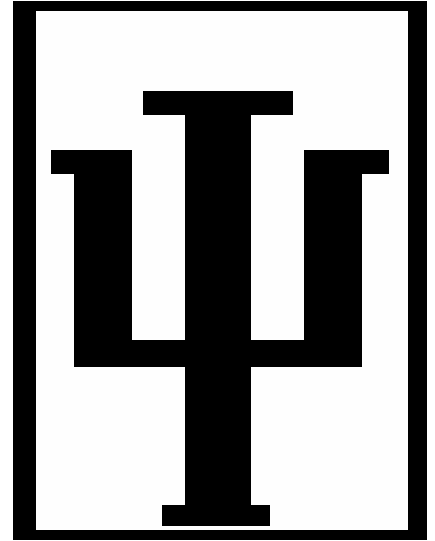


**The College of Psychologists of Ontario
L'Ordre des psychologues de L'Ontario**

**ANNUAL
REPORT**



2006/2007

The College of Psychologists of Ontario L'Ordre des psychologues de l'Ontario

110 Eglinton Avenue West, Suite 500, Toronto, Ontario M4R 1A3

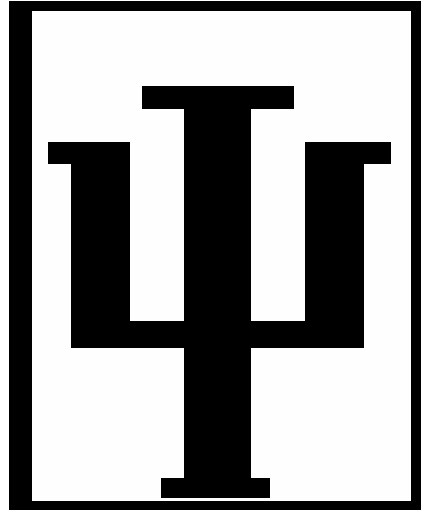


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Council and Staff

Council Members

District 1 – North	Josephine Tan, Ph.D., C.Psych.
District 2 – Southwest	Maggie Gibson, Ph.D., C.Psych.
District 3 – Central	Dorothy Cotton, Ph.D., C.Psych.
District 4 – East	Clarissa Bush, Ph.D., C.Psych.
District 5 – GTA East	Janice Currie, Ph.D., C.Psych.
District 6 – GTA West	Dalia Slonim, Psy.D., C.Psych.
District 7 – Psychological Associate	Glenn Webster, M.Ed., C.Psych.Assoc.
District 8 – Academic	Ron Davis, Ph.D., C.Psych.
Ex-Officio	Nicholas Kuiper, Ph.D., C.Psych. Christine DiZazzo, M.Ps., C.Psych.Assoc.

Public Appointees

Gaye V. Dale
Vincent Lacroix
Richard Lee
Dr. Ivan McFarlane
Susan Nicholson
Cheryl Rampersad

College Staff

Registrar & Executive Director	Catherine Yarrow, MBA, Ph.D., C.Psych.
Deputy Registrar/Director, Professional Affairs	Rick Morris, Ph.D., C.Psych.
Director, Investigations and Hearings	Barry Gang, Dip.C.S., C.Psych.Assoc.
Director, Registration and Administration	Connie Learn
Administrative Assistant: Registration	Davina Balram
Decisions Crafter (contract)	Laurie Case
Investigator	Robert Feldman
Information Systems Administrator	Gnana Fernando
Bookkeeper (contract)	Alice Ko
Receptionist (part time)	Marilyn Laville
Administrative Assistant	Lisa Pepperman
Administrative Assistant: Registration	Lesia Mackanyn
Investigator	Mona McTague
Assistant to the Registrar	Prema Shankaran
Administrative Assistant:	
Investigations and Resolutions	Jean-Michel Trussart
Administrative Assistant: Registration	Myra Veluz

Council

Introduction The Council is the Board of Directors of the College and is responsible for managing and administering the affairs of the College. This report covers the fiscal year June 1, 2006 to May 31, 2007.

Re-elected to the Council for a further three-year term were Dr. Janice Currie (GTA East) and Dr. Dalia Slonim (GTA West). Ms Christine DiZazzo was elected to the non-voting Psychological Associate seat on the Council. Public members newly appointed by the Government during the year were Ms Cheryl Rampersad and Mr. Richard Lee.

Early in the year, the College received a letter from Public member Mr. Enyie John Onuoha who advised of his resignation from the Council for personal reasons. At the end of the year, the Council and staff recognized the contributions of Dr. Nick Kuiper (Academic), Dr. Josephine Tan (North), Dr. Maggie Gibson (Southwest) and Public Member Susan Nicholson as their terms on the Council concluded.

The Council met four times during the year: June, September and December 2004 and March 2007. At the June 2004 meeting, Council elected Dr. Clarissa Bush as President and Dr. Dalia Slonim as Vice-President.

Policy Decisions Strategic Plan
In June 2006, the Council approved a Strategic Plan for 2006-2011, with an updated Mission and Vision for the College:

OUR MISSION

To regulate the provision of psychological services in the public interest by setting the standards for competent and ethical practice.

VISION

The College will . . .

- Demonstrate effectiveness in self-regulation.
- Be sought after for our knowledge and expertise.
- Accommodate new and emerging practice areas.
- Provide leadership in accountability to the public and to the profession.
- Be innovative, flexible and responsive in our organizational and governance arrangements.

An Implementation Task Force was appointed to develop a proposal with specified timelines for implementation of the various components of the strategic plan. In March, 2007 approval was provided for the establishment of a supervision working group to focus on the strategic objective of strengthening the role and nature of supervision in the profession.

Health Professions Regulatory Advisory Council (HPRAC Report): *New Directions*

A response team was appointed to prepare the College's submission to the Ministry of Health and Long-Term Care following release of a report by the Health Professions Regulatory Advisory Council entitled *Regulation of Health Professions in Ontario: New Directions*.

Legislation: *Health System Improvements Act, 2007*

Council was generally supportive of the proposed amendments to the *Regulated Health Professions Act, 1991*. However, as members of the College of psychologists of Ontario (as well as some other regulated professions) provide psychotherapeutic services, Council was concerned that restricting the use of the title "Psychotherapist" to members the proposed new College of Psychotherapists and Registered Mental Health Therapists" would be confusing to consumers.

Regulations: Registration; Quality Assurance

As the College was able to meet its obligations under the Mutual Recognition Agreement without amending the Registration Regulation, Council approved the withdrawal of proposed amendments which had been submitted to the Ministry of Health and Long-Term Care. The Registration Committee advised Council that registration for temporary practice such as that being proposed by the Association of State and Provincial Psychology Boards could also be accommodated within the existing regulation, under the provisions for a Certificate of Registration for Interim Autonomous Practice.

In June 2006, after consultation with the membership, Council approved proposed amendments to the Quality Assurance Regulation for submission to the Ministry of Health and Long-Term Care. These proposed amendments related to directed practice assessments and mandatory continuing professional education. In light of HPRAC's recommendations for amendments to the quality assurance and investigations provisions in the Regulated Health Professions Act, Council confirmed that the proposed amendment relating to a referral by the Complaints Committee to the Quality Assurance Committee might be withdrawn if the Ministry so requested.

Bylaws

In order to provide greater flexibility and to improve the potential for participation by non-Council academic members of the College, Council approved an amendment to Bylaw 21: Committee Composition to increase the potential number of Council members and College members that might be appointed to the Committee. Council approved for circulation to the membership proposed amendments to Bylaw 25: The Register which, among other things, would make available to the public information respecting the member's area of practice and client group served. A review of the College's Bylaws will be carried out during 2007-2008.

Policy Review

During the year, a task force commenced a review of the College's general administrative policies and made recommendations for reformatting and updating where a need was identified. The policy review will be completed in 2007-2008.

Registration: Examinations; Supervised Experience

Council received progress reports on a practice analysis for the Jurisprudence and Ethics Examination, previously approved by Council in the budget, and undertaken during 2006-2007. The final report on the practice analysis is anticipated in 2007-2008.

On the recommendation of the Registration Committee, Council agreed that the College would reserve the right to invalidate the score of any candidate who engaged in any irregularity, such as giving or obtaining any unauthorized information, while taking the Jurisprudence and Ethics Examination and/or the Examination for Professional Practice in Psychology.

On the recommendation of the Registration Committee, Council approved a change in the acceptable post-degree work experience requirement for applicants for registration as a Psychological Associate. Effective March 2011, all four years of post-masters degree experience must be acquired under the supervision of a member of the College. After completion of the four years of acceptable work experience, applicants will continue to be required to complete a minimum of 1,500 hours of formal supervision approved by the College while holding a Certificate of Registration for Supervised practice.

Financial

In order to cover any unbudgeted costs, the Council increased the minimum allocation to the Investigations and Hearings reserve fund for the year. Council reaffirmed the policies respecting the College's investment of the reserve funds and any other funds not immediately needed. The College finished the 2006-2007 fiscal year with a surplus (see Summarized Statement of Financial Position, attached).

Liaison and Conference Participation

College representatives participated in liaison meetings with representatives of the Ontario Psychological Association, the Ontario Association of Psychological Associates and the graduate

psychology program training directors and attended conferences of the Council of Provincial Associations of Psychologists, the Federation of Health Regulatory Colleges of Ontario, and the Association of State and Provincial Psychology Boards. The Council of the College supported a proposal that the Council of Provincial Associations of Psychologists evolve into two organizations – a organization of regulatory bodies and an organization of professional associations.

Executive Committee

Introduction The Executive Committee held five meetings and five teleconferences during the year.

Members	Clarissa Bush, Ph.D., C.Psych.	President
	Dalia Slonim, Psy.D., C.Psych.	Vice-President
	Janice Currie, Ph.D., C.Psych.	Member-at-Large
	Glen Webster, M.Ed., C.Psych.Assoc.	Member-at-Large
	Vincent LaCroix	Public Member
	Susan Nicholson	Public Member

College Staff Support Catherine Yarrow, MBA, Ph.D., C.Psych., Registrar & Executive Director
Prema Shankaran, Assistant to the Registrar

Activities Following their election at the Council meeting of June 16, 2006, the Executive Committee appointed members of the Council and of the College to six statutory committees, the Jurisprudence and Ethics Examination Committee (JEEC) and the Finance and Audit Committee (FAC).

Investigations and inquiries: The Committee appointed investigators for five cases, appointed a Board of Inquiry in one case and referred two cases to discipline. One case culminated in no action being taken but advice being provided to the member. One proposed resolution of a disciplinary matter was considered and prosecuting counsel was advised of the Executive's endorsement of the proposal.

During the year, the Committee considered various policy matters referred by the Policy and Bylaws review Task Force. In addition draft policies or guidance developed by committees and staff were considered and suggestions made for revisions before presentation to Council.

Following review by the Finance and Audit Committee, the Executive Committee considered detailed monthly financial statements and finalized the draft budget for presentation to Council.

The President and Vice-President represented the College at various conferences: Dr. Bush (Federation of Health Regulatory Colleges, Association of State and Provincial Psychology Boards, Council of Provincial Associations of Psychologists); Dr. Slonim (Ontario Psychological Association, Canadian Psychological Association, Association of State and Provincial Psychology Boards).

Other Committee action included reviewing proposed amendments to Bylaw 25: The Register and Related Matters, appointing Dr. Mary Ann Evans to Council as academic rep for three year term 2007-2010 and reviewing proposals from the Registration Committee for changes to guidelines for supervised experience and from the JEEC regarding criteria for setting the cutscore for the examination.

On May 3, 2007, the Committee met in Sault Ste Marie where a reception for local members was well-received by those who attended.

Registration Committee

Introduction The Registration Committee has four major roles: (1) to review all applications for registration of psychologists and psychological associates referred by the Registrar, at all steps in the registration or appeals process, and to make individual registration decisions; (2) to review applications under Section 19. of the Regulated Health Professions Act (RHPA) for removal or modification of a term, condition or limitation; (3) to review requests for change of area of practice for autonomous practice members; and (4) to recommend registration policy and procedures consistent with the RHPA, Regulation 533/98, Registration and with applicable interprovincial or international agreements such as the Agreement on Internal Trade (AIT) and the North American Free Trade Agreement (NAFTA).

Members	Dalia Slonim, Psy.D., C.Psych., Chair	Council Member
	Ron Davis, Ph.D., C.Psych.	Council Member
	Petra Duschner, Ph.D., C.Psych.	College Member
	Maggie Gibson, Ph.D., C.Psych.	Council Member
	Tim Hill, M.A., C.Psych.Assoc.	College Member
	Vince LaCroix	Public Member
	Ivan McFarlane	Public Member

College Staff Support	Connie Learn	Director, Registration and Administration
	Lesia Mackanyn	Administrative Assistant: Registration
	Myra Veluz	Administrative Assistant: Registration

Meetings The Registration Committee held a total of 17 meetings in this fiscal year. The Committee met in plenary session for the consideration of broader issues, including the preparation of recommendations to Council on registration policy. Plenary sessions were held on four occasions. The Committee met in panel sessions for the review of individual cases. Panel A and Panel B each met six times and Panel C met once.

Results of Plenary Deliberations The Committee prepared a draft amendment to the Registration Guidelines about the implications of cheating while taking either of the required written examinations. A recommendation was submitted to Council that the Guidelines for Acceptable Experience be revised to require that all 6000 required hours be supervised by a member of the College. At the request of Council, the Committee advised on the composition of a Supervision Working Group and the expected outcomes from this working group, as well as the amount of funding this project would require for a year's work. The Committee discussed modifications to the Declaration of Competence form. A proposal was submitted to Council concerning the approval process for the start date of supervised practice hours.

Panel Deliberations Virtually all cases require thorough preliminary staff review with multiple interactions between the applicant and staff. More than half of the cases require multiple reviews by a panel during the period of supervised practice or for approval for an oral examination. In some instances, where the decision is not favourable to the applicant, appeals can be made to the Health Professions Appeal and Review Board (HPARB). Decisions from HPARB have provided direction to each panel in rendering more detailed orders, communicated in a manner consistent with the provisions of RHPA.

Summary of Activities For 2006-2007

Applications Received by the College: June 1, 2006 to May 31, 2007

(application = completed application form + fee)

(international academic credentials = those obtained outside Canada)

Title	Canadian Academic Credentials	International Academic Credentials	Totals*	
			06/07	05/06
Psychological Associate	26	10	36	46
Psychologist	88	34	122	112
Totals	114	44	158	158

* 2005 – 2006 totals shown in bold type where available.

Certificates Authorizing Supervised Practice Issued: June 1, 2006 to May 31, 2007

Title	Canadian Academic Credentials	International Academic Credentials	Totals*	
			06/07	05/06
Psychological Associate	20	7	27	24
Psychologist	77	22	99	105
Totals	97	29	126	129

* 2005 – 2006 totals shown in bold type where available.

Certificates Authorizing Interim Autonomous Practice Issued: June 1, 2006 to May 31, 2007

(a six month certificate – no supervision)

Title	Canadian Academic Credentials	International Academic Credentials	Totals*	
			06/07	05/06
Psychological Associate	0	0	0	1
Psychologist	11	4	15	5
Totals	11	4	15	6

* 2005 – 2006 totals shown in bold type where available.

Applications Refused: June 1, 2006 to May 31, 2007
(Reviewed = referred to Registration Committee for detailed review)

Title	Canadian Academic Credentials		International Academic Credentials		Total Refused*	
	Reviewed	Refused	Reviewed	Refused	06/07	05/06
Psychological Associate	4	2	3	2	4	2
Psychologist	2	2	1	1	3	0
Totals	6	4	4	3	7	2

* 2005 – 2006 totals shown in bold type where available

Examination for Professional Practice in Psychology

	2003 – 2004	2004 - 2005	2005 – 2006	2006 - 2007
Applications received by the College & submitted to the Professional Examination Service (PES)	125	146	148	138
Scores received from PES	118	125	154	132

Jurisprudence & Ethics Examination

Examination Session	Number of candidates 2003 - 2004	Number of candidates 2004 - 2005	Number of candidates 2005 – 2006	Number of candidates 2006 – 2007
Fall Examination	61	78	50	61
Spring Examination	75	90	71	87
Total for the year	135	168	121	148

Oral Examinations

Examination session	Number of Candidates 2003 - 2004	Number of Candidates 2004 - 2005	Number of Candidates 2005 - 2006	Number of Candidates 2006 - 2007
December Examinations	56	70	77	64
June Examinations	61	52	58	64
Total for the year	117	122	135	128

Registration Interviews: June 1, 2006 to May 31, 2007
(mobility, term/condition/limitation, change of area)

Title	2003 - 2004	2004 - 2005	2005 - 2006	2006 - 2007
Psychological Associate	6	4	2	2
Psychologist	6	7	7	13
Total for the year	12	11	9	15

Certificates Authorizing Autonomous Practice Issued: June 1, 2006 to May 31, 2007

Title	2003 - 2004	2004 - 2005	2005 - 2006		2006 - 2007	
			Canadian	International	Canadian	International
Psychological Associate	25	24	15	6	15	4
Psychologist	90	99	88	23	86	30
Total for the year	115	123	103	29	101	34
			132		135	

Quality Assurance Committee

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

Members The Quality Assurance Committee of the College of Psychologists consists of three members of the Council (one public and two professional), and two professional non-Council members, as well as staff support. Members of the Committee for the year 2006-2007 were:

Janice Currie, Ph.D., C.Psych., Chair,	Council Member
Gaye Dale	Public Member
Lynette Eulette, Ph.D., C.Psych.	College Member
Karin Mertins, M.A., C.Psych.Assoc.	College Member
Josephine Tan, Ph.D., C.Psych.,	Council Member

College Staff Support Rick Morris, Ph.D., C.Psych., Deputy Registrar/Director, Professional Affairs

Activities The Quality Assurance Committee held meetings in November 2006 and February 2007. The Committee reviewed the returns of the Declarations of Completion for the Self Assessment Guide and Professional Development Plans due from the even-registration numbered members. They noted those members whose Declarations were outstanding and authorized reminders to be sent to these individuals. Following the third reminder, five members (less than 1%) remained outstanding with respect to this requirement. These members were referred to the Registrar as they were not in compliance with the Standards of Professional Conduct which require members to participate fully in the QA program. The Committee reviewed the Self Assessment Guide and Professional Development Plans forms in anticipation of the 2007 mail-out to the odd-registration numbered members which were sent out in March.

The Committee reviewed the findings of the twelve Peer Assisted Reviews completed as well as the reviewer/reviewee feedback surveys. The Committee noted that all of the PAR findings were positive and that the comments from the participants were also uniformly positive and constructive. Based on comments received in the feedback surveys, the Committee made some modifications to the form used in reporting the PAR results.

The Committee discussed the proposed changes to the role of the Quality Assurance Committee under Bill 171, the *Health System Improvement Act, 2006*. These changes included the removal of the option for the Complaints Committee to refer members to the QA Committee, with this role being undertaken by the new Inquiries, Complaints and Reports Committee.

The Committee discussed the status of the proposed amendments to the Quality Assurance Regulation the College had submitted to the Ministry in July 2006. In the spring 2007, in discussion with Ministry staff, it had been suggested that parts of the proposed regulation amendments may be contrary to the proposed legislative changes. Specifically, the section on Directed Practice Assessments, which outlined the Quality Assurance Committee’s process for handling referrals from other Committees, such as the Complaints Committee was noted. The new legislation would eliminate this type of referral. It was suggested that if the legislation passed as proposed, all Colleges may need to review their regulations in light of the changes this would put in place. The QA Committee discussed this matter and voted to bring a motion to Council requesting that it formally withdraw the current regulation submission.

In the coming year, the Quality Assurance Committee will be reviewing the changes to the legislation to determine the steps that may need to be taken to ensure College compliance with the new Act.

Fitness to Practice Committee

Introduction The role of the Fitness to Practice Committee is to conduct hearings in matters referred by the Executive Committee concerning the alleged incapacity of a member. The Committee is also responsible for hearing applications for reinstatement by members whose certificate of registration was revoked following incapacity proceedings.

Members The Fitness to Practice Committee of the College of Psychologists consisted of three members of the Council (one public and two professional) and two professional non-Council members. Members of the Committee for the year 2006-2007 were as follows:

Maggie Gibson, Ph.D., C.Psych., Chair	Council Member
Dorothy Cotton, Ph.D., C.Psych.	Council Member
Gaye Dale	Public Member
Mustaq Khan, Ph.D., C.Psych.	College Member
Oliver Foese, Dipl-Psych., C.Psych.Assoc.	College Member

College Staff Support Barry Gang, Dip.C.S., C.Psych.Assoc. Director, Investigations and Hearings

Activities The Committee did not receive any referrals or conduct any hearings this year.

Client Relations Committee

Introduction Section 84 of the Procedural Code of the Regulated Health Professions Act, 1991 (RHPA) requires the College of Psychologists to have a Client Relations Committee whose mandate is to enhance relations between members and their clients. The Code outlines some specific responsibilities for the Committee with respect to sexual abuse prevention while allowing the Committee to address a broader spectrum of client-member relations.

The Client Relations Committee consists of four members of Council (two public and two professional) and two professional, non-Council members, as well as staff support. Members of the Committee for the fiscal year 2006-2007 were as follows:

Members	Susan Nicholson, Chair,	Public Member
	Michelle Blain, Ph.D., C.Psych.	College Member
	Christine DiZazzo, M.Ps., C.Psych.Assoc.	College Member
	Nicholas Kuiper, Ph.D., C.Psych.,	Council Member
	Cheryl Rampersad Public	Public Member
	Josephine Tan, Ph.D., C.Psych.	Council Member

College Staff Support Rick Morris, Ph.D., C.Psych. Deputy Registrar/Director, Professional Affairs

Activities The Client Relations Committee met once by teleconference during the 2006-2007 year. In addition, the Chair of the Committee was involved in consultation regarding the redevelopment of the College website.

Education:

The College has two articles pertaining to professional boundaries and mandatory reporting: *Professional Boundaries in Health-Care Relationships* and *Prevention of Sexual Abuse of Clients and Mandatory Reporting*. In an effort to ensure that all Council and Committee members, as well as staff of the College, are familiar with this very important area of regulation, annually the Client Relations Committee sends a copy of these articles to all Council, Committee and staff members. While it is noted that many have previously received this information, it will be new to others. Regardless, this material is considered important enough to warrant a periodic review even by those who may already be familiar with it. As well, it is recognized staff members, in their various roles, may or may not be faced with members of the public or the College seeking this type of information. Nevertheless, it is considered important that all staff, whether members of the profession or the public, be familiar with this area of concern to regulated providers.

College Website Redesign

The College undertook a redesign of the College's website overseen by the Client Relations Committee. A vendor was selected from among those that responded to an RFP. Work continued over the fall and winter and the new site was launched in March 2007. In planning the website, ease of access to information by members of the public, members of the profession and potential members was highlighted. As part of the redesign process, all information previously posted was reviewed, and revised as necessary, to ensure accuracy, completeness and readability. Included on the website is the 'Member Directory' which allows anyone to search for a member by name and/or location, as well as by area(s) of practice and/or client population(s) served. This has proved to be a very popular and frequently accessed section.

Through the website, members of the profession and the public can readily access information about the College and its processes, its regulatory functions and a description of the two titles of regulated psychological service providers. Information is readily available on many aspects of the College's including the complaints and discipline processes, the quality assurance program, the program for funding for therapy and counselling and the Standards of Professional Conduct. As well, the College Bulletin and other relevant publications can be viewed and downloaded.

The redesigned website incorporates an 'alert' function as well as an 'important notices' section on the home page. Through this, members of the profession and the public can be alerted to critical information that may become available as well as ongoing important documents and events. For example, the alert function was recently used to notify the membership of a recent publication from the Information and Privacy Commissioner pertaining to confidentiality of client records and the need for increased security and encryption of laptops and other portable devices. Through the 'important notices' section on the home page, notices of recently published College Bulletins or information on recent legislative activity is readily brought to the attention of members and the public.

Other

In April, Dr. Janice Currie (professional member of Council), Mr. Vincent Lacroix (public member of Council) and Dr. Rick Morris (staff) participated in a workshop organized by the Health Professions Regulatory Advisory Council (HPRAC). HPRAC is required by statute to report to the Minister of Health and Long-Term Care on the progress of the regulatory College's patient (client) relations programs. This workshop was intended as an introductory workshop to encourage discussion and an exchange of ideas and perspectives between the Colleges and HPRAC regarding these programs. Through these and future discussions, HPRAC wishes to establish a collaborative approach to an evaluation of the College's patient (client) relations programs; a process that will actively involve the Client Relations Committee in the upcoming year.

Funding for Therapy:

Two individuals accessed funds for therapy or counselling during this year. Three other individuals have been deemed eligible by the Committee. These individuals have been notified of their eligibility but as yet, have not accessed the fund.

Complaints Committee

Introduction The Complaints Committee is responsible for the investigations of complaints about members of the College. As required by statute, every complaint is investigated by a panel of the Committee comprised of two professional members of the Committee and one member of the Committee appointed to the College by the Lieutenant Governor in Council. After the investigation has been completed, the panel considers all of the relevant information and renders a decision. In each case, the Committee provides the parties to the complaint with a written decision and reasons.

If a member or complainant is dissatisfied with the adequacy of the Committee's investigation or believes the decision reached is unreasonable, he or she can request a review by the Health Professions Appeal and Review Board (HPARB). The HPARB is an adjudicative tribunal under the Regulated Health Professions Act, 1991 (RHPA). Through reviews, the HPARB monitors the activities of the Complaints Committee to ensure it fulfills its duties in the public interest and as mandated by legislation.

Members	Dorothy Cotton, Ph.D., C.Psych. Chair	Council Member
	Nick Kuiper, Ph.D., C.Psych.	Council Member
	Glenn Webster, M.Ed., C.Psych.Assoc.	Council Member
	Gaye Dale	Public Member
	Ivan McFarlane	Public Member
	Susan Nicholson	Public Member
	Lorne Korman, Ph.D., C.Psych	College Member
	Debbie Nifakis, Ph.D., C.Psych	College Member
	Christel Woodward, Ph.D., C.Psych	College
	Mary Bradley, M.A.Sc., C.Psych.Assoc.	College
	Christine DiZazzo, M.Ps., C.Psych.Assoc.	College
	Robert Gauthier, M.Ed., C.Psych.Assoc.	College
	Janet Morrison, M.A., C.Psych.Assoc.	College
	G. Ron Frisch, Ph.D., C.Psych	College

College Staff Support	Barry Gang, Dip.C.S., C.Psych.Assoc.	Director, Investigations and Hearings
	Robert Feldman, LL.B.	Investigator: Investigations and Resolutions
	Mona McTague, LL.B	Investigator: Investigations and Resolutions
	Jean-Michel Trussart	Administrative Assistant: Investigations and Resolutions

Activities At the beginning of the year there were 63 outstanding complaints brought forward from the previous fiscal year. The College also received 57 new complaints during the year. Summary tables showing the complaints received by Nature of the Complaint and Nature of Service involved are presented below:

By Nature of the Complaint	# of Cases
Bias	10
Breach of confidentiality	6
Conflict of interest	3
Failure to obtain informed consent	1
Failing to fulfill the terms of the agreement with user	1
Failure to render services appropriate to the users needs	6
Failure to respond in a timely manner	6
False, misleading statements	1
Fee & billing problems	2
Improper supervision	3
Inaccurate information	1
Inadequate data to support conclusions	6
Inadequate handling of termination	3
Incompetence	1
Insensitive treatment of clients	3
Quality of services	2
Record keeping problems	1
Sexual abuse	1
	57

By Nature of Service	# of Cases
Administration	2
Custody & access/child welfare assessment	14
Educational assessment	4
Neuropsychological assessment	5
Not related to psychological services	5
Other psychological assessment	5
Psychotherapy/counselling	7
Rehabilitation/insurance assessment	14
Supervision	1
	TOTAL: 57

***Dispositions
Reached During
the Year***

Dispositions available to the Committee are:

- Referral of specified allegations of Professional Misconduct or Incompetence to the Discipline Committee
- Referral of the member to the Executive Committee for incapacity proceedings
- Requiring the member to appear before a panel of the Committee to be cautioned
- Taking other action it considers appropriate that is not inconsistent with relevant legislation or by-laws, typically including:
 - Issuing advice
 - Issuing a written caution
 - Inviting the member to make undertakings to the College to take remedial action
 - Facilitating a consensual resolution of concerns, between the complainant, where appropriate and in the public interest (“Facilitated Resolution”)

Meetings The Complaints Committee reached the following decisions with respect to 58 complaints:

Decisions Released by Disposition	# of Cases
Take No Further Action	27
Take No Further Action - facilitated resolution	1
Take No Further Action - frivolous, vexatious, made in bad faith or otherwise an abuse of process	7
Advice	7
Caution (Oral)	2
Caution (Oral) with undertakings	2
Caution (Written)	5
Caution (Written) with undertakings	2
Refer to Discipline Committee	2
Withdrawn	1
Withdrawn - facilitated resolution	2
TOTAL:	58

**Review of
Decisions by
HPARB**

	# of Cases
Reviews Requested	7
Board Decisions: (includes review of cases requested during previous years)	
Decision confirmed	7
Request for review declared frivolous, vexatious, made in bad faith or otherwise an abuse of process	2
Request for review withdrawn	1
Inquiries and Resolutions of concern not resulting in a complaint	153

The Committee will be entering the 2007-2008 fiscal year with 62 matters pending resolution, brought forward from the 2006-2007 year.

Discipline Committee

Introduction The Discipline Committee conducts hearings into allegations of misconduct and/or incompetence, referred by the Complaints Committee or the Executive Committee. The Committee is also responsible for holding hearings of applications for the reinstatement of a certificate of registration which has been revoked as a result of a disciplinary proceeding.

Members	Janice Currie, Ph.D., C.Psych., Chair	Council Member
	Mary Bradley, M.A.Sc., C.Psych.Assoc.	College Member
	Jean-Martin Bouchard, M.Ps., C.Psych.Assoc.	Council Member
	Clarissa Bush, Ph.D., C.Psych.	Council Member
	Dorothy Cotton, Ph.D., C.Psych.	Council Member
	Gaye Dale	Public Member
	Stephen Dukoff, Ph.D., C.Psych.	College Member
	G. Ron Frisch, Ph.D., C.Psych.	Council Member
	Maggie Gibson, Ph.D., C.Psych.	Council Member

John Goodman, Ph.D., C.Psych.	College Member
Nina Josefowitz, Ph.D., C.Psych.	College Member
Caroline Koekkoek, M.A., C.Psych.Assoc.	College Member
Nicholas Kuiper, Ph.D., C.Psych.	Council Member
Mark Lawrence	Public Member
Nancy Link, Ph.D., C.Psych.	Council Member
Maggie Mamen, Ph.D., C.Psych.	College Member
Jane Mortson	Public Member
Mary Ann Mountain, Ph.D., C.Psych.	College Member
Ron Myhr, Ph.D., C.Psych.	College Member
Susan Nicholson	Public Member
Gordon Rimmer	Public Member
Diane Roller, Ph.D., C.Psych.	College Member
Dalia Slonim, Psy.D., C.Psych.	Council Member
Josephine Tan, Ph.D., C.Psych.	Council Member
Judith Van Evra, Ph.D., C.Psych.	College Member
Christel Woodward, Ph.D., C.Psych.	College Member

**College Staff
Support**

Barry Gang, Dip.C.S., C.Psych.Assoc.	Director, Investigations and Hearings
Robert Feldman, LL.B.	Investigator: Investigations and Resolutions
Mona McTague, LL.B	Investigator: Investigations and Resolutions
Jean-Michel Trussart	Administrative Assistant: Investigations and Resolutions

**Matters Before the
Committee**

One active matter was brought forward from the previous fiscal year; six new matters, and one matter previously considered, were referred to the Committee during the current fiscal year.

The Committee held three hearings, and three pre-hearing conferences during this year. 3 decisions were made and released, one matter was adjourned *sine die* (indefinitely) and four active matters were carried forward to 2007- 2008. The decisions of the Committee are summarized as follows:

Wayne Meadows, Ph.D.

A hearing was held on February 7, 2007, into allegations of Professional Misconduct against Dr. Meadows.

Established Facts

The parties submitted a Statement of Agreed Facts, summarized as follows:

- Dr. Meadows provided psychotherapy to Ms. X for a period of several years, first in hospital and later at his home office
- Dr. Meadows engaged in several serious boundary violations involving Ms. X, which included sexual intimacy with her
- There is a dispute between the parties as to whether Ms. X was Dr. M's patient at the time the sexual intimacy took place and no finding was sought or made on the point of whether the conduct constituted Sexual Abuse as defined in the Regulated Health Professions Act
- The sexual relationship continued for several years and sexual intimacy took place at both the hospital and at Dr. Meadows' home.
- Dr. Meadows exploited his knowledge of Ms. X's vulnerabilities, which he had gained during the provision of psychological services, to establish a close and intimate relationship with Ms. X

Decision:

The Panel found that Dr. Meadows had committed professional misconduct, in that he failed to maintain the standards of the profession and engaged in conduct and performed acts, in the course of practicing the profession, that, having regard to all of the circumstances would reasonably be regarded by members as disgraceful, dishonorable or unprofessional

Penalty:

The panel accepted the joint recommendation by the parties that Dr. Meadows be reprimanded and have his certificate of registration revoked, in consideration of the advice that Dr. Meadows had already :

- Allowed his membership with the College to lapse in 2006
- Resigned his membership in the Canadian Register of Health Service Providers in Psychology
- Undertaken not to apply for membership in any body regulating the practice of psychology in any jurisdiction and any time and
- Consented to the College advising the Association of State and Provincial Psychology Board and the Canadian Register of Health Service Providers in Psychology of his resignation from the College of Psychologists of Ontario and of the Contents of the Notice of Hearing and the terms of the resolution agreement

Panel's Reasons:

- Dr. Meadows' conduct constitutes a fundamental breach of public trust and of the professional relationship a member has with a patient or client or former patient or former client
- The panel noted that Dr. Meadows offered his full cooperation to the College during the investigation of these matters and determined that it was appropriate to accept the joint proposal of the parties in respect of the penalty, in light of the very serious nature of the misconduct

Alvin H. Shapiro, Ph.D.

A hearing was held on March 4, 2004, into allegations against Dr. Shapiro, arising from three separate complaints. A finding was made that Dr. Shapiro had committed acts of professional misconduct. In particular, a finding was made that Dr. Shapiro (1) failed to maintain the standards of the profession, (2) engaged in conduct or performed an act, in the course of practicing his profession, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonorable, and unprofessional, and (3) provided a service which he knew or ought to have known was not likely to benefit the patient, in respect of all three complaints. The Discipline Committee imposed a penalty which included the placing of a specific limitation on Dr. Shapiro's Certificate of Registration.

A second hearing was held on September 29, 2006 to consider a variation of the limitation imposed in 2004. At that time, a panel of the Committee accepted a joint submission by Dr. Shapiro and the College and made an order to change the wording of the earlier order. The panel was satisfied that the substance of the original limitation and conditions was not varied by the minor wording change and believed that the public interest would continue to be served. The wording change has been incorporated in the following summary:

Established Facts:

Matter one involved a married couple with hearing impairment referred for education about cognitive deficits and behavioural limitations; Dr. Shapiro agreed that he:

- inappropriately asked questions concerning the nature and frequency of their sexual contact
- inappropriately focused on marital or sexual dysfunction
- inappropriately demonstrated a method of communication through touching which was not sexual touching or touching for a sexual purpose
- provided an inadequate explanation regarding these actions and failed to take reasonable steps to ensure that the clients understood the purpose of the questions and of the touching

Matter two involved a neurocognitive assessment of a client; Dr. Shapiro agreed that he:

- inappropriately asked the client to stand before him while he conducted a physical inspection of her, commenting aloud about various aspects of her appearance
- failed to establish and maintain appropriate boundaries, and specifically,
 - had lunch with the client during the course of the assessment
 - during the course of the lunch made inappropriate personal disclosure which he should have reasonably anticipated would have caused her to become confused about the

- nature of her relationship with him
- during the assessment, made further comments and self disclosure which it was reasonably foreseeable that the client would have interpreted as sexual in nature
- while not actually hugging the client, made a gesture which he ought to have known would have been interpreted as an invitation to hug

Matter three involved an independent psychological examination with respect to a client, Dr. Shapiro did not contest that he:

- made comments concerning his own sexual functioning and that of the client's, that were wholly inappropriate and had nothing whatsoever to do with the assessment being performed, despite the client's request that he refrain from doing so

Plea:

Dr. Shapiro pleaded guilty to the allegations relating to the first two matters and pleaded no contest to the allegations relating to the third matter.

Decision:

Based upon a Statement of Agreed and Uncontested Facts, the Panel found that Dr. Shapiro had committed acts of professional misconduct. In particular, a finding was made that Dr. Shapiro (1) failed to maintain the standards of the profession, (2) engaged in conduct or performed an act, in the course of practicing his profession, that, having regard to all the circumstances, would reasonably regard my members as disgraceful, dishonorable, and unprofessional, and (3) provided a service which he knew or ought to have known was not likely to benefit the patient, in respect of all three matters.

Penalty:

The Discipline Committee ordered that:

1. Dr. Shapiro attend before the Committee to be reprimanded and that the fact of the reprimand be recorded on the public register.
2. Dr. Shapiro's certificate of registration be suspended for a period of six months, all of which would be suspended if Dr. Shapiro:
 - (a) successfully completes, at his own expense, a course on boundaries, approved in advance by the Registrar, within 12 months of a finding of professional misconduct; and
 - (b) undergoes, at his own expense and beginning immediately upon approval by the Registrar of a clinical practice reviewer and advisor, one year of clinical practice review and on the following terms:
 - (i) the clinical practice review shall be carried out by a clinical practice reviewer and advisor who is approved in advance by the Registrar;
 - (ii) prior to the commencement of the clinical practice review, the clinical practice reviewer and advisor shall be provided with copies of the Notice of Hearing, all Exhibits filed at the Hearing, and the decision and reasons of the Discipline Committee;
 - (iii) Dr. Shapiro shall meet with his clinical practice reviewer on a weekly basis, or on a less frequent basis should the Registrar so direct;
 - (iv) Dr. Shapiro shall make all current client files available for review by the clinical practice reviewer throughout the period of review;
 - (v) at the outset of the period of review, Dr. Shapiro shall advise all his clients that their files will be made available to the clinical practice reviewer and advisor and may be reviewed by him or her;
 - (vi) the clinical practice reviewer and advisor shall provide quarterly reports to the Registrar outlining all issue relating to the review and specifically including issues relating to boundaries with clients, competence, and any other concerns identified by the practice reviewer and advisor about Dr. Shapiro's practice or suitability to practice; and
 - (vii) the Registrar is satisfied that Dr. Shapiro has cooperated fully with the clinical practice reviewer and advisor.
 - (c) if Dr. Shapiro fails to comply with any of the terms set out in paragraphs 2 (a) or (b) above, the suspension of the suspension shall be lifted and the six month suspension shall be served in full.

3. Beginning immediately, a limitation be imposed on Dr. Shapiro's certificate of registration forbidding him from conducting therapy of the specific kind defined at paragraph 6 below ("Prohibited Therapy"). This limitation shall be suspended for a period of one year if Dr. Shapiro first:
 - (a) satisfies conditions 2(a) and (b) above;
 - (b) successfully completes, at his own expense, a suitable program on the theory and practice of the Prohibited Therapy, approved in advance by the Registrar;
 - (c) has had a first meeting with the clinical practice reviewer and advisor referred to in paragraph 4 and the clinical practice reviewer and advisor referred to in paragraph 4 has advised the Registrar in writing that he or she has met with Dr. Shapiro and that the clinical practice review set out in paragraph 4 has begun.
4. Co-Incident with the suspension of the limitation described in paragraph 3, Dr. Shapiro shall undergo, at his own expense, one year of clinical practice review, in addition to the review described in paragraph 2, on the following terms:
 - (i) the clinical practice review shall be carried out by a clinical practice reviewer and advisor who is an expert in the Prohibited Therapy and who is approved in advance by the Registrar;
 - (ii) prior to the commencement of the review, the clinical practice reviewer and advisor shall be provided with copies of the Notice of Hearing, all Exhibits filed at the Hearing, and the decision and reasons of the Discipline Committee;
 - (iii) Dr. Shapiro shall meet with the clinical practice reviewer and advisor on a weekly basis, or on a less frequent basis should the Registrar so direct;
 - (iv) Dr. Shapiro shall make all current client files in which he is conducting the Prohibited Therapy available for review by the clinical practice reviewer throughout the period of review;
 - (v) at the outset of the period of review, Dr. Shapiro shall advise all his clients that their files will be made available to the clinical practice reviewer and advisor and may be reviewed by him or her; and
 - (vi) the clinical practice reviewer and advisor shall provide quarterly reports satisfactory to the Registrar outlining all issues relating to the review and specifically including issues relating to boundaries with clients, competence, and any other concerns identified by the reviewer and advisor about Dr. Shapiro's practice or suitability to practice.
5. If, upon the completion of the clinical practice review set out in paragraph 4, the Registrar is satisfied that Dr. Shapiro may practice the Prohibited Therapy without posing any risk to the public, the limitation referred to in paragraph 3 shall be removed.
6. For the purposes of Paragraph Nos. 3 & 4, the Prohibited Therapy means any attempt to provide any kind of intervention whatsoever (including, but not limited to, the provision of counselling or therapy) relating to an individual's or couple's sexual functioning. General questions about sexual functioning, contained in a standard assessment protocol, are not included in the definition of Prohibited Therapy, provided that no intervention is offered or provided by Dr. Shapiro as a result of any answers given to any such questions, beyond an offer to refer the client or clients to another qualified health professional for appropriate intervention.

Panel's Reasons:

The panel accepted that the facts set out in the allegations and accepted or not contested by Dr. Shapiro were very serious. They demonstrated that Dr. Shapiro had failed in his duty to the complainants, particularly in matter #2 above. Specifically, he not only failed to set proper boundaries at the beginning of the professional relationship but allowed the boundaries to become further blurred during the course of the assessment. The panel also noted that in comparing Dr. Shapiro's actions as set out in the agreed statement of facts to the expected standard of professional practice, none of the conduct described was clinically or otherwise appropriate in the circumstances.

The panel accepted that mitigating circumstances existed to the extent that there have been no prior disciplinary findings made against Dr. Shapiro during his many years of practice and that he agreed to plead guilty or no contest. The latter action spared the complainants the distress of testifying and being subjected to cross examination. The panel also accepted that the penalty is of

significant severity and, most importantly, allows for public protection, since the Registrar can take action if the practice reviewer and advisor indicates that rehabilitation is not proceeding satisfactorily.

Herbert Kaye, Ph.D.

A hearing was commenced on February 7, 2007 into allegations of Professional Misconduct including Sexual Abuse of a Patient, by Dr. Kaye.

On the basis of Dr. Kaye's resignation from the College, the panel accepted a joint request by the parties to adjourn the hearing *sine die* on the basis of undertakings made by Dr. Kaye to the College which included an agreement not to practice psychology at any time after he completed certain assessments, and not to reapply for membership in the College of Psychologists of Ontario or any other body regulating the practice of psychology in any other jurisdiction at any time.

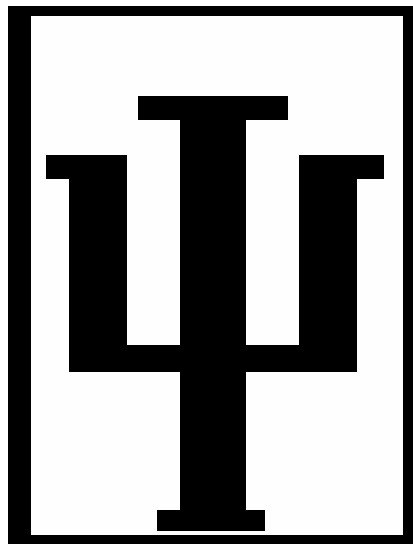
The allegations, though serious, have not been proven. In accepting this agreement, the panel is satisfied that the primary consideration of public protection is fully addressed and assured.

Dr. X, Ph.D.

In April 2005, allegations of Professional Misconduct against Dr. X were referred to the Discipline Committee. It was alleged that Dr. X failed to maintain the standards of the profession, and engaged in conduct or performed an act, in the course of practising the profession, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional, all while teaching and/or lecturing in a university undergraduate "Introduction to Psychology" course in 2003. It is also alleged that, in the course of assisting a female student who collapsed during a lecture in that course, he provided a service which he knew or ought to have known was not likely to benefit the student. A hearing commenced on January 16, 2006 and ended on November 24, 2006. The panel did not find Dr. X guilty of professional misconduct and all allegations were dismissed.



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