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## Meeting of the Transitional Council of the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario — December 8, 2011

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Heidi Ahonen was absent from this meeting.

After the usual business of a Board meeting (call to order; approval of agenda) the meeting commenced with the committee reports which were either kept very short or postponed to the committees' presentations later in the day.

### **REPORTS**

#### *President's Report:*

- Reminder of the importance of this meeting and the work done.

#### *Professional Practice Committee Report:*

- Postponed

#### *Registration Committee Report:*

- Postponed

#### *Report of the Competency Profiles Task Force:*

- Postponed

#### *Education Framework Task Group:*

- Met on Nov. 28, 2011
- Developed a rough framework which will be fleshed out
- Will be meeting again in January 2012 with more detailed information / ideas
- Will bring those ideas to field experts for consultation and input
- Hoping to have the Education Framework / Guidelines done by April 2012 to be able to submit them to training institutes by May 2012 (in time to prepare for the 2012 / 2013 academic year)
- Four sub-categories have been defined and are worked with
  - Introduction, Philosophy, Principles
  - Overview, Application, Process
  - Organization, Structure (of the training institution), Staff, Policies
  - Education / Training, Admission, Curriculum, Practicum

*Prior Learning Assessment Task Group:*

- Second meeting week prior to TC meeting
- Working on finalizing first draft
- Including a variety of tools:
  - Portfolio
  - Self-assessment
  - Signed statements
  - Possibly some tests
- Trying to get process done and public asap so that prospective members can begin preparing for their applications
- Hoping to put the guidelines online

*Registrar's Report:*

- Upcoming elections to the Executive Committee on January 20, 2012; reminders: three professional members, 2 public members (professional = practice psychotherapy and intend to become members of the new College)
- Meeting with the Ministry: were informed that one provision in one Regulation will have to be re-circulated and put to consultations (details later) because it will have to be re-worded and changed
- Asked again to submit Regulations at the end of the year in spite of rumours to the opposite. Regulations need to be approved in this meeting.

*Q: Will the Ministry just make changes they want or will they come back to the TC for consultation?*

*LC: They won't ask for permission from TC; but they know that the President and Registrar have to sign and approve the final product so they won't make extreme changes. Three stages: Policy Review, both legal and subject oriented; Health Legal Review, legal; Review by Legislative Drafters, legal.*

**CONFLICT-OF-INTEREST (COI) TRAINING**

- For the TC — this has been discussed in the Executive Committee; it was felt that the TC needs a 'refresher'
- LC offered the solar system as a metaphor:
  - Public Interest is the sun around which everything revolves
  - MHLTC is earth, revolving around the sun
  - The College is the moon, depending on earth and yet also around the sun
  - The TC is the highest mountain on the moon, overlooking the whole
  - Other Colleges, associations, consultations etc. are planets that influence the movement to a bigger or lesser degree
  - LC, experts, etc. are outer stars that are shining some light on things from far away
- Important to understand the the final goal is protection of the public
- TC members (and later on Council members) can not have direct or indirect financial, professional, or personal gain from their activities on the TC / Council, e.g. serving yourself or a family member financially or even with a *strongly held belief*
- At TC member may have to remove him / herself from TC / Council (or a particular vote) if a COI is perceived
- There are grey areas in which discernment is required; e.g

- Fees: all professional members will be influenced by any decisions on fee structures, so this is usually seen as “all equal” and the members are expected to bracket their own needs or wishes
- Possible pre-judgement due to conversations held with other professionals or stakeholders
- Links to organizations (your employers etc.): e.g. would the school at which you teach gain or suffer from a Master’s degree requirement? If either is true, you are likely in COI in that vote
- Strongly held personal beliefs may become a COI
- COI only important in votes and decision making processes; okay to voice beliefs, opinions, concerns in discussion, as long as they aren’t intimidating or forcefully trying to convince others.
- Best practice: if unclear, self-declare a possible COI and let the TC / Council discuss if that is so.
- If COI only for small part of a larger vote, e.g. only one provision within a regulation that stands to vote, declare and let group decide.
- Final word with the Executive Committee

#### ***RENAMING PROFESSIONAL PRACTICE COMMITTEE TO QUALITY ASSURANCE COMMITTEE***

- MHLTC only reimburses / pays fees for preparation time for statutory committees
- Professional Practice Committee is *not* a statutory committee — were reimbursed due to misunderstanding but won’t be any more
- Quality Assurance Committee is a statutory committee and since most of the work going forward is going to be on QA the name change would also reflect the current work
- All voted for the name change

#### ***REGULATIONS PRESENTED FOR APPROVAL BY THE TC***

LC explained the voting process for the formal approval of the regulations to be brought forth to the MHLTC after this meeting:

Roll Call Vote — going around the table one at a time, asked to stand up, state their name and clearly declare “yay” or “nay” only. Vote will be recorded for the record.

#### **Professional Misconduct Regulation Draft**

- Current draft based on consideration of all input made in last month’s TC meeting (as to be detailed in presentation)
- Supporting material and information will still have to be developed before the end of the year and is not part of this vote

#### **1. Prov. 8(a) — Failing to seek supervision**

- Left as was (with or instead of and) upon advice of LC who states that any one of the conditions should be sufficient to seek supervision)

## 2. Prov. 53 — Failing to co-ordinate care of a client

- ‘Counter-therapeutic’ was returned to the provision; and was changed into or. The provision now reads:  
*“Failing to make reasonable attempts to coordinate the care of a client with the client’s other relevant health care providers unless the client refuses to consent to such coordination or unless such coordination is counter-therapeutic or unnecessary.”*
- It was also clarified (and added in the explanations) that insurers or 3<sup>rd</sup> party payers are *not* health care providers.

## 3. Prov. 2(3)(xi) — Bartering

- Again, and in this provision was changed to or to allow for greater flexibility. The provision now reads (partially)  
*“so long as it would not reasonably be seen as affecting the member’s professional judgement or would not reasonably be seen as adversely affecting the client’s confidence in the member.”*

After the presentation space was provided for questions and discussions. No questions were brought up and the vote was taken. The draft Regulation was accepted as was unanimously.

## Registration Regulation Draft

- Current draft based on consideration of all input made in last month’s TC meeting (as to be detailed in presentation)
- Discussed big questions re: educational requirements, titles, etc. Again; results to be presented here.

### 1. Title - RMHT

- The recommendation of the registration committee is to defer that question to a later point, when there is more time and the appropriate occasion to consider that question.
- Not to be dropped, truly deferred only with the understanding that it isn’t up to the Council to change the given titles and that the draft will have to be approved today with the given titles.

### 2. Education and Training Requirements (RMHT and RP)

- Exclusion of psychotherapy hours has been removed since it is part of training safe use of self and a vital part in many training programs.

### 3. Aboriginal Practice vs. Aboriginal Healing

- The recommendation of the registration committee is to substitute the word “practice” for the word “healing” in order to better project the reality of aboriginal communities. This provision will have to be re-drafted and put to stakeholder consultation in Dec. / Jan.
- A short discussion ensued about the used of the word “aboriginal” and the possibility to use “indigenous” instead. There may be a possibility to apply for a change later, while the regulation is being reviewed by the Ministry.

### 4. Grandparenting

- Applicants will have to show 750 hours of practice over the past three years in order to show currency.
- The requirement for hours practiced *in Ontario* was changed to 500 hours so that of the 750 hours 500 have to have been practiced in Ontario in order to apply for grandparenting.
- This is felt to be a good compromise between the original requirement (all 750 hours to be done in Ontario) and the Fairness Commissioner’s request that this requirement be

taken out entirely, as it allows for special circumstances (illness, leave, etc.) but still protects / prefers Ontario practitioners.

#### **5. Should RMHTs be allowed independent practice?**

- An additional requirement was added to the regulation to ensure that RMHTs who want to practice independently have sufficient experience and the ability to practice safely without constant supervision.
- With the additions Prov. 4(3)1 reads as follows: “The member shall not practice psychotherapy independently until the member has, a) held a Certificate of Registration as a Registered Mental Health Therapist for three years, b) successfully completed additional courses in psychotherapy acceptable to the Registrar, that facilitate his or her competence and practice independently, and c) obtained 1000 hours of direct client contact with 150 hours of clinical supervision. Clause a) does not apply to a holder of a Certification of Registration who obtained the certificate pursuant to subsection 4(2) [*who was grandparented - couldn't provide such proof as the College didn't exist; such proof would have to be part of the portfolio presented upon application to be grandparented*]
- Because this addition constitutes a substantial change, this provision will have to be put out for public stakeholder feedback asap.
- A lengthy discussion about the independent practice of RMHTs ensued again. It was mentioned that the regulation leaves a lot of space for the Registrar to decide on individual applications each upon its own merit.

#### **6. Master's Degree Question**

- After reviewing the existing provisions the committee decided to make no further changes but to reiterate how stringent the training requirements are according to those provisions.
- Following the requirements set out in the regulation in respect to content and hours *and* incl. training requirements for the safe use of self as well as for supervision and practice requirements, the requirements currently set out are actually more than those for most Master's Degree programs.
- The committee thus recommended to Council that it take no further action with the Ministry on the issue of the Master's Degree credential requirement.

After the presentation space was provided for questions and discussions. One Council member brought forth a possible Conflict of Interest since his employer (a University) offers Master's Degrees in psychotherapy. Council decided (with input from LC) that the Master's Degree provisions are only a small part of the entire Regulation standing for vote and that the member should be allowed to vote. The draft Regulation was put to vote and carried with one vote against and 13 votes for the regulation (with one member being absent from the meeting all day long).

### **Quality Assurance Regulation Draft**

- New name of the committee was reiterated.
- Review of this Regulation Draft was easy as mostly accepted before

#### **1. Prov. 2(1)1(ii) Change of practice environment**

- Explanation was added: “A change to the practice environment would impact the profession as a whole, or a segment of it, such as access to an additional controlled act.

After the presentation space was provided for questions and discussions. No questions were brought up and the vote was taken. The draft Regulation was accepted as was unanimously.

**COMPETENCIES PROFILES PRESENTED FOR APPROVAL-IN-PRINCIPLE:**

- Presented by Bobby Carefoote, Competency Project lead.
- The process taken by the task group was explained
  - The group had met five times, in person in June, July and November, via tele conference in September and October.
  - Profiles were build on current state of field, input from subject matter experts and engaged stakeholders, evidence.
  - Task group strove for consensus, a flexible and iterative process, and the support from the whole task group.
- Profiles are in five sections plus a preamble. Framework is the same for RPs and RMHTs with some slight changes and differences in the content to show differences of training at Entry to Practice. The sections are:
  1. Foundations
  2. Collegial & Interpersonal Relationships
  3. Professional Responsibilities
  4. Therapeutic Process
  5. Professional Literature & Applied Research
- Entry-Level Proficiency for RPs and RMHTs is different as noted below:

<b>RP</b>	<b>RMHT</b>
In the ordinary practice of the profession, the entry-level RP calls upon competencies in an informed manner based upon the practice context, and does not normally require immediate supervision.	In the ordinary practice of the profession, the entry-level RMHT calls upon competencies in an informed manner based upon the practice context and supervisory direction.
When dealing with unusual, difficult to resolve and complex situations, the entry-level RP recognizes situations which are beyond his / her professional capacity and addresses them trough referral to a practitioner who is appropriately qualified.	When dealing with unusual, difficult to resolve and complex situations, the entry-level RMHT recognizes situations which are beyond his / her capacity and refers them to the supervisor.

- Entry-level competency requirements are worded in language that refers to ability, not to requirement for activity, e.g. “must be able to” vs. “has to” or “must”.
- Competencies are formulated in such a way that they can be understood within and outside the profession (i.e. by the general public)
- Some of the differences between competency requirements for RMHTs and RPs are signified by use of different verbs, e.g. “apply” vs. “integrate”, “maintain / use” vs. “create / build”, “contribute / participate / take direction” vs. “initiate”, “implement” vs. “plan / formulate”, “work within” vs. “articulate”, etc.
- There are 143 competencies laid out for RPs and 132 for RMHTs
- The task group tested competencies through the public survey put out earlier in 2011 and through focus groups and interviews.

- Responses from RPs outweighed those from RMHTs.
- Many of the respondents in both areas indicated they have a Master's degree.
- 23% of RMHTs who responded indicated that they were self employed vs. 53% of the RP respondents.
- All regions were represented with 90% of respondents working in urban areas.
- A broad range of practitioners responded and practice years ranged between less than 5 to more than 20 years.
- The task group found it difficult to receive input from aboriginal groups with many comments stating that the identification of "healer" does not correspond with the idea of "counsellor" in their cultural perspective and / or that not many of the aboriginal practitioners would be seeking registration with the new College anyways.
- Not all competencies that were seen as important for practice were seen as equally important for entry-to-practice and there were some differences between respondents identifying as RPs or as RMHTs.
- If a competency received agreement from less than 67% of respondents it was reviewed. If it received agreement from more than 67% it was accepted as being appropriate.
- Competencies that were reviewed due to low agreement during the survey process were retained if seen to be in the interest of public safety. As a result all competencies of the original draft were retained, some were modified to provide greater clarity, no competencies were added.
- Ministry has advised that the competency profiles will have to be put to public consultation. This will happen early in 2012. After the consultations the results will be brought back to the task group who will fine tune the profiles accordingly and bring them back before Council for further discussion and subsequent approval.
- Council was reminded that competencies will likely evolve and be revised over the coming four to five years as the College establishes its clientele.
- A motion was brought forth to approve the competency profiles as are in principle to be taken to statutory consultations. The motion was carried unanimously.

### **NEW BUSINESS**

A motion was brought forward to do further research into the area of RMHT practice, determining the scope of practice, tasks, work and job profiles of those who identify more with that designation, etc. and that a report be brought before Council in the spring.

A discussion ensued. Some Council members felt that this motion would bring back the question of change of titles which had been deferred earlier on. Others felt that such a big project would take away valuable time and resources from important tasks that lay ahead. Yet other members felt frustrated by the lack of clarity of the differences of the field and that important questions like that keep being deferred or ignored due to time restraints.

It was clarified that the aim of the motion had been to increase clarity on the area of RMHTs and it was finally decided to include more specific questions and possibly a different way of comparing competencies in the public consultations to allow for more clarity for respondents and more specific input.

Another short discussion ensued over the use of the word "aboriginal". It was mentioned that the native community would prefer to be referred to as "indigenous"; however, it was pointed out that that may create problems on the legal level as "indigenous" could also refer to traditional practices of other cultures. In the end it was decided to take that concern to the Ministry for their input.

## **CLOSING**

After the closing comments, the meeting was adjourned. The next meeting will be held on Friday, Jan. 20<sup>th</sup>, 2012.

### Disclaimer:

The notes in this document are **not** official minutes. The author does not claim the content to be 100% correct or to express the intent of the discussions perfectly. These is purely the notes of the meeting as understood by the author from her position as silent observer.

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