Competence: consult, get supervision or refer

CRPO's Standard 2.1: the limits of your practice area, expanding it, an issue beyond your competence, when to refer, and professional misconduct.

Study aid, not legal advice. Last verified against the official sources linked below on 11 November 2026.

1 The standard in short (2.1)

- Understand your professional **capabilities and limitations** for the client populations you serve, the issues you treat and the modalities you use (2.1.1).
- You **only provide services** within your knowledge, skill and judgment, that is, your competence (2.1.2).
- Any clinical advice or information you give rests on **reasonable professional opinion** (2.1.3).

2 Expanding your practice area (2.1.4)

- **Practice area**: the client populations, issues treated and modalities ordinarily used in your practice (CRPO's definition).
- **Before you change or expand it**: appropriate, verifiable education, and clinical supervision or consultation.
- **Verifiable**: you can produce records showing you completed the education or training and that it allowed the change.

3 Beyond your competence

1. **Decide promptly**, with professional judgment: is supervision or consultation enough, or does the client need someone else (commentary)?
2. **Supervision or consultation**: within your practice area, receive clinical supervision or consult a more experienced colleague (2.1.5), while undertaking relevant study.
3. **Refer** to a professional qualified to provide the care when consultation and supervision do not give adequate safeguards (2.1.6); for psychotherapy, a member of one of the six colleges authorized.
4. **Tell your supervisor** promptly if you practise with supervision and a client presents an issue outside your competence (2.1.8); decide together whether to continue, add supervision or refer.

4 CRPO's terms

Term	CRPO's meaning
Consultation	Direction or advice on the way forward with a client, clinical issues or professional practice.
Clinical supervision	A collaborative learning relationship: your growth, safe and effective use of self, the direction of therapy, the client's well-being.
Formats	Individual (one supervisee), dyadic (two) or group (three to eight).
Required (2.1.7)	When safe and effective treatment needs it, when it serves your development or expanding competence, or when CRPO requires it.

5 What it looks like (CRPO's examples)

- ☐ Ask whether you have the competence for **this particular client**, and take them on only if you do.
- ☐ **Document** conversations during case consultations.
- ☐ Refer when study, consultation or supervision **cannot give** the safeguards needed.
- ☐ Express reasonable professional opinion when discussing **techniques or procedures**.

6 Misconduct and the exam

- **Para. 8**: treating a condition you know or ought to know you lack the knowledge, skills or judgment to treat (O. Reg. 317/12, s. 1).
- **Para. 9**: failing to advise a client or their authorized representative to consult another regulated health professional when they need a service you cannot offer.
- On the exam: **Competency 3.5a** (initiate supervision or consultation) sits in Area 7, at least 3 to 5% (Resource Manual); CRPO publishes no points per competency.

Know your practice area, grow it with verifiable training, consult, and refer when that is not enough. See also the referrals (1.9) and supervision (4.1, 4.2) sheets.

Official sources: CRPO Standard 2.1, Seeking Consultation, Clinical Supervision, & Referral and O. Reg. 317/12, Professional Misconduct (paras. 8, 9). Condensed from Competence. Independent study aid, not legal advice, not affiliated with CRPO or COMPASS.