

Annual Report 2011 - 2012



Transitional Council
College of Registered Psychotherapists
and Registered Mental Health Therapists of Ontario

Conseil transitoire
Ordre des psychothérapeutes autorisés
et des thérapeutes autorisés en santé mentale de l'Ontario

Objects of the College

REGULATED HEALTH PROFESSIONS ACT (RHPA) OBJECTS*

3. (1) The College has the following objects:

1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the *Regulated Health Professions Act, 1991* and the regulations and by-laws.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.
- 4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.
5. To develop, establish and maintain standards of professional ethics for the members.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the *Regulated Health Professions Act, 1991*.
7. To administer the health profession Act, this Code and the *Regulated Health Professions Act, 1991* as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
9. To promote interprofessional collaboration with other health profession colleges.
10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
11. Any other objects relating to human health care that the Council considers desirable. 1991, c. 18, Sched. 2, s. 3 (1); 2007, c. 10, Sched. M, s. 18; 2009, c. 26, s. 24 (11).

Duty

3. (2) In carrying out its objects, the College has a duty to serve and protect the public interest. 1991, c. 18, Sched. 2, s. 3 (2).

* Objects apply to all health regulatory colleges.

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Code of Ethics

“I am particularly proud of this document, which was a truly collaborative effort of the committee, Council, staff and stakeholders.”

Kevin VanDerZwet Stafford, Chair
Quality Assurance Committee

As a member of the College of Registered Psychotherapists and Registered Mental Health Therapists, I strive to practise safely, effectively and ethically, and to uphold the following principles:

Autonomy & Dignity of All Persons

To respect diversity, and the dignity and rights of all persons; to reject all forms of harassment and abuse; and to maintain appropriate therapeutic boundaries at all times.

Excellence in Professional Practice

To work in the best interests of clients; to work within my abilities and competencies; and to pursue personal and professional growth throughout my career.

Integrity

To openly inform clients about options, potential risks and benefits of professional services; to recognize and strive to challenge my own professional and personal biases; and to consult on ethical dilemmas.

Justice

To stand against oppression and discrimination, and strive to support justice and fairness in my professional and personal dealings.

Responsible Citizenship

To participate in my community as a responsible citizen, always mindful of my role as a trusted professional; and to consult on potential conflicts-of-interest and other personal-professional challenges.

Responsible Research

To conduct only such research as potentially benefits society, and to do so safely, ethically and with the informed consent of all participants.

Support for Colleagues

To respect colleagues, co-workers, students, and members of other disciplines; to supervise responsibly; to work collaboratively; and to inspire others to excellence.

Mission

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

Vision

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

President's Message



BUILDING A HOME

In 2009, we were handed a sacred plot of land – the *Psychotherapy Act, 2007* – and directed by the Government of Ontario to build a home upon it... a 'habitat for humanity,' one might say.

In our first year of existence, November 2009 – March 2010, we began by educating ourselves: for whom were we building this home; what was required to build a self-regulatory College; and of course, what was our vision?

We spent the second year, 2010 – 2011, working arduously on the development of floor plans, consulting extensively with all who might consider residing with us, drawing on expertise independent of the knowledge and wisdom proffered at our Council table. We listened carefully and thoughtfully to many ideas, suggestions and concerns on how wide the portals should be, how drafty the windows were, and how many rooms we really needed.

Blueprint in hand

And now, at the conclusion of our third year of work, 2011 – 2012, we are bringing our vision to life; we have blueprints in hand but, as with any construction, there are the inevitable adjustments and delays that momentarily thwart the excitement and dampen the spirit.

Our third year has seen the completion of a series of town hall meetings, broad stakeholder consultation, and rigorous deliberation and revision of the draft Registration, Misconduct, and Quality Assurance Regulations, with submission of this extensive work to the Ministry of Health and Long-Term Care (MOHLTC) in January, 2012.

We made enormous effort to find resolution to every concern expressed to us, and to embrace the opportunity to do some common things in an uncommon way.

The Competency Profiles for Registered Psychotherapists (RPs) and Registered Mental Health Therapists (RMHTS) were developed, the Educational Framework and PLAR Task Groups established, and a considerable amount of rigorous work undertaken and accomplished. We continue, at every turn, to clarify, comprehend and confirm just who will reside in this house with us.

Our Code of Ethics, now approved, remains essential and inspirational to us all. But how monumentally complex this construction is! "Out of clutter, find simplicity," Albert Einstein once said, "from discord, find harmony; in the middle of difficulty, lies opportunity." We have done just that.

As leaders, we have embraced change, reflected most prominently in the last quarter of this past year.

Leadership with integrity

In January, 2012, I was privileged to be elected unanimously to the position of President of the Council, and as such, have reflected considerably on leadership. Leadership with integrity welcomes the importance of deliberation and debate, encourages the contrarian to take a risk in the expression of new ideas, and listens intently, in order to understand the critical next step.

"We made enormous effort to find resolution to every concern expressed to us."

Carol Cowan-Levine, President



(Presidents Message cont'd...)

Leadership requires perseverance, determination, creativity, high and resolute courage, and, of course, vision – and every Council member has contributed to that leadership.

Change has not only been reflected in the role of President, but in the membership of our Executive Committee, and throughout the entire organization, as well.

The transitional Council is soon to become a direct transfer payment agency of MOHLTC, necessitating the development of the infrastructure needed to manage the financial operations of our organization.

And Council, too, has changed. We are no longer simply a group of 15 individual appointees, seemingly respectful of one another's differences, yet guarded; polite and collaborative when required, yet often tentative or cautious in the full expression of ourselves, our beliefs and our wisdom. We have coalesced and come together as a cohesive whole, ever mindful of the importance of independent thinking, and valuing the distinct contribution of each individual member.

Excellence, fairness, responsiveness

We have met the challenge that faces every new organization – to build a feeling of oneness, to foster an interdependence on one another, and to establish a solid sense of trust in our collective wisdom. The solidarity of Council is both profound and gratifying. Only now, can we move forward with confidence that we can become a self-regulatory College – and deliver on our mission and vision to regulate the profession in the public interest, always striving for excellence, fairness and responsiveness, among other important goals.

The journey thus far has been difficult, perhaps at times, even treacherous in securing the critical, delicate balance. But, to paraphrase Martin Luther King Jr., "The ultimate measure of an organization is not where it stands in moments of comfort and convenience, but where it stands in times of challenge and controversy." And we stand tall!

We stand with the utmost respect at the portals of our new home... and I thank each of my fellow Council members for bringing us to this place.

**Executive Committee
April 2011 – January 2012**

Julius Nathoo
President

Carol Cowan-Levine
Vice President

Philip McKenna

Kevin VanDerZwet Stafford

Thomas Wall

**Executive Committee
January 2012 – March 2013**

Carol Cowan-Levine
President

Jack Ferrari
Vice President

Linda Ann Daly

Philip McKenna

Kevin VanDerZwet Stafford

Registrar's Message



PIONEERING REGISTRATION MODEL

2011 – 2012 was a critical year in the evolution of the new College. Not only were the three regulations required for proclamation of the *Psychotherapy Act, 2007*, finalized and submitted to government for review, but the Council showed its strength (and resilience) by making some tough decisions.

In the previous year, a major challenge had been to determine how the titles, Registered Psychotherapist (RP) and Registered Mental Health Therapist (RMHT) would be used, including developing broad descriptions for each category. This was a challenge in itself, as government had not provided any direction on how the titles should be employed, or the kinds of therapists who should be included in each category.

By April 2011, that work had been completed, a coherent 'picture' of each category had taken shape, and draft registration requirements crafted. As many observers will know, the transitional Council had been strongly encouraged by the Ministry of Health and Long-Term Care (MOHLTC) and others, to adopt a competency-based registration model, rather than relying on a specific educational credential. Some interpreted this to mean that *no* credential of any kind would be required. Others disagreed with the basic concept and insisted that a master's degree should be required for registered psychotherapists.

No specific credential

The model adopted by Council is multi-faceted: for both categories there's a flexible education requirement (but not a specific credential); a clinical practice requirement (practicum or client contact hours); a competency-based registration exam; and completion of a Professional Practice & Jurisprudence learning module / exam. This approach allows candidates to demonstrate their readiness for entry-to-practice in several ways, rather than relying on a single credential, such as a specific degree from an accredited university program.

Some critics insist that the draft education requirements are too low – but we must respectfully disagree. For registered psychotherapists, the minimum 360 hours of course content in psychotherapy at the graduate level is equivalent to university master's programs in counselling (to our knowledge, there are no master's programs in psychotherapy). In addition, the College will require 450 direct client contact hours and 100 hours of clinical supervision (plus another 550 client hours and 50 clinical supervision hours, for independent practice). This is a high standard indeed; it is one that emphasizes clinical preparedness, in addition to classroom learning.

For registered mental health therapists, the requirement of a two-year diploma in a field related to the scope of practice of psychotherapy, which includes at least 180 hours of content related to the practise of psychotherapy, in addition to other course content (such as addiction counselling or child and youth services) is a minimum standard. We anticipate that many applicants will, in fact, be university graduates who have completed further career training at the college level in an applied field.

“Some critics insist that the draft education requirements are too low – but we must respectfully disagree.”

Joyce Rowlands, Registrar



(Registrar's Message cont'd...)

A high standard

The requirement for RMHTs to have completed a 900 hour practicum (in addition to classroom hours) is considered a very high standard – one that few programs currently meet. In addition, RMHTs will not be eligible for independent practice until they've been registered for at least three years, and have completed 1,000 direct client contact hours and 150 hours of clinical supervision – again, a very high standard.

At the outset of this process, there were some who despaired of the task ahead – the seemingly impossible task of balancing diverse and competing interests. Yet, Council has done exactly that – created what we believe to be a pioneering registration model, one that is flexible but sets high competency standards for entry-to-practice.

Registered Psychotherapists

- ✦ Main focus of practice is psychotherapy
- ✦ Provide one-to-one, couple and / or group therapy
- ✦ Therapy often extends for long periods (months or years)
- ✦ Often self-employed (in private practice)
- ✦ Intensive training / education in psychotherapy

Registered Mental Health Therapists

- ✦ Psychotherapy is *part* of what they do (or is interwoven in much of what they do)
- ✦ Provide a range of services, including forms of counselling that would not be considered psychotherapy
- ✦ Generally provide therapeutic interventions of shorter duration
- ✦ Mainly work in agencies / other supervised settings
- ✦ Educated / trained in another human services discipline (addiction counselling, child & youth services, justice services, etc.)

Committee Reports



QUALITY ASSURANCE COMMITTEE

It was a very busy year for the Professional Practice Committee, which formally changed its name to the Quality Assurance Committee (QAC) in January 2012. The QAC achieved a major milestone in December 2011, with Council's unanimous approval of both the Professional Misconduct and the Quality Assurance Regulations. Passage of the two regulations came after lengthy and meticulous reviews by the committee. I had the pleasure of presenting both regulations during public and stakeholder meetings in London, Ottawa, Sudbury and Toronto. Feedback received during the consultation phase and subsequent written submissions was both constructive and helpful to the committee in revising and fine-tuning the regulations.

The QAC achieved another milestone in November when Council unanimously approved the Code of Ethics. I am particularly proud of this document, which was a truly collaborative effort of the committee, Council, staff and stakeholders. The result is a concise document that is easy to read, and designed to inspire future members toward professional excellence.

Having submitted the two regulations to the Ministry of Health and Long-Term Care, the committee turned its attention to other projects, including:

Development of a Jurisprudence Handbook (JPH) and a bank of related questions. The JPH provides information, scenarios, and practice questions on the legal and ethical frameworks that RPs and RMHTs must be familiar with, in order to practice their respective professions safely. The JPH will be used to support the development of an online learning / testing module, a registration requirement for all future members.

Selection of developer for the Jurisprudence e-Learning Module. An Ottawa-based firm has been contracted to work with three transitional Councils (the Homeopaths, Kinesiologists and ourselves) in the design, development and technical support of the module, which must be in place for the pre-registration of future members; and

Beginning the task of drafting standards & guidelines, and other information pieces that will be used to support the legislation and regulations. The committee has tentatively identified six priority areas for development into a "Professional Practice Standards & Guidelines" document, including record-keeping, conflict-of-interest, use of titles, advertising, supervision, and electronic practice.

I am very grateful to the work of the Committee and the tremendous support that we have received from staff and Council. I look forward to the work and challenges that lie ahead, as we move ever closer to the completion of our transitional work.

Kevin VanDerZwet Stafford, Chair

Quality Assurance Committee* members:

Carol Cowan-Levine

Bikram DasGupta

Jack Ferrari

Banakonda Kennedy-Kish

Irene Keroglidis

Julius Nathoo

Tom O'Connor

Kevin VanDerZwet Stafford
Chair

*Formerly the Professional Practice Committee



COMPETENCY PROFILES TASK GROUP

The Competency Profiles Task Group, comprised of Council members and educators, was appointed in early 2011 and continued its work throughout the year. Its mandate was to develop two Competency Profiles – one for Registered Psychotherapists (RPs) and one for Registered Mental Health Therapists (RMHTs), for eventual approval by the transitional Council.

Working with an outside consulting group, the TG opted to use, as a starting point for its work, a competency profile developed by the Ontario Coalition of Mental Health Professionals. In September, two sets of draft entry-to-practice competencies were developed and circulated to stakeholders in an online survey. Subsequently, five focus groups and nine key informant interviews were conducted to explore areas where stakeholders expressed particular concerns.

Stakeholder feedback was reviewed using a set of decision-making criteria. The outcome was that all competencies were retained, no new competencies were added, and some were modified. From January to March 2012, statutory consultation took place for 60 days, followed by a review of all feedback.

Additional principles that guided the review of the draft entry-to-practice Competency Profiles were:

- Public protection;
- Broad applicability: each competency applies to all practitioners in the profession;
- Specificity: the competency is specific enough that individual practitioners see their practice encompassed by the competency, but not so specific as to limit its broad applicability;
- Consistency with draft regulations;
- Consistency with criteria for self-regulation developed by the Health Professions Regulatory Advisory Council (HPRAC), and Objects for all health regulatory colleges, as set out in the *Regulated Health Professions Act* (RHPA), including interprofessional collaboration.

Council unanimously approved both Competency Profiles at its March 30th meeting. The profiles are posted on the transitional Council's website.

Linda Ann Daly, Chair

Competency Profiles Task Group members:

Linda Ann Daly
Chair

Pat DeYoung

Jack Ferrari

Philip McKenna

Tom O'Connor

Kevin VanDerZwet Stafford

Committee Reports



REGISTRATION COMMITTEE

2011 – 2012 was a year of intense work for the Registration Committee, focused almost exclusively on further development of the draft Registration Regulation, including several rounds of stakeholder consultation, and culminating in submission of the final draft to the Ministry of Health and Long-Term Care, in January, 2012.

The committee met six times to tackle many complex and thorny issues, and to work its way through differing viewpoints – until arriving at common ground, and ultimately, consensus. The Registration Regulation follows a balanced approach that will accommodate applicants from diverse education and training backgrounds, and provide the flexibility needed for a newly regulated profession.

Our first major activity was completion of stakeholder ‘town hall’ meetings and revision of the draft regulation based on the feedback we received. In particular, we heard from groups that were concerned about the *currency* requirement and the *in Ontario* practice requirement for grandparenting applicants, as well as concerns about the “student” category, as then defined. In addition, questions were raised about what constituted “practice hours.” All these concerns resulted in revisions to the regulation.

Thorny issue

The biggest and thorniest issue centred on education requirements. We heard ‘loud and clear’ that some groups (and individual practitioners) were very unhappy that a master’s degree would not be required for Registered Psychotherapists. We struggled with this, and came as close as we thought possible, by stipulating that applicants must have completed a program requiring an undergraduate degree for admission – in effect, a *master’s-level* program (or equivalent).

Others stakeholders felt that the education requirement for Registered Mental Health Therapists was too low. We wrestled with this too and made some adjustments, particularly with respect to independent practice for RMHTs, keeping in mind the realities of those most likely to become members in this category.

Other work included establishing three task groups: the Education Framework TG; the Prior Learning & Recognition (PLAR) TG; and the Competency Profiles TG, the latter formed jointly with representatives of the Professional Practice Committee, now renamed the Quality Assurance Committee.

Modality-neutral assessment tool

In addition, work continued on a National Assessment Tool, a project funded by a federal grant from Human Resources and Skills Development Canada (HRSDC). The goal is to develop a sophisticated, modality-neutral, competency-based assessment tool for psychotherapists (and clinical counsellors) in both English and French. Assuming it meets our regulatory requirements, we expect to use this ‘tool’ as our registration examination (two versions, one for RPs, another for RMHTs).

In the coming year, we will build on the foundation set by the Registration Regulation. Specifically, our attention will turn to development of registration processes, policies and capacity, in order to ensure we are ready to process applications for membership when the remaining provisions of the *Psychotherapy Act, 2007* are proclaimed. It promises to be another challenging year!

Pat DeYoung, Chair

“The Registration Regulation follows a balanced approach... and [will] provide the flexibility needed for a newly regulated profession.”

Pat DeYoung, Chair
Registration Committee

Registration Committee members:

Heidi Ahonen

Barbara Anschuetz

Carol Cowan-Levine

Linda Ann Daly

Pat DeYoung
Chair

Annette Dekker

Philip McKenna

Julius Nathoo

Thomas Wall



Education Framework Task Group members:

Carol Cowan-Levine
Chair

Annette Dekker

Pat DeYoung

Banakonda Kennedy-Kish

Philip McKenna

Julius Nathoo

Prior Learning Assessment & Recognition Task Group members:

Heidi Ahonen

Barbara Anschuetz
Chair

Linda Ann Daly

Pat DeYoung

Banakonda Kennedy-Kish

Julius Nathoo

Thomas Wall

EDUCATION FRAMEWORK TASK GROUP

The Education Framework Task Group was established in the fall 2011 as a sub-committee of Registration Committee. Its task is large and challenging: namely, to develop the criteria and processes – the framework – for reviewing and recognizing education and training programs that prepare students with identified entry-to-practice competencies.

Leveraging accreditation best practices but deliberately choosing a ‘softer’ approach, the framework will be used to build a list of recognized education and training programs. This will assist the College in streamlining the application process and developing efficient and effective registration procedures.

By March 2012, the first draft of the *Framework for Reviewing and Recognizing Education and Training Programs* – written primarily by Task Group members – had been completed and presented to both Registration Committee and transitional Council. At the same time, a small group of outside reviewers, representing a range of education and training perspectives, was invited to review the materials and provide input.

Understandably, students, educators and curriculum developers are keenly interested in learning more about the framework. The task group is expected to post draft materials on the College website in the summer 2012; meanwhile this important work continues.

Carol Cowan-Levine, Chair

PLAR TASK GROUP

The Prior Learning Assessment and Recognition (PLAR) Task Group has been tasked with developing recommendations on the criteria and processes to be used in assessing and recognizing the knowledge, skills and judgment of practitioners applying for registration via the grandparenting route, as well as for internationally trained practitioners. Officially a sub-committee, the task group will deliver its recommendations to its parent Registration Committee, for subsequent approval by the transitional Council.

A draft Registration Regulation was submitted the Ministry of Health and Long-Term Care in January. It includes a requirement that applicants for ‘grandparenting’ (both psychotherapists and mental health therapists) submit portfolio evidence of an appropriate level of relevant education, training, experience and supervision, as part of the application process.

To assist implementation of this requirement, the task group has developed a multi-modal application process that includes submission of documented portfolio evidence, a written self-assessment and signed declarations. Structured, sample RP and RMHT portfolio applications were piloted with a small group of stakeholders, then revised and presented as draft templates to Council.

A weighted point system will be used to assess “portfolio evidence” with a minimum number of points required in each category, and an overall minimum score.

The next task will be selection of a consultant to assist with the evaluation and further development of the grandparenting criteria and process.

Barbara Anschuetz, Chair

Council Report



YEAR IN REVIEW

April 2011 – Town hall meetings completed Stakeholder consultation meetings were held in Toronto, Ottawa and Sudbury on the draft Registration and Professional Misconduct Regulations (a meeting was also held in London, Ontario in March).

June 2011 – Council members reappointed Twelve of our 15 Council members who were appointed in summer 2009 were reappointed for two-year terms.

July 2011 – Draft regulations circulated Three draft regulations (Registration, Professional Misconduct and Quality Assurance) were circulated for a 60-day statutory consultation period from July – September, inviting stakeholder comment and feedback.

Sept 2011 – Survey on draft Competency Profiles Following an intense period of work over the summer months to develop draft entry-to-practice Competency Profiles for RPs and RMHTs, a web-based survey of future members was conducted on the profiles.

Sept 2011 – Education Framework Task Group established The TG commenced its work to develop the criteria and processes (a “framework”) for reviewing education and training programs.

Oct 2011 – Prior Learning Assessment & Recognition (PLAR) Task Group This TG’s mandate is to develop details of the grandparenting process for registration of established Ontario practitioners in both categories of membership.

Nov 2011 – Code of Ethics approved by Council One of Council’s proudest achievements!

Jan 2012 – Draft regulations submitted to MOHLTC This event marked the culmination of two year’s work by the transitional Council, to develop three draft regulations: Professional Misconduct, Quality Assurance and Registration.

Jan 2012 – Draft Registration Regulation re-circulated Two revisions to the draft regulation were re-circulated for stakeholder comment, along with the draft Competency Profiles.

Feb 2012 – RFP issued for Integrated Database System vendor A project plan and request for proposals (RFP) were developed as part of the process to select a vendor to work with the transitional Council in developing an integrated database system that will accommodate an online registration process, the public register, membership management functions and other College programs, among other functions.

Feb 2012 – RFP issued for an e-Learning Instructional Designer This RFP was designed to attract proposals from interested e-learning firms to help the Council develop an online Jurisprudence & Professional Practice learning module, required of all applicants prior to registration with the College.

Mar 2012 – Administrative ‘disentanglement’ from HealthForceOntario The year ended with an intense round of activity for staff, as it worked to set up various administrative processes, including banking arrangements, financial accounts, HR & payroll, etc., in order to become a direct transfer payment agency of MOHLTC during the remainder of the transitional period.



The transitional Council

Members of the transitional Council were appointed by the Ontario Government in 2009 and 2010 under the *Regulated Health Professions Act, 1991* and the *Psychotherapy Act, 2007*. Those appointed in '09 were reappointed in June 2011 for a two-year term; the others are expected to be reappointed later in 2012. To date, only those provisions of the *Psychotherapy Act* relating to the appointment and operation of the transitional Council, and appointment of the Registrar have been proclaimed.

The transitional Council is accountable to the Minister of Health and Long-Term Care; its mandate is to develop professional standards and regulations, statutory programs such as Quality Assurance, and disciplinary processes to govern psychotherapists and mental health therapists in Ontario. Currently, four staff and 15 Council members are engaged in this work.

When draft regulations for registration, professional misconduct, and quality assurance are approved by the Government of Ontario and proclaimed into law, along with the remaining provisions of the *Psychotherapy Act, 2007*, the new College will begin regulating the profession in Ontario, sustained by the fees of its members. Proclamation is expected in 2014.

MEMBERS OF THE TRANSITIONAL COUNCIL

Heidi Ahonen_____	Kitchener
Barbara Anschuetz_____	Zephyr
Carol Cowan-Levine_____	Toronto
Linda Ann Daly_____	Kingston
Bikram DasGupta_____	Toronto
Annette Dekker_____	Kitchener
Pat DeYoung_____	Toronto
Jack Ferrari_____	London
Banakonda Kennedy-Kish_____	Barrie
Irene Keroglidis_____	Toronto
Philip McKenna_____	Caledon East
Julius Nathoo_____	London
Tom O'Connor_____	Kitchener
Kevin VanDerZwet Stafford_____	Guelph
Thomas Wall_____	Whitby

Financial Statement



FINANCIAL STATEMENT

For the fiscal year April 1, 2011 – March 31, 2012, the transitional Council of the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario was funded solely by the Ontario Ministry of Health and Long-Term Care through one of its agencies, Health Force Ontario.

A Financial Statement (statement of expenditures) for the year ended March 31, 2012 was prepared by independent auditor, Deloitte & Touche LLP, to comply with the reporting requirements of the Ministry, and may not be suitable for other purposes. For this reason, it will not be distributed beyond the transitional Council and the Ministry.

We are pleased to report, however, that transitional Council expenditures for fiscal 2011 – 2012 were well within our approved budget limits. As with all government agencies, we are working hard to constrain our expenditures, and are constantly mindful of the need for financial prudence.

Scope of Practice

The practice of psychotherapy is the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication.

Authorized Act*

In the course of engaging in the practice of psychotherapy, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to treat, by means of psychotherapy technique delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.

*Also known as the Controlled Act.

**Transitional Council
College of Registered Psychotherapists
and Registered Mental Health Therapists of Ontario**

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