

**Board of Directors Meeting In-Person/Zoom Meeting
 March 10, 2023, 1:00 pm (PT)**

Board of Directors:

Stan Belevici, RCIC (Chair)
 John Burke, RCIC (Vice-Chair)
 Marty Baram, RCIC
 Normand Beaudry
 Tim D’Souza
 Richard Dennis, RCIC
 Jennifer Henry
 Ben Rempel
 Jyoti Singh

Management:

John Murray, President & CEO
 Russ Harrington, Chief Operating Officer
 Michael Huynh, Director, Professional Conduct
 Cathy Pappas, Director, Registration
 Beata Pawlowska, Director, Professional Standards, Research, Education & Policy
 Victoria Rumble, Corporate Secretary

Jina Dhothar, Executive Assistant to the President & CEO/Executive Assistant to the COO and Recording Secretary

Peter Christensen, Ministerial Observer, Assistant Director, Social & Temporary Migration Branch, Immigration, Refugees and Citizenship Canada

Guests:

Phil Buckley, Managing Director, Change with Confidence

PROPOSED AGENDA					
#	Time	Topic	Presenter	Purpose	Page No.
1	1:00 pm (5 mins)	Welcome and Introductory Remarks a) Land acknowledgment b) Introductions c) Conflict of Interest Declaration(s)	S. Belevici	Discussion	
2	1:05 pm (5 mins)	Approval of Agenda	S. Belevici	Approval (motion)	1-2
3	1:10 pm (5 mins)	Approval of Consent Agenda a) Previous Minutes – Board of Directors December 1, 2022 b) Finance and Audit Committee - Chair Report i. Summarized Financial Report for FY2023 Q2 ended December 31, 2022 ii. FY2023 Q2 Outlook iii. Amended Signing Officer Policy c) Governance and Nominating Committee - Chair Report d) Independent Complaints Review Officer’s Quarterly Report January 20 2023	S. Belevici	Approval (motion)	3-28

#	Time	Topic	Presenter	Purpose	Page No.
4	1:15 pm (15 mins)	Approval of Disclosure of Incidents of Wrongdoing Policy	T. D'Souza R. Harrington	Approval (motion)	29-33
5	1:40 pm (20 mins)	Approval of Standards of Practice	B. Rempel, B. Pawlowska	Approval (motion)	34-38
6	2:00 pm (20 mins)	Approval of Accreditation Policy	B. Rempel, B. Pawlowska	Approval (motion)	39-47
7	2:20 pm (20 mins)	Approval of Research Policy	B. Rempel, B. Pawlowska	Approval (motion)	48-56
8	2:40 pm (20 mins)	Approval of Licensee Conduct Policy	B. Rempel, B. Pawlowska	Approval (motion)	57-65
9	3:00 pm (20 mins)	Approval of New Competency-Based Entry-to-Practice Exam for RISIAs	B. Rempel, B. Pawlowska	Approval (motion)	66-67
10	3:20 pm (15 mins)	Discussion - Strategic Planning Process and Timetable	S. Belevici, P. Buckley	Discussion	
11	3:35 pm (5 mins)	Information Only <ul style="list-style-type: none"> Next Board Meeting – June 8, 2023, Winnipeg CAPIC NCIC Attendance 	S. Belevici	Discussion	
(Meeting Closed to the Public)					

**Meeting of the Board of Directors
 December 1, 2022, Meeting Minutes
 Toronto, Ontario**

Board of Directors:

Stan Belevici, RCIC (Chair)
 John Burke, RCIC (Vice-Chair)
 Marty Baram, RCIC
 Normand Beaudry
 Tim D'Souza
 Richard Dennis, RCIC
 Jennifer Henry
 Ben Rempel
 Jyoti Singh

Management:

John Murray, President & CEO
 Russ Harrington, Chief Operating Officer
 Michael Huynh, Director, Professional Conduct
 Chris May, Director, Public Affairs and Communications
 Cathy Pappas, Director, Registration
 Beata Pawlowska, Director, PREP
 Joyce Chow Ng, Controller, Finance

Jina Dhothar, Executive Assistant to the President & CEO/Executive Assistant to the COO and Recording Secretary

Alexis Graham, Director, Social and Discretionary Policy and Programs, IRCC, Ministerial Observer

Guests:

Phil Buckley, Managing Director, Change with Confidence
 Victoria Rumble

Regret:

SUMMARY OF RESOLUTIONS AND ACTIONS DISCUSSED

Record of Resolutions

Item #	Agenda Item	Topic	Motion
1	Agenda	RESOLVED THAT the Agenda for the meeting be and is hereby approved.	1
2	Consent Agenda	RESOLVED THAT the Consent Agenda for the meeting be and is hereby approved.	2
3	Appointment of Auditors	RESOLVED THAT Goodman Mintz, LLP, Chartered Professional Accountants, be and are	3

Item #	Agenda Item	Topic	Motion
		hereby reappointed as the auditors of the College for the financial year ending June 30, 2023.	
4	Code of Professional Conduct Interpretation Guide	RESOLVED THAT [1] the Interpretation Guide for the Code of Professional Conduct for College of Immigration and Citizenship Consultants Licensees, in substantially the form presented, be and is hereby approved; and [2] College staff be and are hereby authorized and directed to release the Interpretation Guide to licensees forthwith.	4
5	Strategic Planning Process	RESOLVED THAT [1] The strategic planning process as presented, be and is hereby approved; and [2] College staff be and are hereby authorized and directed to implement such process forthwith.	5
6	Board meeting move in camera	RESOLVED THAT the meeting go in camera at 10:50 am ET.	6
7	Board Motions passed in camera be moved to the open session and the Board resume in open session	RESOLVED THAT [1] All motions passed in camera be and are hereby moved to the open session of the meeting; and [2] The Board meeting move into open session.	7
8	Restricted Net Assets for Professional Conduct	RESOLVED THAT A restricted net asset for Professional Conduct estimated future expenses associated with open Discipline Committee cases as of June 30, 2022, in the amount of \$1.8 million, such amount to be adjusted for the estimated amount at each fiscal year end of June 30th thereafter, be and is hereby approved.	8
9	Adjournment	RESOLVED THAT the meeting be and is hereby adjourned at 11:38 am Eastern Time (ET).	9

The Board convened in open session at 10:31 am, ET.

The Chair acknowledged that the land on which they gathered is part of the traditional territory of many nations, including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples, and is now home to many diverse First Nations, Inuit and Métis peoples. He also acknowledged that Toronto is covered by Treaty 13 with the Mississaugas of the Credit.

1. BUSINESS

a) Call to Order

The Chair declared a quorum to be present and the meeting to be duly constituted for the transaction of business at 10:31 am ET.

With the consent of the meeting, J. Dhoother acted as Recording Secretary of the meeting.

b) Conflict of Interest Declaration

The Chair asked for declarations of conflict of interest regarding agenda items. None declared.

AGENDA

Moved by M. Baram, seconded by J. Burke:

RESOLVED THAT the Agenda for the meeting be and is hereby approved as presented.

CARRIED

2. CONSENT AGENDA

Moved by R. Dennis, seconded by T. D'Souza:

RESOLVED THAT the Consent Agenda for the meeting be and is hereby approved.

CARRIED

3. APPOINTMENT OF AUDITORS

T. D'Souza advised the By-law requires the appointment of Auditors for the College. The Finance and Audit Committee (FAC) recommends that the current auditors, Goodman Mintz, LLP, be re-appointed as the Public Accountants of the College for FY2023.

Moved by J. Burke, seconded by J. Henry:

RESOLVED THAT Goodman Mintz, LLP, Chartered Professional Accountants, be and are hereby reappointed as the auditors of the College for the financial year ending June 30, 2023.

CARRIED

4. CODE OF PROFESSIONAL CONDUCT INTERPRETATION GUIDE

B. Rempel, Chair of the Governance and Nominating Committee (GNC) advised the Board that the College has developed a draft Interpretation Guide for the Code of Professional Conduct for College of Immigration and Citizenship Consultants Licensees (Code).

Moved by N. Beaudry, seconded by R. Dennis:

RESOLVED THAT

[1] the Interpretation Guide for the Code of Professional Conduct for College of Immigration and Citizenship Consultants Licensees, in substantially the form presented, be and is hereby approved;

Moved by T. D'Souza, seconded by J. Burke:

RESOLVED THAT

[2] College staff be and are hereby authorized and directed to release the Interpretation Guide to licensees forthwith.

CARRIED

5. ICRO QUARTERLY REPORT

Pursuant to the By-laws, the Independent Complaints Review Officer ("ICRO") must provide quarterly reports to the Board. This report must include:

- the number of reviews requested, the number of reviews concluded, and the number of reviews still active at the end of each quarter, together with the outcome of each concluded review; and
- an assessment of the manner in which the College handled the complaints reviewed, including any trends or concerns, and recommendations regarding the improvement of College processes.

M. Huynh, Director, Professional Conduct, reviewed the ICRO's recommendations for improvements to the College's complaints processes and the responses of the College thereto.

6. STRATEGIC PLANNING PROCESS

J. Murray noted that the Board had agreed at the June 2022 meeting that they would undertake strategic planning with a view to having a refreshed strategic plan and supporting budget in place for the start of the College's next fiscal year.

J. Murray introduced Phil Buckley, Founder and Managing Director of Change with Confidence, who has agreed to assist the College with the Strategic Planning process. P.

Buckley reviewed strategic planning methodologies and proposed a multi-step process to assist the Board in developing a new strategic plan for the College, to be effective as of July 1, 2023.

Moved by M. Baram, seconded by J. Burke:

RESOLVED THAT

[1] The strategic planning process as presented, be and is hereby approved; and

[2] College staff be and are hereby authorized and directed to implement such process forthwith.

CARRIED

MEETING CLOSED TO THE PUBLIC (IN-CAMERA SESSION)

7. IN-CAMERA SESSION

Moved by J. Burke, seconded by R. Dennis:

RESOLVED THAT the meeting go in camera at 10:50 am ET

IN-CAMERA SESSION MOTIONS

Moved by T. D'Souza, seconded by M. Baram:

RESOLVED THAT

[1] All motions passed in camera be and are hereby moved to the open session of the meeting; and

[2] The Board meeting move into open session.

CARRIED

The Chair noted that the following resolution was passed during the in-camera session:

Moved by J. Burke, seconded by J. Singh:

RESOLVED THAT a restricted net asset for Professional Conduct estimated future expenses associated with open Discipline Committee cases as of June 30, 2022, in the amount of \$1.8 million, such amount to be adjusted for the estimated amount at each fiscal year end of June 30th thereafter, be and is hereby approved.

8. NEXT MEETING AND ADJOURNMENT

The next meeting will be held in-person/Zoom on March 9 & 10, 2023, in Vancouver B.C.

Moved by N. Beaudry, seconded by B. Rempel:

RESOLVED THAT the meeting be and is hereby adjourned at 11:38 am, ET.

CARRIED

S. Belevici, RCIC
Chair

J. Dhothar
Recording Secretary

MEMORANDUM

To: **Board of Directors**
From: **Tim D’Souza, Chair, Finance and Audit Committee (FAC)**
Re: **Agenda item 3b – Report on the FAC meeting on February 22, 2023**
Date: March 10, 2023

Summary

The Finance and Audit Committee (FAC) met on February 22, 2023 to review the internal financial statements for the second quarter ended December 31, 2022 and the Investment Report in addition to items scheduled in the FAC Workplan.

Requested Action

This memorandum is for the information of Directors only. Specific FAC proposal requiring Board approval have been included on the Board Meeting Agenda under agenda item 4.

Discussion/Analysis

The following topics were discussed during the FAC meeting on February 22, 2023:

Investment Report as of December 31, 2022 – The Committee accepted the report as presented.

Internal Financial Statements for FY2023 Q2 ended December 31, 2022 and FY2023 Q2 Outlook – Management presented, and the Committee discussed and accepted the reports as presented.

FY2023 Audit Plan – Lynn Stivaletti, audit partner from Goodman Mintz LLP, presented the audit plan for the upcoming audit for FY2023. The Committee discussed and accepted the plan as presented.

Signing Officer Policy – Management presented the amended policy with minor changes to reflect staff titles, and the Committee discussed and recommended the approval from the Board in the next meeting on March 10, 2023.

Disclosure of Incidents of Wrongdoing Policy – Management presented, and the Committee discussed and recommended the approval from the Board in the next meeting on March 10, 2023.

Risk Register – Management presented, and the Committee discussed and accepted the report as presented.

Attachments:

- **Summarized Financial Report for FY2023 Q2 ended December 31, 2022**
- **FY2023 Q2 Outlook**
- **Amended Signing Officer Policy**

Summarized Financial Report for FY2023 Q2 ended December 31, 2022

Summarized statements of operations for the second quarter ended December 31, 2022 compared with the budget is presented as follows:

Summarized Statement of Operations Period ended December 31, 2022	YTD Actual	YTD Budget	Variance over (Under) Budget	Annual Budget
Total Revenue	12,028,971	11,065,166	963,805	21,702,002
Total Expense	8,131,414	10,967,633	(2,836,219)	21,172,918
Excess of Revenue Over Expenses	\$ 3,897,557	\$ 97,533	\$ 3,800,024	\$ 529,084

Highlights:

- Revenue exceeded budget due to:
 - More candidates having written the RCIC EPE, RISIA EPE and Specialization exam than budgeted.
 - More enrollments in Specialization Program than budgeted.
 - The launch of the Mentoring Program: this new revenue stream was unbudgeted.
 - Late payment fees charged on a higher than anticipated volume of fees that remained unpaid after 30 days.
 - Higher interest income realized on guaranteed investment certificates (GICs) and interest-bearing chequing account due to increased Bank of Canada bank rates.
- Expense was under budget mainly due to timing of realization. Many activities ramped up during the last two quarters of the fiscal year.

A summarized Statement of Financial Position as of December 31, 2022 compared with June 30, 2022 is presented as follows:

Summarized Statement of Financial Position	December 31, 2022	June 30, 2022	Increase (Decrease)
Total Assets	30,066,091	21,873,610	8,192,482
Total Liabilities	5,384,457	1,089,532	4,294,925
Total Net Assets	\$ 24,681,634	\$ 20,784,077	\$ 3,897,557

Highlights:

- Assets increased due to inflow of cash from annual renewal which was invested in short-term investments.
- Liabilities increased due to receipts of annual renewal fees which are recorded as a liability under deferred revenue. Deferred revenue is recognized as revenue on a monthly basis throughout the fiscal year.

A summary of investments as of December 31, 2022 is presented as follows:

	Principal	Rate	Maturity date
Desjardins – Term Deposit Certificates			
Certificate #401422	1,073,438	4.60%	27-Sep-23
Total Desjardins	\$ 1,073,438		
CIBC GICs			
Non-Redeemable GIC 0051	1,000,000	4.60%	14-Jul-23
Non-Redeemable GIC 0078	1,000,000	4.60%	14-Jul-23
Non-Redeemable GIC 0086	1,000,000	4.60%	14-Jul-23
Non-Redeemable GIC 0094	1,000,000	4.60%	14-Jul-23
Total CIBC	\$ 4,000,000		
RBC GICs			
Non-Redeemable GIC 100189283-0008	501,603	1.06%	17-Jan-23
Non-Redeemable GIC 180175017-019	501,750	2.39%	07-Apr-23
Non-Redeemable GIC 180175017-021	800,000	2.79%	03-Jun-23
Non-Redeemable GIC 180175017-022	1,004,142	2.79%	06-Jun-23
Non-Redeemable GIC 180175017-023	1,000,000	3.57%	06-Jul-23
Non-Redeemable GIC 180175017-024	1,000,000	3.57%	06-Jul-23
Non-Redeemable GIC 180175017-025	1,000,000	3.57%	06-Jul-23
Non-Redeemable GIC 180175017-026	1,000,000	3.57%	06-Jul-23
Non-Redeemable GIC 180175017-027	750,000	3.91%	15-Jul-23
Prime-Linked Cashable GIC 180175017-0020	1,000,000	1.70%	03-Jun-23
Prime-Linked Cashable GIC 180175017-0028	600,000	2.45%	26-Jul-23
Prime-Linked Cashable GIC 100189283-0009	704,060	2.45%	31-Aug-23
Prime-Linked Cashable GIC 100189283-0010	100,000	3.50%	05-Dec-23
Total RBC	\$ 9,961,555		
Total Short-term investments	\$15,034,993		

Highlights:

- Total investments were \$15,034,993 as at December 31, 2022.
- Very low investment activity in the second quarter. One GIC matured and was subsequently renewed.
- Total Year-to-date investment interest income earned was \$250,228.

FY2023 Q2 Outlook

EXECUTIVE SUMMARY

The FY2023 Q2 forecast yields an excess of \$3,721,422 revenue over expenses as compared with the budget of \$529,084. The following are the Forecast statements of operations and variance explanation.

Q2 Forecast Statement of Operations for fiscal year ending June 30, 2023

	Q2 Forecast	Budget	Variance over (under) Budget
Revenue			
Annual fees	20,341,837	20,450,702	(108,865)
Examination Fees	1,052,459	649,300	403,159
Mentoring Program	328,893	-	328,893
Interest Income	1,077,845	225,000	852,845
Other Revenue	1,098,892	377,000	721,892
Total Revenue	\$ 23,899,927	\$ 21,702,002	\$ 2,197,925
Expense			
Office of the CEO	2,405,368	2,363,556	41,812
Human Resources	855,914	552,450	303,464
Professional Conduct	3,620,517	3,643,756	(23,239)
Corporate Services	1,714,784	1,925,392	(210,608)
Information Technology	2,779,543	2,366,243	413,300
PREP	3,106,113	3,540,762	(434,649)
Communications and Stakeholder Relations	1,615,798	2,107,902	(492,104)
Registration	2,081,883	2,180,238	(98,355)
Governance, Board and AGM	471,003	581,027	(110,024)
Finance	1,406,034	1,613,092	(207,058)
Amortization of Capital Assets	120,550	296,500	(175,951)
Loss on disposal of Capital Assets	1,000	2,000	(1,000)
Total Expense	\$ 20,178,504	\$ 21,172,918	\$ (994,414)
Excess of revenue over expense	\$ 3,721,422	\$ 529,084	\$ 3,192,338

Variance Explanation for FY2023 Q2 Forecast

Revenue Variance: Total estimated revenue exceeds budget by \$2.2 million.

Annual Fees - \$108,865 under budget

- Growth in licensees reduced compared with the previous two (2) fiscal years. Estimated growth is 3-4%.
- The reconciliation of accounts receivable and licensees' statuses update resulted in cancellation of prior years' invoices which reduced the current year annual fees revenue.

Exam Fees - \$403,159 over budget

- Higher than anticipated exam registrations.
 - RCIC/RISIA entry-to-practice (EPE) – increased as the Immigration and Practitioner Program (IPP) phased out.
 - Specialization exam – increased number of sittings in response to the high demand due to the extension of deadline to July 1, 2023 for compliance with the Specialization Program practice restriction.

Mentoring Program - \$328,893

- New revenue stream not budgeted. Program pilot launched in November 2022.

Interest Income - \$852,845 over budget

- Higher interest income realized due to increase in interest rates on guaranteed investment certificates (GIC) and interest-bearing chequing account.
- Bank rates increased 5 times by 3% since the start of fiscal year up to end of Jan 2023.

Other Revenue - \$721,892 over budget

- \$157,749 over budget – Enforcement of charging late payment fees on invoices when unpaid beyond 30 days after billing.
- \$480,050 over budget – Licensees delayed enrollment in the Specialization Program from an anticipated F2022 to F2023.

Expense Variance: Total estimated expenses below budget by \$1 million. Hiring of 26 positions in progress.

Office of the CEO - \$41,812 over budget

- \$205,364 over budget – Increase of payroll expenses resulted from the transfer of project management employees from Professional Standards, Research, Education and Policy Department (PREP) and new full-time employees (FTEs).
- \$24,681 over budget – unbudgeted access to Information and privacy (ATIP) consulting services to support new compliance requirements.
- \$104,114 under budget – General corporate and government policy legal support lower than budget

- \$55,000 included in budget for elections not required.
- \$25,000 under budget – Crisis management planning will occur in F2024 when the new Director, Communications and Stakeholder Relations, is recruited.

Human Resources - \$303,464 over budget

- \$104,000 over budget – In-person All-Staff Event scheduled in late June (June 28 – June 29).
- \$61,364 – recruitment expenses increased to meet hiring needs.
- \$127,889 – Consulting fees for various initiatives e.g., pay equity, employee engagement survey, health and safety, accessibility, etc.
- \$62,536 – Increased demand on legal advice and support on employment matters.

Professional Conduct - \$23,239 under budget

- \$524,415 under budget - Payroll costs were lower than budgeted due to delay in hiring of budgeted positions. Hiring of four (4) FTEs in progress.
- \$121,771 under budget – External legal services were lower than budgeted. Fewer discipline cases were referred due to time to complete investigations.
- \$88,836 under budget – Investigator and mediator expenses were lower than budgeted due to fewer complaints being processed.
- \$150,044 under budget – Tribunal expenses were lower than budgeted. Higher than anticipated percentage of complaints were settled in the first six (6) months of the fiscal year.
- \$908,880 reduction included in budget for Provision for PC, which now is reported as a restricted net asset.

Corporate Services - \$210,608 under budget

- \$52,984 under budget – Temp help budgeted to support department projects not required.
- \$135,479 under budget - Office rent budgeted for a potential Montreal office combined with estimated building management expenses for the Burlington office both not realized.
- \$20,769 under budget - Miscellaneous consulting expenses for office layout and design for Montreal office not required.
- \$20,819 under budget – New office copiers leases not realized due to delay in office configuration.
- \$27,295 over budget – Increase of insurance premium and enhancement of coverage.

Information Technology - \$413,300 over budget

- \$52,041 under budget – New telephony system on hold.
- \$142,903 under budget – IT Infrastructure costs/cloud resources and software were lower than budgeted due to delay in office build-out.
- \$307,865 under budget – IT software and platforms used by departments were lower than budgeted due to delay or change of plan in deployment.
- \$975,490 over budget – some Enterprise Management System (EMS) development was pulled forward for the launched in November 2023.

Professional Standards, Research, Education and Policy - \$434,649 under budget

- \$429,301 under budget – Payroll costs were lower than budgeted due to delay in hiring of budgeted positions. Hiring of 12 FTEs in progress.

Communications and Stakeholder Relations - \$492,104 under budget

- \$276,942 under budget - Payroll costs were lower than budgeted due to delay in hiring of budgeted positions.
- \$93,064 under budget – Budget unspent on various areas including printing, translations, travel, etc. Pending for direction from new Director when onboard.
- \$115,000 under budget – Branding budget unspent. Pending for direction from new Director when onboard.

Registration - \$98,355 under budget

- \$27,845 over budget – Increase in payroll expenses resulted from hiring more employees to meet the department’s increasing activity.
- \$67,741 over budget – Higher exam registrations resulted in higher exam admin expenses, e.g., proctoring.
- \$200,000 included in budget for compensation fund payment not required while IRCC continues to develop the Regulations.

Governance, Board of Directors (BOD), and Annual General Meeting (AGM) - \$110,024 under budget

- \$176,717 under budget – Lower than budgeted expense in BOD/committee meetings, directors’ fees and travel as in-person meetings started at a later date.
- \$66,693 over budget – Strategic planning process facilitated by Change with Confidence underway.

Finance - \$207,058 under budget

- \$268,518 under budget – Reduction of accounts receivable balances resulted in reversal of allowance in bad debts and bad debts expense.
- \$60,604 over budget – Increase in merchant fees expense as higher volume of credit card transactions for collection of payments from licensees and applicants.

Amortization of Capital Assets - \$175,951 under budget

- Purchase of capital assets lower than budget due to delay in office buildout and construction.

MEMORANDUM

To: **Board of Directors**
From: **Russ Harrington, Chief Operating Officer**
Re: **Agenda item 3b iii – Proposed Amendment to Signing Officer Policy**
Date: March 10, 2023

Summary

The Finance and Audit Committee (FAC) reviewed the updated Signing Officer Policy presented by Management and recommends that it be approved by the Board of Directors.

Requested Action

THAT:

the amended Signing Officer Policy, in substantially the form presented to the Board, be and is hereby approved with immediate effect.

Discussion/Analysis

The current Signing Officer Policy was approved by the Board in June 2021. The following changes are required to reflect current titles of College staff. Changes have been made as follows.

- “Deputy Registrar” has been changed to “Director, Registration.”
- “Director, Public Affairs and Communications” has been changed to “Director, Communications and Stakeholder Relations.”
- The document Number has been assigned in accordance with the Policy Coding System

Attachment:

APPENDIX A – Amended Signing Officer Policy

APPENDIX A

SIGNING OFFICER POLICY

Version: 2023-001
Pending Approval by the Board of Directors, March 10, 2023

Table of Contents

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DRAFT

GUIDING DOCUMENT(S) By-law 2021-2, s. 75.1, 76.1, 77.1, 80.1, 80.2, 80.3 Procurement Policy	DOCUMENT TYPE Internal Governance
ADMINISTRATOR(S) Finance Department	DOCUMENT NUMBER FIN/CEO/POL/003/02
EFFECTIVE DATE March 10, 2023	REVISION DATE February 22, 2023

PURPOSE

This policy specifies the signing authorities for executing legal and financial documents on behalf of the College of Immigration and Citizenship Consultants (the College).

APPLICATION AND SCOPE

This policy applies to the Board of Directors, the President & Chief Executive Officer, and all officers and employees of the College.

DEFINITIONS

Contracts – refers to any agreements, contracts, leases, engagements, purchase orders, invoices or any other document which creates an obligation or legal commitment binding upon the College. [*contrats*]

Finance and Audit Committee (FAC) – refers to the Finance and Audit Committee of the Board of Directors created pursuant to By-law s. 60.1. [*Comité des finances et de la vérification (CFV)*]

Line of Credit – refers to the \$150,000 line of credit maintained by the College with a Canadian Schedule 1 bank. [*ligne de crédit*]

Payments – refers to cheques, drafts, electronic fund transfers, wire payments, letters of credit or any other payment of funds. [*paiements*]

1. POLICY REQUIREMENTS

General

- 1.1** No person shall authorize Payments, Contracts, or borrow monies pursuant to the Line of Credit on behalf of the College unless authorized to do so under this policy.
- 1.2** Any person permitted to authorize Payments, Contracts or borrow monies pursuant to the Line of Credit shall do so only in accordance with this policy.
- 1.3** Any person permitted to authorize Payments or Contracts pursuant to this policy shall ensure that there are supporting documents for such Payments or Contracts to verify compliance with the College's Procurement Policy and other applicable policies and procedures prior to signature.
- 1.4** Any person permitted to authorize Payments or Contracts pursuant to this policy may do so by counterpart and in electronic form.

2. AUTHORIZED SIGNING OFFICERS

- 2.1** Subject to ss. 2.2 and 2.3 below, the following persons are designated as authorized signing officers of the College for the purpose of approving any Payments or Contracts, or borrowing monies pursuant to the Line of Credit on behalf of the College:
 - Chair of the Board of Directors
 - President & Chief Executive Officer
 - Chief Operating Officer
 - Controller
- 2.2** All Payments must be signed by two (2) authorized signing officers of the College.
- 2.3** All borrowings of monies pursuant to the Line of Credit must be authorized by the signatures of two (2) authorized signing officers and reported promptly to the Finance and Audit Committee.
- 2.4** The authority to approve Contracts committing the College to expenditures greater than the approved budgeted amounts is limited to a maximum of \$100,000. For greater clarity, any expenditure not included in an approved budget and above \$100,000 requires specific approval from the Board of Directors. Likewise, any contract with a term extending for more than one (1) year involving foreseeable aggregated expenses of \$200,000 or more that is not included in an approved budget requires specific approval by the Board of Directors.

3. LIMITED SIGNING OFFICERS

3.1 The following persons are designated as limited signing officers of the College:

- Manager, Corporate Services
- Director, Registration
- Director, Professional Standards, Research, Education and Policy
- Director, Professional Conduct
- Director, Communications and Stakeholder Relations

3.2 Limited signing officers are permitted to authorize Contracts committing the College to expenditures within approved budgeted amounts to a maximum of \$10,000. All such Contracts must be co-authorized by a signing officer.

4. FILING DOCUMENTS

4.1 All signed Contracts shall be filed in the Contract registry.

APPENDICES

None

RESOURCES

None

MEMORANDUM

To: **Board of Directors**
From: **Ben Rempel, Chair, Governance and Nominating Committee (GNC)**
Re: **Agenda item 3c – GNC Report**
Date: March 10, 2023

Summary

The Governance and Nominating Committee (GNC) met on January 25, 2023, for a meeting specific to Strategic Planning, with a regular GNC meeting taking place on January 30, 2023.

Requested Action

For the information of Directors only, no action is required. Specific GNC proposals requiring Board approval are included on the Board meeting Agenda under items 5, 6, 7, 8 and 9.

Discussion/Analysis

GNC met on January 30, 2023 and discussed the following items:

- Standards of Practice - See Agenda Item 5
- Accreditation Policy - See Agenda Item 6
- Research Policy - See Agenda Item 7
- Licensee Conduct Policy - See Agenda Item 8
- New Competency-Based Entry-to-Practice (EPE) for RISIAs - See Agenda Item 9

Independent Complaints Review Officer's QUARTERLY REPORT

November 12, 2022 to January 20, 2023

Version: 2023-001
Last Modified: January 19, 2023

Introduction

This is the quarterly report required by Section 5.2 of the Independent Complaints Review Officer ("ICRO") Regulation:

- 5.2 The ICRO shall report to the Council* every quarter of the calendar year:
- (a) statistics that include the number of requests for reviews received in each quarter, the number of reviews concluded in each quarter, the number of reviews still active at the end of each quarter, and the general outcomes of the concluded reviews;
 - (b) a summary of the disposition of the reviews concluded by the ICRO in each quarter, including a summary of any matters referred to the Council, and the reasons for that referral; and
 - (c) an assessment of the Council's handling of complaints, including any trends or concerns, and recommendations regarding improvement of those processes.

This quarterly report ("Report") was to be produced no later than January 20, 2023, in time for College's review this quarter.

As required, this Report is divided into a General Statistics chart, a chart showing the general outcome of reviews concluded, Summary of Disposition of Reviews by ICRO, Assessment of the Handling of Complaints by the College and Recommendations.

Mandate of the ICRO

On receiving a request for review, my role as ICRO is to determine whether the procedures used by the Complaints Committee in its handling of the complaint were fair, and that there were no

* Any references to the Council, and associated terminology, are to be read as references to the College, including the Complaints Committee.

errors in fact or in law. As part of my review, I may also make recommendations on improving the fairness of the complaint procedure and process.

The mandate of the ICRO is set out under section 27 of the By-law, which states in part:

27.3

The ICRO may only review the fairness of the procedure used by the Council or the Complaints Committee to handle the complaint. The ICRO's review will be guided by the accepted principles in the rules and By-laws related to the Complaints and Discipline process. The ICRO cannot review the actual merits of any particular complaint.

27.4

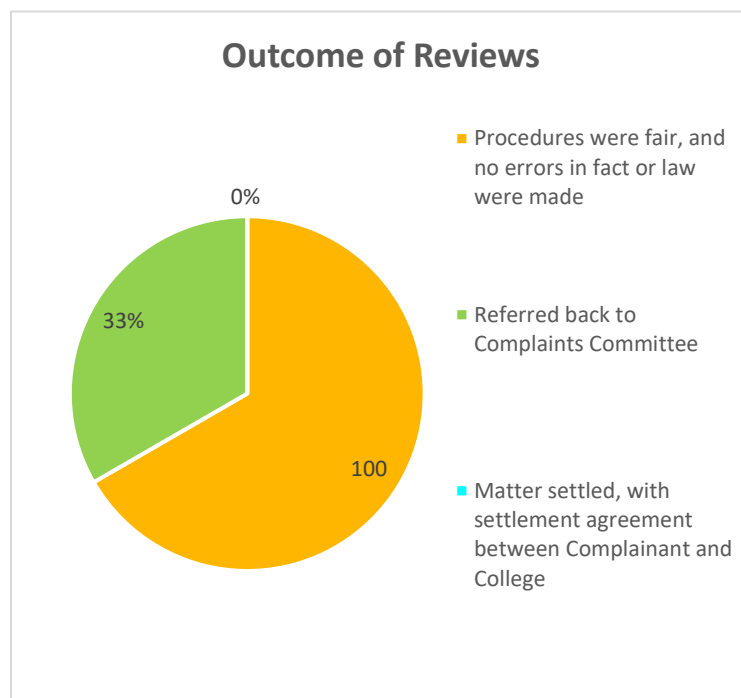
The ICRO will either accept that the procedures were fair or refer the complaint back to the Complaints Committee with a recommendation for further action. During the review, if the ICRO receives fresh information the ICRO considers significant, they may refer that information back to the Complaints Committee for further consideration. Where a matter is referred back to the Complaints Committee the ICRO will direct whether the matter must be considered by a different panel than that which first reviewed the complaint.

As ICRO, I also have the mandate to make recommendations to the College on how to improve its handling of complaints.

General Statistics

During this period, I received one request for a review, concluded three (3) reviews, and issued three (3) decisions.

Requests for Review Received	Reviews Concluded	Active Reviews
1	3	0



General Outcome of Reviews Concluded

In conducting a review, the ICRO may conclude by either accepting that the procedures were fair, or referring the complaint back to the Complaints Committee with a recommendation for further action.

Three (3) reviews were completed, as follows: (i) two (2) decisions confirmed that the procedures were fair, with no errors of fact and law, though recommendations were also made in those two (2) cases to improve the College's handling of complaints; and (ii) one (1) decision resulted in the complaint being sent back to the Complaints Committee with a recommendation that they

prepare a closing letter to properly inform the complainant of the outcome. There were no reviews where a settlement agreement was reached.

Summary of Disposition of Reviews by ICRO

The following is a summary of the disposition of the reviews conducted:

College File no: CCRC 2017.364

Review Received by ICRO: October 11, 2022

Decision Issued by ICRO: November 14, 2022

Disposition: There were no errors in fact or in law, but improvements recommended to complaints procedure and communications with complainant, including advising complainant clearly of scope of mandate of the College.

College File No: CD.2018.088

Review Received by ICRO: October 11, 2022

Decision Issued by ICRO: November 14, 2022

Disposition: No errors in fact or law in the decision to proceed by way of mediation and Voluntary Resolution Program ("VRP") agreement, but sent back so that a separate closing letter can be sent to the complainant. No closing letter found in the complaint file. Improvements recommended on handling of multiple complaints by one complainant against different licensees on related facts, and on the proper closing of the complaint.

College File No.: CD. 2022.442.

Review Received by ICRO: January 3, 2023

Decision Issued by ICRO: January 12, 2023

Disposition: No errors in fact or in law, and decision confirmed.

Summary of Matters Referred to the College and Reasons for Referral

As noted above, one (1) matter was referred back to the Complaints Committee, for the purposes of providing the complainant with a closing letter. There was no evidence in the complaint file that a closing letter had ever being submitted to the complainant, who only found out the result of this complaint through the result of a related complaint.

Assessment of the Handling of Complaints by College and Recommendations

During the period covered by this report, I found no error of fact or law in the disposition of the complaints, but the College failed to follow proper procedure in the closing of one of complaints.

I made recommendations to improve the College's handling of two (2) of the three (3) complaints. The following is a list of the recommendations made by the ICRO during this quarter, all related to the procedural handling of complaints, if the College has not already taken these steps:

- (a) I recommended that where facts raised relate to a single retainer, or incident, and where more than one licensee is involved, that the College create a discretionary procedure where appropriate, whereby the respective complaints about such licensees be joined together for handling, not as a single complaint but as distinct complaints handled together. How closely they are handled together would be at the discretion of the College, as there may be issues of confidentiality as between the licensees.
- (b) In order to comply with the *College of Immigration and Citizenship Consultants Act*, and to maintain or increase the public confidence in the College's regulatory role, the College's communications should keep complainants appropriately apprised at each critical step of the complaint process, and in particular provide the complainant with the required closing letter with reasons.
- (c) The College needs to ensure that its communications with complainants should make clear that it:
 1. has limited ability to assist complainants with the return of funds paid to licensees or issues of damages suffered, except in the context of the licensee agreeing through the VRP, and only in appropriate cases;
 2. strongly encourages complainants who are looking for a return of funds or compensation for damages suffered to look into remedies through the civil court

process, and that this can be done at the same time as pursuing a complaint with the College; and

3. provide a bit more information in its closing letters, and inform complainants in closing letters relating to VRP agreements that although terms of resolution are confidential, the Complaints Committee considered the various concerns raised by the complainant and took appropriate action.

The College's purpose is to regulate immigration and citizenship consultants in the public interest and to protect the public, including by (a) establishing and administering qualification standards, standards of practice and continuing education requirements for licensees; (b) ensuring compliance with the code of professional conduct; and (c) undertaking public awareness activities. The complaints process is part of the College's regulatory activities in ensuring compliance amongst its licensees.

These recommendations are made in the spirit of increasing public confidence in the College, and reducing any anxieties or frustration on the part of both complainants and licensees. Transparency and clear communications about the College's mandate to act in the public interest and protect the public, rather than as advocates of individual complainants, are important to fostering that confidence.

Dated this 20th day of January 2023.

Independent Complaints Review Officer



Lai-King Hum (she/her/elle), ICRO

MEMORANDUM

To: **Board of Directors**
From: **Russ Harrington, Chief Operating Officer**
Re: **Agenda item 4 – Disclosure of Incidents of Wrongdoing Policy**
Date: March 10, 2023

Summary

The Finance and Audit Committee (FAC) recommends approval of the draft Disclosure of Incidents of Wrongdoing Policy

Requested Action

THAT:

the Disclosure of Incidents of Wrongdoing Policy, in substantially the form presented to the Board, be and is hereby approved with immediate effect.

Discussion/Analysis

FAC reviewed the draft Disclosure of Incidents of Wrongdoing Policy presented by management. This new policy outlines the process to be followed in identifying and disclosing incidents of wrongdoing. The policy enhances the By-law, and does not contradict it, for Employees and Temporary Agency staff by providing increased support, direction and protection for Reporters.

The policy outlines the process for reporting and investigating incidents of wrongdoing, dealing with reports made in bad faith, discusses confidentiality, indicates no tolerance for reprisals and provides the procedures for all parties to follow.

Attachment:

APPENDIX A - Draft Disclosure of Incidents of Wrongdoing Policy

APPENDIX A
DISCLOSURE OF INCIDENTS OF WRONGDOING POLICY

GUIDING DOCUMENT(S):

NA

DOCUMENT TYPE:

Internal HR Policy

ADMINISTRATOR(S):

Human Resources

DOCUMENT NUMBER:

HR/POL/01

EFFECTIVE DATE:

TBD

REVISION DATE:

NA

PURPOSE

To outline the process associated with disclosing incidents of Wrongdoing.

APPLICATION AND SCOPE

This policy applies to all Employees and Temporary Agency Staff.

DEFINITIONS

Employee: means a worker who is directly employed by the College under an employment agreement. [*employé*]

Good Faith: means to have a sincere belief or motive without any malice or intention to cause harm. [*bonne foi*]

Reasonable Grounds: means to a belief that a reasonable person would rely on which makes it more likely than not that something is true. [*motifs raisonnables*]

Reporter: means the person who filed the report. [*divulgateur*]

Respondent(s): means the person or person(s) who is/are responsible for the incident of Wrongdoing reported under this policy. [*répondant(s)*]

Temporary Agency Staff: means an individual employed by a temporary staffing agency on a temporary assignment. [*employé d'une agence de recrutement de travailleurs temporaires*]

Wrongdoing: under this policy, this term is used to describe behaviour, gestures or actions that are not compatible with the College’s function as a regulator and purpose of protecting the public interest. Examples of Wrongdoing include, but are not limited to:

- non-compliance with any applicable legislation, Regulations, College By-laws, rules, procedures, or policy, including, but not limited to, the Code of Conduct Policy;
- accounting, auditing or other financial reporting fraud or material misrepresentation of information;
- deliberate, unauthorized manipulation or disclosure of College documents or records;
- unethical business conduct;
- directing or counselling another College Employee to commit any of the above;
- concealment of any of the above. [*acte répréhensible*]

1. POLICY REQUIREMENTS

The College requires Employees and Temporary Agency Staff to observe high standards of business and personal ethics in the conduct of their duties and responsibilities.

2. REPORTING

Employees have an obligation to report suspected or actual incidents of Wrongdoing without delay.

If the incident of Wrongdoing relates to...	Disclosure is made to...
Employees or Temporary Agency Staff	Russ Harrington, Chief Operating Officer rharrington@college-ic.ca
Chief Operating Officer	John Murray, President & CEO jmurray@college-ic.ca
President & CEO	Stanislav (Stan) Belevici, Board Chair sbelevici@college-ic.ca

- 2.1** Reports of suspected or actual incidents of Wrongdoing should be made in writing and include as much detail as possible to enable a thorough investigation, including:
- the name of the person(s) to have committed the Wrongdoing;
 - a description of the incident of Wrongdoing including date(s) and location(s);
 - the names of any witnesses;
 - as much other relevant details as the reporting individual can provide; and
 - the name and contact information of the Reporter providing the information.

2.2 Employees have a duty to collaborate in the investigation of all reports filed pursuant to this policy if required by the College.

3. INVESTIGATION

The recipient of a report of Wrongdoing shall conduct a preliminary assessment to determine whether the report discloses a matter that is covered under this policy. If it does not, the matter will be referred to the proper process or policy, if applicable.

Where the report discloses a matter covered under this policy, an investigation will be conducted by an internal or external investigator. Investigations will be completed in a timely manner and the investigator will conduct each investigation on an impartial basis. The Respondent will be informed of the allegations (but not the identity of the Reporter, unless required by law) and have the right to respond in the context of the investigation.

- 3.1** If an incident of Wrongdoing is addressed in another College policy (e.g., regarding workplace harassment and violence), the investigation may, at the discretion of the College, be conducted in accordance with the terms of that policy.
- 3.2** In determining appropriate action, the College will consider all relevant circumstances, including, but not limited to, the nature and severity of the incident, any relevant history or record of the person(s) involved and the actual or potential impact of the incident.
- 3.3** Reporter(s) and Respondent(s) will be informed in writing as to the outcome of the investigation. If it is determined an Employee and/or Temporary Agency Staff engaged in, or expressed intent to engage in an incident of Wrongdoing, appropriate measures will be taken and may include, but are not limited to:
 - education and training;
 - disciplinary action up to and including termination of employment and/or termination of temporary agency assignment;
 - other appropriate remedial steps or actions in respect of the conduct of the person(s) involved; and
 - notification to appropriate authorities (as required).

4. REPORTS MADE IN BAD FAITH

Reporter(s) filing reports regarding an incident of Wrongdoing must act in Good Faith and have Reasonable Grounds for believing the information disclosed falls within the scope of this policy. Allegations that are proven to be unsubstantiated and to have been made maliciously or based on information known to be false will be viewed as a serious offence. The Reporter(s) may be subject to disciplinary action, up to and including termination of employment and/or termination of temporary agency assignment.

5. CONFIDENTIALITY

Reports filed under this policy, including the name of the Reporter, will be treated as confidential, to the extent possible. Identification of Reporters will only be shared if required by law, as is necessary to conduct the investigation or as necessary respond to matters disclosed in the report and/or investigation.

5.1 All Employees and Temporary Agency Staff are required to keep any information related to reports of Wrongdoings strictly confidential unless otherwise required by law. Breach of confidentiality related to reports of Wrongdoing will be viewed as a serious disciplinary offence and may result in disciplinary action, up to and including termination of employment and/or termination of temporary agency assignment.

6. NO REPRISALS

Reporters, Employees and Temporary Agency Staff who participate in an investigation or provide information relevant to a possible incident of Wrongdoing under this policy have the right to do so without reprisal or threat of reprisal. Reprisals are a violation of this policy and are to be reported as per the procedure below. Anyone found to be engaging in acts of reprisal may be subject to disciplinary action, including termination of employment and/or temporary agency assignment.

7. PROCEDURES

Employees and Temporary Agency Staff are responsible to:

- report actual or suspected incidents of Wrongdoing in writing by completing a Disclosure of Incidents of Wrongdoing Form and forwarding it to the appropriate person, as indicated in this policy.

Supervisors, Managers, and Directors are responsible to (in addition to the above):

- provide Employees with the necessary support to meet their obligations under this policy.

Human Resources is responsible to:

- maintain and enforce this policy.
- provide Employees and Temporary Agency Staff with information and advice regarding the application of the Disclosure of Incidents of Wrongdoing Policy.

RELATED POLICY

- Code of Conduct Policy

EXTERNAL RESOURCES

- NA

MEMORANDUM

To: **Board of Directors**

From: **Beata Pawlowska, Director, Professional Standards, Research, Education and Policy**

Re: **Agenda Item 5 – Standards of Practice**

Date: March 10, 2023

Summary

The Governance and Nominating Committee (GNC) recommends approval of the draft Standards of Practice for RCICs and RISIAs developed by the College.

Requested Action

THAT: the draft Standards of Practice in substantially the form presented to the Board, be and is hereby approved with immediate effect.

Discussion/Analysis

Introduction: Standards of Practice are essential for all self-regulating professions. Developed by consensus, they contain criteria that the profession agrees are “essential” to ensure competent, ethical practice is maintained. Members of the public can access standards documents to understand the essential expectations for practitioners, as well as how self-regulation of the profession works. A standards document is also important for quality management purposes.

Authority: Section 3.1 of By-law 2021-2 (Board Authority) allows the Board to “make Regulations and policies with regard to any matter not inconsistent with provincial and federal legislation or the By-laws of the Council, and in particular may make Regulations and policies pursuant to or in furtherance of the purpose of the Council”.

Section 4(1) of the *Code of Professional Conduct for College of Immigration and Citizenship Consultants Licensees* (Code) requires licensees to “uphold the standards of the profession”.

Background: Regulatory Colleges are mandated by statute to develop, establish, and maintain the standards of a profession. Standards are outcomes-based, not rules-based; they provide clarity about responsibilities; entrusting the individual professional to determine *how* a standard is best met taking into account the considerations of all relevant policies, guidelines and regulations. The *Code of Professional Conduct for the College of Immigration and Citizenship*

Consultants Licensees (the Code), effective as of June 10, 2022, outlines in greater detail the professional conduct and competency required in practice for licensees.

The Professional Standards, Research, Education and Policy (PREP) Department commissioned an external consultant to guide the development and analysis process for drafting a set of professional standards. The plan for the creation of a Standards of Practice document included 11 steps, most of which occurred over 2022. Steps taken included:

- Formation of a project steering committee comprising senior staff representing the Registration, Professional Conduct and PREP Departments; formation of the working group; working group meetings, focus groups, review of literature and relevant documents.
- Issuance by PREP of a licensee survey and invitation to licensees to participate in a working group, or one of several focus groups, to discuss, draft and refine the contents for the College's Standards of Practice across multiple meetings.

Once draft standards were completed, PREP conducted a further College-wide survey to gather and assess feedback on the draft Standards of Practice. The consultant conducted quantitative and qualitative analysis of survey feedback to determine if the response rate was reasonable and to validate licensees' consensus on the draft. The feedback from the College-wide survey will provide guidance in the development of a communications plan for announcing the Standards of Practice in due course.

Consolidated Survey Results

The survey of licensees to obtain feedback on the draft Standards of Practice document and invitations to respond was sent out to all licensees (N = 11,793) on October 4, 20, and 28, 2022. The deadline for responses was Oct 31, 2022, and the survey was formally closed on November 4, 2022. Analysis consisted of descriptive statistics for quantitative data and coding and sorting of qualitative data. The survey (English/French) was completed by 2139 licensees (18.1% of the 11,793 registered licensees).

Approximately 90% of respondents were positive towards the draft Standards of Practice document, rating it a 4 or 5 out of 5 as reflecting practice that is expected. Under 2% of respondents indicated that the standards did not reflect the practice that is expected of licensees.

Approximately 9-10% of respondents indicated that there were standards that should be added, with a similar percentage indicating that there were standards that should be removed. Of the 215 respondents who indicated that there were standards that should be added, 185 provided comments. Of the 174 indicating that there were standards that should be removed, 153 provided comments. Additional comments were provided by 526 respondents. The final data file provided 888 comments, both English and French, for analysis. They were coded and sorted by topic

(N=731) and standard (N=157). No changes were recommended based on the comments that were sorted by topic. Many comments were related to topics that were unrelated to the survey. With respect to the comments that were specific to a particular standard, Standard 14 drew the most, followed closely by Standard 17. Based on these comments, two changes were recommended; one minor wording change to Standard 4 and one moderate change to Standard 18 to remove reference to a regulation.

Draft of Standards of Practice

Professional Practice

1. In all matters the licensee must maintain the standards of practice for the profession and perform their professional obligations honourably and with integrity.
2. A licensee must act in accordance with applicable Canadian federal and provincial laws, including regulations and by-laws, as they relate to the licensee's practice, whether the licensee is within or outside of Canada.
3. A licensee must conduct themselves and carry out their professional practice with honesty and courtesy and must be fair and not discriminate against any person, maintaining both the reputation of the profession and the principle of protecting the public.
4. A licensee must only communicate accurate information about another licensee, the College, or others involved in providing immigration and citizenship services.
5. A licensee must respond appropriately and within a reasonable time to a written inquiry from the College.

Responsibilities to the Client/Entity

6. A licensee must foster and maintain a relationship of trust with the public, including by not taking advantage of their clients' vulnerabilities, cultural norms, values, and beliefs.
7. A licensee has a duty to represent the clients' best interests, bound by the legal and regulatory expectations throughout the Standards of Practice and other College documents, including being committed to their clients' cause and avoiding conflicts of interest.
8. A licensee must maintain professional boundaries with clients, as defined in the Code of Professional Conduct.

9. A licensee must practise only within the scope of their professional and individual competence and within the scope of their specific class of licence.
10. A licensee must maintain their competence throughout their practice.
11. A licensee must maintain the confidentiality of all information in relation to clients, whether current or former, subject to legal and regulatory disclosure requirements. This requirement for confidentiality extends to those who work for or with the licensee.
12. A licensee must provide thorough and timely communication to clients, as described in the Code of Professional Conduct and other College documents.

Accountability to the Profession

13. A licensee must self-report to the College should a situation arise where a licensee is in any of the situations described in the section related to "Mandatory Reporting" in the Code of Professional Conduct.
14. A licensee must notify the College if they are aware that another licensee has engaged in conduct as described in the section on "Conduct of fellow licensee" and "Reportable conduct" in the Code of Professional Conduct.
15. A licensee must supervise and assume all responsibility for all services that are contracted by them or that they assign to any individual who assists them in providing immigration and citizenship services and must ensure that these individuals comply with the *Code of Professional Conduct*.

Business Ethics and Practices

16. A licensee must keep records in accordance with the standards of practice for the profession and the requirements of the College.
17. A licensee must only charge fees that are fair and reasonable, have been discussed with the client, and to which the client has consented in writing.
18. A licensee must adhere to the Code of Professional Conduct and other applicable regulations when withdrawing or terminating services, whether initiated by the licensee or client.

19. A licensee's use of advertising and marketing services must be done in good faith and accurately, truthfully, and fairly present verifiable information to assist a client in deciding whether to engage the services of the licensee.

Note: While the Standards of Practice apply to all licensees of the College, licensees who work for a Designated Learning Institution (DLI) will be exempted from standards 15, 17, 18 in light of their unique operating environment and business model.

MEMORANDUM

To: Board of Directors
From: Beata Pawlowska
Director, Professional Standards, Research, Education and Policy
Re: Agenda Item 6 – Accreditation Policy
Date: March 10, 2023

Summary

The Governance and Nominating Committee (GNC) recommends that the Board of Directors approve the proposed Draft Accreditation Policy.

Requested Action

THAT:

the Draft Accreditation Policy of the College, in substantially the form presented to the Board, be and is hereby approved with immediate effect.

Discussion/Analysis

Authority: By-law 2021-2, section 3.1 - Board Authority - allows the Board to “make Regulations and policies with regard to any matter not inconsistent with provincial and federal legislation or the By-laws of the Council, and in particular may make Regulations and policies pursuant to or in furtherance of the purpose of the Council”.

Background Considerations: The Accreditation Policy provides the process for applicants’ submissions and applies the *Accreditation Framework* previously approved by the Board of Directors. An Accreditation Policy demonstrates transparency and fairness to stakeholders about the application process and timelines. Several institutions have signalled an interest in having their programs recognized by the College.

Proposed Accreditation Policy: A Draft Accreditation Policy is attached to this memorandum as Appendix A. This new policy provides a process to ensure that providers of educational programs and activities intended to assist licensees in meeting their Continuing Professional Development (CPD) requirements meet the identified standards of performance from a quality assurance perspective. Accreditation is a process for formal approval by the College for a provider or an organization to deliver education programs. The accreditation process is designed to be consistent, objective, supportive and evidence-based.

The provider applying for accreditation of education programs must meet the following criteria:

- be a legal entity with a structured administrative framework and appropriate policies and procedures in place;
- address specific expertise in one or more areas of RCIC/RISIA core competencies;
- meet 100% of the accreditation standards and requirements;
- have quality assurance processes in place;
- demonstrate that program development and delivery processes are evidence-based;
- ensure that the learning process includes a learner assessment that is fair, transparent, evidence-based and supported by an effective policy and process; and
- ensure that those facilitating learning have an appropriate level of experience and credentials related to the content they are delivering.

Once a completed application package has been received from the provider, the College will conduct a technical review of the application followed by a full review for those who have met the technical requirements. Initially, an educational program will be accredited for a period of 1 year with extensions or renewals to be granted for up to 5 years provided the provider organization continues to meet the set accreditation standards.

Reasons for Proposed Recommendation(s): A formal Accreditation Policy will provide an efficient and structured process for the College to assess and accredit CPD providers. This will become increasingly necessary as more providers apply to become accredited providers under the CPD Provider Accreditation Framework. This policy will also support the College if an application fee for accreditation is considered in the future and may encourage new institutions and programs to apply for College accreditation.

Attachment:
APPENDIX A – Draft Accreditation Policy

APPENDIX A

ACCREDITATION POLICY

Version: 2023-001
Pending Approval by the Board of Directors; March 10, 2023

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GUIDING DOCUMENT(S) By-law 2021-2, s.3.1 – Board Authority CPD Provider Accreditation Framework Education Program Accreditation Framework	DOCUMENT TYPE External Public-facing
ADMINISTRATOR(S) Professional Standards, Research, Education and Policy (PREP) Department	DOCUMENT NUMBER PREP/EDU/POL/013/01
EFFECTIVE DATE March 2023	REVISION DATE March 2025

PURPOSE

This policy outlines the processes for accrediting Education Programs and Providers based on the standards and requirements set forth in the Accreditation frameworks.

Accreditation frameworks provide a mechanism to ensure that the providers of Education Programs and Continuing Professional Development (CPD) Activities meet the College's identified standards of performance from a quality assurance perspective. The College's Education Program Accreditation Framework for pre-licensing Education Programs aligns with the College's CPD Provider Accreditation Framework for professional development activities; both of which are based on a quality assurance, evidence-based approach.

RATIONALE

The Accreditation process is designed to be consistent, objective, supportive, and evidence-based. Accreditation is granted to provider applicants after documentation that complies with the College's Standards has been provided, reviewed and found to meet the articulated standards of the College. Compliance is determined through evaluation of written documents provided by the provider, a site visit (physical or virtual) and an interview with the College.

APPLICATION AND SCOPE

This policy applies to all Applications for Accreditation, Status renewal and Status extension submitted by providers of Education Programs and CPD Activities.

DEFINITIONS

In this policy, capitalized terms, unless otherwise defined herein, have the same meaning as they do in the By-law and/or Regulations.

Accreditation – refers to the action or process of formal approval by the College for a Provider or an Organization to deliver Accredited educational programming according to the set policy. [*agrément*]

Accreditation Cycle – refers to the duration for which Accreditation Status is valid, upon the condition that Requirement 2.1 of the Accreditation Standards be met on an annual basis, on each anniversary of the Accreditation Status. [*cycle d'agrément*]

Accreditation Status – means that upon conclusion of the full Application process, the College will determine the status of an Education Program or Provider as:

- Accredited;
- Accredited with conditions; or
- Not Accredited. [*statut d'agrément*]

Accredited Program – means a Program accredited by the College or a Program that is offered by a Provider that is accredited by the College. [*programme agréé*]

Application – means the completed documentation submitted by a provider when requesting Accredited status for an Education Program or as an Accredited Provider. [*demande*]

Continuing Professional Development (CPD) – refers to Programs and Activities for licensees to maintain their professional competence. [*formation professionnelle continue (FPC)*]

Education Programs – refers to Programs required by non-licensed individuals as a qualifying requirement to write a College's entry-to-practice exam. [*programmes de formation*]

1. POLICY REQUIREMENTS

Application Criteria

- 1.1 Applicants must be a provider Organization that is a legal entity that exists within a structured administrative framework with appropriate policies and procedures in place to support its success and ensure Program quality. Individuals cannot apply for Accreditation.
- 1.2 A provider may apply for:
 - Accreditation of an Education Program
 - Status as an accredited CPD Provider

2. PROCEDURES

Application Submission

The Accreditation review process is designed to be consistent, objective, supportive, and evidence-based.

- 2.1 Each provider must submit a completed Application package at least three (3) months prior to the start of the Program delivery, or three (3) months prior to a current Accreditation period's expiry date.
- 2.2 The College will conduct a technical review of every Application to confirm all submission requirements are completed and there are no omissions of information. If any deficiencies are identified, the applicant will be notified that the Application has been denied or will be provided with an opportunity to correct and complete the Application by a date specified by the College.
- 2.3 All Applications that have met the requirements of the technical review will be fully reviewed by the College to assess the extent to which the Application meets the Accreditation standards set forth in the applicable Education Program Accreditation Framework or CPD Provider Accreditation Framework. The College will review the validity of the content provided in the submission that include, but are not limited to, Program goals, principles and core competencies of licensees; sufficient number of hours; and staff experience.
- 2.4 Within forty-five (45) days of the full document review, the College will arrange an interview and/or physical/virtual site visit with the Program provider Organization. Upon conclusion of the document review and interview and/or site visit, the College will determine the Accreditation Status and notify the applicant in writing.

3. ACCREDITATION

- 3.1 Following the full review of the Application the College will determine the applicant's submission status as:
- Accredited;
 - Accredited with conditions; or
 - Not accredited.
- 3.2 All College decisions are final.

4. ACCREDITATION CYCLE

- 4.1 Status of "Accredited" is granted for an initial period of 1 year from the stated Accreditation start date.
- 4.2 Subsequent status extensions or renewals may be granted for a period of up to five (5) years, on the condition the provider Organization and/or Program maintains the standards and requirements of the applicable Program Accreditation framework.
- 4.3 Requests for Accreditation extension or renewal under 4.2 must be received by the College no later than 3 months prior to a current Accreditation period's expiry date.

5. AUDIT

- 5.1 The College can perform an audit of a provider and its Programs during the period of its Accreditation Status, renewal or extension for purposes of assessing the compliance with the applicable Accreditation framework standards are being maintained.
- 5.2 Providers may be required to submit new information, update and resubmit information, and/or meet with the College. Results from an audit may result in remedies to meet compliance or a penalty of revoked status.

6. CONFLICT OF INTEREST

- 6.1 Providers with Accredited status will maintain independent control over all aspects of a Program's design, development and quality. Providers with Accredited status must ensure their Program's use or distribution of promotional material, advertisements, direct or indirect sponsorships, financial or in-kind, are not in conflict with the Accreditation standards and do not further their private interests or another person's private interests. The Program Providers will ensure Programs are not used to promote the specific interests, preferences, opinions or positions of the sponsor or any other supporting Organization.

7. SUSPENSION OR REVOCATION OF ACCREDITATION

- 7.1 Should a provider Organization fail to meet, or be unable to continue to meet, 100% of the Accreditation standards and requirements, a review will be conducted and the College may consider any of the following:
- (a) Change the Accreditation Status of a Provider or Program from "Accredited" to "Accredited with conditions"; or
 - (b) Suspend the Accreditation Status until the standards and requirements are met 100%; or
 - (c) Revoke the Accreditation Status.

APPROVAL AND REVIEW

	Details <i>If relevant, add notes to alert readers about the modifications to the document (e.g., updated wording from Council to College)</i>	Approval Authority	Date
Original Approval	N/A	Board of Directors	2023/03/10

MEMORANDUM

To: **Board of Directors**
From: **Beata Pawlowska**
Director, Professional Standards, Research, Education and Policy
Re: **Agenda Item 7: Research Policy**
Date: March 10, 2023

Summary

The Governance and Nominating Committee (GNC) recommends the approval of the draft Research Policy.

Requested Action

THAT:

the draft Research Policy of the College, in substantially the form presented to the Board, be and is hereby approved with immediate effect.

Discussion/Analysis

This is a new policy that applies to all individuals conducting research and scholarly work on behalf of the College. The Research Policy promotes integrity and academic rigour for staff and for commissioned research by the College and provides a process for identifying and addressing allegations of research misconduct.

Authority: By-law 2021-2 section 3.1 - Board Authority - allows the Board to “make Regulations and policies with regard to any matter not inconsistent with provincial and federal legislation or the By-laws of the Council, and in particular may make Regulations and policies pursuant to or in furtherance of the purpose of the Council”.

Background: Research is an integral component of evidence-based decision-making, program, assessment, policy development, reputation growth and the organization’s ability to meet its objectives and mandate.

Reasons for Proposed Recommendation(s): Research integrity requires the College to follow the highest standards of ethical conduct in every aspect of research including proposals, the research itself, reports and publication. A Research Policy provides consistency for internal and external research practices.

Attachment:

APPENDIX A – Draft Research Policy

APPENDIX A RESEARCH POLICY

**Version: 2023-001
Pending Approval by the Board of Directors; March 10, 2023**

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DRAFT

<p>GUIDING DOCUMENT(S)</p> <p>By-law 2021-2, s.3.1 – Board Authority Academic Integrity Policy</p>	<p>DOCUMENT TYPE</p> <p>Internal and External Operational</p>
<p>ADMINISTRATOR(S)</p> <p>Professional Standards, Research, Education and Policy (PREP) Department</p>	<p>DOCUMENT NUMBER</p> <p>PREP/RES/POL/001/01</p>
<p>EFFECTIVE DATE</p> <p>March 2023</p>	<p>REVISION DATE</p> <p>March 2025</p>

PURPOSE

This policy promotes integrity in Research conducted or commissioned by the College and provides a process for addressing allegations of Research Misconduct.

RATIONALE

Research integrity requires the College to follow the highest standards of ethical Conduct in every aspect of Research including proposals, the Research itself, reports and publication.

APPLICATION AND SCOPE

This policy applies to all individuals conducting Research and scholarly work on behalf of the College and whose Conduct and obligations are subject to the College’s Academic Integrity Policy and the *Code of Professional Conduct for College of Immigration and Citizenship Consultants Licensees*.

DEFINITIONS

In this policy, capitalized terms, unless otherwise defined herein, have the same meaning as they do in the By-law and/or Regulations.

Academic Integrity – the College supports the International Centre for Academic Integrity’s definition of Academic Integrity as acting in all academic matters with honesty, trust, fairness, respect, responsibility, and courage. [*intégrité académique*]

Agencies – means Canada’s three federal granting Agencies: the Canadian Institutes of Health Research (CIHR); the Natural Sciences and Engineering Research Council of Canada (NSERC); and the Social Sciences and Humanities Research Council of Canada (SSHRC). [*organismes*]

Author – means the writer, or contributing writer, of a Research publication or document. [*auteur*]

Breach – means non-compliance with the terms of a policy. [*violation*]

Conduct – refers to the manner in which an individual behaves, especially in a particular context such as a Research environment. [*conduite*]

Conflict of Interest – may arise when activities or situations place an individual in a real, potential or perceived conflict between their duties or responsibilities related to Research, and their personal, institutional or other interests. [*conflit d'intérêts*]

Informed Consent – means that the persons participating in a Research project must participate freely (voluntarily) and must be adequately informed about the Research and what it means for them to take part, and must provide their consent before they enter the Research. [*consentement éclairé*]

Research – refers to an undertaking intended to extend knowledge through a disciplined inquiry or systematic investigation. [*recherche*]

Researcher – refers to an individual involved in an undertaking to extend knowledge through a disciplined inquiry or systematic investigation. [*chercheur*]

Research Misconduct – means the failure to comply with this policy throughout the cycle of the Research project. [*inconduite en recherche*]

Tri-Agency Framework: Responsible Conduct of Research (RCR) – refers to the framework that describes policies and requirements related to applying for and managing Agency funds, performing Research, and disseminating results, and the processes that institutions and Agencies follow in the event of an allegation of a Breach of an Agency policy. [*Cadre de référence des trois organismes sur la conduite responsable de la recherche*]

Tri-Agency Research Integrity Policy – refers to the joint policy of the Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council of Canada (NSERC) and the Social Sciences and Humanities Research Council of Canada (SSHRC). [*Politique des trois organismes sur l'intégrité dans la recherche*]

1. POLICY REQUIREMENTS

1.1 Responsibilities of Researchers include, but are not limited to:

- (a) **Rigour:** demonstrating scholarly and scientific rigour in proposing and performing Research; in recording, analyzing, and interpreting data and in reporting and publishing data and findings;
- (b) **Record keeping:** keeping complete and accurate records of data, methodologies and findings, in accordance with professional standards that will allow verification or replication of the work by others;
- (c) **Accurate referencing:** referencing and where applicable, obtaining permission for the use of all published and unpublished work, including but not limited to, theories, data, concepts, source material, methodologies, graphs and images;
- (d) **Authorship:** including as Authors, with their explicit consent, all those who have materially and/or conceptually contributed to, and who accept responsibility for, the contents of the publication or document, in a manner consistent with their respective contributions and the authorship policies of relevant publications;
- (e) **Acknowledgement:** in addition to Authors, acknowledging appropriately all those who have contributed to Research;
- (f) **Conflict of Interest management:** Identifying and addressing any real, or potential or perceived Conflict of Interest.

2. PROCEDURES

- 2.1 Informed Consent is a central component of the ethical Conduct of Research with human subjects. The information provided must be written in language that is easily understood for participants and must be provided in sufficient time for consideration by the participant.
- 2.2 An ethically Informed Consent document must be provided to potential Research participants stating the key elements of the Research study including the following:
 - (a) A statement that the project is Research and participation is voluntary;
 - (b) A summary of the Research, including:
 - (i) Nature and Purpose of the Research
 - (ii) Expected duration of participation

- (iii) Procedures
 - (c) Reasonable, foreseeable risks;
 - (d) Reasonable, expected benefits; and
 - (e) Confidentiality of participation
- 2.3 External Research funding: Researchers holding external funding must provide the College with complete and accurate information as found in their funding applications and related documents and represent themselves, their Research and their work in a manner consistent with Research standards. This includes certifying they have no findings for a Breach of responsible Conduct of Research policies such as ethics, integrity or financial management policies that would make them ineligible to apply for and/or hold funds from Tri-Agency funding sources mentioned herein or any other Research or Research funding Organization worldwide.
- 2.4 All internal and external Researchers must adhere to the Tri-Agency Research Integrity Policy.

3. BREACH OF POLICY

- 3.1 Research Misconduct includes but is not limited to:
 - (a) **Falsification of credentials:** misrepresenting qualifications, awards and/or achievements, misrepresenting the status of a publication or reporting non-existent work;
 - (b) **Fabrication:** making up data, source material, methodologies, or findings;
 - (c) **Falsification:** manipulating, changing, or omitting data, source materials, methodologies, without accurate disclosure, which could result in inaccurate findings or conclusions;
 - (d) **Suppression:** failing to take timely and proactive steps to publish corrections to or retractions from a Researcher's previous results when a significant error or deficit is identified after publication;
 - (e) **Destruction of Research data or records:** the destruction of the Researcher's own, or another Researcher's data or records to specifically avoid the detection of wrongdoing, or in contravention of policy and/or laws, Regulations or professional standards.
 - (f) **Plagiarism:** using another individual's work and presenting it as the Researcher's own, without properly citing the source. All material, including information from the internet, anonymous material, copyright material,

published and unpublished material and material used with permission, must be properly acknowledged (College's Academic Integrity Policy).

- (g) **Self-plagiarism and redundant publication:** republishing a Researcher's own previously published work or part thereof, including data, without acknowledgement of the original publication, and/or justification;
- (h) **Invalid authorship:** inaccurately attributing authorship to persons who have not contributed sufficiently to take responsibility for the intellectual content;
- (i) **Inadequate acknowledgement:** failing to appropriately recognize the contributions of others;
- (j) **Mismanagement of Conflict of Interest:** failing to identify and manage a real, potential or perceived Conflict of Interest;
- (k) **Abuse of confidentiality:** failing to respect the confidentiality of information, ideas and discussions;
- (l) **Abuse of authority:** intimidating or exploiting subordinates in a Research context that encourages, influences or coerces the subordinate to commit or be complicit in an instance of Research Misconduct.

3.2 Rectifying a Breach of Policy - Researchers who may have violated this policy are expected to be proactive in rectifying the situation as soon as it is identified.

3.3 Breach of Policy remedies - Previous findings of Research Misconduct will be considered when remedies and sanctions are determined. Remedies may include, but are not limited to:

- (a) issuing a letter of concern to the Researcher from the College;
- (b) ordering the Researcher to correct the Research record;
- (c) ordering the Researcher to withdraw all pending relevant publications;
- (d) ordering the Researcher to notify publishers of publications in which the relevant Research was reported;
- (e) ordering the Researcher to notify co-investigators and collaborators of the finding; and
- (f) taking any other action the College deems appropriate.

3.4 Breach of Policy Sanctions - Sanctions may include but are not limited to:

- (a) withdrawing specific Research privileges from the Researcher or monitoring such privileges for a specified period;
- (b) referring the matter to the Director, PREP, to determine the appropriate sanction; and
- (c) reporting the matter to the external funding Agency.

4. APPROVAL PROCESS

4.1 No Research documents, findings, data, or information may be published, reported or disseminated in any way without the written approval of the Director, PREP.

5. RESOURCES

- Tri-Agency Framework: Responsible Conduct of Research
- Tri-Agency Research Integrity Policy

APPROVAL AND REVIEW

	Details	Approval Authority	Date
	<i>If relevant, add notes to alert readers about the modifications to the document (e.g., updated wording from Council to College)</i>		
Original Approval	N/A	Board of Directors	2023/03/10

MEMORANDUM

To: **Board of Directors**
From: **Beata Pawlowska, Director, Professional Standards, Research, Education and Policy**
Re: **Agenda Item 8 – Licensee Conduct Policy**
Date: March 10, 2023

Summary

The Governance and Nominating Committee (GNC) recommends the approval of the Licensee Conduct Policy.

Requested Action

THAT:

- (1) the Licensee Conduct Policy in substantially the form presented to the Board, be and is hereby approved with immediate effect; and
- (2) the former Learner Conduct Policy be repealed; and
- (3) College staff be authorized and instructed to review and update all current policies, as applicable, to reflect the adoption of the Licensee Conduct Policy and the repeal of the Learner Conduct Policy.

Discussion/Analysis

Introduction: The College's current Learner Conduct Policy, came into effect on April 16, 2021. Since that time, several situations have occurred that have negatively affected the learning environment for licensees that were not included in the Learner Conduct Policy. It is proposed to replace the Learner Conduct Policy with a Licensee Conduct Policy, in the form attached to this memorandum as Appendix A, in part to address these situations.

Authority: Section 4 of the Code of Professional Conduct for College of Immigration and Citizenship Consultants Licensees (Code) provides that a licensee must:

- (a) uphold the standards of the profession;
- (b) perform their professional obligations honourably and with integrity; and
- (c) not engage in conduct that is likely to discredit the profession or jeopardize the public's confidence and trust in the profession.

Section 38 of the College Act provides for the Registrar to impose certain sanctions upon a licensee, including suspension of licence, revocation of licence or other actions, where the Registrar determines that a licensee has violated a provision of that same Act, of the regulations or of the by-laws.

Background: The College’s current Learner Conduct Policy applies to all licensees enrolled in education programs and courses at the College. It identifies conduct and actions that have a negative impact on licensees, mentors, instructors and/or College staff and have an adverse effect on the learning, teaching and work environment.

Recent experience with the College’s Entry-to-Practice Exams, and online course/tutorial offerings in connection with the Specialization Program, Mentoring Program and Practice Management Education courses indicate that additional provisions are needed to strengthen the policy to address actions and behaviours that have occurred and, if left unaddressed, may continue to occur, in the physical and digital learning environment.

Recommendation: After review, the **Professional Standards, Research, Education and Policy** staff have concluded that the current Learner Conduct Policy should be repealed and replaced with a new Licensee Conduct Policy. (A draft of the proposed Licensee Conduct Policy is attached to this memorandum as Appendix A.)

The proposed Licensee Conduct Policy adopts definitions and terminology used in the College Act and other College regulations and policies, in particular replacing the term “learner” with “licensee”, in part to underscore that all learners in College programs are licensees and must conduct themselves according to the Code, Professional Standards and all College policies and regulations applicable to licensees. Note that the Code was not in effect when the Learner Conduct Policy was adopted by the Board.

Section 2 of the proposed policy has also been revised to specifically identify additional prohibited conduct such as:

- impersonation of another person (s. 2.5);
- non-compliance with directions from instructors (s. 2.6);
- aggressive, threatening or offensive behaviour (s. 2.7); and
- harassment (s. 2.8).

These examples are drawn from recent experience.

Additional references to sanctions permitted under s. 38 of the College Act and to Code guidance on the standards of conduct and competence required of licensees, which apply in a learning environment, have also been included (s. 3.2).

Attachment:
APPENDIX A – Draft Licensee Conduct Policy

APPENDIX A LICENSEE CONDUCT POLICY

**Version: 2023-001
Pending Approval by the Board of Directors; March 10, 2023**

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DRAFT

<p>GUIDING DOCUMENT(S)</p> <p>College Act, s. 37, 38</p> <p>Code of Professional Conduct</p> <p>College By-law, s. 28.10(d), 28.10(e)</p> <p>Good Character and Good Conduct Regulation</p>	<p>DOCUMENT TYPE</p> <p>External</p> <p>Public-facing</p>
<p>ADMINISTRATOR(S)</p> <p>Professional Standards, Research, Education and Policy (PREP) Department</p>	<p>DOCUMENT NUMBER</p> <p>PREP/EDU/POL/003/02</p>
<p>EFFECTIVE DATE</p> <p>March 10, 2023</p>	<p>REVISION DATE</p> <p>March 10, 2025</p>

PURPOSE

This policy outlines:

- Licensee, instructor, mentor and College staff rights to a civil, safe, and respectful Learning Environment, teaching environment and/or work environment;
- the remedies and penalties for Violations of the Licensee Conduct Policy; and
- the decision-making process and any interim measures to be taken, should a Violation of this policy occur.

OBJECTIVE

Licensees enrolled in education Programs or Courses at the College of Immigration and Citizenship Consultants (the College) are entitled to learning, studying, and working in an environment that is civil, safe, and respectful of their rights, well-being and dignity. This policy addresses licensees' Conduct and actions that have a negative impact on other licensees, instructors, mentors, and/or College staff, and an adverse effect on the Learning Environment, teaching environment and work environment.

APPLICATION AND SCOPE

This policy applies to all licensees enrolled in Programs or Courses offered by the College and to former licensees who have enrolled in or completed a College education Program or Course.

INTRODUCTION

Licensees enrolled in College education Programs or Courses must ensure their Conduct does not negatively impact the Learning Environment, teaching environment and work environment.

DEFINITIONS

In this policy, capitalized terms, unless otherwise defined herein, have the same meaning as they do in the By-law and/or the Regulations.

Conduct – refers to the manner in which a licensee behaves especially in a particular context such as a Learning Environment. [*conduite*]

Course – means a set of classes or a plan of study on a particular subject. Courses may be offered online, face-to-face or as a combination of the two. [*cours*]

Learning Environment – means any shared forum, whether digital or physical (e.g., virtual discussion boards, physical classrooms, etc.) where licensees exchange communications and perform activities to complete Course or Program requirements. [*milieu d'apprentissage*]

Violation – refers to the act of doing something that is not allowed by rule, Regulation, By-law, policy or law. [*infraction*]

1. POLICY REQUIREMENTS

General

- 1.1 It is expected that licensees enrolled in a College education Program or Course conduct themselves in ways that do not negatively impact the Learning Environment and teaching environment and work environment.

2. VIOLATIONS PROHIBITED UNDER THIS POLICY

- 2.1 The Violations described are not intended to be exhaustive, but to provide reasonable guidance to licensees, instructors, mentors and College staff. Violations may consist of a single act, repeated acts, or form part of a pattern of behaviour that, as a whole, constitutes a Violation.
- 2.2 Disruption to learning, teaching and work – Licensees must not behave in disruptive ways that obstruct the Learning Environment, teaching environment or work environment.

- 2.3 Malicious or untrue material – Licensees must not distribute malicious materials or information they know to be untrue about the College, instructors, mentors, staff or other licensees.
- 2.4 Unauthorized entry and/or presence – Licensees must not enter, use or let someone else use or have access to Learning Environments in which they are not authorized or permitted to access.
- 2.5 Impersonation of another person – Licensees must not impersonate another person, or have another person impersonate another, in any Learning Environment in connection with any form (physical, written, digital) of education work.
- 2.6 Non-compliance with Program guidelines, or directions from instructors or mentors – Licensees are required to comply with guidelines for Program participation and directions of instructors, mentors and College staff acting in the legitimate performance of their duties .
- 2.7 Aggressive, threatening or offensive behaviour – Licensees must not act in a bullying or intimidating manner that is physically or verbally aggressive, and must not threaten harm to anyone.
- 2.8 Harassment – Licensees must not utter unwelcome or repeated remarks or words, nor carry out unwelcome or repeated actions or make unwelcome or repeated gestures any of which are known, or should be known, to be demeaning towards an individual or group.

3. REMEDIES AND PENALTIES

Licensees who fail to comply with the Licensee Conduct Policy will be subject to the remedies and penalties outlined below:

3.1 Remedies

The following remedies may be imposed for a Violation of the Licensee Conduct Policy:

- Verbal and/or written apology – An apology to the other licensees, instructors, mentors and/or College staff impacted by the action/behaviour;
- Apology – An expression of regret for the Violation in a satisfactory form and/or a face-to-face meeting to discuss the offending behaviour;
- Written reprimand – A notice in writing to the licensee that the licensee has committed or is committing a Violation;

- Written explanation of behaviour expectations – Document setting out the professional behaviour expected from the licensee, the consequences if the conditions stipulated therein are not respected and the possible range of actions to be taken; or
- Mediation with impacted parties – Participation of the licensee to the development of a plan to correct the action/behaviour.

3.2 Penalties

The following penalties may be imposed for a Violation of the Licensee Conduct Policy or for failure by a licensee to comply with the remedies and penalties assigned under this policy as a result of the Violation:

- Restriction on accessing education environments – Prohibition or limitation on accessing Learning Environments, restricting contact with specific person(s), for a defined period of time;
- De-enrollment from a Course or Program;
- Report of the action/behaviour to the police;
- Referral of the matter to the Registration Department where the Conduct may be investigated and may affect the licensee’s ability to meet ongoing Good Character, Good Conduct obligations; in addition, the Registrar may under section 38 of the College Act:
 - suspend the licensee’s licence;
 - revoke the licensee’s suspended licence; or
 - take or require any other action set out in the Regulations.

4. DECISIONS

- 4.1 The burden of proof is on the College to demonstrate that the Violation has occurred and that the remedy or penalty is reasonable given the nature of the licensee’s Conduct.
- 4.2 Decisions will be made by the Director, Professional Standards, Research, Education and Policy based on a balance of probabilities, meaning the evidence shows it is more likely than not the alleged Violation occurred.
- 4.3 The degree of probability should be proportionate to the seriousness of the offence allegation and the gravity of the potential remedy and/or penalty.

5. INTERIM MEASURES

- 5.1 Disruption of instructional activities may be dealt with by the appropriate instructor, mentor or College staff as a matter of classroom management.
- 5.2 The instructor, mentor or College staff may require the licensee to leave the class for the remainder of the particular class or ask the licensee to reregister and attend a future offering of the class.
- 5.3 Any disruption that results in the removal of a licensee must be reported to the Director, Professional Standards, Research, Education and Policy.

APPROVAL AND REVIEW

	Details <i>If relevant, add notes to alert readers about the modifications to the document (e.g., updated wording from Council to College)</i>	Approval Authority	Date
Original Approval	N/A	Board of Directors	2021/04/16
Approval of modifications /updates	Updates and modifications to Licensee Conduct Policy (formerly Learner Conduct Policy) submitted for approval.	Board of Directors	2023/03/10

MEMORANDUM

To: **Board of Directors**

From: **Beata Pawlowska**
Director, Professional Standards, Research, Education and Policy

Re: **Agenda Item 9 – New Competency-Based Entry-to Practice Exam for RISIAs**

Date: March 10, 2023

Summary

The Governance and Nominating Committee (GNC) recommends the approval of increasing the duration of the Entry-to-Practice Exam for Regulated International Student Immigration Advisors (RISIA EPE) from 2 to 3 hours, effective July 1, 2023.

Requested Action

THAT:

the RISIA EPE be increased to a 3-hour exam effective July 1, 2023.

Discussion/Analysis

Authority: Sections 3.1 and 4.1 of the By-law provides as follows:

3.1 Board Authority

The Board may make Regulations and policies with regard to any matter not inconsistent with provincial and federal legislation or the By-laws of the Council, and in particular may make Regulations and policies pursuant to or in furtherance of the purpose of the Council.

4.1 Licensees' Deemed Agreement

All licensees [...] shall agree and shall be deemed to have agreed with the Council [...] to the terms of the By-laws, Professional Conduct Obligations and policies of the Council, as applicable, and all acts or things done thereunder, including the interpretation of any By-law, Code of Professional Conduct, Regulation or policy by the Board pursuant to the By-laws.

Section 4.1 of the RISIA Licensing Regulation provides:

s. 4.1 Expectations

Every person who wishes to become a RISIA shall comply with: (a) this Regulation; and (b) any further requirements determined by the Registrar from time to time.

Background: The College develops and maintains Entry-to-Practice Exams (EPEs) for individuals wishing to become licensed as RCICs and RISIAs. Historically, the RISIA EPE has been predominantly knowledge-based and 2 hours in length.

In 2021, the College developed the Essential Competencies for Regulated International Student Advisors.¹ The College-accredited education pathway to become a RISIA is the International Students and Immigration Education Program (ISIEP) offered by the Canadian Bureau for International Education (CBIE). At the request of the College, CBIE updated the ISIEP to align with the new RISIA Essential Competencies and, accordingly, the College has developed a competency-based RISIA EPE which is now ready for implementation.

Suggested Exam Length (Exam Reliability):

Reliability-testing of an exam enables more precise measurement of exam-taker competence. In this process, which is best practice for high-stakes licensing exams, the greater the number of items (questions) used in the analysis, the higher the overall reliability of the exam.

The College's current Entry-to-Practice Exam for Regulated Canadian Immigration Consultants (RCIC EPE), which was recently redesigned to align with the Essential Competencies for Regulated Canadian Immigration Consultants (RCICs), contains 135 items, of which 10 are used as anchor items to allow for equating of exam difficulty from one exam to the next. Thus 125 items are used to assess 9 competencies, which is about 14 items per competency. This number provides sufficient data to allow for a large distribution of candidates based on competence. In other words, the competency-based RCIC EPE launched in February 2022 is doing a very good job at differentiating levels of competence. Allowing candidates the same amount of time for each question in each of the two EPEs, RISIA EPE candidates would require, at a minimum, about 2.7 hours to complete a 122-item exam. Accordingly, it is recommended that the RISIA EPE be extended to be a 3-hour exam, including up to 125 questions (8 competencies x 14 items per competency plus 10 anchor items), to maintain process and consistency from a psychometric and administration perspective.

Timetable for implementation: RISIA EPEs are conducted in March and September of each year. To provide adequate notice to future exam candidates enrolled in the ISIEP, it is recommended that the 3-hour RISIA EPE be implemented effective as of July 1, 2023. Accordingly, the September RISIA EPE will be 3-hour exam.

Attachment:
None

¹ Immigration Consultants of Canada Regulatory Council. (2021). Essential Competencies. Available from: <https://college-ic.ca/licensee-obligations/standards-of-professional-conduct-and-competence/essential-competencies-for-risia-practice>