member Colleges.

**8. What if we find that some of the markers are not applicable to our College or what if we find some markers are missing?**

The organization self-assessment grid was developed with the needs of different Health Regulatory Colleges in mind. Each College is encouraged to apply or adapt the tools to your specific needs and your staff or financial resources. This could mean that you disregard the markers that are not directly relevant to your particular situation, or you can add markers for work you are doing that demonstrates or supports your progress in these areas.

**9. The CPMF Technical Specifications Document gives detailed definitions and calculations for quantitative reporting. Does this Equity Impact Assessment provide the same level of specificity?**

At the inactive and reactive levels, it will be rare to determine quantitative indicators of equity impact; reporting will likely focus on structural and process markers, such as the existence of a policy or the delivery of EDI training. As Colleges engage in EDI and anti-racism and move into proactive and progressive levels in some of the domains, quantitative outcomes become attainable. The disparity formulas in the guidance on conducting an Equity Impact Assessment in Domains 5 and 6 are approaches that are analogous to some of the CPMF Technical Specifications.

**10. How do patients fit into this equity impact assessment?**

These tools focus on the health regulatory Colleges' mandates outlined in the Health Professions Act, 1991; specific professional statutes; the Fair Access to the Regulated Professions and Compulsory Trades Act, 2006; the Ontario Human Rights Code, 1990; and other related legislation and regulation. The tools are intended to support health regulatory Colleges in the protection of the public through the fair and equitable admission and regulation of their professionals. Other tools exist to conduct health equity impact assessments that focus on patient access and outcomes. For example, the Ministry of Health has developed a health equity impact assessment decision support tool for identifying how a program, policy or similar initiative will impact population groups in different ways.

**11. We are involved in various EDI activities such as efforts to create an inclusive work environment within our College – is there a place to reflect those efforts in this assessment?**

The tools are aligned with the CPMF reporting framework; you may wish to add a section on additional considerations related to EDI, or include them in the existing domains as

supplemental content. Colleges are free to adapt the tools to be most meaningful for their situation.

**12. What comes next? How can our College continue to be engaged in this process?**

HPRO will review and evaluate the tools on an ongoing basis. It is expected that revisions to the markers and the guidance will be appropriate as health regulatory Colleges apply the tools and progress on their EDI and anti-racism journeys and as the society's and the professions' perceptions of EDI and anti-racism evolve. There are a number of ways you can become engaged in this process. Connect with HPRO networks, contribute to knowledge sharing (see the templates for Case Studies), explore possible additional offerings of Unconscious Bias sessions, contribute your insights and feedback to future revisions, and/or attend the application workshop in June 2023. As revisions are introduced, provide insights and feedback.

## HPRO Anti-Racism in Health Regulation (ARHR) Project

# Preliminary Overview of the General Context and Existing EDI and Anti-racism Measures

### General Overview

Following the death of George Floyd in the United States of America, there has been a dramatic increase in discussions and engagement regarding the role of racism in society and a better understanding of the structural and long-term impact of racism on Indigenous and other racialized people. In Canada, there has been an increased dialogue on the role of racism in Canadian society and discussions on whether racist acts or events could be considered as being embedded socially and through systems from the past to the present.

Canada has also experienced its own racism-related tragedies. More recently, and as it relates to the health sector, the deadly and traumatic effects of racism on Indigenous and other racialized people in Canada have sparked more racism-related conversations and debates. These events have also led several health regulators and the Government of Ontario, amongst others, to undertake or further their understanding and work on rooting out racism in the health sector.

Along with the push to recognize racism within Canada's health sector, there has also been increased attention paid to the discrimination that various equity-seeking groups face within the health sector. As such, there has been increased attention paid to the necessity for equity, diversity and inclusion (EDI) in the health sector as it relates to a) the services that are provided to clients and b) the relationships within the various professions that make up the health sector in Ontario.

As such, to ensure a more complete understanding of the state of EDI and anti-racism within the health sector in Ontario, the research began with an environmental scan of literature that was provided by Health Profession Regulators of Ontario (HPRO), other literature found through a quick search of the internet, and peer-reviewed literature that was published in reputable academic journals (Appendix C). However, it is important to note that much of the peer-reviewed research focuses on the experience of Indigenous and other racialized people who are seeking health services. There is little that has been

recently published in peer-reviewed journals that analyzes the experience of Indigenous and other racialized healthcare practitioners with racism from within their institutions and regulatory colleges and from their clients/patients.

This review informed the development of probing questions that were used for two group consultations with regulatory colleges. There were 21 regulatory colleges that were represented during the consultations (Appendix A). The consultation process also led to the review of multiple documents related to EDI submitted by several regulatory colleges (Appendix B). Finally, a third consultation was held with seven other interested parties who were identified as important contributors to the research either for the EDI and anti-racism work that they have already done or for their advocacy on anti-racism and inclusion of Indigenous and other equity-seeking groups (Appendix A).

The following is a summary of the key findings that were gathered from the research thus far.

### Key Research Findings

The research that was undertaken covered the review of general literature related to EDI practices in the health sector, findings from consultations undertaken with regulatory colleges, and the review of the documents shared by regulatory colleges.

#### *Literature Review – General Literature*

The review of documentation written and published by health care-related organizations in Canada has provided an important starting point in the EDI and anti-racism work that HPRO is undertaking.

The review of a selection of peer-reviewed documents has also provided some insight into the current situation facing Indigenous and other racialized health practitioners and some suggestions for moving forward. However, as noted above, the bulk of the peer-reviewed articles were focused on racism by practitioners towards Indigenous and other racialized patients/those receiving services.

The following is a list of the key findings of this review.

1. Racism towards Indigenous and other racialized health practitioners in Canada is present and has been acknowledged.
2. Indigenous and other racialized people have experienced interpersonal racism from people within the healthcare sector and from people whom they have treated or assisted.

3. This racism is both at the structural and interpersonal levels. Moreover, while this has been recognized by some entities, the level of awareness and education related to this subject remains a challenge.
4. Discrimination against members of equity-seeking groups is also present in the health sector in Ontario, and in Canada in general.
5. In general, health regulatory colleges have noted the need to address discrimination and racism, and some have identified means to work with the education system in a bid to tackle systemic discrimination and racism.
6. The review of the general literature shows that while some regulatory colleges have engaged with this subject for some time, others have not. Moreover, the results of the review note varying approaches and a range of levels of engagement in discrimination and racism.
7. In the published general literature that acknowledges the existence of racism, the attention placed on anti-racism is subsumed under an overall approach to tackle EDI. It is presumed that working on EDI is more inclusive and accounts for more identity factors. Moreover, it is presumed that by working on EDI, the work will, by association, also target issues related to racism.
  - a. As such, the anti-racism approach within the overall EDI approach represents a small part of the process, is, in general, not well developed, and seems to combine anti-Indigenous racism with racism against other racialized people.
8. While structural discrimination and racism are considered in some of the documentation published by entities in the health sector outside Ontario, the suggested actions are not clearly focused on tackling structural discrimination and racism within the sector.
  - a. The focus on inclusion seems to be placed more on making Indigenous and other racialized people feel heard and comfortable and less on giving them the opportunities and power to effect change within the structure.
  - b. This also speaks to one of the important issues related to EDI and anti-racism, namely the need for them to be transformational, including when it comes to the system itself, and not just transactional.
9. In Ontario, regulators have to report to the Ontario Government on actions taken to stem racism and discrimination. Regulatory Colleges are expected to report on these by completing certain EDI-related section in the government's College Performance Measurement Framework

(CPMF). The Ontario Government has also developed the Health Equity Impact Assessment (HEIA) tool to help regulatory colleges and other actors within the health sector assess the unintended impacts of policies, programs, and projects on equity-seeking groups. It helps turn the attention to otherwise overlooked consequences of interpersonal discrimination and racism and the consequences of implementing policies, programs, and projects in a manner that is insensitive to historic and current challenges facing minority and oppressed groups in Ontario.

- a. However, according to the Ontario government's Health Equity Impact Assessment Workbook, the HEIA is not appropriate for looking at systemic racism and discrimination issues. As such, this limits the tool's ability to effect and lead on transformational changes.
  - b. While the HEIA provides an important list of steps to be taken to assess unintended consequences, there is a real risk that these lists can become an opportunity for regulators to apply the analysis in a technical manner and avoid pushing for, and truly committing to, longer-term transformation.
  - c. The tool also presents a risk in limiting the understanding of the complexity of the situation through the use of simple indicators, a strong focus on quantitative indicators, and a limited acknowledgement of bias in quantitative data gathering processes. There is an important need to appreciate that the tool and the indicators that are being sought to understand the situation and implement changes are often influenced by biases. These biases need to be recognized, understood, and limited in their effect on the gathering of data and the analysis process.
10. The various literature items that were assessed either use differing definitions for equity and inclusion or the explanations of the terms imply differing interpretations of their meaning. For example, in some literature that was reviewed, equity was linked to fairness, while in others, it was linked to the sense of belonging. Very few items that were reviewed properly captured the transformational and power-related aspects of true equity.
11. Various types of support to Indigenous and other racialized registrants, such as mentorship, access to mental health, access to safe spaces, and policies that tackle racism and establish a racism-free environment, have been noted as a necessity by certain groups of Indigenous and other racialized people.

- a. These have been identified as ways to make spaces safer for Indigenous and other racialized practitioners and potential means to help them deal with systemic and interpersonal racism (conscious or unconscious).
  - b. These are also meant to be used as means to raise awareness among non-Indigenous and non-racialized people in these professions regarding the impact of racism at various levels.
12. The gathering of race-based data is currently very weak and needs to improve.
- a. All documents that have been analyzed indicate the lack of adequate data related to racism, no reliable identification of the number of Indigenous and other racialized practitioners, and the urgency to gather race-based data.

The review also identified certain practices that could be considered beneficial for any work on discrimination and anti-racism that is adapted to organisations of different sizes and budgets. Some of these examples might be considered for future work on EDI and anti-racism while others might require changes within the structures and regulations that the regulatory colleges are subjected to and work within. As is noted further on in this report, some Ontario regulatory colleges have already embarked on some of these processes and ideas.

- The College of Dietitians of British Columbia have an EDI Q&A on their website that helps provide basic information on the why and how. This can be beneficial for regulatory colleges that have little capacity and/or funding.
- In the EDI strategy of the Canadian Medical Protective Association (CMPA), the focus is on a multi-pronged approach. This approach attempts to provide a more 'inclusive' and 'fair' environment for registrants, processes to increase employees' participation in the work of the organization, improved governance of the associations, including an increased representation of people from varied backgrounds and experiences, increased focus on learning opportunities around EDI, and increased advocacy for EDI.
- According to the experience of certain actors in the health sector, collaboration, coordination, and support among regulators is considered to be an asset. All EDI approaches note the importance of internal coordination among the various actors and a minimum standard related to anti-racism action. However, the complexity related to the different



- sizes and capacities of the various regulatory colleges makes any action complex. This is where collaboration and coordination can help provide much needed support.
- Anti-racism approaches can also allow for the adoption of policies and protocols to provide Indigenous and other racialized practitioners tools, guidelines, or opportunities to react or respond to racism that is perpetuated by their colleagues and by those they are serving. This is likely to raise challenges for the regulatory colleges given their role. However, the assessment of potential opportunities to respond to these events can help improve the environment for equity-seeking and racialized groups. Moreover, according to the consultations that have been undertaken and as discussed further below, there is a recognition among some regulatory colleges for the need to help provide some support for registrants when facing such discriminatory and racist events.
  - The review noted the importance of dealing with conscious and unconscious bias through the improvement of understanding and recognition of the lived experiences of equity-seeking groups. Several documents noted the importance of officially committing to continuous learning and awareness raising regarding the presence and impact of discrimination and racism within the sector. This could help gain support for institutional and structural changes.

To note, the College of Dietitians of British Columbia has a dedicated approach to EDI and racism related to Indigenous registrants and the Indigenous populations they serve. This approach is entitled Indigenous Cultural Safety and Humility. It identifies the need for a respectful engagement that recognizes and aims to address power imbalances (Cultural Safety) and the identification of personal and systemic ‘biases’ towards Indigenous peoples (Cultural Humility). The approach also has interesting and innovative requirements for the regulators. The following is a short list of a few of these requirements.

1. Assess and develop alternative accreditation standards.
2. Strengthen ‘speak-up’ culture and establish a duty to report on Indigenous racism.
3. Recruit Indigenous representatives on the Board and the various committees and modify terms of reference for all committees and for the Board.
4. Include anti-racism, cultural safety, and trauma in the continuous training of registrants.

The manner in which the systemic (Cultural Safety) and the learning (Cultural Humility) aspects are discussed in the document is interesting. By integrating the need for adjusting the system, identifying and working through power imbalances, and requiring political commitments, the approach that is informed by Cultural Safety seems to go beyond cultural sensitivity, awareness, and competence.

However, while the College's approach to work on cultural safety and humility is interesting and allows for the contextualization of the current challenges and the understanding of the impact of historical events, it presents yet another way to approach, frame, and define aspects related to EDI and anti-racism. As noted below, there are concerns regarding the impact of the multiplicity of terminology and approaches on collaboration among regulatory colleges and the increased burdens on representatives of equity-seeking groups associated with multiple consultation requests and processes. The duplication burden was also raised as a concern by an Indigenous participant. Perhaps, while avoiding strict uniformity, it would also be prudent to maintain a certain level of commonality among all approaches to EDI and anti-racism.

#### *Findings from the Consultations with HPRO Members*

The findings of this initial literature review helped develop the following key focus areas that guided the discussions during the consultations with HPRO members:

1. The assessment of the status (challenges and successes) for complying with the EDI elements of the Ontario Ministry of Health College Performance Measurement Framework (CPMF)
2. The assessment of the existing capacity of member regulatory colleges as it relates to:
  - Anti-racism / EDI assessment processes and successful practices that can be amplified across the health professions
  - Gaps and trends in the work that is already being done
3. Resources that would help the regulatory colleges address the challenges they face when undertaking work related to EDI and anti-racism:
  - The types of resources that are needed (content, tools, information, expertise, etc.) by the regulatory colleges
  - The usefulness of the material and the characteristics that would make the material most useful for the regulatory colleges
4. Future EDI plans or other EDI initiatives that are being considered by the regulatory colleges.

The two consultations with HPRO members occurred in December 2022. Appendix A includes the list of participating regulatory colleges. The consultations led to very insightful and important information regarding the various stages of EDI in each regulatory college, the successes that some regulatory colleges have had with EDI, the challenges they have faced, and suggestions of tools and guidance that regulatory colleges were looking for from this project.

The following are some of the main findings from the two consultations with HPRO members:

- **Large variations in existing EDI and anti-racism approaches**

The consultations indicated significant variations in the level of EDI and anti-racism approaches adopted and undertaken among the various regulatory colleges. Some regulatory colleges have not yet begun working on EDI and anti-racism. Others have started making changes at the policy and code of conduct levels and some regulatory colleges have started implementing training on EDI and anti-racism. There are a few that have significantly advanced on their EDI and anti-racism agendas, including working on systemic changes and reaching out to entities outside their regulatory colleges to support a growth in practitioners who are represented by varying EDI-related groups.

- **Variations in the use of terminology and approaches to EDI and anti-racism**

Different regulatory colleges use different EDI terminology: Equity, Diversity and Inclusion (EDI); Diversity, Equity and Inclusion (DEI); Inclusion, Diversity, Equity and Access (IDEA); Equity, Diversity, Inclusion and Belonging (EDIB); and others. As it relates to anti-racism, there are also variations in the approaches. Some regulatory colleges do not place any emphasis on anti-racism and work on EDI with the assumption that, by doing so, there will be an effect on anti-racism. This seems to be the approach undertaken by the majority of the regulatory colleges who participated in the consultations. Other regulatory colleges seem to work on anti-racism through EDI with or without specifically noting the anti-racism approach. The majority of those who participated in the consultations have adopted the approach that working on EDI will de facto contribute to anti-racism. Moreover, as it relates to anti-racism, some regulatory colleges assess anti-racism against racialized groups by combining Indigenous and other racialized groups together, and others approach racism towards Indigenous people differently or separately from that of other racialized groups. There are slightly more regulatory colleges that combine Indigenous and other racialized groups together than those who separate them.

- **Limited EDI and race-based data being gathered by the regulatory colleges**

The various regulatory colleges noted issues with the gathering of EDI and race-based data. All regulatory colleges noted the voluntary nature of EDI and race-based data and the need to increase the willingness of registrants to self-identify. According to some regulatory colleges, there are regulatory limitations on what information they can gather, how they store it, and what they can do with it. As such, the concerns surrounding EDI and the gathering of self-identified data were not only associated with the need to make members of EDI groups more comfortable and trusting to self-identify, but they were also associated with the uncertainty around regulatory-related limitations concerning the ability to gather, use, and store this data.

- **Limited collaboration in EDI work among regulatory colleges**

Regulatory colleges seem to be working in silos. Each of the regulatory colleges that has advanced in their work on EDI has done so by working on their own strategies, hiring their own consultants and experts, and, apart from some working with the Global Diversity, Equity, and Inclusion Benchmarks (GDEIB) and CPMF tools, have developed their own versions of the EDI approaches, policies, and tools.

- **Impact of the limitations associated with Ontario's regulatory systems**

The mandates of the regulatory colleges as well as the regulatory environment that they have to work within limit their ability to respond to racism and discrimination that their registrants face from those they serve. As for racism and discrimination amongst registrants, the regulatory colleges noted that they do not have the tools to monitor these events and they lack the data and the guidance from this perspective.

- **Eagerness to start/advance further**

There is a desire by all regulatory colleges to either start or advance on their EDI and anti-racism work. However, many of them are unsure on how to start or what to do next. There is an identified need for the sharing of tools and guidance with clearly defined steps and milestones.

- **Support for meeting the CPMF requirements**

Several regulatory colleges do not have the tools to gather the information that is necessary to report against and meet the requirements of the Ontario government's CPMF.

During the review process, it was observed that, in general, the focus of the regulatory colleges has been on discrimination and racism committed by the registrants of the regulatory colleges towards those

receiving services. Few of the regulatory colleges have started looking at discrimination and racism among staff and Council members. In general, work related to racism and discrimination between registrants has not received as much attention.

The following are elements of EDI that some regulatory colleges have already undertaken:

- Updated websites to include varying statements related to EDI (using varying acronyms and approaches) and/or anti-racism.
- Offered trainings, in person, webinars, and/or self-paced learning tools to the staff and Council related to EDI and, for some, related to racism against Indigenous people and/or other racialized groups.
- Updated code of conducts, values, and board competency frameworks to integrate EDI.
- Established EDI working groups/committees (some include people from equity-seeking groups) to either provide advice or to undertake revisions of policies/practices through and EDI lens.
- Reviewed several documents and policies using an EDI lens and, for some, with the support of panels that represent Indigenous and racialized people.
- Developed guidelines to support their work on EDI.
- Started looking at EDI benchmarks and timelines to achieve these benchmarks.
- Begun collecting some demographic data and, at least one regulatory college, is tracking languages spoken to gather some information related to EDI.
- Issued various surveys to the registrants related to their experience with EDI and racism.
- Built mechanisms to reach out to non-registrants from equity groups and engage with them on EDI-related issues either through their role as non-council board members or as experts from the community.
- Established guidelines that speak specifically to the Truth and Reconciliation report, intergenerational trauma, the specific situation of northern Ontario, etc.
- Set up a whistle blower line in case people would like to bring issues forward.
- Reached out to education institutions to help in the process of recruiting more diverse people into the profession.

The two consultation sessions also revealed important requests from, and suggestions made by the regulatory colleges.

1. **There was significant emphasis placed on the need for collaboration**, not only due to the divergence in resources and capacity, but also as a means to align the approaches and create less of a burden for the communities and experts who are usually consulted.
2. The regulatory colleges also noted the **importance of ensuring commitment to EDI and anti-racism** through the establishment of specific and dedicated staff positions and financial envelopes, especially since the regulatory colleges have no control over the diversity of public appointees to committees and councils.
3. The regulatory colleges have noted the **importance of staying within their regulatory framework and yet, finding means to work on issues related to discrimination and racism amongst their registrants, staff, and council members and towards each other**. Those consulted talked about the need to find the policy space to gather much needed EDI and race-based data, develop mechanisms to help their registrants feel safe to note discriminatory and racist acts against them (anonymously (e.g. whistle blower line) or more formally), and develop mechanisms to analyse discriminatory and racist complaints.
4. There was also discussion around **the need for the development of indicators and benchmarks** that can guide their work and measure the impact of their actions on various groups.

#### *Findings from the Consultations with non-HPRO Members*

In addition to the two consultations that were undertaken with HPRO member regulatory colleges, a consultation was held with other interested parties, including a representative from the Alberta Federation of Regulated Health Professions, a representative from the College of Early Childhood Educators (CECE), a representative from the College of Veterinarians of Ontario, a representative from the Indigenous Pharmacy Professionals of Canada, and three representatives from Ontario's Office of the Fairness Commissioner. The list of participants can also be found in Appendix A. Moreover, a representative from the Ontario College of Social Workers and Social Service Workers shared several documents that detailed the actions that their regulatory college has been taking as it relates to EDI and anti-racism.

The participants in the third consultation shared concerns related to duplication of efforts and the lack of cohesiveness due to the lack of coordination among the various regulatory colleges. This seems to have led to silo approaches, repetitive conversations, at least with those that each regulatory college is

consulting with, and a disconnect between the approaches of various regulatory colleges. According to some of the participants, there are too many disjointed strategies and approaches, which does not help contribute to institutional and systemic change. Collaboration across professions is as important as collaboration within a profession across the country. An Indigenous participant noted the importance of including Indigenous expertise in the development of EDI and anti-racism processes and frameworks and the need to decrease the burdens placed on Indigenous peoples due to the lack of collaboration among well-seeking entities.

It was also noted that the Indigenous experts should be leading the development of the tools as it relates to racism against Indigenous people. The emphasis was placed on recognizing the importance of Indigenous people being in the driver's seat when working on issues that impact them ("nothing about us without us") and going beyond either non-Indigenous consultants speaking on behalf of Indigenous people or consulting with Indigenous people in a very limited capacity. There was also a suggestion to begin incorporating healing circles in the practices of the regulatory colleges.

The issue of systemic discrimination and racism was also raised in the discussion and references were made for the need to work on the certification system to make it more inclusive, the need to provide equitable support for Indigenous people and other racialized people as a means to make the profession more welcoming. Strengthening the understanding of the regulatory body's role can help understand how much can be achieved within the existing boundaries and what opportunities are available to push some of these boundaries. Moreover, some suggested that it might be helpful for regulatory colleges and HPRO to push legislatures to expand the mandate of the regulatory colleges to be able to address systemic discrimination and racism. Including such actions in the regulations might help ensure that they get done, as was believed to be the case with the addition of new requirements on sexual abuse and misconduct in Alberta in 2015/2016. This long-term project was perceived as necessary given the need to implement change and the limitations that are placed on regulatory colleges to do so. Going beyond reports towards actual change is something that was highlighted as being necessary to avoid de-legitimizing the process in the eyes of equity-seeking groups.

Along with the increase of diversity in the profession, it was also suggested that regulatory colleges implement a complaint system where the hearing tribunal will include someone who identifies the same as the individual involved. However, as was noted by HPRO member regulatory colleges, the success of such an initiative depends on the availability of EDI and race-based data. It was also noted that the

Canadian Institute of Health Research has developed data standards regarding race-based data that regulatory colleges can use to collect data and increase coherence in the data collection processes across regulatory colleges.

Issues were also raised regarding the incompatibility between the Indigenous world view with the colonized (Canadian) structures. This extends to issues associated with data-gathering processes given that the Indigenous world view is more narrative-led while the race-based data gathering process is more data-driven, more specifically, quantitative data-driven.

Finally, it is important to protect the importance of the various factors that exist within EDI and anti-racism and avoid the hyper focus that sometimes occurs when the personnel who are responsible for the EDI file champion one or a few aspects over others. It was noted that successful EDI requires the existence of a safe space for equity-seeking groups and the continuous intention and commitment to boost membership of equity-seeking groups in the profession and on councils.

#### *Review of Literature Shared by the Regulatory Colleges that were Consulted*

As noted earlier, there are significant differences between the level of development and application of EDI and anti-racism between the various regulatory colleges that were consulted. Several regulatory colleges have shared with the research team various documents and websites related to the work that they have already done on EDI and anti-racism. The list of documentation can be consulted in Appendix B. The following is a general list of some of the work that the member regulatory colleges have completed based on the literature that was shared with the team. This is a selection of some of the work and does not include everything that is being done.

The common thread that was observed in analysing the information that was shared was a common focus on EDI as it relates to the treatment of those receiving services from registrants of the regulatory colleges, declarations and statements related to recent racist and discriminatory events, updates in codes of conduct and code of ethics, and few processes that aim to lead to systemic and applied change.

The following is a list of some main findings from the analysis of the documents that were shared:

- The College of Occupational Therapists of Ontario (COTO) has developed several strategies, tools and guidelines and templates to help implement EDI towards those receiving services from



their registrants. COTO has updated its website to include statements, links, and resources on EDI. They have also revised and updated their standards of practice, board competency framework, and code of ethics for their registrants. While COTO has undertaken a lot of work related to EDI and the services they provide, they are yet in the early stages of assessing the impact of these changes, whether it be systemic or interpersonal.

- The College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) has also done a lot of work on EDI related to those receiving services from them. They have updated their website to include statements, updated policies, an updated action plan related to EDI, an updated code of ethics, and further resources related to EDI and anti-racism. They have also published the findings of their first demographic data collection of their own registrants. The information was based on self-identification of the survey respondents as it relates to race or ethnicity, gender, sexual orientation, ability, language, religion, and area of dwelling.
- The Ontario College of Pharmacists (OCP) have also published information related to EDI on their website. However, according to the College, they are now working on Indigenous cultural competency and will soon turn to a broader EDI approach. They have published resources for their registrants related to Indigenous cultural competency and have published their commitment to advance on ways to address cultural inequities and their role in supporting reconciliation.
- The College of Optometrists of Ontario has also published its commitment to EDI. However, the College has gone further and published specifics of its EDI plan and more detailed objectives and benchmarks for each objective. According to the College they have used benchmarks from the Global Diversity, Equity & Inclusion Benchmarks: Standards for Organizations Around the World (GDEIB) in their EDI plan. Their advancement on the work related to EDI has also culminated in work being done on systemic issues through the assessment of certification programs and increased engagement with community groups, experts, and consultants.
- The College of Kinesiologists of Ontario (COKO) has also updated its website to include a statement on systemic racism and to include some of the work of its EDI committee. The College has included EDI in several aspects of their work, but, according to the College, the approach is intermittent and is not very cohesive. They have also updated the Essential Competencies of Practice and the College's code of ethics to include considerations for EDI.

- The College of Respiratory Therapists of Ontario (CRTO) has also done work on EDI and have updated their website. They have a page related to EDI and the strategy that they are undertaking. The strategy, which includes specific actions and measurements for success, runs from February 2022 to December 2024. CRTO is the most advanced in looking at EDI and anti-racism as it relates to staffing within the College.
- The College of Naturopaths of Ontario (CONO) has also developed and shared an EDI statement, developed an EDI committee and has committed to integrating EDI in their governance policies, strengthened their executive limitations policy on workplace harassment, racism and/or discrimination, and developed an equity and inclusion lens to help guide policies and decision making.
- College of Physicians and Surgeons of Ontario (CPSO) has developed an EDI plan for practitioners, published its commitment for achieving EDI and addressing discrimination through the application of an equity lens, shared several resources related to EDI on their website, and issued publications that provide information on how and why using an EDI approach can help address systemic discrimination and racism.
- The College of Massage Therapists of Ontario (CMTO) has also published its accessibility-focused EDI policy on its website.
- The College of Chiropractors of Ontario (CCO) has completed an audit of existing EDI practices and has compiled a list of recommendations to move forward.

#### Assessment of the Ontario Government's Health Equity Impact Assessment and the Report on Advancing Equity and Anti-Racism in Health Profession Regulation

HPRO noted the need to work with the Ontario Government's Health Equity Impact Assessment Tool and the associated framework. HPRO also shared the initial work that was done on assessing equity and racism within the health profession regulation sector.

#### *Ontario Government's Health Equity Impact Assessment Tool*

The Ontario government's Health Equity Impact Assessment (HEIA) tool is proposed as a tool to help integrate equity into projects, programs, and policies related to the health sector. The HEIA tool provides means to analyse unintended consequences on equity-seeking groups and help develop more informed and detailed planning.

The tool itself has five purposes:

1. Identify unintended health impacts of a planned policy, program, or initiatives on vulnerable and marginalized people and of the organization as a whole (micro and macro).
2. Offer recommendations on how to mitigate said negative impacts and maximize said positive impacts.
3. Embed equity in the decision-making models of organizations.
4. Help improve programs and services based on a more equitable approach while allowing for adjustments.
5. Raise awareness about health inequities so that decision makers can integrate changes throughout.

The Government of Ontario notes that the tool is not appropriate for undertaking needs assessments, measuring equity-related actions, evaluating programs and services through an equity lens, and undertaking strategic planning for improving equitable approaches. The tool is also noted as not being comprehensive, appropriate for gathering detailed information, and helpful for analyzing complex issues. Its potential benefits are slightly more advanced and faster to be identified than those of a desk review since the tool incorporates more outreach and sourcing of information than a classic desk review. Finally, the tool is outward looking and focused on clients, customers, and/or patients.

The tool itself has 5 steps:

1. Scoping: The identification of affected populations/groups (casting a wide net).
2. Potential Impacts: The gathering of data and evidence to identify the unintended negative and positive health impacts (the depth and breadth of the data gathering process is very important at this stage).
3. Mitigation: The development of evidence-based recommendations to increase/maintain the positive impacts and to minimize/eliminate the negative impacts.
4. Monitoring: The development or assessment of the process through which the initiative's roll-out will be monitored to determine its impact, especially on vulnerable/marginalized people.
5. Dissemination: The sharing of results and recommendations.

It is suggested that results be shared for cross-learning and for transparency and that the sharing of information be done across sectors and with "relevant groups and stakeholders" (p 15). However, it is

not clear who these relevant groups could be or whether they include beneficiaries, non-governmental agencies, non-regulated agencies, non-governmental organizations, civil society groups, etc.

Below is a snapshot of their template.

### Step 1: Scoping

You Are Here

Step 1. SCOPING		Step 2. POTENTIAL IMPACTS			Step 3. MITIGATION	Step 4. MONITORING	Step 5. DISSEMINATION
a) Populations*	b) Determinants of Health	Unintended Positive Impacts	Unintended Negative Impacts	More Information Needed	Identify ways to reduce potential negative impacts and amplify the positive impacts.	Identify ways to measure success for each mitigation strategy identified.	Identify ways to share results and recommendations to address equity.
Aboriginal peoples (e.g., First Nations, Inuit, Métis, etc.)							
Age-related groups (e.g., children, youth, seniors, etc.)							
Disability (e.g., physical, D/deaf, deafened or hard of hearing, visual, intellectual/developmental, learning, mental illness, addictions/substance use, etc.)							
Ethno-racial communities (e.g., racial/racialized or cultural minorities, immigrants and refugees, etc.)							
Francophone (including new immigrant francophones, deaf communities using LSQ/LSF, etc.)							
Homeless (including marginally or under-housed, etc.)							
Linguistic communities (e.g., uncomfortable using English or French, literacy affects communication, etc.)							
Low income (e.g., unemployed, underemployed, etc.)							
Religions/faith communities							
Rural/remote or inner-urban populations (e.g., geographic/social isolation, under-serviced areas, etc.)							
Sex/gender (e.g., male, female, women, men, trans, transsexual, transgendered, two-spirited, etc.)							
Sexual orientation (e.g., lesbian, gay, bisexual, etc.)							
Other: please describe the population here.							

A closer assessment of the tool raises a few considerations:

- The manner in which the categories were developed could lead to further identification challenges, including challenges associated with people who find themselves placed in several categories simultaneously.
- The recognition of intersectionality alone is not adequately reflected in the manner in which the tool is developed.
- There are concerns with placing the onus on the ‘user’ to identify the population of concern based on their knowledge, what they anticipate, and their experience, especially given the lack of acknowledgement or understanding of the role of bias in racism and discrimination.
- The examples provided to help assess the unequal impact of health disparities are very limited in their ability to get the ‘user’ to think of varying intersecting factors and do not reflect the complexity associated with people’s lives.
- The explanations and examples that are given do not account for people who are excluded from the health system or those who decide to avoid the health system altogether.

- The tool does not properly integrate structural and systemic barriers into the analysis and the change process.

*Report on Advancing Equity and Anti-Racism in Health Profession Regulation*

HPRO initiated a study to better understand the challenges to equity, diversity, and inclusion in Ontario's health professional regulatory sector. The following is an assessment of the information provided in this study.

The study focuses mainly on racism against healthcare professionals. It highlights issues related to the:

- Lower levels or lack of trust by Indigenous and other racialized registrants in the ability of the system and the regulators to respond to racist acts,
- Lack of participatory approaches and inclusion,
- Continuation of the 'old white boys' club' approach,
- Lack of transparency,
- Lack of understanding of the experiences of Indigenous and other racialized registrants,
- Lack of support given to Indigenous and other racialized registrants,
- The minimization or even questioning of acts of racism ('burden of truth', 'over exaggeration', 'not meant like that', 'playing the race card'),
- Lack of commitment to work on this issue in general,
- Lack of mitigation strategies,
- Conviction in the superiority of the Canadian system that is based on white European-based approaches and beliefs,
- Lack of acceptance of other approaches or means,
- Unfavorable power dynamics in governance structures that are based on a consensus approach, and
- Lack of data gathering or knowledge of experiences of Indigenous and other racialized registrants.

The study resulted in several suggestions and solutions that can help start the conversation about racism and provide some potential points of action. The following is a list of those included in the report:

- Enhance evaluation and feedback by embedding 'anti-racist' principles and using an equity lens, including through the development of scorecards,
- Gather race-based data and use them for improving regulations and processes,
- Enhance trust and inclusivity through participatory processes,
- Improve diversity and inclusion at the governance level,
- Be innovative in how the regulators approach discrimination and racism,
- Invest in training and in developing in-house resources and capacity,
- Reassess and reconsider existing policies and approaches in an inclusive manner and through an equity and anti-racism lens, and develop a common standard or manual, and
- Improve capacity to continuously reassess and review.

The study's findings also suggest the following actions that could be considered when developing EDI and anti-racism tools and frameworks:

- Develop participatory processes/guidelines,
- Support development of processes to gather race-based data,
- Develop or suggest processes for the anonymization of the reporting of racism and for the shifting of the burden of proof,
- Develop processes to deal with complaints through a racism and discrimination lens and avoiding the re-traumatization of Indigenous and other racialized registrants,
- Develop processes that can help improve accountability,
- Approach complaints in more innovative ways that can include alternative forms of action,
- Develop tools to deal with racism and discrimination, and
- For smaller entities, build options for processes of collaboration with other regulatory colleges/groups so as to build capacity and move away from the financial/capacity traps.

It is interesting to note that some of the requests or suggestions that were made during the three consultation processes mirror some of the above suggestions that were presented in the report.

#### A Selection of Points to Consider for Next Steps

Based on the analysis of the general context, the following is a selection of some points of consideration for moving forward:

- There are opportunities to build on existing work on EDI and anti-racism to develop tools and approaches to **tackle discrimination and racism within regulatory colleges and among registrants**. The work related to eliminating discrimination and racism towards those receiving services from regulatory college registrants can be the impetus for similar work that needs to be done related to discrimination and racism within regulatory colleges and among registrants.
- There is a need to seriously consider **collaborative opportunities** across regulatory colleges in a bid to establish some commonality related to EDI and anti-racism. Building a **community of practice** related to EDI and anti-racism can help improve collaboration opportunities. This might present some challenges given the differing stages that the regulatory colleges are in when it comes to EDI. However, the divergence in experiences and status of EDI work also provides many opportunities for cross-learning and for support among regulatory colleges.
- The development of an **EDI action-oriented tool that has benchmarks and varying trigger points** associated with capacity can be used by all regulatory colleges and can help develop collaborative opportunities and increased commonality in EDI and anti-racism actions among regulatory colleges.
- There is an important benefit in establishing specific **staff positions and financial commitments** to work on EDI and anti-racism within the regulatory college and among registrants. This will allow for a more cohesive and integrated approach. It will also allow for formal processes to be established for complaints related to discrimination and racism, the analysis of complaints related to EDI and racism, data gathering processes related to EDI and racism, and the demonstration of a commitment for safe spaces and change.
- The creation of a **whistle blower line** can help increase the perception of commitment to EDI and anti-racism and enhance the level of comfort for people to call out discriminatory and racist events and to contribute to a more inclusive work environment. It can also help root out discriminatory and racist actions.
- The establishment of **benchmarks** related to EDI and racism within the regulatory college and among the registrants can help measure the initial situation and, subsequently, the **impact** of the policies on various EDI groups. This also requires the development and funding of data gathering processes, a process that is also important to improve policies and practices and can potentially help with systemic change.

The initial research process also identified other opportunities that can be worked on. These include the development of processes to help deal with discrimination and racism faced by regulatory college registrants from the people they serve, the lobbying of regulators and legislatures for enhancing the ability of regulatory colleges to expand their role in gathering data and helping with discrimination and racism faced by regulatory college registrants from the people they serve, and establish mechanisms to help contribute to the elimination of systemic discrimination and racism. However, given the focus of this report and the limitations associated with certain regulatory limitations, these could be considered as potential next steps in the longer-term.

### Summary

The environmental scan and literature review clearly identify a need for tackling discrimination and racism. The consultations also identified interesting opportunities and certain requests that the regulatory colleges have as it relates to EDI and anti-racism. While EDI and anti-racism have been identified by all regulatory colleges as important, the main focus has so far been on eliminating discrimination and racism from registrants towards those they serve. There has been very little focus placed on eliminating discrimination and racism between regulatory college registrants and between regulatory college registrants and regulatory college staff. The analysis thus far has noted opportunities to supporting the regulatory colleges in building their capacity in this process.



## Appendix A: List of Entities Consulted

### Regulatory Colleges

College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO)  
 College of Chiropractors of Ontario (COCO)  
 College of Chiropractors of Ontario (CCO)  
 College of Dental Technologists of Ontario (CDTO)  
 College of Denturists of Ontario (CDO)  
 College of Dietitians of Ontario  
 College of Homeopaths of Ontario (CHO)  
 College of Kinesiologists of Ontario (COKO)  
 College of Massage Therapists of Ontario (CMTO)  
 College of Medical Laboratory Technologists of Ontario (CMLTO)  
 College of Medical Radiation and Imaging Technologists of Ontario (CMRITO)  
 College of Midwives of Ontario (CMO)  
 College of Occupational Therapists of Ontario (COTO)  
 College of Opticians of Ontario  
 College of Optometrists of Ontario (COO)  
 College of Physiotherapists of Ontario (CPO)  
 College of Registered Psychotherapists of Ontario (CRPO)  
 College of Respiratory Therapists of Ontario (CRTO)  
 College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO)  
 Ontario College of Pharmacists (OCP)  
 Royal College of Dental Surgeons of Ontario (RCDSO)

### Other Key Informants

Alberta Federation of Regulated Health Professions  
 College of Early Childhood Educators  
 College of Veterinarians of Ontario  
 Indigenous Pharmacy Professionals of Canada (IPPC)  
 Office of the Fairness Commissioner



Ontario College of Social Workers and Social Service Workers

## Appendix B: List of Reviewed Documents Sent in by Regulatory Colleges

College	Documents and Links Reviewed
College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO)	<a href="#">DEI material</a>
College of Chiropractors of Ontario (CCO)	<a href="#">DEI Plan</a>
College of Kinesiologists of Ontario (COKO)	<a href="#">College statement on systemic racism – College of Kinesiologists of Ontario (coko.ca)</a> <a href="#">Essential-Competencies-of-Practice-for-Kinesiologists-in-Ontario-March-2018.pdf (coko.ca)</a> <a href="#">College of Kinesiologists Policy and Procedure Manual (coko.ca)</a> <a href="#">College of Kinesiologists Policy and Procedure Manual (coko.ca)</a> <a href="#">Client-Service-Policy-December-2014.pdf (coko.ca)</a> <a href="#">Accessibility-for-Persons-with-Disabilities-Policy-December-2014.pdf (coko.ca)</a> <a href="#">Note to Finance Committee (coko.ca)</a> <a href="#">Bias-Policy-April-2015.pdf (coko.ca)</a> <a href="#">Council-Package-Dec-5-2022.pdf (coko.ca)</a>
College of Massage Therapists of Ontario (CMTO)	<a href="#">Accessibility and Accommodation Policy</a>
College of Naturopaths of Ontario (CONO)	<a href="#">EDI Statement FINAL.pdf</a> <a href="#">Governance Policy - Final.pdf</a> <a href="#">EL10.04 - Harassment.pdf</a> <a href="#">EDI Lens.pdf</a>
College of Occupational Therapists of Ontario (COTO)	<a href="#">College values</a> <a href="#">Board competency framework</a> <a href="#">Code of Conduct for Directors and Committee</a>

	<a href="#">Code of Ethics</a> <a href="#">Cultural, Equity and Justice document</a> <a href="#">EDI</a> <a href="#">20221011 COTO Equity Impact Assessment Template.docx</a>
College of Optometrists of Ontario (COO)	<a href="#">DEI Plan</a>
College of Physicians and Surgeons of Ontario (CPSO)	<a href="#">EDI Report</a> <a href="#">CPSO - Equity, Diversity and Inclusion</a> <a href="#">CPSO - EDI Glossary</a> <a href="#">CPSO's Commitment to Learning, Unlearning – eDialogue</a>
College of Respiratory Therapists of Ontario (CRTO)	<a href="#">DEI strategy</a>
Ontario College of Pharmacists (OCP)	<a href="#">Indigenous Cultural Competency commitment</a> <a href="#">EDI Commitment Statement</a> <a href="#">Resources for Pharmacy Professionals to Support EDI</a>

## Appendix C: List of General Documentation Reviewed

- BC Health Regulators, *BC Health Regulators Annual Report 2020/21*, 2021, [https://bchealthregulators.ca/wp-content/uploads/2021/03/BCHR\\_Annual\\_Report\\_2020\\_21\\_Final-1.pdf](https://bchealthregulators.ca/wp-content/uploads/2021/03/BCHR_Annual_Report_2020_21_Final-1.pdf).
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## REPORT TO COUNCIL

2023.05.04A

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**FIRST QUARTER, JUNE 1, 2023 – AUGUST 31, 2023**

### **PRESIDENT'S REPORT**

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I welcome Council members and staff, as well as interested, online professional and public observers, to our September 2023 Council meeting. Although the summer may typically be associated with a more relaxed schedule, I am impressed by the magnitude of the work that Dr. Tony DeBono (Registrar & Executive Director), College staff, and Professional and Public Members of Council and Committees accomplished this quarter. Thank you for your reliable contributions to the College of Psychology of Ontario governance process.

I had the opportunity to participate in multiple College activities that focused on Committee work, interacting with the membership, and connecting with other Provincial regulators in the past quarter year.

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#### **COMMITTEE/WORKING GROUPS**

I continued to Chair the Executive and Finance & Audit Committees and we met recently to review the past year's Auditor's report, financial statements, and consultation feedback from the membership regarding a proposed fee increase. Much of the material reviewed by these two committees is on Council's agenda today and more detailed reports are part of the materials package for review.

I participated in the Applied Behavioral Analysis (ABA) and Equity, Diversity & Inclusion (EDI) Working Groups' meetings.

I want to congratulate the members of the ABA working group; past and present Registrars and staff; and Council members for their systematic development of the new ABA regulations that were formally signed by College and Provincial government representatives in June 2023. The ABA working group is now focused on finalizing the wording of the ABA transitional routes Registration Guidelines and monitoring the development of entry to practice examinations. Initiatives are being proposed for educating stakeholders regarding the implications of the regulation of Behaviour Analysts in Ontario and how to register at the College in a timely manner.

The EDI working group has been systematically partnering with the various College Committees to review their materials and processes with an EDI lens in mind. The future action list for this group includes reviewing an HPRO Equity Impact Assessment for its use at the College (The Equity Impact Assessment is available in Council materials for your review); and collaborating with the Professional Standards Working Group on the EDI components of the new professional standards document currently being developed. I, along with the College staff, have monitored the judicial review process for several College matters over the past quarter.

Finally, Dr. DeBono and I were able to formally sign our amended Registration Regulations pertaining to the inclusion of an Emergency Registration Certificate option for Psychologists and Psychological

Associates should a future emergency/crisis situation once again arise in Ontario. The Ministry of Health staff accepted our submission.

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**OUR MEMBERSHIP**

I want to thank Mr. Barry Gang (Deputy Registrar & Director, Professional Affairs) for organizing and participating in an informative Barbara Wand Seminar for our membership. The presentations of Ms. Zimra Yetnikoff (Director, Investigations & Hearings), Ms. Lesia Mackanyn (Director, Registration), and Dr. Tony DeBono (Registrar & Executive Director) were useful, as psychology professionals learned about navigating professional and ethical issues in supervision.

Over the summer, members of the College were asked for consultative feedback regarding a proposed membership fee increase in 2024. It was encouraging to see many psychology professionals take the time to respond in this consultative process. A summary of responses is in current Council materials to assist with our final decision making regarding a fee increase.

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**OTHER ORGANIZATIONS**

Mr. Barry Gang and I attended the June meetings of the Association of Canadian Psychology Regulatory Organizations (ACPRO) in Toronto. The finalization of the draft Memorandum of Agreement for telepsychology regulation in Canada was a celebratory moment for the group. We can anticipate that this will be formally signed later this year and implemented by the College.

I attended a virtual Association of State and Provincial Psychology Boards (ASPPB) Chairs meeting in July. This meeting provided an opportunity for jurisdictional updates and information gathering with regards to governance solutions to regulatory issues that arise in the field of psychology.

Thank you for the ongoing opportunity to represent Council in College activities.

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**SUBMITTED BY**

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



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## REPORT TO COUNCIL

2023.05.04B

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### SEPTEMBER 2023 COUNCIL MEETING

### REGISTRAR & EXECUTIVE DIRECTOR'S REPORT

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#### REGISTRAR'S OUTREACH ACTIVITIES

##### July 2023

- ABA Regulation – Intercollege Collaboration Meeting, CRPO, CASLPO, COTO, OCSWSSW, CECE (virtual)
- Registrar's Visit with University of Toronto Clinical Psychology Graduate Students (UTSC; virtual)
- Joint Presentation with the Registrar of the College and the President of OPA to Ontario Shores Mental Health Sciences Centre: The Ethical Imperative of Psychology in Hospitals (virtual)

##### August 2023

- Registrar and Deputy Registrar: ONTABA Board Meeting Presentation on ABA Regulation (virtual)

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#### STANDARDS OF PROFESSIONAL CONDUCT WORKING GROUP UPDATE

The *Standards of Professional Conduct* were revised approximately six years ago and are now due for review to ensure that the Standards are current and continue to meet the needs of the College's public protection mandate. The first two meetings of this workgroup were held on July 28, 2023 and September 8, 2023. The workgroup voiced an interest in clarifying the Standards to better reflect the scope of practice as defined by the Psychology Act (1991), to remain mindful of "Right Touch Regulation," and to not over- or under-regulate the practice of the profession. The group will continue their work at their October 2023 meeting. I would like to extend my sincerest thanks to Mr. Barry Gang, Deputy Registrar and Director of Professional Affairs, for his leadership on this work.

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#### TEMPORARY EMERGENCY REGULATION UPDATE

The Temporary Emergency Regulations that are required by the Ministry of Health and Long-Term Care as reflected in the amended Regulated Health Professions Act (1991), were officially submitted to the Ministry on August 8, 2023. With the successful submission, the College is in compliance with the Ministry's requirements and will await further direction.

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#### MASTERS LEVEL REGISTRATION REPORT UPDATE

The College is in the midst of finalizing a White Paper regarding the Council's decision to close Master's-level registration, as per the Action List item, "*To pursue amendments to O.Reg. 74/15 Registration under the Psychology Act, 1991 to discontinue Master's level registration and at that time, grant the title Psychologist to all existing Psychological Associates.*"

The College has collected data on the current educational landscape of professional psychology in the province through interviews with the Directors of Clinical Training of psychology graduate programs. The paper will also include a review of Masters-level registration patterns due to the Canadian Free Trade Agreement as well as a review of decisions from the Health Professions Appeal Review Board and the College's Inquiries, Complaints, and Reports Committee. The report will provide recommendations for the

Council to consider in their decision-making process. The report is expected to be ready for dissemination for the December 2023 Executive Committee and Council meetings.

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**PAN-CANADIAN TELEPSYCHOLOGY MEMORANDUM OF UNDERSTANDING (MOU) UPDATE**

The membership of the Association of Canadian Psychology Regulatory Organizations (ACPRO) met on June 22<sup>nd</sup> and 23<sup>rd</sup> during the Canadian Psychological Association's Annual Convention. Although I was unable to attend due to a previously scheduled trip, Mr. Barry Gang, and Dr. Wanda Towers represented the College. ACPRO engaged in further discussion and review of the draft MOU. The College has approved the MOU in principle with practice in Ontario being restricted primarily to continuity of care and specific practice scenarios, as opposed to unrestricted telepsychology registration. Senior College staff will prepare their portfolios for the implementation of the MOU, as it will have implications for registration, professional affairs, and investigations. It is expected that jurisdictions will sign the MOU on October 1, 2023.

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**CONTACT FOR QUESTIONS**

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

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## REPORT TO COUNCIL

2023.05.04C

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FIRST QUARTER, JUNE 1, 2023 – AUGUST 31, 2023

### REGISTRATION COMMITTEE QUARTERLY REPORT

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#### COMMITTEE MEMBERS:

Marjory Phillips, Co-Chair, College Member  
 Adrienne Perry, Co-Chair, Council Member  
 Fred Schmidt, Council Member  
 Archie Kwan, Council Member  
 Peter Bieling, Council Member  
 Kendra Thomson, Council Member  
 Paul Stopciati, Public Member

Nadia Mocan, Public Member  
 Pascale Gonthier, Public Member  
 Christine Heger, College Member  
 Mark Watson, College Member  
 Sheila Tervit, College Member  
 Samantha Longman-Mills, College Member

#### STAFF

Lesia Mackanyn, Director, Registration

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#### COMMITTEE ACTIVITIES

##### July 13, 2023: Plenary Session

A Plenary Session was held on the morning of July 13 and included an orientation session for new and returning Committee members. Meeting dates for the 2023-24 term were also selected. Dr. Marjory Philips led a review and discussion of the Committee's Work Plan, looking at on-going projects and goals for the new term.

##### July 13, 2023: Panel A

The Registrar referred a total of 32 cases to Panel A.

These cases included:

- 5 cases involving academic credential reviews (5 masters);
- 12 cases involving training for supervised practice members or eligible candidates (5 doctoral, 7 masters);
- 1 case involving an examination outcome (Oral Exam);
- 2 cases involving an application for return to autonomous practice from inactive certificate;
- 12 cases involving a request for change of area of practice.

##### July 14, 2023: Panel B

The Registrar referred a total of 45 cases to Panel B.

These cases included:

- 5 cases involving academic credential reviews (5 masters);
- 14 cases involving training for supervised practice members or eligible candidates (5 doctoral, 9 masters);
- 4 cases involving an examination outcome (3 EPPP, 1 JEE);
- 3 cases involving an application for removal or modification of limitation and/or condition;
- 19 cases involving a request for change of area of practice.

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**SUBMITTED BY**

Marjory Phillips, Ph.D., C.Psych., Co-Chair

Adrienne Perry, Ph.D., C.Psych., Co-Chair

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**REGISTRATION RELATED TERMS**

- **Academic Credential Review:** Cases where after an initial review, the Registrar has referred an application for supervised practice to the Registration Committee for a further review to determine whether the applicant has an acceptable master's or doctoral degree.
- **Change of Area of Practice:** Autonomous practice members who wish to be authorized to practice in a new area and/or with a new client group.
- **Examination Outcome:** Individual cases that require a review of the outcome of, or an issue with, the Oral Examination, JEE, or EPPP.
- **Reciprocity Application:** Reviews of cases where an applicant has applied from a jurisdiction in which the College has entered into a written reciprocity agreement.
- **Removal or modification of limitation and/or condition:** Autonomous practice members who wish to have a registration related limitation and/or condition removed (or modified) from their certificate of practice.
- **Retraining:** Applies to supervised practice members and eligible candidates. If after an initial review, it appears that a candidate is missing required components in the area for which they have declared competence to practise, the Registrar will refer the candidate's application to the Registration Committee for a review of their education and training. The Committee will determine whether the candidate must augment their knowledge and skills via a retraining plan.
- **Return to Autonomous Certificate from Inactive Certificate:** Members who have held an Inactive Certificate of Registration for longer than 2 years and who wish to return to a Certificate of Registration Authorizing Autonomous Practice.

## REPORT TO COUNCIL

2023.05.04D

FIRST QUARTER, JUNE 1, 2023 – AUGUST 31, 2023

### INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

#### COMMITTEE MEMBERS:

Melanie Morrow, College Member, Chair  
 Scott Warnock, Public Member, Vice-Chair  
 Tanaya Chatterjee, College Member  
 Karen Cohen, College Member  
 Adam Ghemraoui, College Member  
 David Gold, College Member  
 Allyson Harrison, College Member  
 Jacob Kaiserman, Council Member  
 Marilyn Keyes, College Member  
 Karen MacLeod, College Member

Ilia Maor, Public Member  
 Denise Milovan, College Member  
 Conrad Leung, Council Member  
 Ian Nicholson, Council Member  
 Cenobar Parker, Public Member  
 Jasmine Peterson, College Member  
 Rana Pishva, College Member  
 Naomi Sankar-DeLeeuw, College Member  
 Esther Vlessing, Public Member

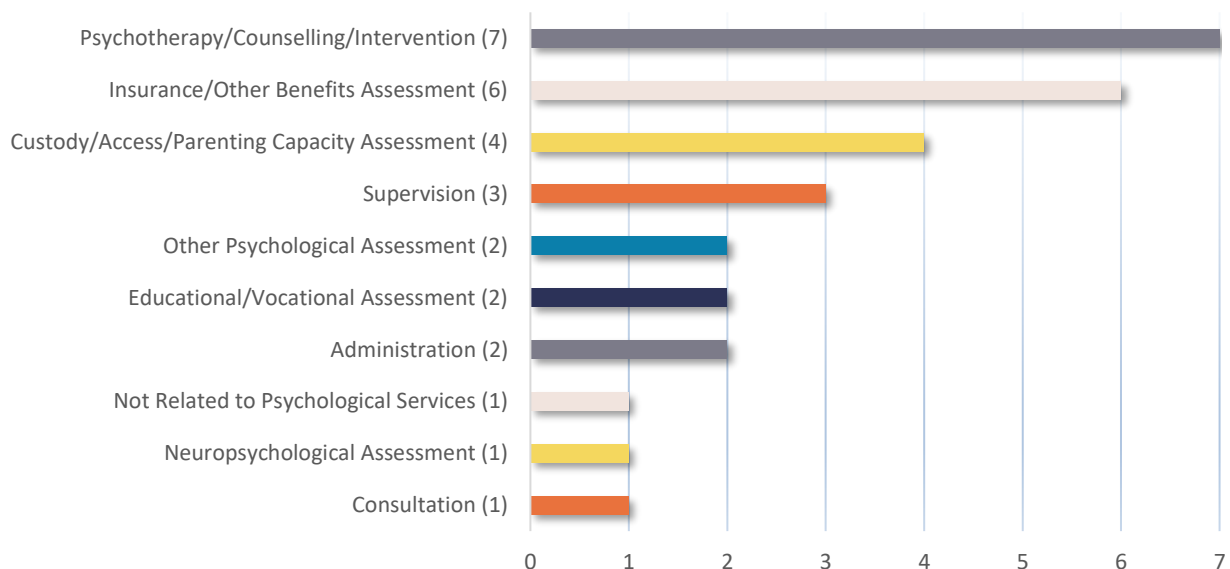
#### STAFF

Zimra Yetnikoff, Director, Investigations & Hearings

#### COMMITTEE ACTIVITIES

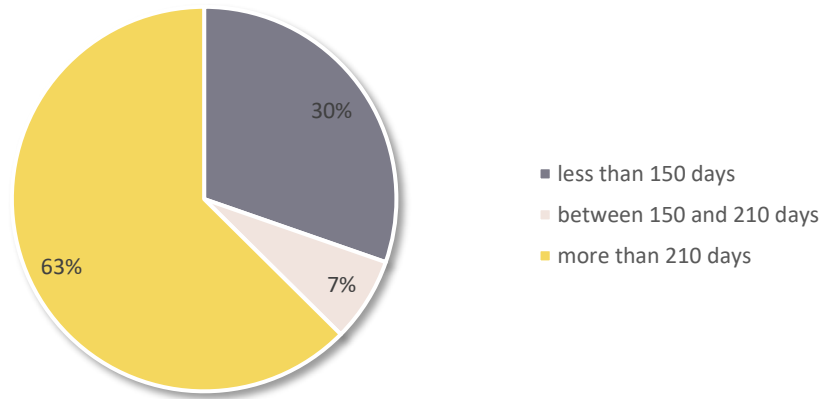
##### New Complaints and Reports

In the 1<sup>st</sup> Quarter, the College received 29 new complaints. The nature of service in relation to these matters is as follows:



**Timeline Snapshot**

There are currently 155 open Complaints and Registrar’s Investigations being actively investigated.



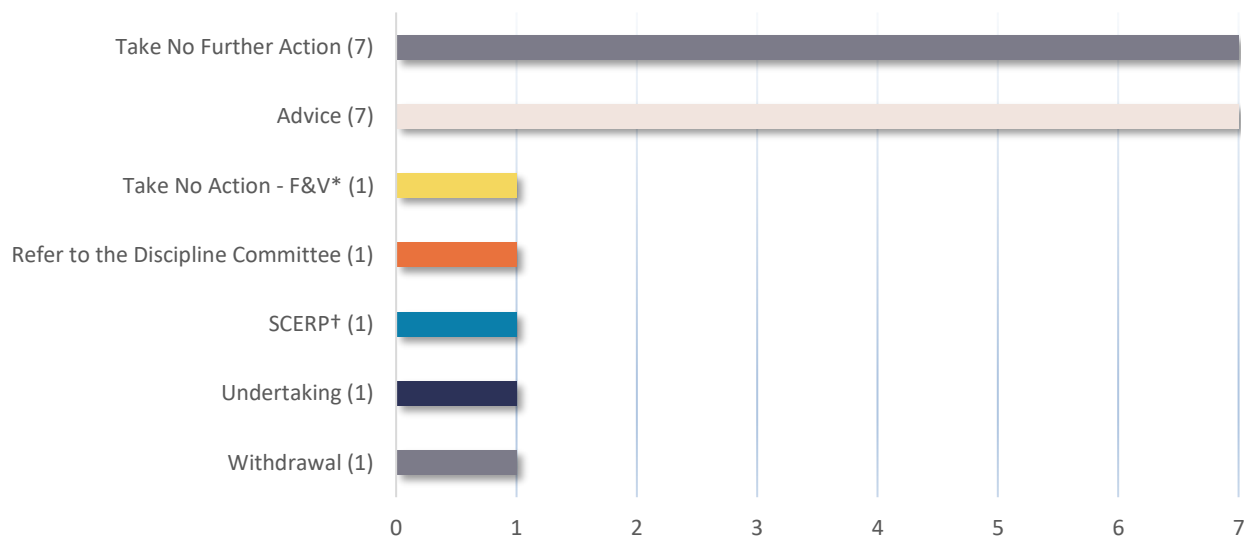
**ICRC Meetings**

The ICRC met on June 12 and August 18, 2023, to consider a total of 18 cases. In addition, the ICRC held 17 teleconferences to consider 25 cases.

The first ICRC meeting for the 2<sup>nd</sup> quarter was held on September 6, 2023, with 5 cases on the agenda.

**ICRC Dispositions**

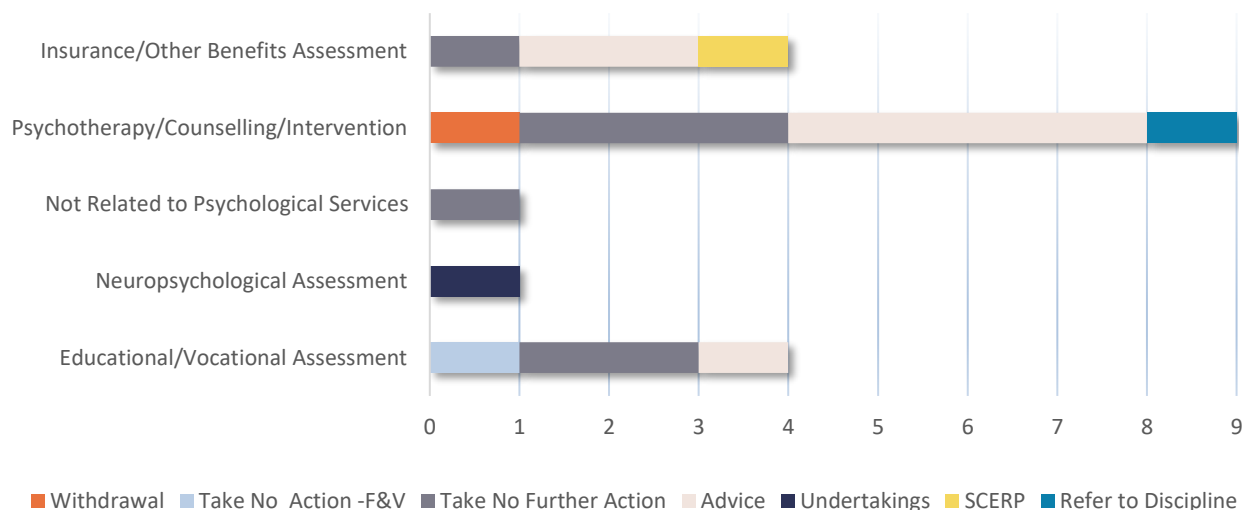
The ICRC disposed of 19 cases during the 1<sup>st</sup> Quarter, as follows. The ICRC took some action, ranging from providing advice to a referral to the Discipline Committee, in 10, or 53%, of these cases:



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

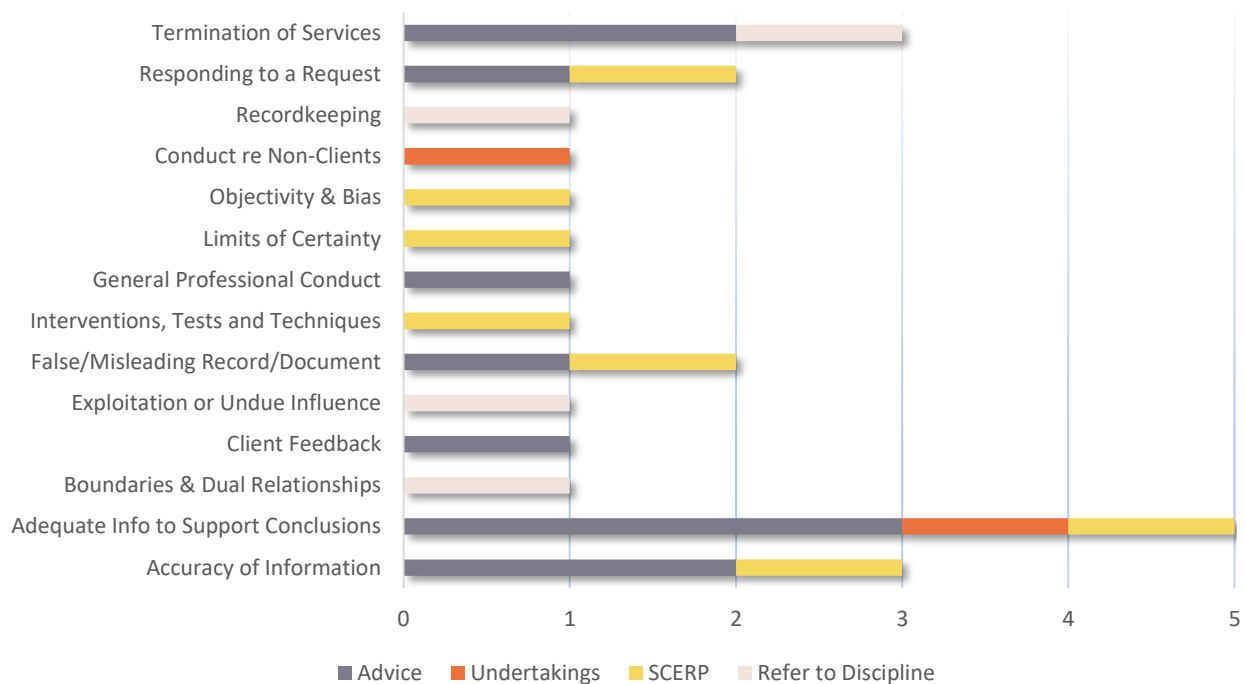
†SCERP: Specified Continuing Education or Remedial Program

The dispositions of these 19 cases, as they relate to nature of service, are as follows:



**Disposition of Allegations**

The 19 cases disposed of included the consideration of 54 allegations. The ICRC took some action with respect to 24, or 44%, of these allegations.



**Health Professions Appeal and Review Board (HPARB)**

In the 1<sup>st</sup> Quarter, three HPARB reviews of ICRC decisions were requested. The College received four HPARB decisions, all confirming ICRC decisions.

**SUBMITTED BY**

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

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## BRIEFING NOTE

2023.05.04E

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### SEPTEMBER 2023 COUNCIL MEETING

### ANNUAL REPORTS 2022-2023

#### STRATEGIC DIRECTION REFLECTION

*Excellence in care*

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#### MOTION FOR CONSIDERATION

That the 2022-2023 Annual Reports for the College's statutory and non-statutory Committees and Working Groups be approved.

**Moved By** TBD

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#### ATTACHMENTS

Annual Reports for:

- Council
- Executive Committee
- Registration Committee
- Inquiries, Complaints and Reports Committee
- Discipline Committee
- Quality Assurance Committee
- Client Relations Committee
- Fitness to Practice Committee
- Finance and Audit Committee
- Jurisprudence and Ethics Examination Committee
- ABA Working Group
- Equity, Diversity, and Inclusion Working Group

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#### CONTACT FOR QUESTIONS

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



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## REPORT TO COUNCIL

2023.05.04E

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### ANNUAL REPORT 2022-2023

## COUNCIL

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### COUNCIL MEMBERS

Wanda Towers, President	Electoral District 3 (Central)
Marjory Phillips, Vice-President	District 8 (Academic)
Paula Conforti	Electoral District 7 (Psychological Associates)
Marilyn Keyes	Electoral District 4 (East)
Carolyn Kolers	Public Member (to March 23, 2023)
David Kurzman	Electoral District 5 (GTA East)
Archie Kwan	Electoral District 6 (GTA West)
Conrad Leung	ABA (Non-Voting)
Melanie Morrow	Non-Voting Psychological Associate
Ian Nicholson	Electoral District 2 (Southwest)
Cenobar Parker	Public Member
Fred Schmidt	Electoral District 1 (North)
Kendra Thomson	ABA (Non-Voting)
Scott Warnock	Public Member
Ilia Maor	Public Member
Nadia Mocan	Public Member
Adrienne Perry	District 8 (Academic)
Paul Stopciati	Public Member
Esther Vlessing	Public Member

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### INTRODUCTION

The Council is the Board of Directors of the College of Psychologists of Ontario and, as set out in statute, is responsible for managing and administering the affairs of the College.<sup>1</sup> **This report covers the fiscal year June 1, 2022 to May 31, 2023.** All meetings of the College Council were held virtually and livestreamed to allow them to be open to the public.

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### ACTIVITIES

#### Policies

Council considered the current policies scheduled for review and approved amendments to the following:

- *Policy I – 2: Council & Committee Orientation and Training*
- *Policy I – 2a: Code of Conduct*
- *Policy I – 4: Observers and Guests at Council Meetings Procedures and Policy*
- *Policy I – 13: Non-voting Psychological Associate Council Member*
- *Policy II – 4(iii): Support to Witnesses at Hearings*
- *Policy III F – 1: Budget Development*

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<sup>1</sup>(s. 4. Health Professions Procedural Code being Schedule 2 of the [Regulated Health Professions Act, 1991](#))

- *Policy III F – 3: Financial Reporting*
- *Policy III F – 4: Per Diems & Council and Committee Compensation*
- *Policy III F – 5: Expense Reimbursement*
- *Policy III F – 6: Registrar’s Expense Approval*
- *Policy III P – 1: Employee Compensation and Benefits*
- *Policy III P – 2: Presentation Honoraria and Expenses*
- *Policy II-4(ii): Discipline Committee: Rules of Procedure*

In addition, Council approved the following new policies:

- *Policy III-F7: Rate Schedule for Authorized Professional Service*
- *Policy I-14: Succession Plan for the Position of Registrar & Executive Director*

#### Supervision Resource Manual

Council received the revised *Supervision Manual for Registration, Third Edition, 2022*. This Manual was developed to provide guidance to members and those seeking registration with the College. It provides practical information to help members of the College who agree to be supervisors for supervised practice members and/or who agree to provide supervision to members seeking to expand their authorized areas of practice. The Manual offers direction in an effort to ensure effective supervision and consistency in the services provided to clients.

#### ABA Regulations – Consultation and Submission

The College has been working towards welcoming Behaviour Analysts into what will be the new College of Psychologists and Behaviour Analysts of Ontario to be established under the yet to be proclaimed *Psychology and Applied Behaviour Analysis Act, 2021*. To prepare for proclamation, the College must develop Regulations related to the regulation of Behaviour Analysts.

Council approved a consultation package with the draft amendments to the College’s Registration Regulation, General Regulation, and the Professional Misconduct Regulation. This consultation was circulated between October – December 2022. Following the closing of the consultation, Council discussed the Regulation amendments, the consultation feedback and the recommendation of the ABA Working Group and approved the following final draft Regulation amendments for submission to the Ministry of Health:

- O.Reg. 74/15 Registration
- O.Reg. 801/93 Professional Misconduct
- O.Reg. 209/94 General (Quality Assurance and Advertising)

A submission with these amendments has been made to the Ministry of Health.

#### Temporary Emergency Class of Certificate of Registration

The Council was asked to approve a regulation amendment to O.Reg. 74/15 Registration, under the *Psychology Act, 1991*, for consideration by the Ministry of Health. *Bill 106, Pandemic and Emergency Preparedness Act, 2022*, amends the Health Professions Procedural Code of the *Regulated Health Professions Act, 1991* to require College Councils to establish regulations for an “Emergency Class” of registration. Following a consultation period, the Council approved submitting to the Ministry of Health the proposed amendments to O.Reg. 74/15 Registration, under the *Psychology Act, 1991* that will create a “Temporary Emergency Class of Certificate of Registration”.

#### Business

Council received quarterly reports and annual reports from the statutory and non-statutory Committees.

Council appointed Dr. Tony DeBono, MBA, C.Psych. as Registrar & Executive Director of the College effective February 27, 2023.

Council approved the *College Performance Management Framework Report* for submission to the Ministry of Health and posting on the College website.

#### Financial

Council appointed signing officers for the year, received quarterly financial statements, approved the audited financial statements for the fiscal year ending May 31, 2022, and appointed the auditors for the upcoming year. In March 2023, the Council approved the annual budget for 2023-2024.

The need to increase membership fees was considered for the fiscal year of *June 1, 2022, to May 31, 2023*, and a decision was made to maintain the current fee structure. It was noted that College membership fees have not increased since 2002. The College's Fee Stabilization Fund was used to cover the operating deficit.

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## REPORT TO COUNCIL

2023.05.04E

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### ANNUAL REPORT 2022-2023

## EXECUTIVE COMMITTEE

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### COMMITTEE MEMBERS

Wanda Towers, President	Professional Member of Council
Marjory Phillips, Vice-President	Professional Member of Council
Paula Conforti	Professional Member of Council
Ian Nicholson	Professional Member of Council
Paul Stopciati	Public Member of Council
Scott Warnock	Public Member of Council

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### INTRODUCTION

The Executive Committee of the College of Psychologists of Ontario is elected from, and by, the members of the College Council. Its role is to monitor and coordinate the work of the College Committees and to ensure that the Council has all the pertinent information it requires for effective decision-making. The Executive Committee held five regular meetings during 2022-2023.

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### ACTIVITIES

Following their election at the Council meeting of June 17, 2022, the Executive Committee met to appoint members of Council and professional members of the College to the six statutory Committees and the two non-statutory Committees: Jurisprudence and Ethics Examination, and Finance and Audit.

The Executive Committee reviewed implementation of the Strategic Direction 2017-2022, monitored the progress of various College initiatives, and brought policy issues to the attention of Council for consideration. The Executive, in conjunction with the Finance and Audit Committee, met with the College Auditors to review the draft *Audited Financial Statements for 2021-2022* in preparation for presentation to Council. As well, following a review by the Finance and Audit Committee, the Executive considered the draft 2023-2024 budget and recommended its approval to Council.

A variety of issues or topics were discussed by the Executive Committee including:

- Quarterly review of the telepsychology provisions put in place to facilitate practice by out-of-province practitioners for Ontario clients impacted by COVID-19.
- Consideration and approval of the College Performance Management Framework (CPMF).
- Appointment of a Search Committee Working Group.
- ABA Circulation Document for Regulation amendments.
- The Executive Committee, acting on behalf of Council, approved circulation of proposed amendments to create a Temporary Emergency Class of Certificate of Registration stakeholders for the required 60-day consultation period.

The President and the Registrar & Executive Director represented the College at meetings of the Association of Canadian Psychology Regulatory Organizations (ACPRO) and the Association of State and Provincial Psychology Boards (ASPPB).

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## REPORT TO COUNCIL

2023.05.04E

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### ANNUAL REPORT 2022-2023

## REGISTRATION COMMITTEE

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### COMMITTEE MEMBERS

Adrienne Perry, Co-Chair	Professional Member of Council
Marjory Phillips, Co-Chair	Professional Member of Council
Mark Coates	Professional Member of the College
Paula Conforti	Professional Member of Council
Samantha Longman-Mills	Professional Member of the College
Nadia Mocan	Public Member of Council
Eduardo Roldan	Professional Member of the College
Frederick Schmidt	Professional Member of Council
Paul Stopciati	Public Member of Council
Sheila Tervit	Professional Member of the College

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### INTRODUCTION

The primary role of the Registration Committee is to:

- (1) review all applications for registration of Psychologists and Psychological Associates referred by the Registrar & Executive Director, at all steps in the registration or appeals process, and to make individual registration decisions;
- (2) review applications under section 19 of the *Regulated Health Professions Act, 1991 (RHPA)* for removal or modification of a term, condition or limitation;
- (3) review applications for change of area of practice or change of status for autonomous practice members; and
- (4) recommend registration policy and procedures consistent with the *RHPA*, with *Ontario Regulation 74/15, Registration*, with applicable federal/provincial agreements such as the amended *Canadian Free Trade Agreement (CFTA)* and the *Ontario Labour Mobility Act, 2009*, or international agreements such as the Association of State and Provincial Psychology Board's (ASPPB) Reciprocity Agreement.

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### ACTIVITIES

#### Meetings

The Registration Committee is comprised of two panels which meet to consider and review individual cases. Each panel met six times. In addition, the full Committee met in plenary sessions on six occasions to consider a variety of broader policy issues.

#### Panel Deliberations

All cases referred by the Registrar & Executive Director to the Registration Committee require thorough preliminary staff review with multiple interactions between the applicants and staff. Many cases require multiple reviews by a panel of the Registration Committee during the period of supervised practice and for approval to participate in the oral examination. In some instances, where the decision is not favorable to the applicant, appeals are made to the Health Professions Appeal and Review Board (HPARB).

### Results of Plenary Deliberations

The Committee reviewed decisions and recommendations of the Health Professions Appeal and Review Board (HPARB). The Committee completed its work on reviewing the College's Oral Examinations, and developed a rubric for evaluating competency in the Controlled Act of Diagnosis. The Committee revised the College's Language Fluency Policy in the Registration Guidelines. Through its *Work Plan* the Committee noted future projects and tasks looking ahead to its 2022-2023 Term.

#### Summary of Registration Activities For 2022-2023

##### Applications Received by the College: June 1, 2022 to May 31, 2023

##### Applications for a certificate authorizing Supervised Practice:

Title	Academic Credentials from Ontario Universities	Academic Credentials from Universities elsewhere in Canada	Academic Credentials from Universities in the U.S.	International Academic Credentials other than the U.S.	Total
Psychological Associate	38	15	10	48	111
Psychologist	72	17	21	22	132
Total	110	32	31	70	<b>243</b>

##### Supervised Practice Applications: Comparisons by Year

Title	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Psych.Assoc.	67	65	53	77	66	98	103	94	105	<b>111</b>
Psychologist	143	131	120	122	131	120	159	147	105	<b>132</b>
Total	210	196	173	199	197	218	262	238	210	<b>243</b>

### Interim Autonomous/Autonomous Practice Applications

#### Temporary Interim Autonomous Practice Applications:

The College received **32** applications for a certificate authorizing interim autonomous practice (temporary) from out of province psychologists to register to provide services to an existing client located in Ontario for a period of up to 12 months.

#### From Other Canadian Jurisdictions:

The College received **54** applications for a certificate authorizing autonomous practice/interim autonomous practice from Canadian Labour Mobility applicants already registered to practice psychology in another Canadian jurisdiction.

#### From USA:

The College received **7** applications for a certificate authorizing interim autonomous practice from psychologists already licensed to practice in the USA.

#### From Ontario:

The College received **25** applications from Psychological Associates currently registered with the College of Psychologists of Ontario to be registered for the title Psychologist based upon their registration as a psychologist (master's level) in another Canadian jurisdiction.

**Certificates of Registration Issued by the College: June 1, 2022 to May 31, 2023****Certificates Authorizing Supervised Practice Issued: June 1, 2022 to May 31, 2023**

Title	Academic Credentials from Ontario Universities	Academic Credentials from Universities elsewhere in Canada	Academic Credentials from Universities in the U.S.	International Academic Credentials other than the U.S.	Total
Psychological Associate	22	6	5	13	46
Psychologist	77	15	22	20	134
Total	99	21	27	33	<b>180</b>

**Certificates Authorizing Interim Autonomous Practice Issued: June 1, 2022 to May 31, 2023**

Title	Academic Credentials from Ontario Universities	Academic Credentials from Universities elsewhere in Canada	Academic Credentials from Universities in the U.S.	International Academic Credentials other than the U.S.	Total
Psychological Associate	0	0	0	0	0
Psychologist	25	79	32	8	144
Total	25	79	32	8	<b>144</b>

**Certificates Authorizing Autonomous Practice Issued: June 1, 2022 to May 31, 2023**

Title	Academic Credentials from Ontario Universities	Academic Credentials from Universities elsewhere in Canada	Academic Credentials from Universities in the U.S.	International Academic Credentials other than the U.S.	Total
Psychological Associate	11	5	4	3	23
Psychologist	105	70	37	21	233
Total	116	75	41	24	<b>256</b>

**College Examinations: Comparisons by Year****Examination for Professional Practice in Psychology (EPPP)**

	13-14	14-15	15-16	16-17	17-18	18-19	19-20	20-21	21-22	<b>22-23</b>
Applications approved by College and submitted to ASPPB	176	180	184	194	164	187	160	189	155	146
Scores received from ASPPB	143	190	175	187	155	191	147	190	166	<b>145</b>

**Jurisprudence & Ethics Examination (JEE)**

Exam Session	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	<b>2022-23</b>
Fall	81	75	96	92	90	108	104	93	112	132
Spring	103	96	93	113	114	129	152	119	153	152
Total for the year	184	171	189	205	204	237	256	212	265	<b>284</b>

**Oral Examinations June 2021 and December 2021**

Exam Session	2013	2014	2015	2016	2017	2018	2019	2020	2021	<b>2022</b>
June	77	59	53	66	62	62	44	49*	54	51
December	69	97	89	67	67	89	85	96	87	85
Total for the year	146	156	142	133	129	151	129	145	141	<b>136</b>

\* 8 exams were completed in October 2020

**Registration Interviews: June 1, 2022 to May 31, 2023**

(these include mobility, term/condition/limitation, or change of area)

Title	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	<b>2022-23</b>
Psychological Associate	4	4	1	0	1	2	0	1	1	2
Psychologist	7	13	12	13	11	13	9	15	9	12
Total for the year	11	17	13	13	12	15	9	16	10	<b>14</b>



**Supervised Practice Applicants Referred to Registration Committee for Training Plans (Initial Referral)**  
**June 1, 2022 to May 31, 2023**

Title	Academic Credentials from Ontario Universities	Academic Credentials from Universities elsewhere in Canada	Academic Credentials from Universities in the U.S.	International Academic Credentials other than the U.S.	Total
Psychological Associate	21	4	1	16	42
Psychologist	13	4	8	10	35
Total for the year	34	8	9	26	<b>77</b>

**Supervised Practice Applications Refused: June 1, 2022 to May 31, 2023**

Title	Academic Credentials from Ontario Universities	Academic Credentials from Universities elsewhere in Canada	Academic Credentials from Universities in the U.S.	International Academic Credentials other than the U.S.	Total
Psychological Associate	7	2	4	12	25
Psychologist	1	0	2	3	6
Total for the year	8	2	6	15	<b>31</b>

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## REPORT TO COUNCIL

2023.05.04E

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### ANNUAL REPORT 2022-2023

## INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

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### COMMITTEE MEMBERS:

Melanie Morrow, Chair	Professional Member of the College
Scott Warnock, Vice-Chair	Public Member of Council
Tanaya Chatterjee	Professional Member of the College
Adam Ghemraoui	Professional Member of the College
David Gold	Professional Member of the College
Allyson Harrison	Professional Member of the College
Joyce Isbitsky	Professional Member of the College
Jacob Kaiserman	Professional Member of the College
Marilyn Keyes	Professional Member of Council
Archie Kwan	Professional Member of Council
Ilia Maor	Public Member of Council
Denise Milovan	Professional Member of the College
Ian Nicholson	Professional Member of Council
Cenobar Parker	Public Member of Council
Jasmine Peterson	Professional Member of the College
Rana Pishva	Professional Member of the College
Naomi Sankar-DeLeeuw	Professional Member of the College
Wanda Towers	Professional Member of Council
Esther Vlessing	Public Member of Council

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### INTRODUCTION

The Inquiries, Complaints and Reports Committee (ICRC) is responsible for investigating matters regarding members' conduct and competence. It is also responsible for inquiries into whether a member may be incapacitated. As required by law, every matter is considered by a panel of the ICRC. A panel is composed of one public and two professional members. Public members are appointed to the College by the Lieutenant Governor in Council.

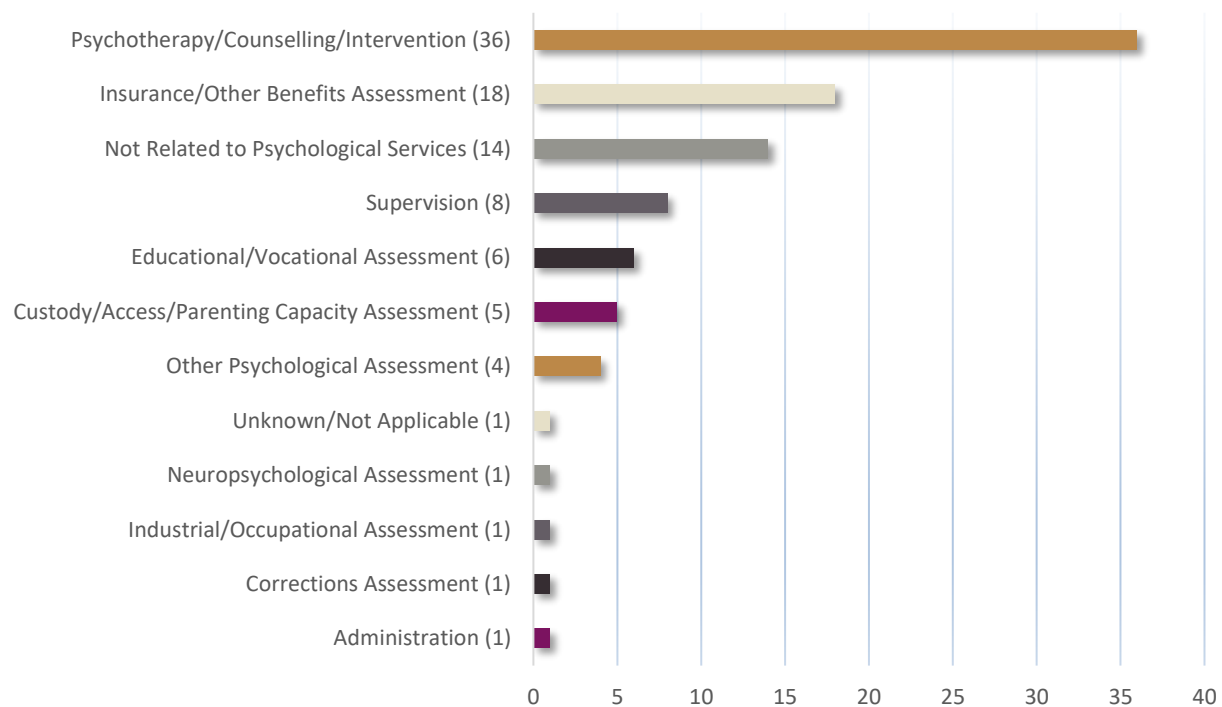
A panel decides how to proceed after considering all the relevant information. This can range from taking no further action to referring the matter to the Discipline Committee. In some cases, the panel may decide that remediation is appropriate, which can include advice or a program of continuing education. Every decision includes reasons, except if the decision is to refer the matter to the Fitness to Practice or Discipline Committees.

A party to a complaint may request that the Health Professions Appeal and Review Board (HPARB) review an ICRC decision. HPARB will consider whether the ICRC's investigation was adequate and its decision reasonable.

Investigation staff also engage with matters that do not become formal complaints or reports. For example, the College investigates non-members who may be holding themselves out as Psychologists or Psychological Associates or inappropriately using the titles “Psychologist” or “Doctor.”

### NEW MATTERS

During the 2022-2023 fiscal year the College received 94 complaints and initiated two Health Inquiries, for a total of 96 new matters. These matters related to the following areas of practice.

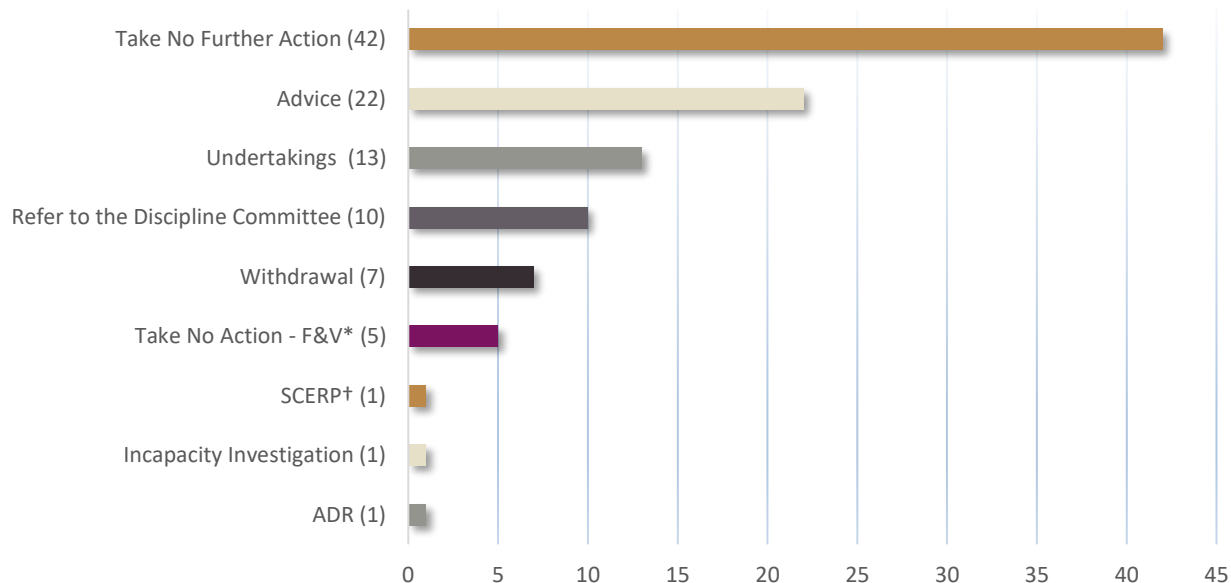


During the 2022-23 fiscal year the College also received an unusually large number of communications in relation to an ICRC decision that an individual member sought to have reviewed before the Divisional Court. The College received over 24,000 items of correspondence between January and March 2023, including over 10,000 complaint forms. After this initial period, the College continued to receive complaints in relation to this matter.

After processing these complaints, a panel of the ICRC provided notice that it intended not to take any further action due to these complaints being “frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process,” pursuant to s.26(4) of the Health Professions Procedural Code. These complaints expressed general discontent with an ICRC decision and did not identify specific conduct that could form the basis of an investigation. The panel ultimately decided to take no further action with respect to these complaints, pursuant to s.26(5) of the Code.

**DISPOSITIONS**

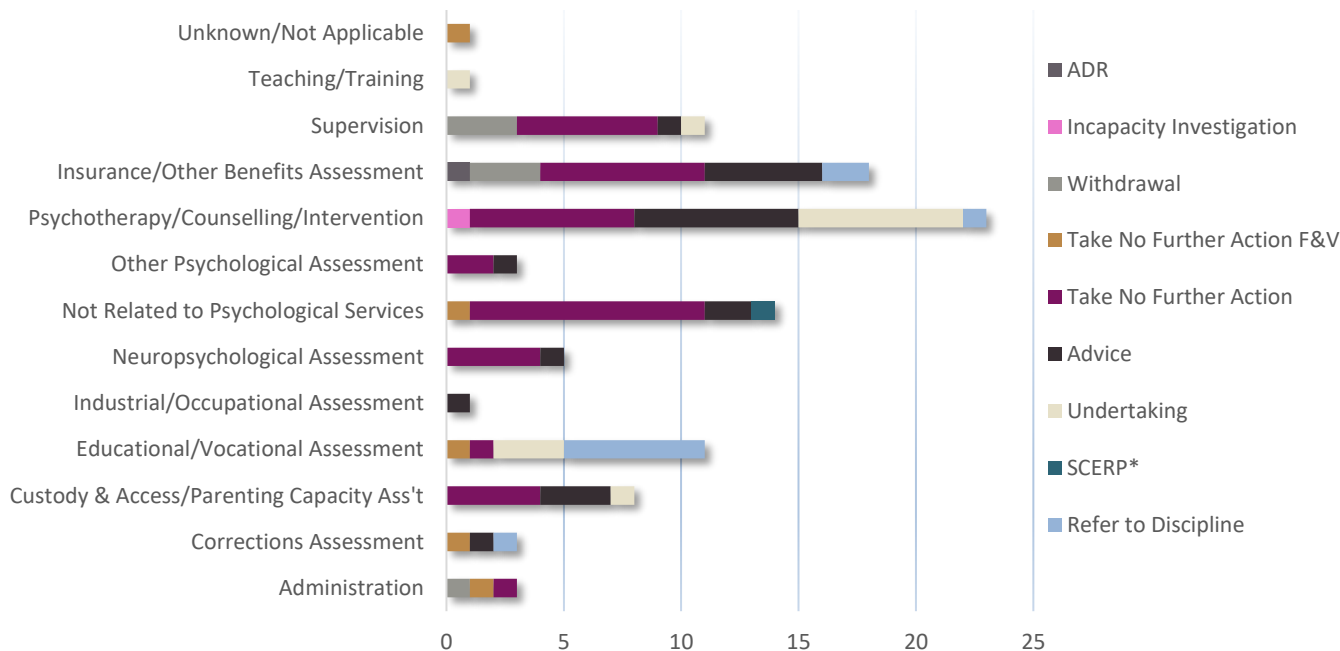
The ICRC disposed of 102 cases in the 2022-2023 fiscal year. The ICRC took some action in 46 (45%) of these cases, from providing Advice to referring matters to the Discipline Committee. While multiple dispositions may be reached in any given case, the most serious disposition for each case is represented.



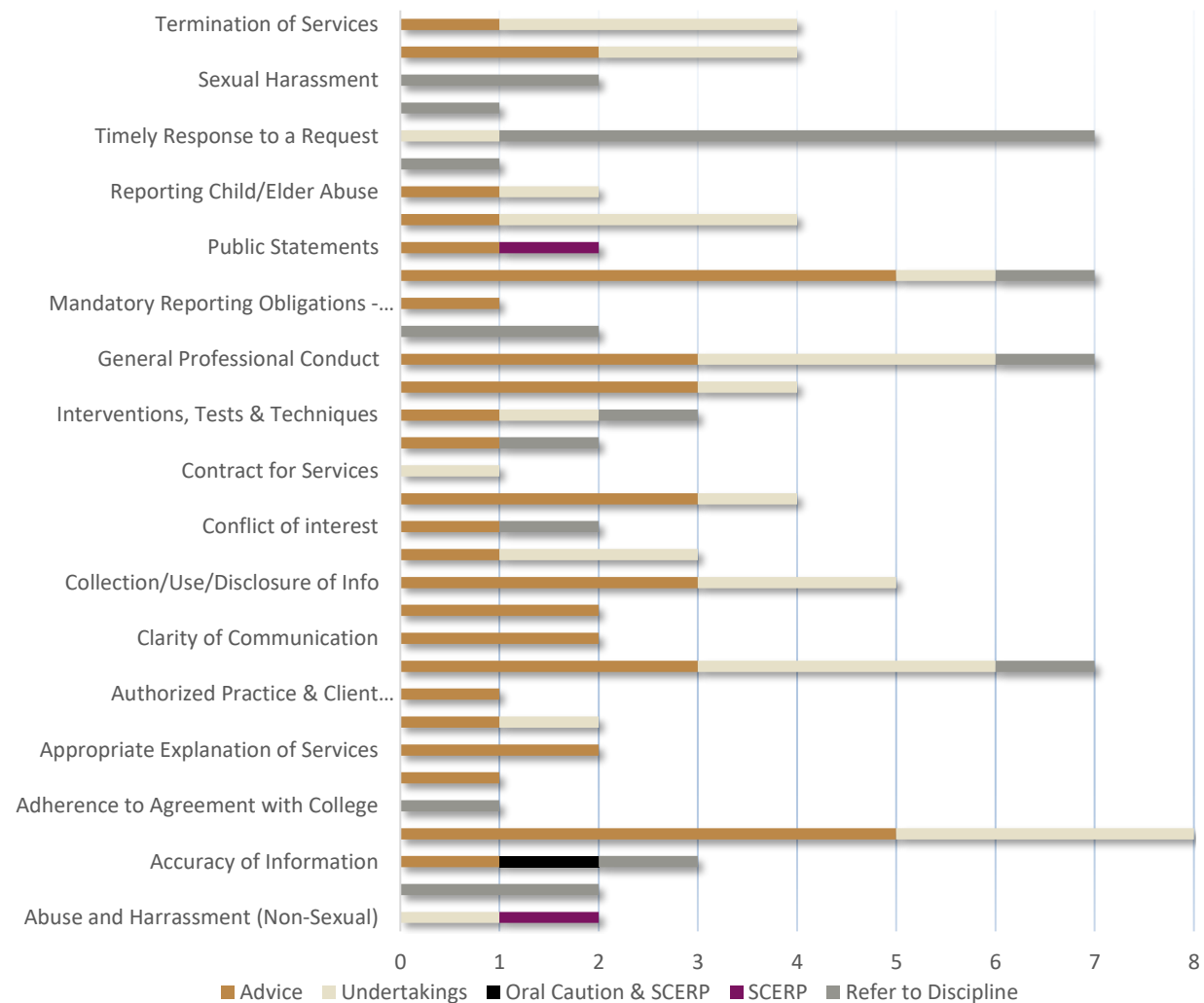
\*F&V: Frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process, pursuant to ss.26(4) and (5) of the Health Professions Procedural Code.

†SCERP: Specified Continuing Education or Remedial Program

The dispositions of these 102 cases related to the following nature of services:



The disposition of these 102 cases involved the consideration of 271 allegations, as many complaints involve multiple allegations. The ICRC took action with respect to 101 (37%) of these allegations.



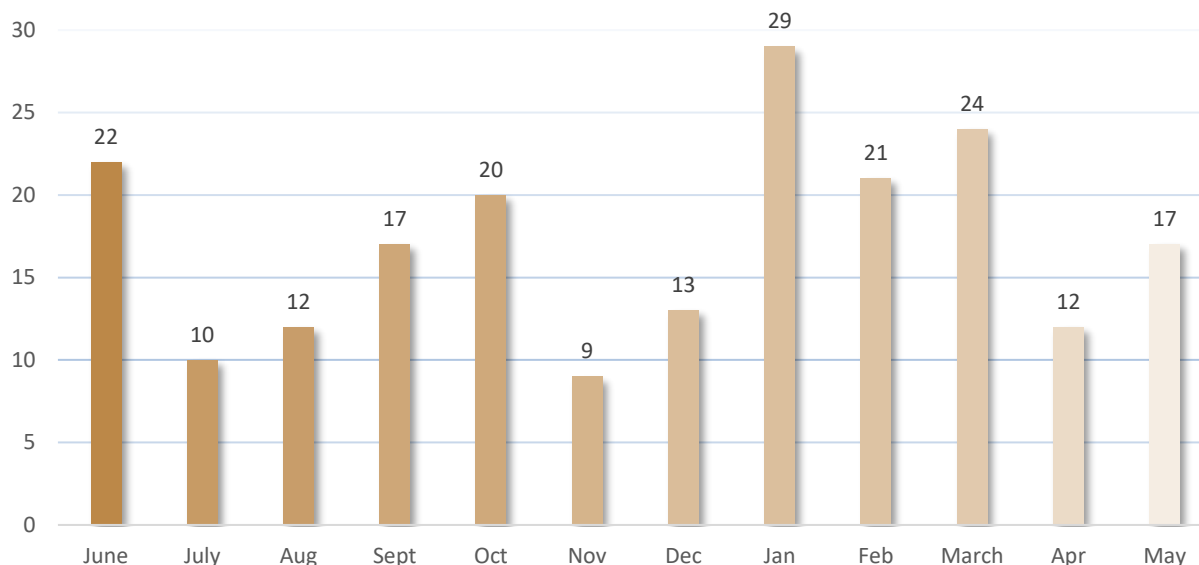
**HEALTH PROFESSIONS APPEAL AND REVIEW BOARD (HPARB)**

There were seven requests by complainants and/or members for HPARB reviews of ICRC decisions in the 2022-2023 fiscal year. HPARB considers whether the ICRC’s investigations were adequate and if the ICRC’s decisions were reasonable. HPARB issued 20 Decisions, including those for reviews requested in previous years. Sixteen ICRC decisions were confirmed, and two requests for review were dismissed by HPARB as being frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.

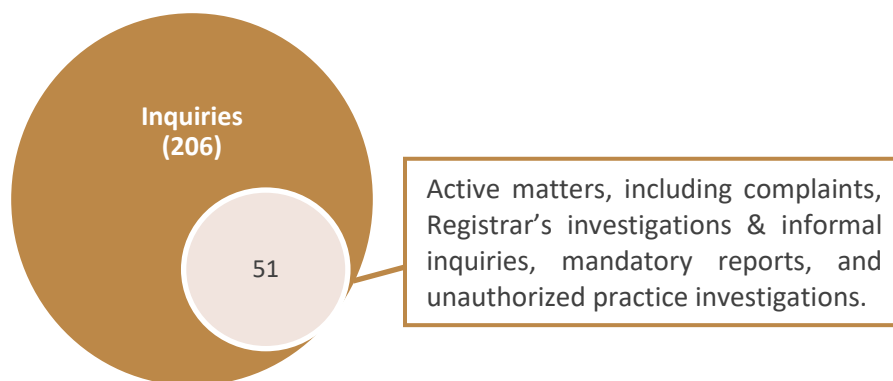
**INQUIRIES**

Investigations and resolutions staff fielded 206 general inquiries by telephone and email in the 2022-2023 fiscal year. These inquiries included questions about professional conduct and how to submit a complaint or report, issues regarding access to information, and information regarding people who may be inappropriately holding themselves out as authorized to practice psychology in Ontario.

The inquiries were distributed throughout the year as follows:



Of the 206 inquiries received, 51 (25%), became some kind of investigation in the same fiscal year. An additional 34 current matters are related to inquiries made in previous fiscal years.



During the 2022-2023 fiscal year the Registrar initiated inquiries into 45 new matters. These include matters referred to the Registrar for further inquiry by the ICRC, as well as mandatory reports to the College.

In making inquiries, the Registrar can consider whether there are reasonable and probable grounds to believe that a member has committed an act of professional misconduct or is incompetent. If so, the Registrar may appoint an Investigator to investigate the matter on a formal basis. None of these inquiries became formal Registrar’s Investigations in the 2022-2023 fiscal year.

The Registrar also closed 40 inquiries in the 2022-2023 fiscal year without appointing an Investigator. The Registrar may close an inquiry if further investigation is unnecessary. For example, the College may receive a mandatory report about a matter that is under investigation through the complaints process. In such a case, the mandatory report matter may be closed. In closing these inquiries, the Registrar may also provide the member with some guidance.

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**UNAUTHORIZED PRACTICE INVESTIGATIONS**

In the 2022-2023 fiscal year, the College opened 31 and closed 18 Unauthorized Practice cases. These cases relate to unregistered individuals who may be holding themselves out as authorized to practice psychology in Ontario. This includes inappropriate use of the titles “Doctor” and “Psychologist.” The College also investigates unauthorized performance of controlled acts, including the communication of a diagnosis.

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## REPORT TO COUNCIL

2023.05.04E

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### ANNUAL REPORT 2022-2023

## DISCIPLINE COMMITTEE

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### COMMITTEE MEMBERS

Marilyn Keyes, Chair	Professional Member of Council
Janice Currie, Co-Vice-Chair	Professional Member of Council
Sara Hagstrom, Co-Vice-Chair	Professional Member of the College
Gilles Boulais	Professional Member of the College
Deidre Boyle	Professional Member of the College
Paula Conforti	Professional Member of Council
Lisa Couperthwaite	Professional Member of the College
Lynette Eulette	Professional Member of the College
Robert Gauthier	Professional Member of the College
Pascale Gonthier	Public Member of Council
Michael Grand	Professional Member of Council
Anthony Hopley	Professional Member of the College
Sandra Jackson	Professional Member of the College
Carolyn Kolers	Public Member of Council
David Kurzman	Professional Member of Council
Archie Kwan	Professional Member of Council
Ilia Maor	Public Member of Council
Nadia Mocan	Public Member of Council
Melanie Morrow	Professional Member of the College
Ian Nicholson	Professional Member of Council
Cenobar Parker	Public Member of Council
Adrienne Perry	Professional Member of Council
Marjory Phillips	Professional Member of Council
Philip Ricciardi	Professional Member of the College
Fred Schmidt	Professional Member of Council
Paul Stopciati	Public Member of Council
Wanda Towers	Professional Member of Council
Esther Vlessing	Public Member of Council
Pamela Wilansky	Professional Member of the College
Scott Warnock	Public Member of Council

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### INTRODUCTION

The Discipline Committee conducts Hearings into allegations of professional misconduct and incompetence, referred by the Inquiries, Complaints and Reports Committee. The Committee is also responsible for holding Hearings of applications for the reinstatement of a Certificate of Registration which had been revoked as a result of a disciplinary proceeding.



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**HEARINGS**

Three Hearings took place during the 2022-2023 fiscal year:

1. **Dr. André Dessaulles:** [https://members.cpo.on.ca/public\\_register/show/2530](https://members.cpo.on.ca/public_register/show/2530). A hearing was held in this matter on April 25, 2023.
2. **Dr. Romeo Vitelli:** [https://members.cpo.on.ca/public\\_register/show/1461](https://members.cpo.on.ca/public_register/show/1461). A hearing was held on this matter on April 24, 2023.
3. **Dr. Ian Shields:** [https://members.cpo.on.ca/public\\_register/show/1380](https://members.cpo.on.ca/public_register/show/1380). A hearing was held on May 5, 2023.

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**REFERRALS**

Four matters were referred to the Discipline Committee in the 2022-2023 fiscal year:

1. **Dr. Ian Shields:** [https://members.cpo.on.ca/public\\_register/show/1380](https://members.cpo.on.ca/public_register/show/1380)

This matter was referred to the Discipline Committee on August 3, 2022, and the hearing took place on May 5, 2023.

2. **Dr. Romeo Vitelli:** [https://members.cpo.on.ca/public\\_register/show/1461](https://members.cpo.on.ca/public_register/show/1461)

This matter was referred to the Discipline Committee on October 25, 2022, and the hearing took place on February 27, 2023 and April 24, 2023.

3. **Dr. Douglas Misener:** [https://members.cpo.on.ca/public\\_register/show/2500](https://members.cpo.on.ca/public_register/show/2500)

This matter was referred to the Discipline Committee on October 27, 2022 and is currently at the pre-hearing conference stage.

4. **Schmidt, Dr. Darren:** [https://members.cpo.on.ca/public\\_register/show/21702](https://members.cpo.on.ca/public_register/show/21702)

This matter was referred to the Discipline Committee on March 16, 2023, and the hearing is currently being scheduled.

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## REPORT TO COUNCIL

2023.05.04E

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### ANNUAL REPORT 2022-2023

## QUALITY ASSURANCE COMMITTEE

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### COMMITTEE MEMBERS

Michael Minden, Chair	Professional Member of the College
Iliia Maor, Vice-Chair	Public Member of Council
Paula Conforti	Professional Member of Council
Pascale Gonthier	Public Member of Council
Sabrina Hassan	Professional Member of the College
David Howard	Professional Member of the College
Carolyn Kolers	Public Member of Council
David Kurzman	Professional Member of Council
Bruno Losier	Professional Member of the College
Nadia Mocan	Public Member of Council

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### INTRODUCTION

The Health Professions Procedural Code, being Schedule 2 of the *Regulated Health Professions Act, 1991 (RHPA)* requires that the College of Psychologists establish a Quality Assurance Program. A Quality Assurance Program is defined as “a program to assure the quality of the practice of the profession and to promote the continuing competence among the members”. The Quality Assurance Committee has the statutory responsibility for the development and implementation of the College’s Quality Assurance Program.

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### SELF-ASSESSMENT GUIDE AND CONTINUING PROFESSIONAL DEVELOPMENT PLAN

Every member of the College is required to undertake a self-review of their knowledge, skill and judgement and set new professional development goals every other year through the completion of the Self-Assessment Guide and Continuing Professional Development Plan (SAG/PDP). Members with even registration numbers complete the self-assessment process during even-numbered years and those with odd registration numbers do so during odd-numbered years. This requirement also applies to members who have chosen to move to an Inactive Certificate of Registration, as it is anticipated that they will return to Autonomous Practice within two years. It is expected that inactive status members will take steps to remain current in their areas of competence during their inactive period and to document this in the SAG/PDP. The exception to this schedule is for those members holding a Supervised Practice or Interim Autonomous Practice Certificate of Registration; such members are required to complete the mandatory self-review annually. Only those members holding a Retired Certificate of Registration are exempt from completing the SAG/PDP.

**Summary of Self-Assessment Activity**

SAG/PDP Declarations of Completion due in 2022-2023	2216
Members who did not make a Declaration of Completion when due and were required to submit their completed SAG/PDP to the Quality Assurance Committee for review	11
SAG/PDP reviews carried over from previous cycles	2
SAG/PDP reviews completed	9
• SAG deemed to have been completed appropriately:	4
• Referral to an Assessor under s. 81 of the Health Professions Procedural Code:	1
• Referral to Inquiries, Complaints and Reports Committee (ICRC):	1
• Exempt due to exceptional circumstances (Resignation, Death):	3
SAG/PDP reviews carried over to 2023-2024	4

**PEER ASSISTED REVIEWS**

The Peer Assisted Review (PAR) program is a review of a member's practice conducted by two other members of the College. Annually, the College selects members to participate in the PAR process. Members of the College may be selected by random selection, stratified random selection or due to failure to comply with the requirement to complete the SAG/PDP.

The College began to address the backlog of PARs which have accumulated over the course of the COVID-19 pandemic due to varying restrictions affecting member participation. The implementation of the virtual review process allowed members to resume the completion of their reviews. Secure videoconferencing provided an accessible modality to ensure all relevant review components were completed.

**Summary of Peer Assisted Review Activity**

Total reviews planned for 2022-2023	61
Exemption granted following Resignation/ Change in Practice Area (Stratified Random Sampling only):	3
PARs conducted where members met requirements:	32
Member unable to participate and referred to Inquiries, Complaints and Reports Committee:	1
PARs carried over to 2023-2024	25

The College will continue to complete outstanding reviews carried over into the 2023-2024 term. The Committee formalized the stratified random selection criteria to be used for the next selection of PARs; members authorized to practice Rehabilitation Psychology, as well as those with more than 2 complaints resulting in some action by the College, within the past 5 years will comprise the pool for stratified random selection.

### MANDATORY CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM

Every member of the College, except for those holding a Retired Certificate of Registration, is required to satisfy the requirements of the Continuing Professional Development Program (CPD). The mandatory CPD Program is designed to:

- promote continuing competence and continuing quality improvement among members;
- remedy gaps in knowledge and skills identified in members' self-assessment;
- address changes in practice environments; and
- incorporate standards of practice and advances in technology.

The mandatory CPD Program permits members to undertake continuing professional development and continuing education in a variety of ways as best suits their learning styles and needs.

Members are required to satisfy the minimum requirements of the program at the end of every two-year CPD cycle.

#### Summary of Continuing Professional Development Activity

Declarations of Completion for CPD due in 2022	2103
Members subject to CPD audit for failure to make Declaration when due	4
S.81 assessment due to apparent difficulty in participating in audit (Carried over from 2019-2021 cycle)	1
Members subject to CPD audit due to random selection	46
CPD audits completed	51
• Members found to have met requirements:	40
• Members receiving remedial feedback:	9
• Referral to an Assessor under s.81 of the Health Professions Procedural Code:	1
• Referral to Inquires, Complaints and Reports Committee (ICRC):	1

### COMMITTEE WORK AND DIRECTION

The Quality Assurance Committee conducts ongoing reviews of the various components of the College's Quality Assurance Program in an effort to continuously enhance its value to the membership. In 2023-2024, the Committee will consider comprehensive revisions of the program to achieve this, as well as to prepare the program for the integration of Applied Behaviour Analysis at the College.

During 2022-23, the Committee:

- Reviewed the Continuing Professional Development category limits to introduce additional flexibility to members;
- Implemented a narrative component to the SAG/PDP, as well as the CPD materials, to facilitate deeper self-reflection among members regarding their knowledge, skill and judgement;
- Resumed outstanding PARs on hold due to the COVID-19 pandemic; and,
- Identified areas of the current Quality Assurance Program components which require attention to: better support those members requiring assistance in maintaining the Standards of the profession, tailor the program to meet the needs of practitioners in various practice areas and settings, facilitate greater peer interaction to reduce member isolation, and develop a program which continually engages members throughout their assigned cycles to strengthen the connection between self-assessment and continuing professional development.

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## REPORT TO COUNCIL

2023.05.04E

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### ANNUAL REPORT 2022-2023

## CLIENT RELATIONS COMMITTEE

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### COMMITTEE MEMBERS:

Archie Kwan, Chair	Professional Member of Council
Fred Schmidt, Vice-Chair	Professional Member of Council
Rosemary Barnes	Professional Member of the College
Kirsten Barr	Professional Member of the College
Diana Mandeleew	Professional Member of the College
Melanie Morrow	Professional Member of the College
Cenobar Parker	Professional Member of Council
Esther Vlessing	Public Member of Council

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### INTRODUCTION

The College has a statutory obligation to have a Patient Relations Committee whose mandate is to enhance relations between members and their clients. This Committee is referred to as the Client Relations Committee at the College of Psychologists of Ontario.

The Code outlines some specific responsibilities for the Committee with respect to sexual abuse prevention while allowing the Committee to address a broader spectrum of client-member relations topics.

#### Funding for Therapy and Counselling

The Client Relations Committee administers the Funding for Therapy and Counselling program under the Code. During 2022-2023, the College continued to provide funding for therapy and counselling to eight (8) individuals who had been approved in previous years and granted funding to three (3) additional individuals. A total of eight (11) individuals are currently receiving funding for therapy or counselling.

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### OTHER ACTIVITIES

The Committee created a *Checklist for Funding Applications*, as a resource for members of the Client Relations Committee to assist with the review of eligibility for funding for therapy in regard to allegations of sexual abuse.

The Committee is nearing completion of a *Member Guide to the Requirements to make a Mandatory Sexual Abuse Report* to assist College members in determining when mandatory reports of sexual abuse by regulated health professionals are required. It is also nearing completion of *Talking with Clients about Mandatory Reporting of Sexual Abuse*, to assist members in addressing difficult issues when discussing the member's need to report allegations of sexual abuse by regulated health care providers.

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## REPORT TO COUNCIL

2023.05.04ED

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### ANNUAL REPORT 2022-2023

### FITNESS TO PRACTICE COMMITTEE

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#### COMMITTEE MEMBERS

Ian Nicholson, Chair	Professional Member of Council
Marilyn Keyes	Professional Member of Council
Melanie Morrow	Professional Member of the College
Esther Vlessing	Public Member of Council
Mark Watson	Professional Member of the College

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#### INTRODUCTION

The role of the Fitness to Practice Committee is to conduct hearings on matters referred by the Inquiries, Complaints and Reports Committee concerning the alleged incapacity of a member. The Committee is also responsible for hearing applications for reinstatement by members whose certificate of registration was revoked following incapacity proceedings.

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#### ACTIONS

The Committee did not receive any referrals or conduct any hearings this year.

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## REPORT TO COUNCIL

2023.05.04E

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### ANNUAL REPORT 2022-2023

## FINANCE AND AUDIT COMMITTEE

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### COUNCIL MEMBERS

Wanda Towers, Chair  
Alana Holmes  
David Kurzman  
Cenobar Parker  
Paul Stopciati

Professional Member of Council  
Professional Member of the College  
Professional Member of Council  
Public Member of Council  
Public Member of Council

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### INTRODUCTION

This non-statutory Committee assists the Council in fulfilling its fiduciary duties of overseeing the College's finances, ensures that financial statements are reasonable and that internal controls are adequate. The Finance and Audit Committee held four regular meetings during 2022-2023.

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### ACTIVITIES

The Finance and Audit Committee does the initial review and approval of the draft annual budget, meets with the auditor to review the audited financial statements, and discusses any recommendations arising. In performing its role, the Finance and Audit Committee reviews and makes recommendations to Council regarding the College's banking practices, investments, levels of approval and disbursement procedures relating to purchased goods and services, major capital budget and facilities expenses and any other matters related to financial policies.

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## REPORT TO COUNCIL

2023.05.04E

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### ANNUAL REPORT 2022-2023

## JURISPRUDENCE AND ETHICS EXAMINATION COMMITTEE

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### COMMITTEE MEMBERS

Mary Ann Mountain, Chair	Professional Member of the College
Paula Conforti	Professional Member of Council
Audrey Cooley	Professional Member of the College
Donna Ferguson	Professional Member of the College
Tae Hart	Professional Member of the College
Gilles Hébert	Professional Member of the College
Meghan McMurtry	Professional Member of the College
Julie Paré	Professional Member of the College
Susan Vandermorris	Professional Member of the College
Scott Warnock	Public Member of Council

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### INTRODUCTION

The Jurisprudence and Ethics Examination Committee's (JEEC) mandate is to provide advice to Council related to management of the Jurisprudence and Ethics Examination and to be responsible for item development, test construction and standard setting. The Committee held two regular meetings during 2022-2023.

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### ACTIVITIES

The meeting in the fall of 2022 focused on a review of the Final Report on the September 2022 examination administration. This exam was written by 132 candidates with a 70% pass rate. This pass rate is within the range seen since the change was made to use the scores of Ontario-trained first-time test takers as the reference group beginning with the March 2020 exam. Previously, the scores of all candidates were used as the reference group. The meeting in the spring of 2023 focused on the Final Report of the March 2023 examination which was written by 152 candidates with a 71% pass rate. This pass rate was also within the normal range of pass rates. The examination reports are prepared by Dr. Marla Nayer, consultant to the JEEC.

The Committee approved a survey which was sent out to candidates educated outside of Canada and the U.S. who wrote the JEE within the past five years. These candidates typically do not score as well as Canada/U.S. trained candidates on the JEE. Note that this is consistent with other licensure examinations, in that candidates educated in countries other than those in which they are taking the exam do not perform as well as locally educated candidates. The survey was developed in the interest of determining that the JEEC is providing the support that it can to these candidates. Results of this survey will be available for the fall 2023 meeting of the JEEC.

A working group comprised of current and past committee members completed a review of the entire item bank. The working group took into consideration concerns raised by candidates about needless complexity of the items and made a number of changes to items in the interest of clarity. The working



groups' review also considered EDI issues and made a number of wording changes with a focus on reducing any gender identifying information. The review resulted in the removal of several items; these items tended to be "cloned" items that were not sufficiently different from the original item. The working group also developed a lexicon of terminology to be used in the development of new items. The working group and the committee developed a list of emerging areas of practice and current issues arising in practice for the item-writing group to focus on when developing new items.

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## REPORT TO COUNCIL

2023.05.04E

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### ANNUAL REPORT 2022-2023

## APPLIED BEHAVIOUR ANALYSIS WORKING GROUP

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### WORKING GROUP MEMBERS

Jennifer Cunningham	Behaviour Analyst - Practitioner
Nancy Marchese	Behaviour Analyst - Psychologist
Nicole Neil	Behaviour Analyst - Educator
Adrienne Perry	Behaviour Analyst - Psychologist, Professional Member of Council
Kendra Thomson	Behaviour Analyst – Educator, Non-voting Member of Council
Wanda Towers	College President - Professional Member of Council
Scott Warnock	Public Member of Council

### COLLEGE STAFF SUPPORT:

Tony DeBono, Registrar & Executive Director  
 Paula Garshowitz, Consultant  
 Lesia Mackanyn, Director, Registration  
 Emily Sarmento, Acting ABA Coordinator

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### INTRODUCTION

On December 16, 2022, Council approved proposed amendments to the Regulations<sup>1</sup> which were updated to include the profession of Applied Behaviour Analysis (ABA) and to be submitted to the Ministry of Health and Long-Term Care.

On July 20, 2023, the Lieutenant Governor in Council approved the regulations, under the [Psychology and Applied Behaviour Analysis Act, 2021](#) (the “Act”), for the profession of ABA. The Act will be proclaimed effective July 1, 2024, when the College will change its name to the College of Psychologists and Behaviour Analysts of Ontario. After that date, only ABA practitioners who are registered with the College will be allowed to use the title “Behaviour Analyst” in Ontario.

The mandate of the ABA Working Group is to provide advice to the College’s Council on policy and other matters related to the regulation of Behaviour Analysts. In Spring 2023, the focus of the ABA Working Group shifted from developing the new Regulations to supporting the implementation aspects of this process.

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### ACTIVITIES

Since September 2022, the ABA Working Group met monthly or bi-monthly and completed the following:

- Considered the consultative data for the draft regulations and suggested revisions where appropriate.

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<sup>1</sup> O. Reg. 74/15, Registration, O. Reg. 801/93 Professional Misconduct, and O. Reg. 209/94 General (Quality Assurance and Advertising),

- Recommended that Council approve the amendments to O.Reg. 74/15 Registration, O. Reg. 801/93 Professional Misconduct, and O.Reg. 209/24 General, for the regulation of Behaviour Analysts.
- Developed FAQs for the ABA section of the College website.
- Drafted a document listing the types of activities that fit within the statutory scope of practice of the profession of ABA.
- Developed the guidelines for fairly evaluating evidence of competence for transitional applicants who are not BACB-certified.
- Reviewed the current *Standards of Professional Conduct, 2017*, and suggested revisions to reflect best practice in ABA.
- When appropriate, provided support to the ABA Examination Working Group for development of the ABA Examination.
- Recommended the creation of a Canadian ABA accrediting model following ABAI's planned sunset of the Verified Course Sequence structure.
- Recommended that the College strike a sub-working group tasked with developing the College's Jurisprudence Assessment.
- Evaluated the College's quality assurance (QA) program requirements for psychology in conjunction with current requirements for the ABA profession in other jurisdictions and advised on a suitable structure for the College's QA program for ABA.
- Assisted College staff with interpretation of the Regulations as applied to various College documents.
- Updated policies to incorporate ABA.
- At the suggestion of the Working Group, staff held meetings with major stakeholders, including ABA associations and other Ontario Regulatory Colleges to update them on the Regulation.

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## REPORT TO COUNCIL

2023.05.04E

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### ANNUAL REPORT 2022-2023

## EQUITY, DIVERSITY, AND INCLUSION WORKING GROUP

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### COMMITTEE MEMBERS

Donna Ferguson, Chair	Professional Member of the College
Wanda Towers, Vice-Chair	Professional Member of Council
Kofi Belfon	Professional Member of the College
Michael Grand	Professional Member of the College
Tae Hart	Professional Member of the College
Chris Mushquash	Professional Member of the College

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### INTRODUCTION

The College of Psychologists ongoing mandate is to protect the public interest through the regulation of the practice of psychology. As a regulator, it carefully considers and reflects upon its role with respect to the important issues of equity, diversity, and inclusion. The Equity, Diversity, and Inclusion (EDI) Working Group is tasked with identifying issues of structural discrimination or bias that may be present within the College and its regulatory processes, as well as the profession at large. The members of the Working Group represent diverse identities that are reflective of our members and their clients. The Working Group is first considering College regulatory processes and then will turn its attention outward toward the profession, in general. The Working Group held 10 meetings during 2022-2023.

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### ACTIVITIES

The Working Group undertook a variety of activities:

- Continuous updates to the College's EDI [webpage](#) with resources for members.
- Feedback and a presentation to the Jurisprudence and Ethics Examination Committee.
- Reviewed outward facing Client Relations Committee documents.
- Reviewed the revision to the Supervision Resource manual.



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## BRIEFING NOTE

2023.05.04F

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### SEPTEMBER 2023 COUNCIL MEETING

## AUDITED FINANCIAL STATEMENTS 2022-2023

### STRATEGIC DIRECTION REFLECTION

*Continuous Quality Improvement Culture*

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### TWO MOTIONS FOR CONSIDERATION

1. That the Audited Financial Statements for the fiscal year ending May 31, 2023 be approved.
2. That the firm of Hilborn LLP be appointed as Auditors for the College for the year ending May 31, 2024.

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### ATTACHMENTS

1. Audited Financial Statements Year Ending May 31, 2023

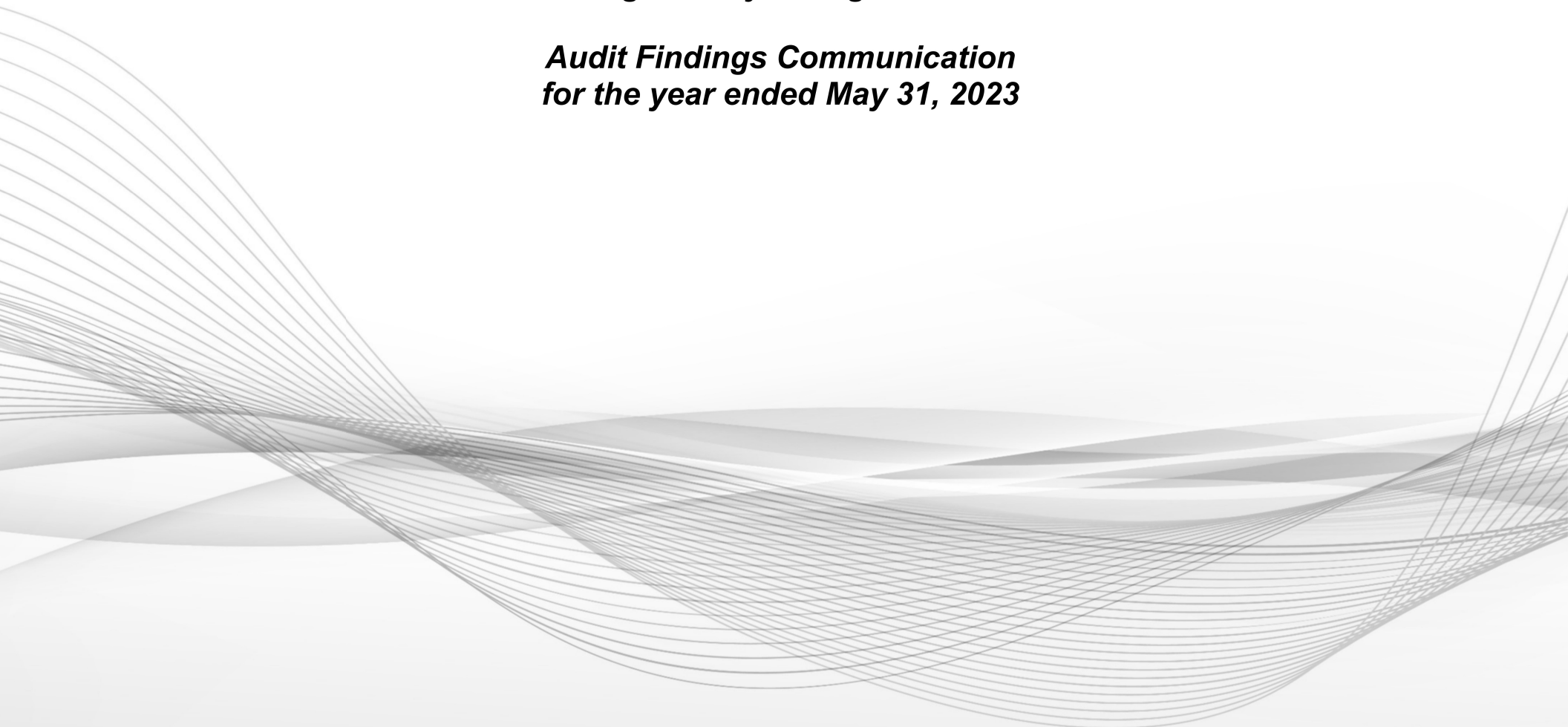
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### CONTACT FOR QUESTIONS

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

***The College of Psychologists of Ontario***

***Audit Findings Communication  
for the year ended May 31, 2023***





## A message from Liana Bell to the Finance and Audit Committee

I am pleased to provide you with the findings of our audit of the financial statements of The College of Psychologists of Ontario (the "College") for the year ended May 31, 2023.

Our audit findings communication is designed to highlight and explain key issues, which we believe to be relevant to the audit and to continue effective two-way communication with you regarding our audit. This will assist the Finance and Audit Committee in fulfilling your responsibility of overseeing the financial reporting process of the College.

This communication has been prepared to comply with the requirements outlined in Canadian Auditing Standard 260, *Communication with those Charged with Governance*. The information in this document is intended solely for the use of Finance and Audit Committee, the Council and management and should not be distributed to others without our consent.

We look forward to discussing our audit findings with you in detail as well as any other matters.

A handwritten signature in black ink that reads "Liana Bell" followed by "LLP" in a smaller, less legible script.

Liana Bell, CPA, CA  
Partner  
Hilborn LLP  
August 25, 2023

**“Our  
commitment  
to quality is  
reflected in  
every aspect  
of our work.  
If you have  
any questions  
or comments,  
please contact  
me.”**



# Contents

<b>Executive Summary</b>	1
<b>Significant Qualitative Aspects of the College's Accounting Practices</b>	2
<b>Other Significant Matters</b>	3 - 4
<b>Appendix A - Summary of uncorrected misstatements</b>	

## Your client service team

Liana Bell, Engagement Partner  
[lbell@hilbornca.com](mailto:lbell@hilbornca.com)

Deric Chan, Associate Partner  
[dchan@hilbornca.com](mailto:dchan@hilbornca.com)

Joy Lee, Manager  
[jlee@hilbornca.com](mailto:jlee@hilbornca.com)

Divya Raju, Senior Associate  
[draju@hilbornca.com](mailto:draju@hilbornca.com)

John Campbell, Partner and Tax  
Group Leader  
[jcampbell@hilbornca.com](mailto:jcampbell@hilbornca.com)

**“At Hilborn, we are committed to audit quality and strong client service. Audit quality is integral to our business and is an overarching consideration in our training, our processes, and our systems and controls.”**



## Executive Summary



### Audit status

We have substantially completed our audit of the financial statements of the College for the year ended May 31, 2023, with the exception of the following procedures:

- Completion of subsequent events procedures
- Receipt of the signed management representation letter
- Council approval of the financial statements

These procedures require completion before we may issue our auditor's report. If we become aware of significant matters after completing these procedures, we will bring them to your attention.



### Auditor's report and representations from management

We expect to issue an unmodified opinion. The expected form and content of our report is included in the draft financial statements issued.

We will provide the management representation letter upon the Council's approval of the draft financial statements. We will ask management to sign and return the letter to us before we issue our auditor's report.



### Independence

We are independent and have been so throughout the audit process. We have complied with all relevant ethical requirements regarding independence.



### Significant difficulties encountered

There were no significant difficulties encountered while performing the audit.



### Changes from the audit plan

Our audit approach was consistent with the approach communicated to you in our audit planning communication dated July 20, 2023.

Final materiality is consistent with preliminary materiality set at \$163,000.

## Significant Qualitative Aspects of the College's Accounting Practices

**Canadian Auditing Standards require that we communicate with you about significant qualitative aspects of the entity's accounting practices, including accounting policies, accounting estimates and financial statement disclosures.**

### Accounting policies, accounting estimates and financial statement disclosures

### Hilborn's response and views

Management is responsible for the appropriate selection and application of accounting policies under the financial reporting framework of Canadian accounting standards for not-for-profit organizations. Our role is to review the appropriateness and application of these policies as part of our audit.

The accounting policies used by the College are described in Note 1, Significant Accounting Policies, included in the notes to the financial statements.

- We reviewed all accounting policies adopted by the College, and based on audit work performed, the accounting policies are appropriate for the College and applied consistently.

Management is responsible for the accounting estimates included in the financial statements. Estimates and the related judgments and assumptions are based on management's knowledge of the business and past experience about current and future events.

- Based on the audit work performed, we are satisfied that the estimates made by management are reasonable in the context of the financial statements taken as a whole.

Financial statement presentation and disclosure

- We reviewed the overall financial statement presentation and disclosure to ensure that it is in accordance with the accounting standards for not-for-profit organizations.

## Other Significant Matters

**In accordance with Canadian Auditing Standards, there are a number of required communications between the auditor and those charged with governance related to the oversight of the financial reporting process. Those communications will primarily be written in the form of our audit plan and audit findings communication. We may also communicate orally through discussions. The table below summarizes the communications required at the conclusion of the audit.**

Significant Matter	Discussion
<b>Summary of uncorrected misstatements</b>	We concur with management's representation that uncorrected misstatements as per Appendix A are not material to the financial statements. Accordingly, the uncorrected misstatements have no effect on our auditor's report.
<b>Corrected misstatements</b>	During the course of the audit, management and Hilborn LLP worked collaboratively to identify adjustments required in the financial statements. All adjustments proposed by Hilborn were approved and made by management.
<b>Significant deficiencies in internal control</b>	<p>An increased risk profile exists at the College relative to the lack of segregation of incompatible duties. The segregation of incompatible duties is a key internal control intended to minimize the occurrence of errors or fraud. The principle of segregating incompatible duties encompasses the division of responsibilities of a key process such that no one individual performs two or more of the functions related to custody, initiation, authorization, execution, recording and reporting.</p> <p>This risk is inherent in small to medium sized organizations and should not be interpreted negatively. From a cost-benefit perspective, it would not be practical to segregate incompatible duties to a sufficient degree to mitigate this risk, as it would require additional personnel that may not be appropriate otherwise.</p>

<b>Significant Matter</b>	<b>Discussion</b>
<b>Fraud and non-compliance with laws and regulations</b>	<p>No fraud or non-compliance with laws and regulations came to our attention during the course of the audit.</p> <p>We would like to reconfirm with the Finance and Audit Committee that you are not aware of any fraud or non-compliance with laws and regulations not previously discussed with us.</p>
<b>Significant difficulties encountered</b>	<p>No difficulties were encountered while performing the audit and there are no unresolved disagreements. We received full cooperation from management during our audit.</p>
<b>Related parties</b>	<p>We did not identify any related party transactions or balances that require disclosure in the financial statements.</p>
<b>Subsequent events</b>	<p>No subsequent events, which would impact the financial statements, have come to our attention.</p>
<b>Regulatory Health Colleges – College Performance Measurement Framework</b>	<p>We obtained the formal financial reserve policy dated September 15, 2017 from management.</p> <p>We compared the College’s actual reserves at May 31, 2023 to the financial reserve policy and noted that the College is in compliance with the policy.</p> <p>We are in the process of reviewing the College’s CPMF submitted March 24, 2023.</p> <p>Upon completion of our review, we will provide any recommendations.</p>

# APPENDIX A



## College of Psychologists of Ontario

APP A

Year End: May 31, 2023

## Schedule of unadjusted differences

Refno	Description	Assets	Liabilities	Equity	Income	Expenses
<b>Unrecorded - factual</b>						
SUDS 1	To record deferred rent.	<u>(29,836.00)</u>	<u>0.00</u>	<u>8,775.00</u>	<u>0.00</u>	<u>21,061.00</u>
		<u>(29,836.00)</u>	<u>0.00</u>	<u>8,775.00</u>	<u>0.00</u>	<u>21,061.00</u>
	<b>Understated/(Overstated)</b>	<b><u>(29,836.00)</u></b>	<b><u>0.00</u></b>	<b><u>8,775.00</u></b>	<b><u>0.00</u></b>	<b><u>21,061.00</u></b>

# HILBORN

LISTENERS. THINKERS. DOERS.

**COLLEGE OF PSYCHOLOGISTS OF ONTARIO**

**FINANCIAL STATEMENTS**

MAY 31, 2023

*Draft Statement Subject to Revision*





## **Independent Auditor's Report**

To the Members of Council of the College of Psychologists of Ontario

### **Opinion**

We have audited the financial statements of the College of Psychologists of Ontario (the "College"), which comprise the statement of financial position as at May 31, 2023, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at May 31, 2023, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

### **Basis for Opinion**

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### **Other Information**

Management is responsible for the other information. The other information comprises the information, other than the financial statements and our auditor's report thereon, in the annual report.

Our opinion on the financial statements does not cover the other information and we will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

The annual report is expected to be made available to us after the date of our auditor's report. If, based on the work we will perform on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact to those charged with governance.

### **Responsibilities of Management and Those Charged with Governance for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the ability of the College to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the financial reporting process of the College.



## Independent Auditor's Report (continued)

### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of the College.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of the College to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Toronto, Ontario  
Date to be determined

Chartered Professional Accountants  
Licensed Public Accountants

# COLLEGE OF PSYCHOLOGISTS OF ONTARIO

## Statement of Financial Position

May 31	2023 \$	2022 \$
<b>ASSETS</b>		
Current assets		
Cash and cash equivalents	1,916,232	7,472,927
Prepaid expenses and sundry receivables	52,515	95,889
Investments - short term (note 3)	5,265,216	-
	<b>7,233,963</b>	7,568,816
Investments - long term (note 3)	-	35,382
Property and equipment (note 4)	951,736	1,076,339
	<b>8,185,699</b>	8,680,537
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable and accrued liabilities (note 5)	756,922	440,296
Registration fees received in advance	3,092,348	2,999,146
Current portion of lease inducements (note 6)	25,462	25,462
	<b>3,874,732</b>	3,464,904
Lease inducements (note 6)	193,084	218,546
	<b>4,067,816</b>	3,683,450
<b>NET ASSETS</b>		
Internally restricted (note 7)		
Investigations and hearing reserve fund	813,640	850,000
Contingency reserve fund	1,000,000	1,000,000
Fee stabilization reserve fund	561,895	820,000
Web site and database development reserve fund	165,872	165,872
Premises reserve fund	227,742	227,742
Fair registration practices reserve fund	-	80,000
	<b>2,769,149</b>	3,143,614
Invested in property and equipment Unrestricted	<b>733,190</b> <b>615,544</b>	832,331 1,021,142
	<b>4,117,883</b>	4,997,087
	<b>8,185,699</b>	8,680,537

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

President

Member

## COLLEGE OF PSYCHOLOGISTS OF ONTARIO

### Statement of Operations

Year ended May 31	2023 \$	2022 \$
Revenues		
Registration fees	3,580,529	3,533,364
Examination fees	137,800	137,550
Investment income (note 8)	204,219	22,127
Miscellaneous income	27,542	28,900
Ministry of Children, Community and Social Services grant	130,238	75,018
	<b>4,080,328</b>	<b>3,796,959</b>
Expenses		
Administration (note 4 and 6)	2,959,423	2,758,123
Professional services	266,803	250,955
Hearings	780,305	350,337
Examination and seminar costs	235,780	257,740
Governance	113,215	60,818
Investigations and resolutions	186,547	146,997
Registration	56,839	95,501
Professional organizations	27,591	24,117
Communication, education and training	163,757	134,521
Quality assurance	39,034	17,296
Ministry of Children, Community and Social Services grant	130,238	75,018
	<b>4,959,532</b>	<b>4,171,423</b>
Deficiency of revenues over expenses for the year	<b>(879,204)</b>	<b>(374,464)</b>

The accompanying notes are an integral part of these financial statements

## COLLEGE OF PSYCHOLOGISTS OF ONTARIO

### Statement of Changes in Net Assets

Year ended May 31

	Internally Restricted (note 7) \$	Invested in Property and Equipment \$	Unrestricted \$	Total 2023 \$
Balance - at beginning of year	3,143,614	832,331	1,021,142	4,997,087
Deficiency of revenues over expenses for the year	-	-	(879,204)	(879,204)
Inter-fund transfers representing:				
Purchase of property and equipment	-	8,848	(8,848)	-
Depreciation of property and equipment	-	(133,451)	133,451	-
Amortization of lease inducements	-	25,462	(25,462)	-
Other transfers (note 7)	(374,465)	-	374,465	-
Balance - at end of year	<b>2,769,149</b>	<b>733,190</b>	<b>615,544</b>	<b>4,117,883</b>

	Internally Restricted (note 7) \$	Invested in Property and Equipment \$	Unrestricted \$	Total 2022 \$
Balance - at beginning of year	3,323,614	836,759	1,211,178	5,371,551
Deficiency of revenues over expenses for the year	-	-	(374,464)	(374,464)
Inter-fund transfers representing:				
Purchase of property and equipment	-	126,675	(126,675)	-
Depreciation of property and equipment	-	(156,565)	156,565	-
Amortization of lease inducements	-	25,462	(25,462)	-
Other transfers (note 7)	(180,000)	-	180,000	-
Balance - at end of year	<b>3,143,614</b>	<b>832,331</b>	<b>1,021,142</b>	<b>4,997,087</b>

The accompanying notes are an integral part of these financial statements

## COLLEGE OF PSYCHOLOGISTS OF ONTARIO

### Statement of Cash Flows

Year ended May 31	2023 \$	2022 \$
Cash flows from operating activities		
Cash received from registration and examination fees	3,819,713	3,731,718
Investment income received	204,219	27,007
Miscellaneous income received	27,542	28,900
Grant income received	135,699	69,557
Cash paid to employees and suppliers	<b>(4,505,186)</b>	<b>(4,075,589)</b>
	<b>(318,013)</b>	(218,407)
Cash flows from investing activities		
Purchase of property and equipment	<b>(8,848)</b>	(126,675)
Purchase of investments	<b>(17,889,340)</b>	(10,056,886)
Proceeds on redemption of investments	<b>12,659,506</b>	13,018,621
	<b>(5,238,682)</b>	2,835,060
Change in cash and cash equivalents	<b>(5,556,695)</b>	2,616,653
Cash and cash equivalents - beginning of year	<b>7,472,927</b>	4,856,274
Cash and cash equivalents - end of year	<b>1,916,232</b>	7,472,927

The accompanying notes are an integral part of these financial statements

Draft Statement Subject to Revision

# COLLEGE OF PSYCHOLOGISTS OF ONTARIO

## Notes to Financial Statements

May 31, 2023

### Nature and description of the organization

College of Psychologists of Ontario/L'Ordre Des Psychologues de L'Ontario (the "College") is the governing body for Psychologists and Psychological Associates in Ontario. The College is the self-governing body established by the provincial government to regulate the practice of psychology in Ontario, under the terms of the Psychology Act (1991) and the Regulated Health Professions Act (1991).

The College's Vision: A model for self-regulation to protect the public interest.

The College's mission is promoting excellence in the practice of psychology by:

- Enforcing standards fairly and effectively;
- Communicating clearly and effectively with stakeholders, particularly applicants, members and the public;
- Supporting and assisting members to meet high standards;
- Responding to changing needs in new and emerging practice areas;
- Collaborating in shaping the regulatory environment; and
- Promoting the cohesiveness of the profession.

The College is a not-for-profit organization incorporated without share capital under the laws of Ontario and, as such, is generally exempt from income taxes.

### 1. Summary of significant accounting policies

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and are in accordance with Canadian generally accepted accounting principles. These financial statements have been prepared within the framework of the significant accounting policies summarized below:

#### (a) Basis of presentation

##### Unrestricted

The unrestricted net asset reflects the cumulative results of the day-to-day activities of the College in fulfilling its purpose.

The Council of the College has internally restricted net assets to be used for specific purposes. These funds are not available for operations without approval of the Council. The details of internally restricted funds are as follows:

##### Investigations and Hearings Reserve Fund

The Investigation and Hearings Reserve Fund is designated to cover costs including legal costs, for the conduct of inquiries, investigations, discipline hearings, fitness to practice hearings, appeals and payments under the program for funding for therapy and counselling which exceed annual budget provisions for those activities.

**COLLEGE OF PSYCHOLOGISTS OF ONTARIO****Notes to Financial Statements (continued)**

May 31, 2023

**1. Significant accounting policies (continued)****(a) Basis of presentation (continued)****Contingency Reserve Fund**

The Contingency Reserve Fund is designated to provide for extraordinary expenses that exceed or fall outside of the provisions of the College's operating budget and to fund the College's obligations in extreme circumstances as determined and approved by the Council.

**Fee Stabilization Reserve Fund**

The Fee Stabilization Reserve Fund is designated to minimize or delay the impact of year-over-year changes in revenues or expenses on membership renewal fees. In accordance to the College's reserve funds policy, any annual operating surplus remaining after appropriate allocations are made to the other reserve funds will be allocated to the Fee Stabilization Reserve Fund.

**Web Site and Database Development Reserve Fund**

The Web Site and Database Development Fund is designated to provide funding for ongoing web site and database development.

**Premises Reserve Fund**

The Premises Reserve Fund is designated to provide funding for purchase or leasing of premises in the future and to minimize the impact on the operating budget for major expenses relating to the College's property.

**Fair Registration Practices Reserve Fund**

The Fair Registration Practices Reserve Fund is designated to cover costs, including professional fees, for the preparation and conduct of audits of the College's registration practices.

**(b) Revenue recognition****Registration Fees**

Registration fees are billed on a fiscal year basis commencing June 1st of each year and recognized as income on a fiscal year basis. Registration fees received in the current year, applicable to a subsequent year, are recorded as deferred revenue.

**Examination Fees**

Examination fees are recognized as revenue in the period in which the examination takes place. Examination fees received in the current year, applicable to an examination that takes place in the subsequent year, are recorded as deferred revenue.



**COLLEGE OF PSYCHOLOGISTS OF ONTARIO****Notes to Financial Statements (continued)**

May 31, 2023

**1. Significant accounting policies (continued)****(b) Revenue recognition (continued)****Investment Income**

Investment income consists of interest and realized and unrealized gains and losses. Interest is recognized as revenue when earned. Realized gains and losses are recognized when the transactions occur. Unrealized gains and losses which reflect the changes in fair value during the period are recognized at each reporting date and are included in current period operating results.

**Miscellaneous Income**

Other fees and revenues are recognized when the respective services are provided.

**Contributions**

Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

The College follows the deferral method of accounting for restricted contributions which include government grants.

Externally restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Grants approved but not received, at the end of an accounting period are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period.

**(c) Financial instruments****(i) Measurement of financial assets and liabilities**

The College initially measures its financial assets and financial liabilities at fair value adjusted by, in the case of a financial instrument that will not be measured subsequently at fair value, the amount of transaction costs directly attributable to the instrument. Transaction costs of those financial assets and financial liabilities subsequently measured at fair value are recognized in income in the year incurred.

The College subsequently measures all its financial assets and financial liabilities at amortized cost, except for investments, which are measured at fair value. Changes in fair value are recognized in the Statement of Operations. Fair values are determined by reference to published price quotations in active markets.

Financial assets measured at amortized cost include cash and cash equivalents and sundry receivables.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

**COLLEGE OF PSYCHOLOGISTS OF ONTARIO****Notes to Financial Statements (continued)**

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May 31, 2023

**1. Significant accounting policies (continued)****(c) Financial instruments****(ii) Impairment**

Financial assets measured at amortized cost are tested for impairment when there are indicators of possible impairment. When a significant adverse change has occurred during the period in the expected timing or amount of future cash flows from the financial asset or group of assets, a write-down is recognized in net income. The write down reflects the difference between the carrying amount and the higher of:

- the present value of the cash flows expected to be generated by the asset or group of assets;
- the amount that could be realized by selling the assets or group of assets;

When the events occurring after the impairment confirm that a reversal is necessary, the reversal is recognized in net income up to the amount of the previously recognized impairment. The amount of the reversal is recognized in income in the period that the reversal occurs.

**(d) Cash and cash equivalents**

Cash and cash equivalents consist of cash at bank, money market funds and guaranteed investment certificates whose term to maturity is within three months from date of acquisition.

**(e) Short and long term investments**

Short term and long term investments are comprised of guaranteed investment certificates and Canadian commercial instruments. These investments are recorded at fair value. Investments that mature within twelve months from the year-end date are classified as short term. Investments that mature in over twelve months from the year-end date are classified as long term.

**(f) Property and equipment**

The costs of property and equipment are capitalized upon meeting the criteria for recognition as property and equipment, otherwise, costs are expensed as incurred. The cost of property and equipment comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Property and equipment are measured at cost less accumulated amortization and accumulated impairment losses.

## COLLEGE OF PSYCHOLOGISTS OF ONTARIO

### Notes to Financial Statements (continued)

May 31, 2023

#### 1. Significant accounting policies (continued)

##### (f) Property and equipment (continued)

Depreciation is provided for, upon the commencement of the utilization of the assets, using methods and rates designed to amortize the cost of the property and equipment over their estimated useful lives. The annual amortization rates on a straight line basis are as follows:

Furniture and equipment	5 years
Computer equipment	3 years
Leasehold improvements	over the term of the lease

Property and equipment is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the property and equipment to its fair value. Any impairment of property and equipment is recognized in income in the year in which the impairment occurs. An impairment loss is not reversed if the fair value of the property and equipment subsequently increases. There were no impairment indicators in 2023.

##### (g) Lease inducements

Lease inducements are deferred and amortized over the term of the premise lease.

##### (h) Use of estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the year. Actual results could differ from these estimates, the impact of which would be recorded in future affected periods.

#### 2. Financial instrument risk management

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure at the statement of financial position date.

The financial instruments of the College and the nature of the risks to which those instruments may be subject, are as follows:

Financial instrument	Risks				
	Credit	Liquidity	Market risk		
Currency			Interest rate	Other price	
Cash and cash equivalents	X			X	
Sundry receivables	X				
Short and long term investments	X			X	X
Accounts payable and accrued liabilities		X			

**COLLEGE OF PSYCHOLOGISTS OF ONTARIO****Notes to Financial Statements (continued)**

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May 31, 2023

**2. Financial instrument risk management (continued)****Credit risk**

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The College's main credit risks relate to cash and cash equivalents, short and long term investments and sundry receivables.

The College reduces its exposure to the credit risk of cash and cash equivalents by maintaining balances with a Canadian chartered bank and for short and long term investments by investing in high investment grade investments. The College is not exposed to significant credit risk in respect of sundry receivables.

**Liquidity risk**

Liquidity risk is the risk that the College will encounter difficulty in meeting obligations associated with financial liabilities. The College is exposed to this risk mainly in respect of its accounts payable and accrued liabilities. The College expects to meet these obligations as they come due by generating sufficient cash flow from operations.

**Market risk**

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. The College is not exposed to significant currency or other price risk.

**i) Interest rate risk**

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The value of fixed income investments will generally rise if interest rates fall and decrease if interest rates rise. The College is exposed to interest rate risk on its fixed income investments.

**Changes in risk**

There have been no significant changes in the risk profile of the financial instruments of the College from that of the prior year.

## COLLEGE OF PSYCHOLOGISTS OF ONTARIO

### Notes to Financial Statements (continued)

May 31, 2023

#### 3. Investments

Details of investments are as follows:

	2023 \$	2022 \$
Short term		
Redeemable guaranteed investment certificates at varying rates between 4.91% to 4.97% maturing within one year	<u>5,265,216</u>	-
Long term		
Canadian commercial instrument at 8.90%, maturing June 2025	-	<u>35,382</u>

#### Investment risk management

Risk management relates to the understanding and active management of risks associated with all areas of the College's activities and operations. Investments are primarily exposed to interest rate and other price risks. The College has formal policies and procedures for investment transactions and the majority of investments are made on the advice of portfolio managers.

#### 4. Property and equipment

Details of property and equipment are as follows:

	2023		
	Cost \$	Accumulated Amortization \$	Net Book Value \$
Furniture and equipment	167,486	90,818	76,668
Computer equipment	121,134	114,440	6,694
Leasehold improvements	1,331,175	462,801	868,374
	<u>1,619,795</u>	<u>668,059</u>	<u>951,736</u>
	2022		
	Cost \$	Accumulated Amortization \$	Net Book Value \$
Furniture and equipment	177,108	74,379	102,729
Computer equipment	143,343	139,277	4,066
Leasehold improvements	1,331,175	361,631	969,544
	<u>1,651,626</u>	<u>575,287</u>	<u>1,076,339</u>

## COLLEGE OF PSYCHOLOGISTS OF ONTARIO

### Notes to Financial Statements (continued)

May 31, 2023

#### 4. Property and equipment (continued)

Administration expenses in the Statement of Operations includes depreciation expense of \$133,451 (\$156,565 - 2022).

During the current year, the College determined that furniture and equipment with an original cost and accumulated amortization of \$9,622 and computer equipment with an original cost and accumulated amortization of \$31,057 were no longer in use by the College and as such have been written off.

#### 5. Accounts payable and accrued liabilities

Details of accounts payable and accrued liabilities are as follows:

	2023 \$	2022 \$
Trade payables and accruals	642,688	408,016
Payroll and withholding taxes	35,084	32,280
Amount payable to Ministry of Children, Community and Social Services	79,150	-
	<u>756,922</u>	<u>440,296</u>

#### 6. Lease inducements

Lease inducements received in the form of a leasehold improvement allowance under the premise lease are deferred and amortized on a straight line basis over the term of the lease as follows:

	2023 \$	2022 \$
Balance - at beginning of year	244,008	269,470
Less: amortization of lease inducements	(25,462)	(25,462)
Balance - at end of year	218,546	244,008
Current portion	25,462	25,462
Long-term portion	<u>193,084</u>	<u>218,546</u>

Administration expenses in the Statement of Operations includes amortization of deferred lease inducements of \$25,462 (\$25,462 - 2022).

## COLLEGE OF PSYCHOLOGISTS OF ONTARIO

### Notes to Financial Statements (continued)

May 31, 2023

#### 7. Net assets - internally restricted

	2023 \$	2022 \$
Investigations and hearings reserve fund	813,640	850,000
Contingency reserve fund	1,000,000	1,000,000
Fee stabilization reserve fund	561,895	820,000
Web site and database development reserve fund	165,872	165,872
Premises reserve fund	227,742	227,742
Fair registration practices reserve fund	-	80,000
	<b>2,769,149</b>	<b>3,143,614</b>

During the 2023 fiscal year, the Council approved the transfer in the amount of \$36,360 (\$NIL - 2022) from the Investigations and Hearings Reserve Fund and \$338,105 (\$180,000 - 2022) from the Fee Stabilization Reserve Fund to the Unrestricted Net Assets to cover the 2022 fiscal year operating deficiency.

During the 2023 fiscal year, the Council approved that the Fair Registration Practices Reserve Fund be closed and the balance of \$80,000 be transferred to the Fee Stabilization Reserve Fund.

#### 8. Investment income

Investment income consists of:

	2023 \$	2022 \$
Interest	204,219	27,007
Unrealized losses on the fair value of investments	-	(4,880)
	<b>204,219</b>	<b>22,127</b>

#### 9. Lease commitments

The College is committed to annual rental payments for office equipment and premises under operating leases. The leases for office equipment expire in September 2026 and October 2026 and the lease for premises expires in December 2031. The minimum annual payments are as follows:

	Premises \$	Equipment \$
2024	193,936	6,685
2025	200,079	6,685
2026	204,467	6,685
2027	210,609	2,364
2028	214,997	-
Thereafter	813,479	-
	<b>1,837,567</b>	<b>22,419</b>

In addition, the College is responsible for its proportionate share of operating costs and realty taxes on its premises which in 2023 amount to \$187,000 (\$171,000 - 2022).

## COLLEGE OF PSYCHOLOGISTS OF ONTARIO

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### Notes to Financial Statements (continued)

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May 31, 2023

10. **Contingent liabilities**

There is currently seven matters under review to assess whether the College has potential liabilities. As the outcome of these matters are not determinable at this time, no amounts have been recorded in the financial statements.

The College is party to a legal proceeding in connection with a complaint to the Human Rights Tribunal of Ontario, which arose from normal business activities. As the estimate of the amount and the outcome of the matter are not determinable at this time, no amounts have been recorded in the financial statements.

Draft Statement Subject to Revision





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## BRIEFING NOTE

2023.05.04G

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### SEPTEMBER 2023 COUNCIL MEETING

## PROPOSED AMENDMENTS TO *BY-LAW 18: FEES* – CONSULTATION RESULTS

### STRATEGIC DIRECTION REFLECTION

*Continuous Quality Improvement*

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### MOTION FOR CONSIDERATION – RECOMMENDATION FROM THE EXECUTIVE COMMITTEE

That the proposed amendments to *By-law 18: Fees* be approved as presented.

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### PUBLIC INTEREST RATIONALE

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

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### BACKGROUND

At its meeting on June 16, 2023, the Council of the College of Psychologists passed a motion to circulate proposed amendments to *By-law 18: Fees* to the membership. According to the Health Professions Procedural Code under the *Regulated Health Professions Act, 1991*, amendments to this By-law must be circulated to members 60 days before it is approved by Council [94(1)(s), 94(2)].

An increase in membership fees was proposed. Annual membership fees for Autonomous Practice Certificates and Interim Autonomous Practice Certificate to increase to \$1200, Academic Certificates to \$600, and all other membership fees by 25% effective June 1, 2024.

The Finance and Audit Committee decided at their August 31st meeting that Supervised Practice annual membership fees should be \$600, instead of the initial proposal of \$685, to minimize the financial burden to new graduates.

**All financial assumptions used in this analysis are independent of ABA. The onboarding of ABA has been financially supported by the Ministry of Children, Community, and Social Services.**

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### UPDATE

The consultation was distributed to the membership on June 19, 2023. A reminder was published in the July 2023 issue of *HeadLines* and posted on the College's website. The deadline for responses was August 18, 2023. Consultation results and a sample of the feedback received is provided below.

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### CONSULTATION RESULTS

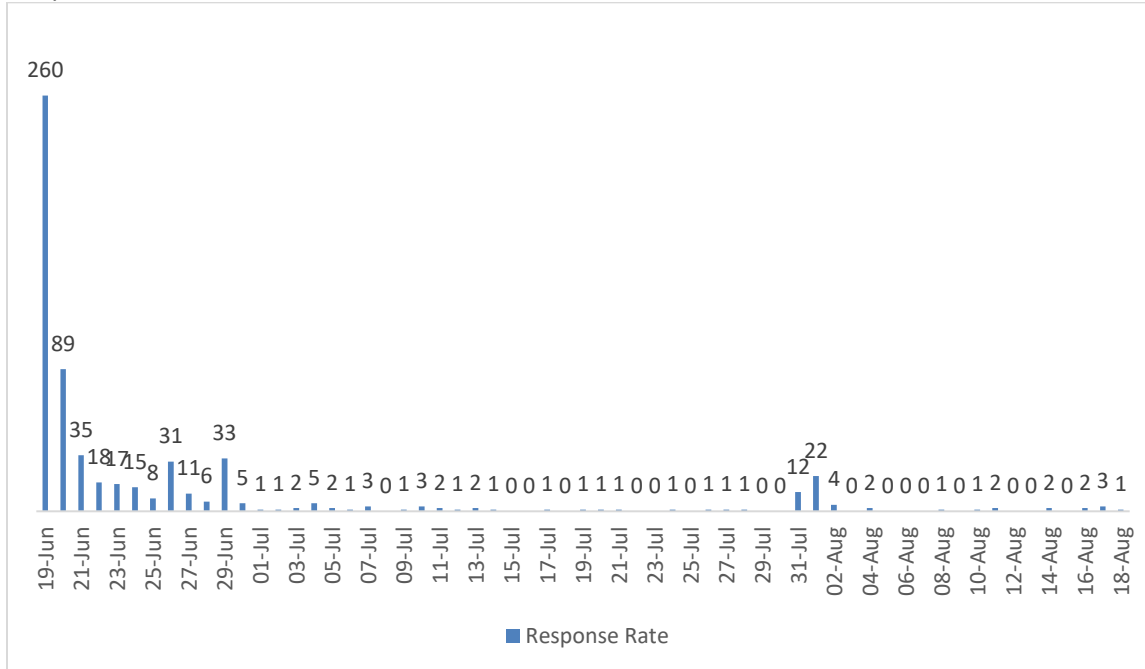
- Total number of recipients: 4825
- Total Responses Received: 617
- Members of the College of Psychologists of Ontario: 603 (12% of the Membership)
- 88% of members did not respond

- 68% of responses were received within the first five days of the consultation period

Total Responses Received: 617

- Member of the College of Psychologists of Ontario: 603 (12% of the Membership)
- Members of the Public: 14

Response Rate:



Do you support the proposed amendments to *By-law 18: Fees*:

- Yes: 86
- No: 522

Sample of Responses:

- *There has been no increase in over 20 years. From my perspective, the issue of fees should be reviewed more regularly. At least every 10 years, but even every five years. In that case, members might not be as taken aback by a very significant jump in fees.*
- *The increased cost is trivial in real dollar terms. If a private practice psychologist does 20 billable hours per week, for 46 weeks per year, then the new fee would increase the cost of doing business by 44 cents per billable hour, or \$1.76 per day - less than the price of a cup of good coffee.*
- *Costs have increased over the past few years, so I understand the fees also need to increase. However, the increase is too significant.*
- *While I am not thrilled about paying more money I understand that fees have remained stable since I started practicing independently in 2003. It was also helpful to see the distribution of fees for psychologist licensure bodies across Canada. I feel that this further supports raising of fees.*
- *I support increasing the fees to the level indicated, but I do not support such a significant increase at once. A more gradual increase over a longer period would be more reasonable.*

- *It seems reasonable to increase fees to meet provincially mandated regulatory requirements and services, particularly since there has been no fee increase in over 20 years. I am surprised that there has been no fee increase before this.*
- *There should be additional categories to these fees - for example leaving early career psychologists (e.g., first 5 years) at the existing fee rate and only increasing when they have been working for a time (e.g., 5+ years). While learners we accumulate considerable debt, plus the extremely low residency stipend during a year of full-time professional work. We are not in a place financially to be able to pay these fees as soon as we become psychologists, especially given the cost of living now.*
- *Given the rates in other provinces and the volume of complaints we have, it seems appropriate. I understand that fees need to be increased; however, the proposed fee increase is too large in my view.*
- *While I understand the need to increase fees, and appreciate that we have not had a raise since 2002, I feel a more graduated increase would be less severe. It is just a big jump coming at us suddenly.*
- *To adequately fulfill the mandates of the CPO. I am surprised that the fees have not increased since 2002. I did not realize it had been that long.*

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#### **WHAT WAS THE RESPONSE WHEN FEES WERE INCREASED IN 2002?**

The last annual membership fee increase occurred in 2002 under the leadership of Dr. Catherine Yarrow, Registrar and Executive Director. In the College Bulletin entitled, "[Fee increase needed to cover the College's current and projected operating budget](#),"<sup>1</sup> Dr. Yarrow described the College's financial rationale for increasing fees as well as themes from the feedback provided. The themes of the 2002 feedback were almost identical to the themes from the current 2023 consultation. A crucial difference is that in the 2023 consultation feedback, there are individuals and organizations who support the fee increase (including the Ontario Psychological Association), despite being a minority of respondents (n = 86), while this was not the case in 2002.

In 2002, Dr. Yarrow noted:

***"...all respondents expressed concern over the increase, and some provided suggestions for the Council to consider."***

***"There is a serious concern however, that annual revenues are not keeping pace with expenditures and it would be fiscally irresponsible to run the College on a deficit."***

***"Ultimately the Council and the Registrar have a duty to act in a financially responsible manner and must support the need for a fee increase."***

In 2002, annual membership fees were increased from \$675 to \$795 which was a delta of \$120. Correcting for inflation, in 2023, this amount would be \$188.78. Thus, an increase in annual membership fees by less than half of the current proposal generated the same pattern of feedback as the current consultation.

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<sup>1</sup> The Bulletin, Vol 28, No. 3 April 2002

This historical finding suggests that a smaller increase in fees would not have impacted the opinion of the membership on increasing fees.

It is important to note that the 2002 fee increase was prior to the introduction of the College Performance Measurement Framework from the Ministry of Health and Long-Term Care which explicitly sets the standard that, “The College is a responsible steward of its (financial and human) resources.” In 2002, the College experienced one deficit year of -\$38,300 (2001); \$111,831 surplus in 2000). The College is currently managing five consecutive years of deficits with a 2023 budget of -\$533,176 (Exhibit 1)<sup>2</sup>. It is of significant concern that the initial budget for 2022 was -\$374,000, and then was projected to be -\$752,729, with an actual deficit of -\$879,704. Dr. Yarrow’s quotes above remain relevant in 2023, and it would be financially irresponsible to not make decisive changes in order to correct the deficit, but also to invest appropriately in College human resources and operations in order to address performance that objectively lags behind other health regulatory colleges in Ontario.

<b>Annual Operating Deficit</b>	
2018	(\$232,355)
2019	(\$51,796)
2020	(\$105,606)
2021	(\$180,233)
2022	(\$879,704)
2023	(\$533,176)

Approved Budget

Exhibit 1. Annual Operating Deficit (2018-2023)

### **IS THE AMOUNT OF THE FEE INCREASE EXCESSIVE?**

The question of whether the proposed fee increase is excessive naturally generates significant value judgements. Taking a purely actuarial approach, the macroeconomic reality is as follows:

If a good or service cost \$795 in 2002 in Canada, **it would now cost \$1,250.64 in 2023**<sup>3</sup>.

The economy is a dynamic system which expands and contracts over time. Although stable fees are important, there is a distinction between “stability” and “stagnation.” The Fee-Stabilization Fund was established to offset minor economic fluctuations, but it unintentionally created stagnation in fees, as operational deficits were corrected by pulling from the fund over consecutive years. The Fee-Stabilization Fund will now be depleted to well-under the \$500,000 threshold described in the Reserve Funds Policy balance (to cover a portion, but not all, of this year’s deficit) and the College must course-correct to balance the budget. Upon consulting with the Registrar’s Canadian colleagues, no other Canadian psychology regulator has a specific “Fee-Stabilization Fund.” The \$1,200 fee would be justified based solely on macroeconomic factors (i.e., inflation), however, the financial situation of the College is even more serious due to demand pressures. Trend indicators point to required increases in human resources for timely compliance and operational effectiveness.

To quote Dr. Yarrow, “*There is a serious concern however, that annual revenues are not keeping pace with expenditures and it would be fiscally irresponsible to run the College on a deficit.*”

<sup>2</sup> Current Registrar and Executive Director commenced in the role on February 27, 2023

<sup>3</sup> <https://www.bankofcanada.ca/rates/related/inflation-calculator/>

### MICROECONOMIC PRESSURES ON THE COLLEGE'S OPERATIONS

The Health Professions Procedural Code of the *Regulated Health Professions Act, 1991 (RHPA)* indicates that complaints are to be disposed of within 150 days. [28 \(1\) A panel shall dispose of a complaint within 150 days after the filing of the complaint. 2007, c. 10, Sched. M, s. 30.](#) With the increased demand for Investigations and Hearings (Exhibit 2), the College has not been able to meet its obligations under the *RHPA* and has a current 300-day median, which is double the length of time of the requirement (Exhibit 3).

Presently, 78% of the College's investigations are more than 150 days old, 11% between 150 and 210 days, and 67% beyond 210 days. The operating costs of regulation have outpaced the College's revenue which has resulted in annual deficits and a loss of financial equity. The costliest aspect of College operations is the management of Investigations and Hearings. For example, a single sexual abuse case resulted in \$218,552 of costs to the College last year. The demand for Investigations and Hearings continues to increase year-over-year.

In a 2023 report commissioned by the College of Dental Hygienists of Ontario<sup>4</sup>, after controlling for the size of each College (per 1,000 registrants), the College of Psychologists of Ontario has the second most complaints (Exhibit 4), the second slowest rate of disposal of cases (Exhibit 5), and the longest investigations (Exhibits 6 and 7). The College simply does not have the resources required to manage the demand resulting from complaints, despite the commitment, dedication, and expertise of the staff.

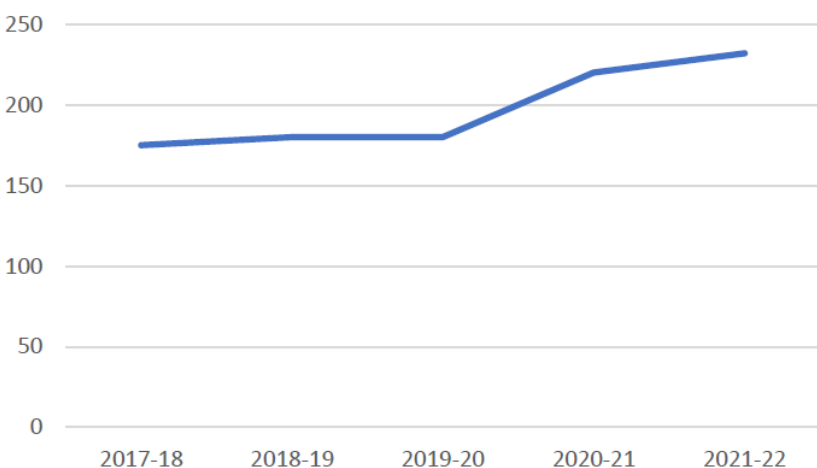


Exhibit 2. Number of New Matters in the Last Five Fiscal Years

<sup>4</sup> Pivotal Research (January 2023). Complaint Management Performance Across Ontario Profession Regulators: Benchmarking Study-Commissioned by the College of Dental Hygienists of Ontario

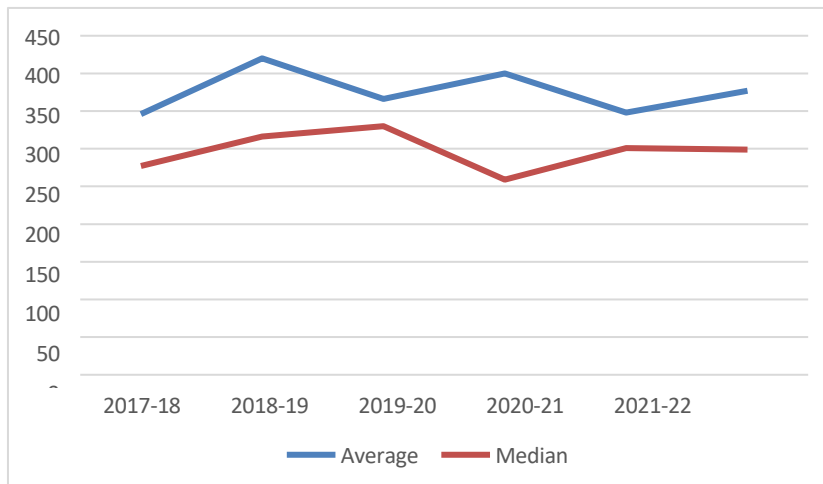


Exhibit 3. Investigation Timelines (in days)

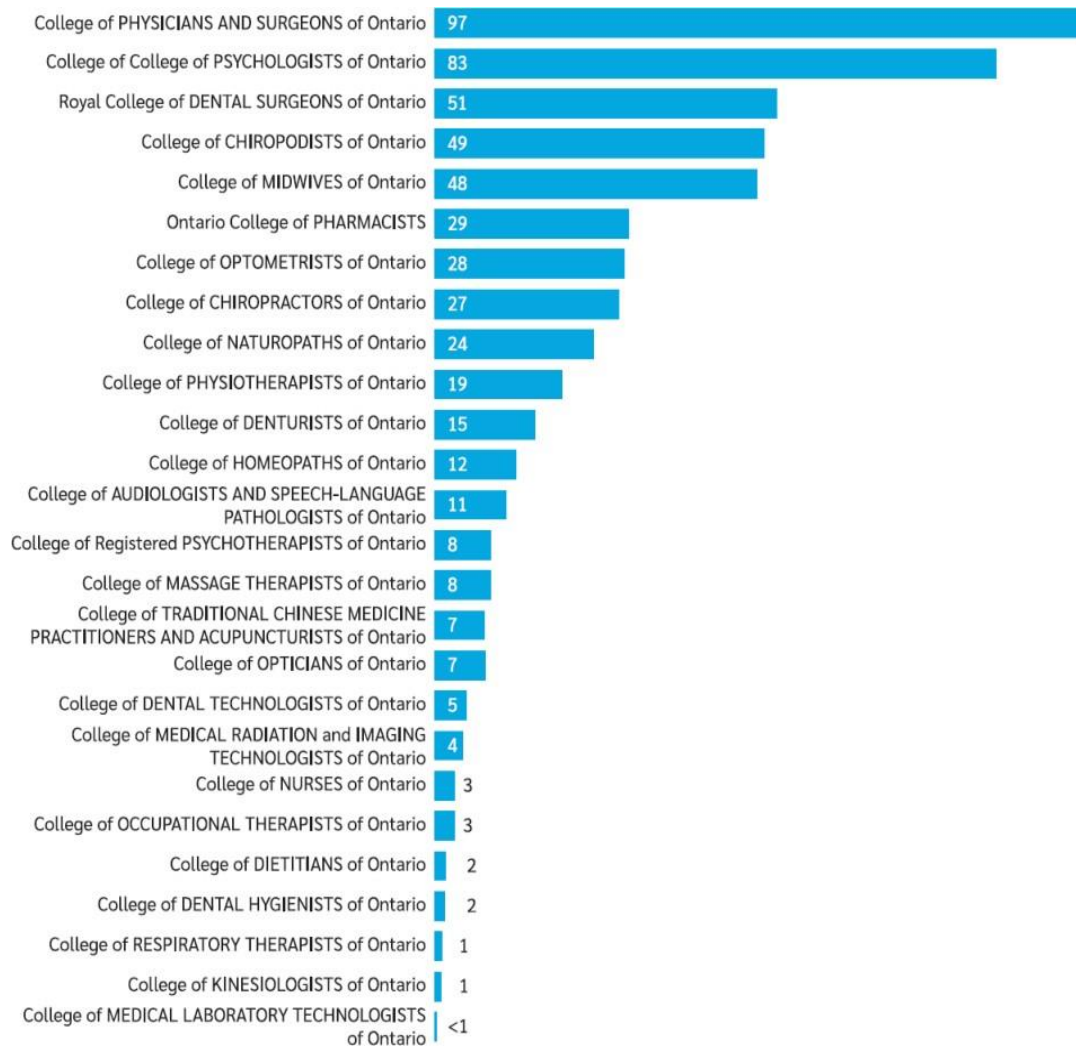


Exhibit 4. Number of Complaints Per 1,000 Registrants for *RHPA* Agencies

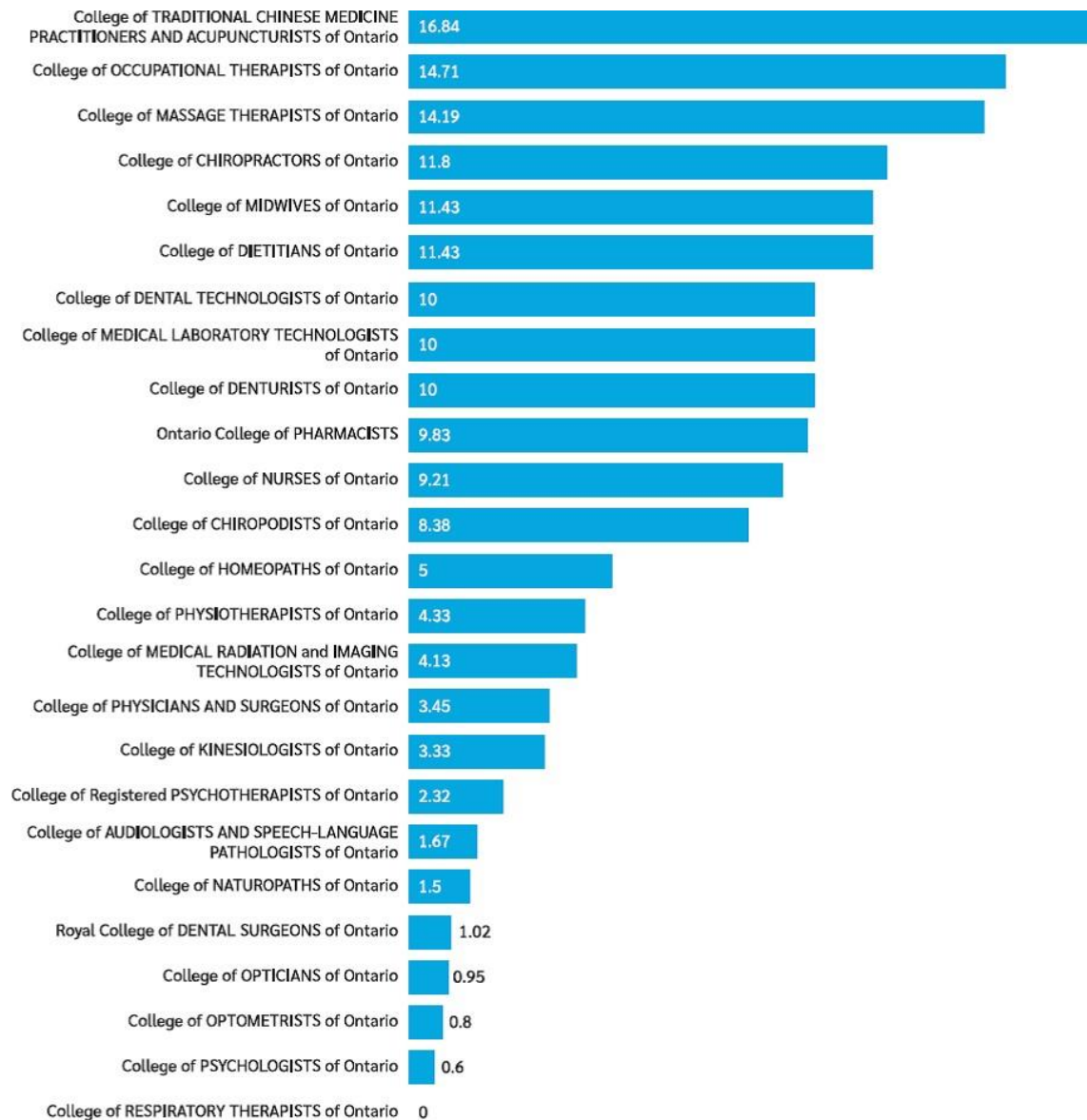


Exhibit 5. Complaint Disposals Per 10 Complaints Received for RHPA Agencies



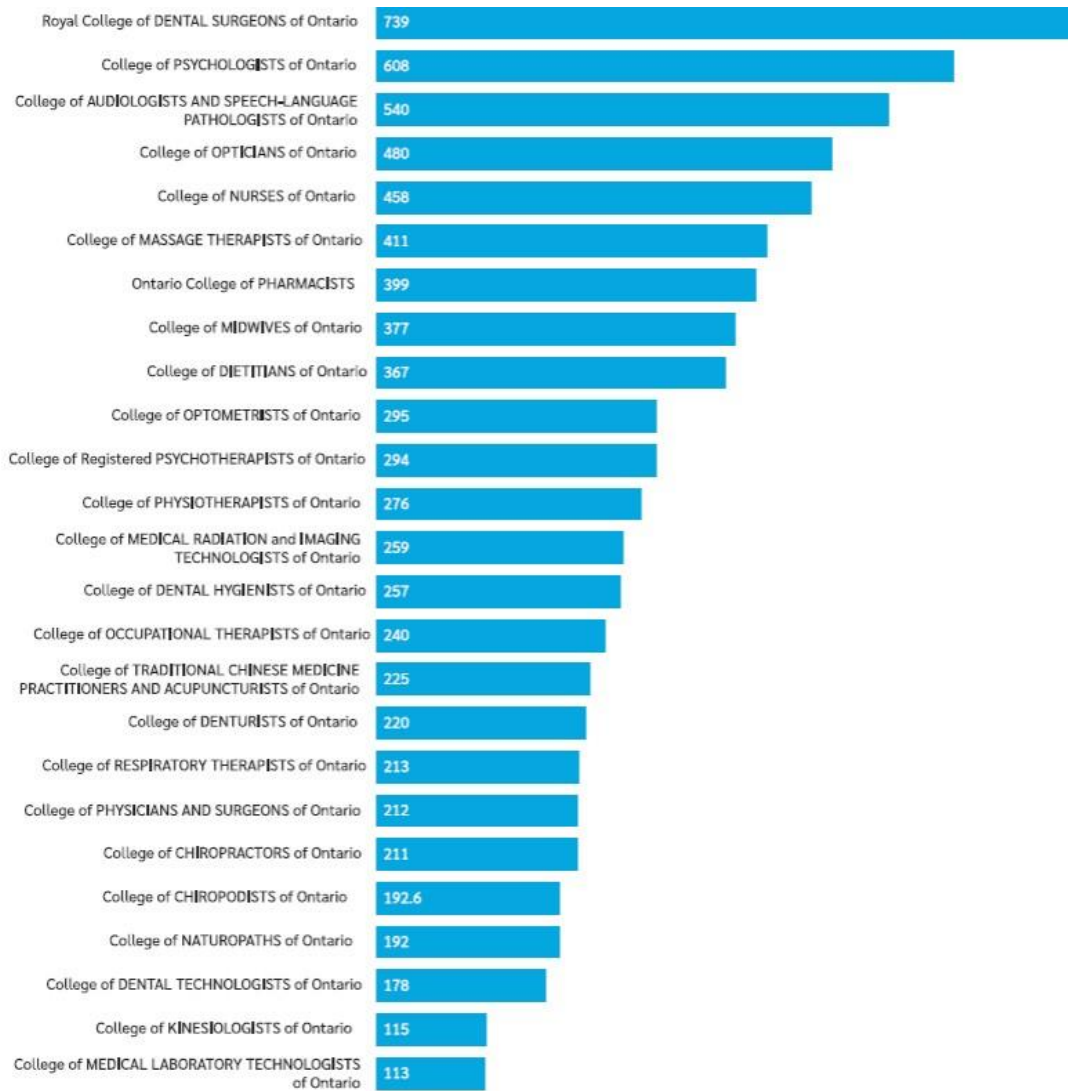
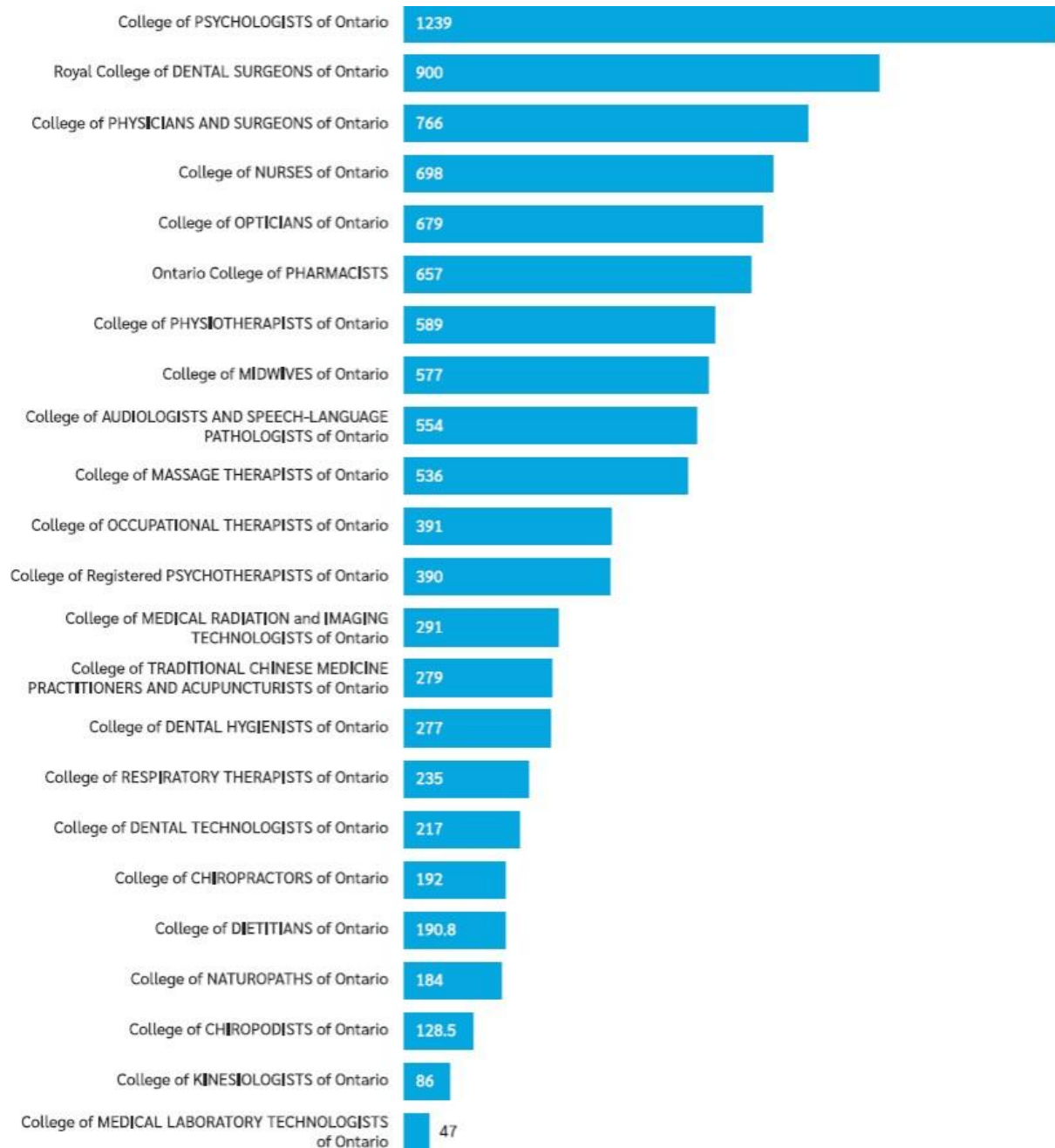


Exhibit 6. 90<sup>th</sup> Percentile for Disposal Length in Days for RHPA Agencies

Exhibit 7. 90<sup>th</sup> Percentile for Investigation Length in Days for RHPA Agencies

### MARKET BENCHMARKS

These data provide relevant information in order to analyze the psychology and regulated health professional market. In a free economy, markets are responsible for dictating prices, and hence, market benchmarking data are important to establish a sense of positionality. In comparison to the other Canadian provinces, Ontario has the second lowest fees which is inconsistent with the volume and complexity of operations that the College must manage (the College has the second most members). As presented in Exhibit 8, psychology regulators charge their members up to \$1,200 for their annual membership fee.

Within Ontario, there are a number of Colleges that have higher membership fees than Psychology. As noted above, the cost of operations of a College is significantly impacted by the number and nature of

Investigations and Hearings. The profession of psychology in Ontario is marked by autonomy in practice in highly sensitive contexts. Regulated health professionals with similar levels of autonomy, such as Homeopathy, Traditional Chinese Medicine, Chiroprody, Denturism, and Naturopathy charge annual fees ranging from \$1,200 to over \$2,000 (Exhibit 9).

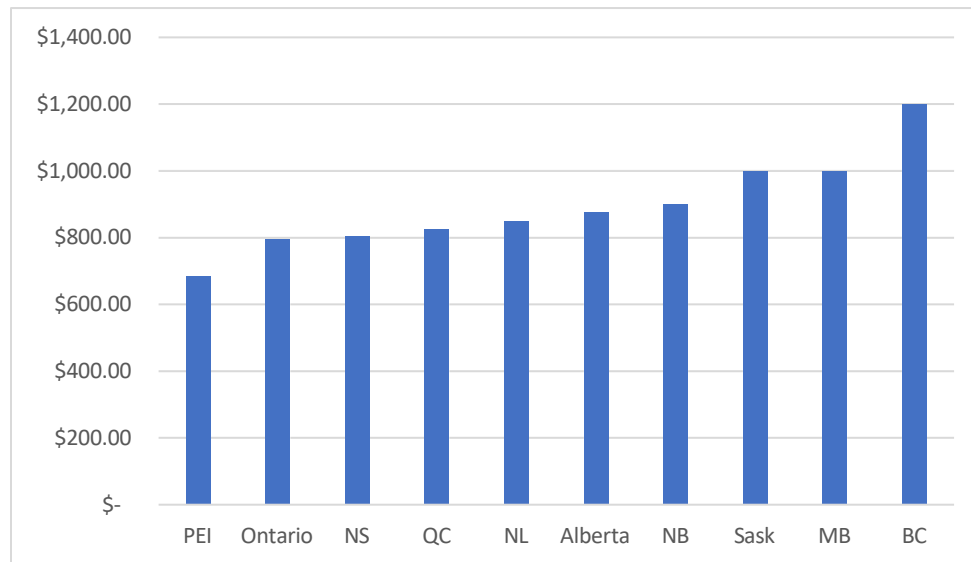


Exhibit 8. Federal Comparison Annual Fees - Psychology

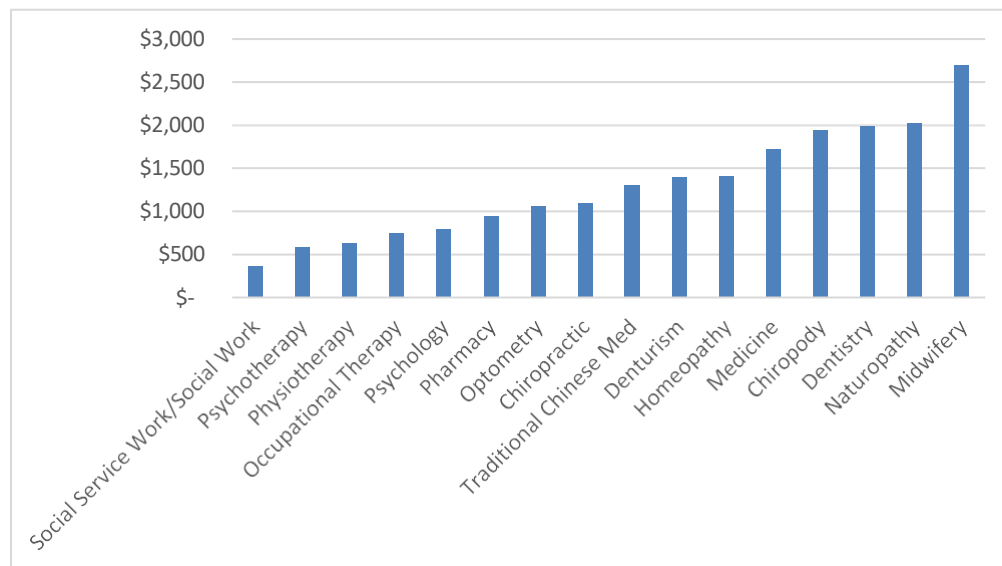


Exhibit 9. Annual Registration Fees of Regulated Health Professionals in Ontario (non-exhaustive list)

**WHY HAS IT BEEN SO LONG SINCE THE LAST FEE INCREASE?**

During fiscal periods of financial surplus, the College was able to create a Fee-Stabilization Fund. After several years of financial deficits, the Fund no longer meets its minimum requirement and is expected to be fully depleted by next year. The Fund enabled the College to maintain the same fee for over twenty years, but this is not sustainable. On one hand, it saved registrants increased costs over two decades, on the other hand, by the time the Fee-Stabilization Fund became depleted, there was a need for decisive action. The College has lost significant financial equity over the last five years and this trend will continue. As presented in Exhibit 10, continuing on the current financial trajectory, the discrepancy between revenue and expenses will persist until the College eventually becomes insolvent. The gap between

expenses and revenue will likely widen year-over-year until expenses consume the remaining assets on the College's Balance Sheet resulting in insolvency. These financial analyses are conducted with the following assumptions: a slight increase in the number of members based on yearly trends; no increase in annual membership fees; staff salaries remain stagnant; independent of ABA.

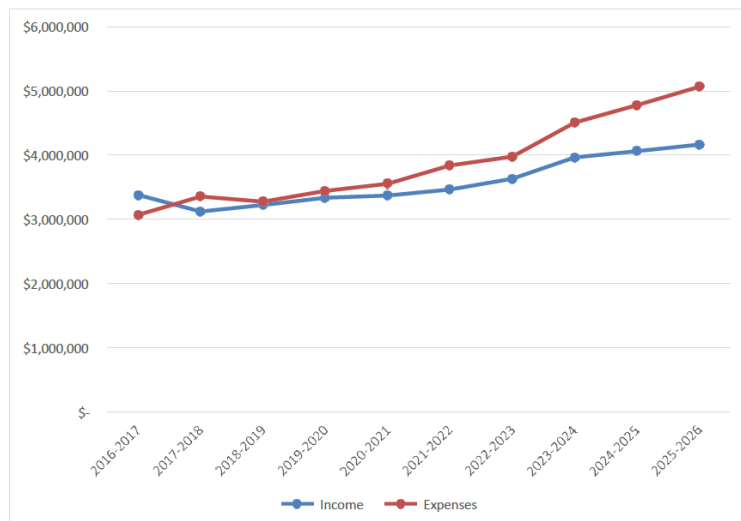


Exhibit 10. Conservative Financial Projections of the College's Deficit

#### WHY DOES THE COLLEGE'S BALANCE SHEET HAVE RESERVE FUNDS?

Grounded in best financial practices, the College possesses Contingency and related funds to ensure that the College does not become insolvent (and bankrupt) in the event of unanticipated economic shocks ([Policy III F-2: Reserve Funds](#)). On the College's Balance Sheet, assets are held primarily in cash and short-term investments that emphasize access to liquidity, maintaining principal, and minimizing risk. The College is most flush with cash at the end of the fiscal year as this corresponds with the annual membership payment deadline. Those funds then must be allocated to pay for the College's annual deficit and its operations over the next year, as 90% of the College's revenue is acquired at this time. The College does not possess significant tangible assets such as Property, Plant, or Equipment (the property and office are leased), other than office equipment and furniture. Each year that the College has a financial deficit, it moves closer to the possibility of insolvency. The College is vigilant about this possibility and is course-correcting to ensure that this does not happen now, or in the future. The College undergoes annual financial audits and meets all standards of financial accounting. Audited [financial statements](#) are available on our publicly facing [website](#) for all registrants and the general public to view. Furthermore, [College Council Materials](#), which include regular financial updates are publicly available on our website.

Following payment of the current operating deficit, the Fee-Stabilization Reserve Fund will be \$140,992 and the Investigations & Hearings Reserve Fund will be \$354,838.76 for a grand total of \$495,831. Therefore, the remaining amount of these reserve funds will not cover the current estimated budgetary shortfall of -\$533,176 at the end of this fiscal year.

A financial comparison to another regulatory health college of approximately the same size, the [College of Chiropractors of Ontario \(CCO\)](#), is provided in Exhibit 11 below.

	College of Chiropractors	College of Psychologists
Total Members	5,372	4,879
Active Members	4,878	4,316
Assets (2022)	\$19,472,871	\$8,101,049
Financial Performance (2022)	Surplus = \$284,659	Deficit = -879,704
Contingency Reserve Fund	\$2,900,000	\$1,000,000

Exhibit 11: 2022, Financial Comparison with the College of Chiropractors of Ontario

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### WHY NOT CHARGE SOME REGISTRANTS MORE FOR THEIR ANNUAL FEES BASED ON COMPLAINTS?

The unfortunate reality is that the management of complaints, investigations, and hearings is incredibly costly. One of the costliest forms of investigation is due to registrants sexually abusing their clients. Should registrants be found to have engaged in sexual abuse, this results in disciplinary decisions impacting their registration status with the College, and hence, these individuals no longer pay registration fees. Despite the College's best efforts and the assistance of expert legal teams, these cases do not tend to result in complete cost recovery to the College. The College highly recommends you [observe public disciplinary hearings](#) to get a sense of the procedure and amount of legal input required.

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### WHY DOESN'T THE COLLEGE DO A BETTER JOB REPRESENTING REGISTRANTS?

The mandate of any regulatory College is to represent the public interest, and unfortunately, decisions made with this goal in mind sometimes conflict with the interests of registrants. For College staff (who are themselves registrants) and professional members of the College, this is referred to as a conflict of interest or moral hazard. The role of professional associations is to advocate for the profession, and although there are many shared values and areas of potential collaboration, professional associations and regulatory Colleges must remain distinct. It is important to note that the College Council (which functions as a Board of Directors), and each College Committee (including Finance and Audit) are comprised of a combination of professional members and public members appointed by the Lieutenant Governor in Council. Professional members have the same fiduciary duty to the public interest as their publicly appointed counterparts. The Ministry of Health and Long-Term Care requires all health regulatory Colleges to monitor a number of performance domains, including financial stewardship in the public interest and the ability for Colleges to process inquiries, complaints, and reports within a specific timeframe.

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### ANNUAL FEES MAY BE TAX DEDUCTIBLE

Unlike many other costs, annual fees represent a particular type of expense that may be tax deductible, whether on salary or in private practice. This can be financially helpful regardless of income level, either in the form of reduced income tax, or in cases of lower income earners, may contribute to a tax refund. All registrants should consider taking full advantage of this financial opportunity (and others based on required profession-related fees, such as liability insurance) and discuss with an accounting professional.

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### RECOMMENDATIONS AND CONCLUSION

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

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**NEXT STEPS**

Upon approval, the amendments to *By-law 18: Fees* will be effective as of June 1, 2024.

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**ATTACHMENTS**

1. *By-law 18: Fees* with tracked changes
2. Copy of email sent to Members June 19, 2023.
3. Copy of Consultation Information posted to the College website.
4. Copy of 2002 Bulletin Article

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**CONTACT FOR QUESTIONS**

Tony DeBono, MBA, Ph.D., C.Psych.

Registrar & Executive Director

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## BY-LAW 18: FEES

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

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

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

### Membership

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

### Examinations

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

### Interviews

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

### **Applications**

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

### **Professional Corporations**

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

### **Other Matters**

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

### **Committee and Program Fees**

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



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



COLLEGE OF  
**PSYCHOLOGISTS**  
OF ONTARIO

## CONSULTATION

### **Amendments to *By-law 18: Fees***

At its meeting on June 16, 2023, the Council of the College of Psychologists passed a motion to circulate proposed amendments to *By-Law 18: Fees* to the membership. According to the Health Professions Procedural Code under the *Regulated Health Professions Act, 1991*, amendments to this By-law must be circulated to members 60 days before it is approved by Council [94(1)(s), 94(2)]. If you wish to comment on the proposed amendments, we would appreciate hearing from you by Friday, August 18, 2023 so your feedback can be included in the Council discussions at its next meeting.

**The College has not raised membership fees since 2002.**

After careful consideration by the Finance and Audit Committee, Executive Committee, and Council, an increase in membership fees is proposed. Annual membership fees for Autonomous Practice Certificates and Interim Autonomous Practice Certificate will increase to \$1200, Academic Certificates to \$600, and all other membership fees by 25% effective June 1, 2024. The proposed fee increases are required to maintain adequate financial resources for the College to fulfill its public protection mandate. Consultation feedback will be considered within the College's mandate to serve the public interest.

A full discussion of the amendments, a copy of the *By-law 18: Fees* showing the proposed changes and a survey to provide feedback may be found at:

[View Consultation and Provide Feedback](#)

#### **Please don't unsubscribe...**

The College uses e-mail to communicate with members as this is a quick and efficient method to bring important information to members' attention. If you unsubscribe by clicking on 'SafeUnsubscribe' below you will not receive these important, often time-sensitive, notices as the College does not distribute similar information by regular mail. If you have any questions, please contact the College.



College of Psychologists of Ontario | 500-110 Eglinton Ave W, Toronto, M4R 1A3 Canada

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## NEWS

# CONSULTATION – BY-LAW 18: FEES – FEEDBACK REQUESTED BY AUGUST 18, 2023

*Published: June 19, 2023*

## INTRODUCTION

At the meeting of the Council of the College of Psychologists held on June 16, 2023, a motion was passed to circulate proposed amendments to *By-Law 18: Fees*. According to the Health Professions Procedural Code under the *Regulated Health Professions Act, 1991*, amendments to this *By-law* must be circulated to members 60 days before it is approved by Council [94(1)(s), 94(2)]. If you wish to comment on the following proposal, we would appreciate hearing from you by August 18, 2023.

After careful consideration by the Finance and Audit Committee, Executive Committee, and Council, an increase in membership fees is proposed. Annual membership fees for Autonomous Practice Certificates and Interim Autonomous Practice Certificate will increase to \$1200, Academic Certificates to \$600, and all other membership fees by 25% effective June 1, 2024. The proposed fee increases are required to maintain adequate financial resources for the College to fulfill its public protection mandate

**THE COLLEGE HAS NOT RAISED MEMBERSHIP  
FEES SINCE 2002.**

Fee	Current Fee	New Fee
Autonomous Practice Certificate	\$795	\$1,200
Interim Autonomous Practice Certificate	\$795	\$1,200

Supervised Practice Certificate	\$550	\$687.50
Academic Certificate	\$397.50	\$600
Inactive Certificate	\$238.50	\$298
Retired Certificate	\$50	\$62.50
Limited Interim Autonomous Practice Certificate	\$240	\$300

In addition, the penalty for any member who fails to pay their annual fee on or before the day on which it is due will increase to 20% of the annual fee.

## FAQS

### WHY DO HEALTH REGULATORY COLLEGES EXIST?

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

### WHY DO PSYCHOLOGISTS AND PSYCHOLOGICAL ASSOCIATES PAY ANNUAL FEES?

Regulated Health Colleges in Ontario are required to be financially self-sustainable and do not rely on ongoing government funding to fulfill their self-regulatory mandate. Annual fees account for the vast majority of College revenue, approximately 90% of College income[1]. College revenue funds the operations required to fulfill its public protection mandate: Registration, Professional Affairs (including Quality Assurance and Practice Advice), Investigations, and Hearings. Registrants of the College of Psychologists of Ontario pay annual fees to sustain psychology's self-regulation, to protect the public, and to maintain trust in the profession. Note that the current financial situation is independent of ABA which will also be a self-funded profession.

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

The College takes the decision to increase fees seriously and is only doing so in order to stabilize the College's financial position after several years of annual deficits (audited financial statements are available on the College's website).

### WHAT ARE THE ANNUAL FEES OF OTHER PSYCHOLOGY REGULATORS IN CANADA?

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

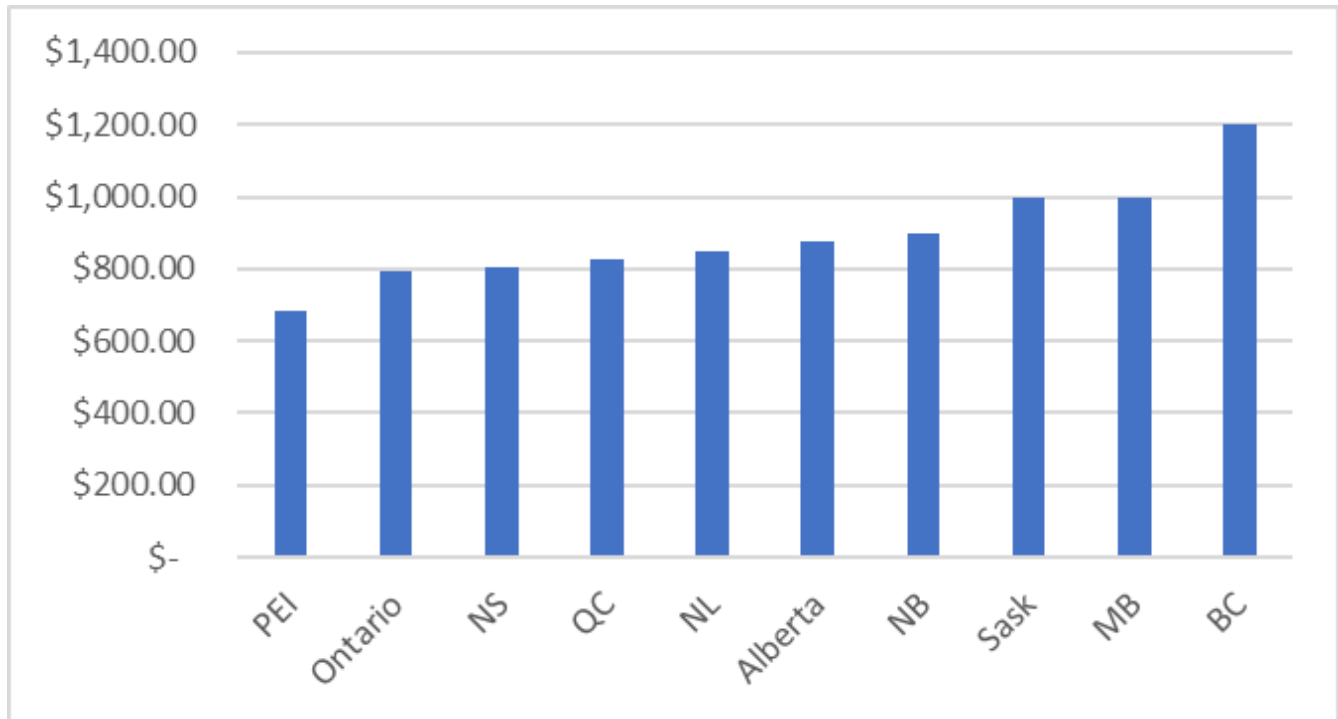


Exhibit 1: Federal Comparison Annual Fees – Psychology

## WHAT ARE THE ANNUAL FEES OF OTHER HEALTH COLLEGES IN ONTARIO?

Within Ontario, there are a number of Colleges that have higher membership fees than Psychology. The profession of psychology in Ontario is marked by autonomy in practice in highly sensitive contexts. ***After controlling for the size of each College (per 1,000 registrants), the College of Psychologists of Ontario has the second most complaints against registrants[2].*** Regulated health professionals with similar levels of autonomy, such as Homeopathy, Traditional Chinese Medicine, Chiropractic, Denturism, and Naturopathy charge annual fees ranging from \$1,200 to over \$2,000 (Exhibit 2).

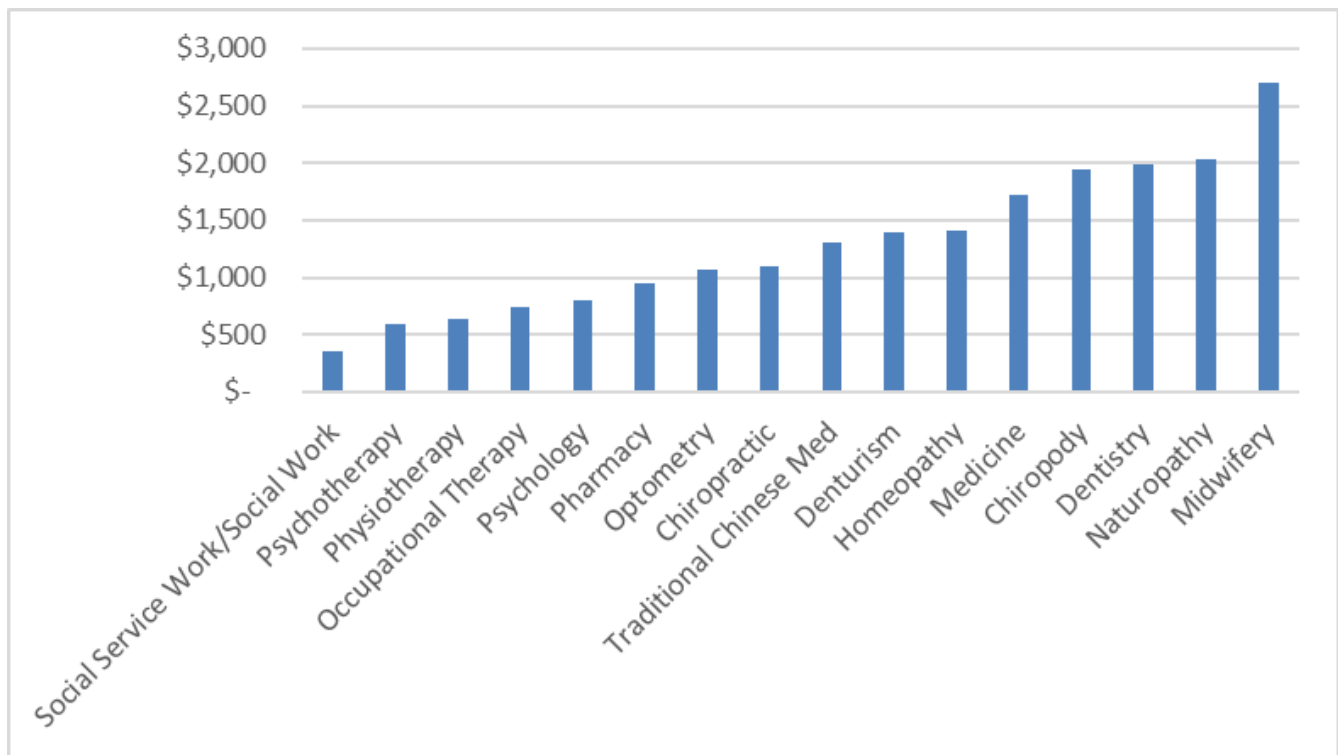


Exhibit 2: Annual Registration Fees of Regulated Health Professionals in Ontario (non-exhaustive list and includes Social Service Work and Social Work)

## WHAT ARE THE NEW ANNUAL FEES?

Over a twenty-one-year horizon (since the last fee change) and accounting for only a 2% inflation rate, a highly conservative estimate of today's membership fee would be slightly more than \$1,200. This is not accounting for the real inflation rate over the last several years, nor is it representative of the operational pressures of the College due to the high number of received complaints. In order not to disproportionately impact members who have other certificates of registration, the Academic certificate will be half of the autonomous fee (\$600), and all other certificates will increase in cost by 25%.

View a tracked changes of *By-Law 18: Fees* [here](#).

## IS THE COLLEGE DOING ANYTHING ELSE TO IMPROVE THE FINANCIAL SITUATION?

Yes! The College will be reviewing all operational processes with the intent to improve efficiencies wherever possible, including the adoption of Right Touch Regulation principles (such as improvements to Alternate Dispute Resolution) and LEAN management/Continuous Quality Improvement processes. The College is committed to ensuring that their operations are as optimally functioning as possible. The College will also continue to investigate trends in complaints, as the College has the second most complaints of any other health profession regulator (per 1,000 registrants), which has resulted in significant financial pressure.

## WE WANT TO HEAR FROM YOU

The College welcomes your input on the proposed changes. Please provide your feedback by Friday, August 18, 2023. The *RHPA* requires proposed amendments to be circulated for 60 days. Following the consultations, Council will review the changes again alongside any feedback.

To submit your feedback please complete the following survey:

[SURVEY](#)

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

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

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## Fee Increase Needed to Cover the College's Current and Projected Operating Budget

In December 2001, members of the College were notified of a proposed amendment to the Fees By-law and the explanation prompting the proposal. The amendment was discussed at length, and approved at the February meeting of Council. This amendment increases the annual renewal fee, for regular status members, from \$675 to \$795. In response to the December notice, the College received feedback from 32 members including responses from the OPA and OAPA. Understandably, all respondents expressed concern over the increase, and some provided suggestions for the Council to consider. This information was provided to Council for its deliberation in voting to approve the amendment. The summary of the information, as provided to Council, is presented below.

The College Council recognized that this is a substantial increase in fees. There is a serious concern however, that annual revenues are not keeping pace with expenditures and it would be fiscally irresponsible to run the College on a deficit. The operating budget lines for which there have been significant increased costs over the past few years have identified and the Council, along with the Registrar, are closely monitoring these and introducing ways to contain or reduce these increased costs.

Cost increases have occurred in a number of areas critical to the day to day functioning of the College. For example, the newly developed Jurisprudence and Ethics Examination requires the generation of new test items to ensure a large enough pool of items is available for alternate forms of the test. Similarly, the cost of the oral examinations has continued to increase. To date, the full cost of developing and maintaining the Jurisprudence and Ethics Examination, and the oral examinations have not been passed onto the new registrants. The adjudication of complaints and discipline matters is an area for which costs vary considerably over the years. In recent years, there has been a significant increase in costs over the past few years. This is due, in large part, to the complexity of some of the cases and the need for ongoing legal consultation. These increased costs must be funded from the general revenue of members' fees.

The Council, the College Committee Chairs, and the Registrar and staff have spent a great deal of time reviewing specific budget items, as well as the projections for the coming years and Council is satisfied that every attempt is being made to control costs. While Council recognizes that a fee increase is of concern to members, an attempt has been made to set the increase as low as possible, while realistically con-

sidering the College's expenses. Ultimately the Council and the Registrar have a duty to act in a financially responsible manner and must support the need for a fee increase.

A number of members expressed concern over the lack of detailed information available to them regarding the College's revenue and expenses. For the information of members and the public, a copy of Revenue and Expenses Statement for the period ending May 31, 2001 is available in this issue of the Bulletin. The complete audited financial statements for 2000-2001 will be available in the Annual Report and on the College website. The financial statements for 2001-2002 will be available in the fall issue of the Bulletin. §

### Summary of Themes of Responses to Notification of Fee Bylaw Amendment - December 2001

#### Concerns

- Need for increase not fully or adequately explained; need for more detailed account of costs and projected expenditures – oral and jurisprudence exams, new office, increased staffing, complaints and discipline costs
- Use of funds to pursue legal issues regarding registration
- More detailed accounting information to members, audited statements, budgets; public sharing of fiscal management plan outlining cost control measures, forecasting future increases in costs as well as annual fees
- Use of funds to subsidize examinations
- Increase is unreasonable compared to members' salary increases and low inflation
- Need more information on how College has attempted to reduce costs: modify spending rather than increase fees
- Fees high compared to comparable size Colleges – most comparable to CPSO but member income much lower increase
- Financial hardship for members and negatively impacts on retention of members in voluntary association posing substantial risk to association and its ability to carry out its critical roles

#### Recommendations

- Reject fee increase; reconsider the decision at this time
- Concern over use of fees for registration legal challenge
- Explore reasons for disproportionately large number of complaints, rather than increase fees
- Registration exams should be administered and maintained on a cost recovery basis
- All member vote on fee increases
- Evaluation of current expenditures and of staff functions to ensure sufficient workload for staff
- External audit on regular basis
- Fee payments be made in installments of 2 or 3 equally spaced amounts
- Keep fees for supervised practice members as published at time of initial registration, increase exam fees for new applicants



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## BRIEFING NOTE

2023.05.04H

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### SEPTEMBER 2023 COUNCIL MEETING

### TRANSFER OF RESERVE FUNDS

#### STRATEGIC DIRECTION REFLECTION

*Continuous Quality Improvement Culture*

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#### MOTION FOR CONSIDERATION

That \$458,801.24 be transferred from the Investigations and Hearings Reserve Fund and \$420,903.12 be moved from the Fee Stabilization Fund to cover the operating deficit.

**Moved By** TBD

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#### PUBLIC INTEREST RATIONALE

To ensure the College has sufficient funds to fulfill its public protection mandate.

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#### BACKGROUND

The unaudited financial statements for the year ending May 31, 2023, reveal an operating deficit of \$879,704.36. Within *Policy IIIIF-2 Reserve Funds* (attached), the College has established a Fee Stabilization Fund which “is designated to minimize or delay the impact of year-over-year changes in revenues or expenses on membership renewal fees.” This fund is currently at \$561,895.44. According to the Reserve Funds policy, funds are first transferred from the Investigations & Hearings Fund to cover overspends for legal costs, inquiries, investigations, discipline hearings, fitness to practice hearings, appeals and payments under the program for Funding for Therapy and Counseling. Additional funds may then be transferred from the Fee Stabilization Fund to cover the remaining deficit.

In the fiscal year 2022/2023, the total costs for legal services, inquiries, investigations, discipline hearings, fitness to practice hearings, appeals and payments under the program for Funding for Therapy and Counseling were overspent by \$458,801.24. Therefore, \$458,801.24 should be transferred from the Investigations and Hearings Fund, currently at \$813,640 (net amount after transfer = \$354,838.76), and the remainder of the deficit, \$420,903.12 (\$879,704.36 – \$458,801.24), should be transferred from the Fee Stabilization Fund (net amount after transfer = \$140,992.32).

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#### ATTACHMENTS

1. *Policy IIIIF-2 Reserve Funds*.

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#### CONTACT FOR QUESTIONS

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

## STRATEGIC DIRECTION 2023-2028

2023.05.05A

### **MISSION** *[Why we exist]*

To protect the public through the responsible regulation of psychological care.

### **VISION** *[What we aspire to be]*

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

### **VALUES** *[What we uphold in all our activities]*

Beneficence: The College functions in service of the public good.

Dignity: The College treats all persons and peoples with dignity.

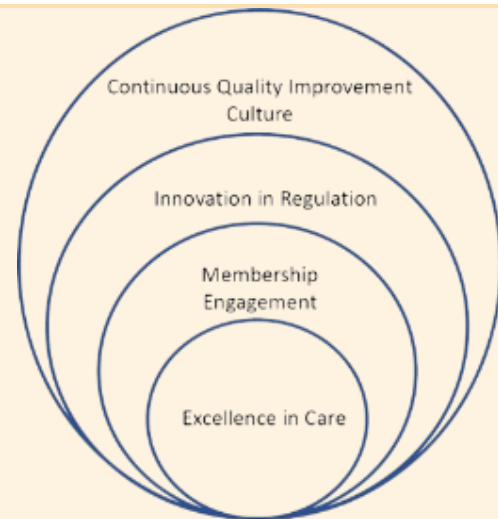
Fairness: The College approaches decisions in a just, reasonable and impartial manner.

Accountability: The College acts as a self-sustaining, responsible steward of resources grounded in the fiduciary duty to the public.

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

### **STRATEGIES** *[How we accomplish our Mission]*

Strategy 2023-2028 is an ecological model that will focus on five interrelated priorities. At the core of the strategy is excellence in care, ensuring that the public receives ethical, safe, and high-quality services. Quality care is delivered through our registrants/members who have expertise to impart upon their peers and who participate on College Council, Committees, and Workgroups. The College will need to continue to modernize its regulation practices to best meet the needs of the public, now, and into the future (including “Right-Touch Regulation”). Encapsulating the overall strategy is a commitment to continuous quality improvement of College processes with a focus on maximizing value and minimizing waste.



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

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

## 2023-2028 IMPLEMENTATION CHART - UPDATED AUGUST 31, 2023

Agenda Key	Strategies	Recent Activities	In Development
S1	Excellence in Care		<ul style="list-style-type: none"> <li>Review of the <i>Standards of Professional Conduct, 2017</i> (June 2023)</li> </ul>
S2	Membership Engagement	<ul style="list-style-type: none"> <li>Barbara Wand Seminar (June 2023)</li> <li>Registrar Virtual Visit with UTSC Clinical Psychology Graduate Students (July 2023)</li> <li>Joint Presentation with Registrar and President of OPA to Ontario Shores Mental Health Sciences Centre: The Ethical Imperative of Psychology in Hospitals (July 2023)</li> <li>Registrar and Deputy Registrar: ONTABA Board Meeting Presentation on ABA (virtual; August 2023)</li> </ul>	<ul style="list-style-type: none"> <li>Consultation: Proposed Amendments to <i>By-law 18: Fees</i> (June 2023)</li> <li>Inaugural members' article in <i>HeadLines</i> confirmed for October 2023 (July 2023)</li> </ul>
S3	Innovation in Regulation	<ul style="list-style-type: none"> <li>Pilot project to assess all CFTA candidates on their competence to perform the controlled act of communication of a diagnosis. (June 2023)</li> <li>ABA Knowledge Examination Blueprint (June 2023) ABA Transitional Guidelines for Registration (June 2023)</li> <li>ABA Regulations (General, Registration, Professional Misconduct) approved by MOHLTC – proclamation date announced, July 1, 2024.</li> </ul>	<ul style="list-style-type: none"> <li>Pursue amendments to O.Reg. 74/15 under the <i>Psychology Act, 1991</i> to discontinue Master's level registration and at that time, grant the title Psychologist to all existing Psychological Associates. (September 2019)</li> <li>ACPRO MOU on Telepsychology (June 2023)</li> <li>ABA Regulation – Intercollege Collaboration Meeting (July 2023)</li> </ul>
S4	Continuous Quality Improvement Culture		

The items shown in BLUE have been added by the Registrar since June 2023 as activities undertaken in service of the College's Strategic Directions 2023-2028.