

The e-Bulletin

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO
Regulating Psychologists & Psychological Associates

Volume 3, Number 1

February 2012

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Strategic Direction 2011- 2016

The College would like to thank those who responded to the consultation on the proposed Strategic Direction for 2011-2016. Responses were received from 31 members of the College and from the Ontario Psychological Association.

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President's Message

There I was sitting at my desk, my framed certificate proudly proclaiming to all that I am registered as a Psychologist in the province of Ontario, contemplating the e-mail message from the College on my monitor informing me that an election was to be held in District 1, my district, for a seat on the College's Council.

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Proposed Registration Regulation Amendments

The following amendments were approved by Council on October 25, 2011 for submission to the Government. Academic credentials criteria were revised to delete "primarily psychological in nature", reference to "guidelines" in non-exemptible requirements were eliminated, and new mobility provisions for applicants registered elsewhere in Canada were included. In addition, the submission includes a number of housekeeping and administrative amendments.

The Registration Regulation amendments also address concerns raised by the Health Professions Appeal and Review Board, requirements to implement new mobility provisions set out in the Health Professions Procedural Code of the Regulated Health Professions Act, advice of policy staff of the Ministry of Health and Long-Term Care as well as recommendations of the Office of the Fairness Commissioner.

[Read more...](#)

Quality Assurance Program 2012 Notice

The [Self Assessment Guide and Professional Development Plan](#) component of the Quality Assurance Program is completed by all members of the College every other year. In 2012, Autonomous Practice members with even registration numbers as well as all Supervised Practice and Interim Autonomous Practice members are required to complete the Self Assessment Guide and Professional Development Plan. Once completed, members are required to submit the [Declaration of Completion](#) to the College as documentation that this has been done. The deadline for submission of the Declaration of Completion is June 29, 2012. Information about the Self Assessment Guide and Professional Development Plan and the Declaration of Completion is available in the [News and Announcements](#) on the homepage of the College website.

Reducing Auto Insurance Abuse and Fraud

The Financial Services Commission of Ontario has produced a document for those in the health care system titled Reducing Abuse and Fraud in the Health Care Services for Auto Insurance. For the information of our members, we are offering this link to both the [French](#) and [English](#) versions.

[No Fee Increase for 2012-2013](#)

The College is pleased to advise members that no fee increase is proposed for the 2012-2013 fiscal year.

[Read more...](#)

[Changes to the Register 2011-2012](#)

Since July 2011, there have been many changes to the College register as new Certificates of Registration were issued or members retired and resigned. As well, the College learned, with regret, of the deaths of a number of colleagues. [View the Changes to the Register.](#)

[Oral Examinations](#)

The College would like to thank the members of the College who acted as Oral Examiners in December 2011.

[Oral Examiner List](#)

Quick Links

[College of Psychologists Of Ontario](#)

416-961-8817

800-489-8388

cpo@cpo.on.ca

[Model Standards for Telepsychology Service - An Advisory for Psychological Practice](#)

At the December 2011 meeting of the Council of the College of Psychologists of Ontario, the Model Standards for Telepsychology Service, developed by the Association of Canadian Psychology Regulatory Organizations (ACPRO), were adopted as an Advisory for Psychological Practice. As an Advisory these are not incorporated into the College's Standards of Professional Conduct, but rather are provided as advice to members regarding important issues to be carefully considered in offering telepsychology services. Telepsychology relates to services provided both within Ontario and across jurisdictional boundaries; however some issues are specifically relevant when cross-border services are contemplated.

[Read more...](#)

[Maintain Control Over Your Signature](#)

The Investigations, Complaints and Reports Committee (ICRC) has recently considered several complaints related to the content of members' assessment reports which the members indicated they had not authored. These reports were written over digital copies of the members' handwritten signatures. The members reported having supplied their signatures to assessment companies and others for whom they conduct assessments in order to facilitate efficient report production.

[Read more...](#)

[Complaints Regarding Assessments Undertaken in the Context Of Pending Litigation](#)

The following information is presented in order to assist psychologists and psychological associates in understanding the College's mandate with regard to the investigation and disposition of complaints. While recognizing that not all complaints can be prevented, it is hoped this information may assist members in avoiding issues which have come to the attention of the Investigations, Complaints and Reports Committee (ICRC).

[Read more...](#)

[Discipline Proceedings](#)

The Discipline Committee of the College holds hearings into allegations of professional misconduct and/or incompetence. A summary of disciplinary proceedings is provided for the information of the public, members of the College and other professionals. This information is on the Register of the College and available in the [Members Search](#) section of the College website or may be obtained by contacting The College of Psychologists of Ontario.

[Recent Discipline Findings...](#)

President's Message

Milan Pomichalek, Ph.D., C.Psych.

There I was sitting at my desk, my framed certificate proudly proclaiming to all that I am registered as a Psychologist in the province of Ontario, contemplating the e-mail message from the College on my monitor informing me that an election was to be held in District 1, my district, for a seat on the College's Council.

Do I throw in my name? Surely there are individuals far more qualified than I am! But I don't like living with uncertainty, and the workings of the mysterious College were too inscrutable to allow me to let the opportunity pass by.

In the end I overcame my hesitation, found five colleagues willing to endorse my candidacy and to my surprise, was elected to a seat on the College's Council. My election surprised me then, and sometimes continues to surprise me now, nearly five years later.

Being on the Council was just one small part of the job as there were a variety of committees and taskforces, on which to serve. Responsibilities galore -- but what a reward! Not only have I gained valuable insight into the workings of that once mysterious entity, the College of Psychologists of Ontario, and an appreciation of the complexities of the regulatory environment, but I have had the good fortune to meet many remarkable individuals during my tenure on the Council. I have been impressed by the public members, professional members and the staff who are all highly professional, compassionate individuals and who take the College's mandate, *protection of the public*, very seriously indeed. At the same time they strive to be fair, open and transparent in working with members be it in registration, investigations or any of the other many functions the College undertakes. I have also made some good friends in the process.

It has been said before that the College is not "them" but rather it is "us" -- Psychologists and Psychological Associates, working together to facilitate the privilege of self-regulation. In other words, it is as good, efficient, and fair as its membership as it is our colleagues that we elect to administer its affairs. This year, elections to the Council are being held in Districts 5 and 6 (GTA East and West) and for the Psychological Associate non-voting seat. I would like to take this opportunity to thank all who have decided to run and to remind you that there are elections to Council every year. When your District seat is up for election, I would encourage you to give it a try. You will be glad you did, I know I am!

Proposed Registration Regulation Amendments 2011

Summary

Amendments Approved by Council on October 25, 2011 for submission to Government:

- 1) Academic credentials criteria revised; delete “primarily psychological in nature”
- 2) Elimination of reference to “guidelines” in non-exemptible requirements
- 3) New mobility provisions for applicants registered elsewhere in Canada
- 4) Housekeeping/administrative amendments

The Registration Regulation Amendments Address:

- Concerns raised by the Health Professions Appeal and Review Board (the Board)
- Requirements to implement new mobility provisions set out in the Health Professions Procedural Code of the Regulated Health Professions Act (RHPA)
- Advice of policy staff of the Ministry of Health and Long-Term Care
- Recommendations of the Office of the Fairness Commissioner (OFC)

Introduction

The amendments approved by Council and submitted to the Ministry in 2011 do not address the proposal to “grandparent” psychological associates as psychologists or any consideration to eliminate masters level psychological associate registration. In consultation with Ministry staff, the College was informed that the Ministry would not be able to deal with such complex and potentially contentious proposals during 2011. They indicated that they must give priority to the mobility amendments being submitted by all Colleges. They did note however, that they might also be able consider other urgent, but less complex or controversial proposed amendments.

In addition to consulting with members of the College, the associations, the other Canadian psychology regulators and other RHPA regulators, the College consulted with Ministry policy staff and the Office of the Fairness Commissioner regarding the proposed registration regulation amendments. As Cabinet requires a letter of support from the Fairness Commissioner for any proposed regulation amendments, a letter was obtained from the OFC and included in the College’s submission.

Discussion of Amendments Approved for Submission to Government

- 1) **Academic credentials criteria revised; replace phrase “primarily psychological in nature” and delete reference to “guidelines”**

Registration applicants may ask the Health Professions Appeal and Review Board (the Board), to review decisions made by the Registration Committee. Several decisions of the Board, received during 2011, raised serious concerns about the current language in the Registration Regulation. The regulation sets out, as a requirement of registration, that an individual’s degree be from “a program of study primarily psychological in nature”. The phrase is then further elaborated upon in the Registration Guidelines. In ruling against the Registration Committee’s decisions, the Board indicated that the Committee should not rely on “guidelines” to interpret the phrase “a program of study primarily psychological in nature”. Rather, the Board noted that if the College wished to impose certain requirements, such as those set out in the Guidelines, the requirements must be set out in the regulation. In addition, any change in the registration requirements must be effected through the regulation review and approval process of the government.

The Board applied a “plain language” interpretation of the phrase “a program of study primarily psychological in nature”. In doing so, the Board obliged the College to issue Certificates of Registration to individuals whose psychology programs were not intended to train practitioners and to issue certificates to individuals whose programs were in a field other than psychology. In doing so, the Board also recognized programs of training assembled by the applicants themselves which did not form part of the curriculum in their graduate training program. While the College might dispute aspects of the Board’s decisions, some of the points made by the Board warranted further consideration. Amending the Registration Regulation was identified as critical so that the College could require the academic standards necessary to ensure the competent practice of psychology at entry level.

Academic Requirements

Through the regulation amendment process, the College is seeking to amend the academic criteria for registration as a psychologist and as a psychological associate (autonomous practice and supervised practice) to eliminate any reference to “guidelines”; specific requirements for the graduate training program would appear in the regulation itself. The College has also removed any ambiguity in language to ensure that the degree, be it a doctorate or masters, is from “a psychology program”.

For registration as a psychologist, the proposed amendments provide that the doctoral degree must be from a psychology program which meets one of three criteria:

1. Accredited by the Canadian Psychological Association (CPA);
2. Deemed by the Registration Committee of the College to be equivalent to a CPA accredited program (potentially including APA accredited programs or programs in Canada that have not yet received accreditation); or
3. Offered outside of Canada or the United States and deemed by the Registration Committee to be *substantially similar, but not equivalent*, to a CPA accredited program. In such cases the Registration Committee may require the applicant to complete additional education or training to make his or her preparation equivalent to a CPA accredited program.

The third criterion was included at the recommendation of the Office of the Fairness Commissioner to address concerns that the graduate programs of internationally educated applicants would not be CPA accredited and, given differences in training, might not be deemed equivalent to a CPA accredited program. The OFC was supportive of the College’s need, on a case by case basis, to require additional education and training of some applicants.

For registration as a psychological associate, the proposed amendments would require that the masters degree be from a psychology program which meets the following criteria:

- Offered at a recognized degree granting institution in Canada or recognized university in a foreign country;
- Prerequisite of 576 hours (16 half courses) of undergraduate instruction in psychology
- Specified psychology courses including professional practice courses and foundational knowledge, plus practicum or internship
- Minimum of one academic year of resident graduate study and training or equivalent part-time

Similar to the criteria noted above for registration as a psychologist; if the Registration Committee determines that the masters degree is from a psychology program which is *substantially similar, but not equivalent*, to a program described in the criteria, the Committee may require additional education or training to achieve equivalence.

2) Elimination of reference to “guidelines” in other non-exemptible requirements

The current Registration Guidelines contain information regarding the other non-exemptible requirements for autonomous practice and for supervised practice (supervised experience, examinations, supervised practice, and additional education and training to ensure competence). Reference to “guidelines” has been removed and more specificity regarding the requirements has been included in the regulation. Elimination of references to guidelines has been applied both to requirements for registration as a psychologist and to requirements for registration as a psychological associate

In addition, reference to “guidelines” has been removed from the requirements for autonomous practice applicants registered in a jurisdiction outside of Canada. These provisions have also been revised and reformatted. At the recommendation of the Office of the Fairness Commissioner, the requirement for “at least five years of practice in the jurisdiction of licensure/registration” has been removed. To address concerns about the competence of any applicant who may not have practised during the 24 months preceding the application, despite being authorized to do so, the proposed regulation would permit the Registration Committee to require additional training, experience, examinations or assessments in such a case.

Similar changes have been made in the requirements to obtain a certificate of registration for interim autonomous practice.

3) New mobility provisions for autonomous practice applicants registered elsewhere in Canada

The language in this section was recommended by Ministry policy staff to ensure consistency with the language approved in the Registration Regulations of other Colleges and compliance with the Agreement on Internal Trade. The College had been advised that it could continue to require applicants registered elsewhere in Canada to pass the Jurisprudence and Ethics Examination so long as it was not “material”. Accordingly, the examination is explicitly included in this section of the regulation. There is also a provision pertaining to mobility applicants which would allow the Registration Committee to require additional training, experience, examinations or assessments of an applicant who has not practised during the 24 months preceding the application.

Similar changes have been made in the requirements to obtain a certificate of registration for interim autonomous practice.

4) Housekeeping/administrative amendments

The College has proposed the deletion of several sections of the Registration Regulation as these were time limited and transitional in nature and are no longer applicable. The two key sections to be deleted are:

- references to the transition from the *Psychologists Registration Act, 1960* and its regulations to the *Regulated Health Professions Act, 1991* and the *Psychology Act, 1991*; and
- references to the transition period during which the College accepted the education of psychological associate applicants deemed to have credentials equivalent to a masters degree from a program primarily psychological in nature.

Conclusion

As discussed earlier, the regulation amendments approved by Council in October 2011 and submitted to the Ministry in early December 2011 address concerns about the language for the non-exemptible registration requirements so that the College may require the entry to practice standards necessary to ensure the competent practice of psychology. These Registration Regulation amendments do not address

the registering of psychological associates as psychologists nor do they include any provisions to eliminate masters level psychological associate registration. As discussed above, the College was not able to submit amendments on these topics during 2011; however, they continue to be considered by the College Council.

The College would like to thank those who responded to the consultation on the proposed Strategic Direction for 2011-2016. Responses were received from 31 members of the College and from the Ontario Psychological Association. The Steering Committee reviewed the responses and made some revisions to the draft Mission and Vision Statements. Council received a summary report of the consultation responses and approved the revised Mission and Vision Statements. The approved Strategic Direction has been translated into French and both versions are provided below:

Strategic Direction 2011-2016

Mission Statement 2011-2016

Promoting Excellence in the Practice of Psychology for a Changing World

Vision Statement 2011-2016

The College is a model for self-regulation.

- The College protects the public by enforcing standards fairly and effectively
- The College communicates clearly and effectively with stakeholders, particularly applicants, members and the public
- The College promotes good practice by supporting and assisting members to meet high standards
- The College is responsive to changing needs in new and emerging practice areas
- The College collaborates in shaping the regulatory environment
- The College promotes the cohesiveness of the profession

Notre Mission 2011-2016

Promouvoir l'excellence dans la pratique de la psychologie dans un monde en pleine évolution.

Énoncé de notre Vision 2011-2016

L'Ordre est reconnu comme un modèle d'autorégulation.

- L'Ordre soutient des standards justes et efficaces afin de protéger son public.
 - L'Ordre communique de façon efficace avec ses actionnaires, ainsi qu'avec ceux qui postulent des postes, ses membres et le public en général.
 - L'Ordre promeut de bonnes pratiques en appuyant et aidant constamment ses membres.
 - L'Ordre réagit positivement aux besoins changeants qui proviennent des secteurs nouveaux et émergents de la pratique de la profession.
 - L'Ordre s'engage activement à modeler et réglementer son entourage réglementaire.
 - L'Ordre promeut la cohésion de la profession.
-

No Fee Increase for 2012-2013

The College is pleased to advise members that no fee increase is proposed for the 2012-2013 fiscal year.

The College's annual registration fees were set at \$795 effective June 1, 2002. For 10 years, the annual registration fee has remained unchanged. In December 2011, Council considered a number of factors raised in a report by the Finance and Audit Committee and accepted the committee's recommendation to maintain the annual renewal fee at \$795 for an additional year.

With the fee set in 2002, the College achieved fiscal surpluses for several years. This allowed the Council to establish reserve funds to cover specified exceptional expenses. One of these was a Fee Stabilization Reserve Fund, intended to allow the Council to delay implementation of a fee increase for annual registration renewals.

Expenses have increased significantly over the intervening years and the College Council approved deficit budgets for the 2010-2011 and 2011-2012 fiscal years. Members will recall the economic downturn of 2008 during which time the fees remained stable. While the economy has been recovering, the College has been able to use reserve funds to cover exceptional expenses. It is anticipated that the Fee Stabilization Reserve Fund will cover any budget deficits in 2011-2012 and 2012-2013.

For this reason, Council has decided to delay implementation of a fee increase for a further year and no increase is planned for 2012-2013. To ensure fiscal responsibility and the potential to balance the budget in the future however, the Finance and Audit Committee will consider recommending to Council that fees be increased effective for the 2013-2014 fiscal year. More information will be provided to members at a future time and any proposed increase will be circulated to members for comment before Bylaw 18: Fees is amended.

Oral Examiners December 2011

The College would like to thank the following members who acted as oral examiners in December, 2011.

Cheryl Alyman, Ph.D., C.Psych.
Ian D.R. Brown, Ph.D., C.Psych.
Clarissa Bush, Ph.D., C.Psych.
Angela Carter, Ph.D., C.Psych.
Jim Cheston, Ph.D., C.Psych.
Ms Judy Cohen: Public Member
Ester Cole, Ph.D., C.Psych.
Mary Susan Crawford, Ph.D., C.Psych.
Janine Cutler, Ph.D., C.Psych.
Ron Davis, Ph.D., C.Psych.
Donna Ferguson, Psy.D., C.Psych.
Jennifer Gaddes, M.A., C.Psych.Assoc.
Robert Gauthier, M.Ed., C.Psych.Assoc.
Timothy Hill, M.A., C.Psych.Assoc.
Tony Iezzi, Ph.D., C.Psych.
Debra Lean, Ph.D., C.Psych.
Jane Ledingham, Ph.D., C.Psych.
Maggie Mamen, Ph.D., C.Psych.
Mr. Peter McKegney: Public Member
Lise Mercier, Ph.D., C.Psych.
Samuel Mikail, Ph.D., C.Psych.
Janet Morrison, M.A., C.Psych.Assoc.
Mary Ann Mountain, Ph.D., C.Psych.
Danielle Nahon, Ph.D., C.Psych.
Carolee Orme, Ph.D., C.Psych.
Milan Pomichalek, Ph.D., C.Psych.
Janet Quintal, M.A., C.Psych.Assoc.
Kerri Ritchie, Ph.D., C.Psych.
Francine Roussy Layton, Ph.D., C.Psych.
Dalia Slonim, Psy.D., C.Psych.
Barbara Vale, M.A., C.Psych.Assoc.

Changes to the Register

Certificates of Registration

The College would like to congratulate the *Psychologist* and *Psychological Associate* members who received Certificates of Registration during the 2011-2012 year.

Psychologists - Certificate Authorizing Autonomous Practice

Kathryn Jane Aitken	Diana Mandeleew
Naila Alisa Ali	Billy Mangos
Ewa Justyna Antczak	Lisa Ann Marshall
Josee Mary Jane Casati	Anna Matejka
Jonathan Edward Chapman	Alexandra Margaret McIntyre-Smith
Noel Chung	Caroline Mary McIsaac
Shannon Laureen Currie	Kelly Amber McKay
Faye Katherine Doell	Valérie Berthe Marie Mertens
Rebecca Lynn Douglas	Lesley Sharon Miller
Andrea Lee Dwyer	Sabrina Clare Moraes
Pamela Anne Elmslie	Longena Long-Fung Ng
Ricardo Flamenbaum	Jeffrey R Paulitzki
Mirisse F. Forouge	Mélanie Racine
Meredith Ann Mulock Gillespie	Thomas Rhee
Corinne Rene Hale	Hannah Leah Rockman
Catherine Pascale Hatt	Lauren Anne Rosen
Vanessa R. A. Illing	Viviane Ruest
Justine Elouise Joseph	Ruwa Sabbagh
Jacob Lawrence Kaiserman	Catherine Sabourin
Allison Catherine Kelly	Fabio B. Salerno
Drew Alexander Kingston	Alexandra Elizabeth Sutherland
Lesley Clare Lacny	Deanna Jeanne Swift
Andrea Meredith Bo Lay Lee	Jessica Lee Van Exan
Erin Rose Leonard	Monica Vermani
Amanda Leigh Levine	Samantha Erin Waxman
Robert James Little	Jeffrey Michael Weatherby
Valda Guimaraes Dos Santos Lopo	Carmen Vanessa Weiss
Bradly MacNeil	Dino Zuccarini

Psychological Associates - Certificate Authorizing Autonomous Practice

Liv Caroline Capozzi
Camille Dawn Cato
JoAnne Marie Clark
Katherine Leigh Davidson
Wendy May Kelly
Leah Ellen Malamet
Matthew Daniel O'Brien

Tracy Lynne Riley
Julie Leslie Roberts
Kimberley Lynn Shilson
Glenn Stephen Stelpstra
Elena Paula Viola
William Williams

Psychologists - Certificate Authorizing Interim Autonomous Practice

Ernesto Juan Carlos Andrade
Réjeanne Dupuis
Lyssa Gagnon
Genevieve Gagnon
Catherine Pascale Hatt
Grant Loren Iverson
Todd Addair Kettner
Michèle La Roche

Maria Marshall
Céline Mavounza
Michael A McCrea
Kelly Amber McKay
Denise-Lotte Milovan
Edward Murray
Alyna Reesor
Kimberley Ann Wands

Psychologists - Certificate Authorizing Supervised Practice

Veronica Asgary-Eden
Yves Ronald Joseph Bureau
Sabreena Chohan
Robert Charles Thrasher Clark
Tessen Janine Clifford
Kelsey Catherine Collimore
Anne Rena Cummings
Catherine Kimiyo Currell
Kim Shawna Daniel
Nancy Beth Davis
Lana Dépatie
Laszlo Attila Erdodi
Nicole Ann Ethier
Anita Rose Federici
Anthony Folino
Meredith Lyn Foot
Kylie Francis
Christine Rachel Purcell
Jacqueline Annice Roche
Jessica Danna Rosenthal
Craig Thomas Ray Ross
Gillian Rowe

Laura Jayne Friedlander
Graham Sherwood Gaine
Laura Gallou
Laura Garcia-Browning
Krista Rose Gass
Laura Louise Gates
Andrea Lynne Gibas
Ann-Marie Jelena Golden
Alexandra Gousse
Elisabeth Iris Melsom
Anne Marie Mikhail
Irena Milosevic
Aleksandar Milosevic
Marilisa Morea
Laura Anne Nichols
Caroline Sandra Ostiguy
Lea Ann Maria Ouimet
Brian Yoon-Ho Kong
Janice Rose Kuo
Noah Lawrence Lazar
Trang Kim Le
Lindsey Leenaars

Sylvain Roy
Alice Katherine Rubin-Vaughan
Darren Norbert Schmidt
Brendan Douglas Guyitt
Yarissa Herman
Mary Katherine Hillman
Janet Susan Hinds
Donaya Hongwanishkul
Karen Ip
Julie Anne Irving
Gwen Jenkins
Kristen Anne Kaploun
Adam David Kayfitz
Owen Peter Kelly
Matthew Alexander Kerr
Brenda Lousie Key
Colin Bradley King
Ruth Erin Kinniburgh-White
Nora Elizabeth Klemencic
Helen F. Kolobow

Alissa Joanne Wendy Levy
Yvonne Julia Tsang Martinez
Agnes Anna Massak-Wainman
Justin Marc Mattina
Jenifer Christine Scully
Kamala Maharram Shiriyevea
Jessica Leigh Shulman
Deanne Catherine Simms
Chanthalone Smith
Alexandra Cornelia Soliman
Abbie Jaime Solish
Lauren Erin Stanton
Suzanne Erin Stone
Susan Diane Vander Morris
Sarah Jayne Watkins
Aliza Zahava Weinrib
Sarah Marie Wheeler
Laura Clare Young
Marc Zahradnik
Patricia Amy Zimmerman

Psychological Associates - Certificate Authorizing Supervised Practice

Bhupinder Singh Bains
Ursula Eva Chavez
Brenda Colella
Lisa Michelle Zoe Couperthwaite
Trudy Ann Da Silva
Claire Louise Dulmage
Janice Lynn Elms
Lourensa Fourie
Ann Louise Gelsheimer
Scott Gosse
Lesley Patricia Hannell
Richard Henry Hauer
Susan Henriques-Decotiis
Hilary Theresa Holmes
Tara Marie Horsman-Downer

Sima Komeilinejad
Anna Kozina
Jennifer Kwong
Tracy Ellen MacGregor
Antonella Magnatta
Jody Reesa Markow
Lara Anne Mason
Angela Fay McLinden
Robert Mihajlovic
Tatiana Murkin
Anne Kathleen Newby
Tejaswee Nandkumar Pathare
Sohaila Raees
Linda Mary Turney-Phillips
Janice Ruth Weintraub-Wilson

The College wishes to thank those members who
generously provided their time and expertise to act as
primary and alternate supervisors for new members issued
Certificates Authorizing Autonomous Practice

Retired Members

Christiane Frechette
Graham Haley
Bella Hazzan

Carol Lithwick
G.E.MacKinnon
H. Diane Wood

Deceased Members

Since July, 2011, the College learned with regret of the deaths of two members. The College extends condolences to the families, friends and professional colleagues of:

Peter Ely

Hugh McLeod

Resigned

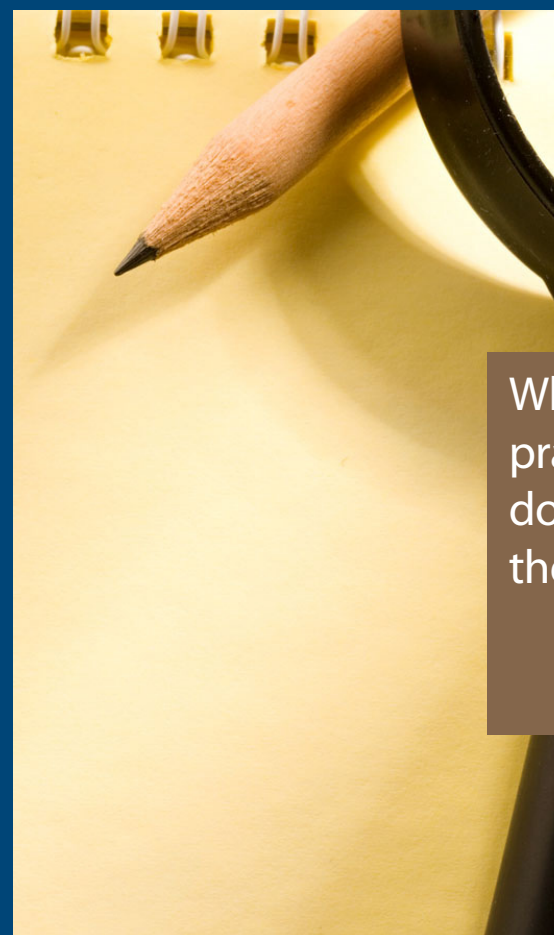
Jean Addington
Yvonne Archibald
Clare Bowles
Perla Anne Comassar
G.Ron Frisch
Eva Holzwarth
Oonagh Magrath
Roxane Marois
Jane McCully

James Porter
Marsha Rogers
John Schneider
Teeya Scholten
Mark Skovron
Faye Swartz
Keith Walker
Alexander Wilson
Elizabeth Yates



Financial Services
Commission
of Ontario

Reducing abuse and fraud in health care services for Auto Insurance: everyone has a role to play



What health care
practitioners can
do to protect
themselves

Financial Services Commission of Ontario
5160 Yonge Street, Box 85
Toronto, Ontario
M2N 6L9

Telephone: (416) 250-7250
Toll-free: 1-800-668-0128
TTY (416) 590-7108, 1-800-387-0584

FSCO website: www.fSCO.gov.on.ca

Ce feuillet de renseignements est également disponible en français



Financial Services
Commission
of Ontario

Insurance fraud comes in many forms. With electronic records and easier access to information, health care practitioners are being targeted for identity theft. Through the illegal use of a practitioner's name or other identifiable information, fraudsters obtain payment for health care services that were never provided.

What health care practitioners should know:

Insurance fraud can impact you in several ways. You could suffer from loss of reputation, be subject to a police investigation and may need to hire legal counsel to clear your name. You could find it difficult to get treatment approved for your clients or receive payment from insurers.

The Scenario

One way in which fraud may be carried out is when clinic owners/operators and others in the system misuse the signatures and credentials of health care practitioners. They steal a health care practitioner's name and College registration number and forge signatures. They use this to falsify client records of treatment and assessment plans that were never provided and insurance payments are then forwarded to a phony address.

This could also happen where health care practitioners leave a practice and the clinic fraudulently uses their signatures and information after they leave.

Warning Signs for Health Care Practitioners

- Suspicious documents: Are you seeing treatment and assessment plans, invoices or other records that look altered or forged? Have you seen documents that do not match your own records?
- Suspicious activities: Is a client complaining about receiving a bill for a service he/she never received? Is a client reporting an inconsistency between a treatment and assessment plan and his/her records?

What Health Care Practitioners Can Do

You can be a gatekeeper to prevent fraudulent health care claims. Exercising your responsibilities appropriately will help reduce potential risks, save money, reduce premiums and protect consumers.

If you hear from insurers or law enforcement about possible identity theft, take note of the warnings. By being vigilant and taking steps to safeguard your information, you can build protection and increase efficiencies to reduce identify theft.

How Health Care Practitioners Can Protect Themselves

- Inform the Regulatory College where you are registered when you move from one clinic/facility to another.
- Never sign blank treatment and assessment plans.
- Explain the treatment and assessment plan to your client. Ensure that your client signs plans only if he/she understands the goods and services being proposed, the costs, and, the goals of treatment.
- Maintain a record of the services and treatment you provide, as listed on the invoice, to provide you with proof to refute fraudulent claims. You can do this by retaining copies of:
 - treatment and assessment plans for each client;
 - treatment and assessment plans that the insurer has approved;
 - invoices that you submit to the insurer on behalf of a client.
- Check that the insurance company notifies the client in writing when they decline all or part of a treatment and assessment plan. The insurer should clearly identify what portions of the plan they will or will not pay for, and the reasons for declining payment.
- Do not provide a third party with your personal information to process invoices on your behalf.
- Audit your records on a regular basis to spot inconsistent or suspicious documents.
- Check HCAI information to ensure it matches your records.
- Review your billing and payment procedures from time to time to address new risks.
- Report any suspicious activity immediately.

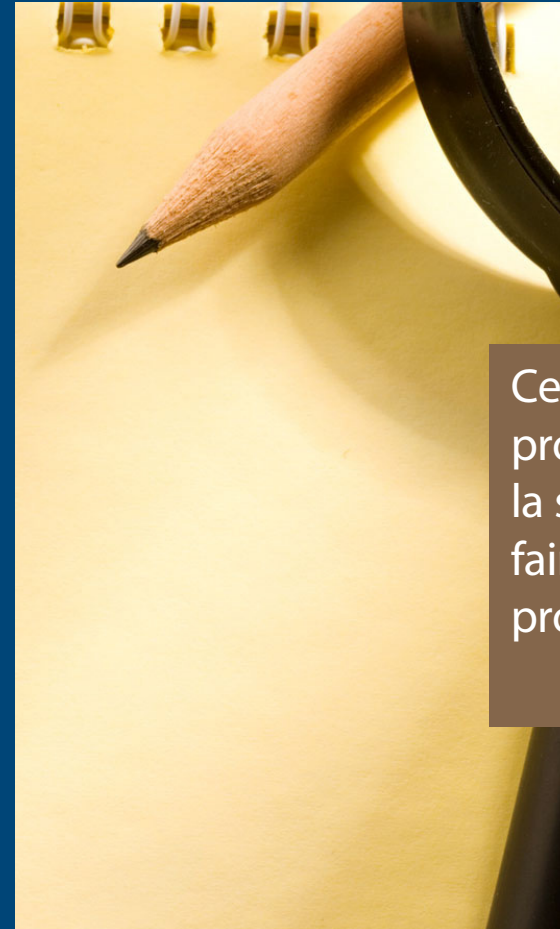
Reporting Suspicious Activity

If you have evidence of fraudulent auto insurance claims or identity theft, you should contact the police and the College where you are registered. You should also contact the Insurance Bureau of Canada at : (416) 445-5912, toll-free: 1-800-387-2880.

For additional information

If you would like more information please call the Financial Services Commission of Ontario (FSCO) Contact Centre at: (416) 250-7250, Toll-free: 1-800-668-0128, TTY toll-free: 1-800-387-0584. You can also visit our website at www.fSCO.gov.on.ca. For other helpful information, visit: www.IBC.ca – Insurance Bureau of Canada (IBC)

Réduire l'abus et la fraude dans les services de soins de santé liés à l'assurance-automobile : cha- cun a un rôle à jouer



Ce que les
professionnels de
la santé peuvent
faire pour se
protéger

Commission des services financiers de l'Ontario
5160 Yonge Street, Box 85
Toronto, Ontario
M2N 6L9

Téléphone: (416) 250-7250
Numéro sans frais: 1-800-668-0128
TTY (416) 590-7108, 1-800-387-0584

Site Web de la CSFO: www.fsco.gov.on.ca

This document is also available in English

La réduction des abus et de la fraude dans les services de soins de santé liés à l'assurance-auto-mobile est l'affaire de tous

Dans le domaine de l'assurance, la fraude se présente sous diverses formes. La facilité accrue d'accès à l'information et les dossiers en format électronique font des professionnels de la santé une cible parfaite pour les voleurs d'identité. En utilisant illégalement le nom d'un professionnel de la santé ou d'autres renseignements sur lui, les fraudeurs réclament le paiement de services de soins de santé qui n'ont jamais été fournis.

Ce que devraient savoir les professionnels de la santé :

La fraude en matière d'assurance peut vous toucher de nombreuses façons. Votre réputation pourrait être atteinte et vous pourriez faire l'objet d'une enquête policière. Vous pourriez avoir besoin des services d'un avocat pour blanchir votre nom. De même, vous pourriez avoir de la difficulté à faire approuver des traitements pour vos patients ou à vous faire

Scénario

Par exemple, une fraude peut être commise par le propriétaire ou l'exploitant d'une clinique ou d'autres intervenants lorsque ceux-ci utilisent abusivement la signature ou le titre de compétences d'un professionnel de la santé. Ils empruntent illégalement le nom du professionnel de la santé et son numéro d'inscription de l'ordre et falsifient sa signature. Ils se servent de ces renseignements pour contrefaire le plan de traitement d'un patient, et ce, pour des services qui n'ont jamais été fournis. Les paiements d'assurance sont ensuite acheminés à une fausse adresse.

Cette situation peut également se produire lorsqu'un professionnel de la santé quitte une clinique et que celle-ci utilise frauduleusement sa signature et ses renseignements après son départ.

Signaux d'avertissement pour les professionnels de la santé

- Documents douteux : avez-vous déjà vu des plans de traitement, des factures ou d'autres documents qui semblent avoir été falsifiés ou contrefaits? Avez-vous remarqué si des renseignements figurant sur des documents ne correspondaient pas à ceux inscrits sur vos dossiers?
- Activités suspectes : un patient s'est-il plaint d'avoir reçu une facture pour des services qu'il n'a jamais reçus? Un patient a-t-il signalé une contradiction entre un plan de traitement et ses dossiers?

Que peuvent faire les professionnels de la santé

Vous pouvez faire en sorte de prévenir la présentation de demandes de règlement frauduleuses à l'égard des soins de santé. Exercez vos responsabilités adéquatement et vous contribuerez à la réduction des risques potentiels, à la réalisation d'économies, à la diminution des primes et à la protection des consommateurs.

Si des assureurs ou les forces de l'ordre vous signalent la possibilité d'un vol d'identité, prenez cet avertissement au sérieux. Votre vigilance et les gestes que vous poserez pour protéger vos renseignements accroîtront votre protection de même que l'efficacité des mesures de réduction

des vols d'identité.

Comment les professionnels de la santé peuvent-ils se protéger?

- Informez votre ordre professionnel lorsque vous changez de clinique ou de lieu de travail.
- Ne signez jamais de plans de traitement en blanc.
- Expliquez le plan de traitement à votre patient. Assurez-vous qu'il le signe uniquement s'il comprend les biens ou les services qui lui sont proposés ainsi que le coût et l'objectif du traitement.
- Conservez en dossier des renseignements sur les services et le traitement fournis, tels qu'ils figurent sur la facture, et vous aurez ainsi une preuve pour réfuter les demandes de règlement frauduleuses. Pour ce faire, vous pouvez conserver une copie :
 - o du plan de traitement de chaque client;
 - o du plan de traitement approuvé par l'assureur;
 - o des factures que vous présentez à l'assureur au nom du client.
- Veillez à ce que la compagnie d'assurance avise le client par écrit, du refus d'un plan de traitement en totalité ou en partie. L'assureur devrait indiquer clairement ce qu'il paiera et ce qu'il ne paiera pas et les raisons de son refus de paiement.
- Ne fournissez pas vos renseignements personnels à un tiers pour qu'il traite vos factures en votre nom.
- Examinez régulièrement vos dossiers pour repérer tout document contradictoire ou douteux.
- Vérifiez les demandes de règlement pour soins de santé liés à l'assurance-automobile pour vous assurer qu'elles correspondent à vos dossiers.
- Passez en revue votre procédure de facturation et de paiement de temps à autre pour contrer les nouveaux risques.
- Signalez immédiatement toute activité suspecte.

Signalement des activités suspectes

Si vous avez la preuve d'un vol d'identité ou d'une fraude relativement à une demande de règlement d'assurance-automobile, vous devriez communiquer avec les autorités policières et votre ordre professionnel. Vous devriez également communiquer avec le Bureau d'assurance du Canada au (416) 445-5912, (ATS sans frais : 1 800 387-2880).

Renseignements additionnels

Si vous souhaitez obtenir des renseignements supplémentaires à ce sujet, veuillez appeler l'InfoCentre de la Commission des services financiers de l'Ontario (CSFO) au 416 250-7250, ou sans frais au 1 800 668-0128 (ATS sans frais : 1 800 387-0584). Vous pouvez également visiter notre site Web au www.fsco.gov.on.ca.

Quality Assurance Program 2012 Notice

The [*Self Assessment Guide and Professional Development Plan*](#) component of the Quality Assurance Program is completed by all members of the College every other year. In 2012, Autonomous Practice members with even registration numbers as well as all Supervised Practice and Interim Autonomous Practice members are required to complete the *Self Assessment Guide and Professional Development Plan*. Once completed, members are required to submit the [*Declaration of Completion*](#) to the College as documentation that this has been done. The deadline for submission of the *Declaration of Completion* is June 29, 2012. Information about the *Self Assessment Guide and Professional Development Plan* and the *Declaration of Completion* is available in the [*News and Announcements*](#) on the homepage of the College website.

Model Standards for Telepsychology Service: An Advisory for Psychological Practice

(adopted December 9, 2011)

At the December 2011 meeting of the Council of the College of Psychologists of Ontario, the *Model Standards for Telepsychology Service*, developed by the Association of Canadian Psychology Regulatory Organizations (ACPRO), were adopted as an *Advisory for Psychological Practice*. As an *Advisory* these are not incorporated into the College's Standards of Professional Conduct, but rather are provided as advice to members regarding important issues to be carefully considered in offering telepsychology services. Telepsychology relates to services provided both within Ontario and across jurisdictional boundaries; however some issues are specifically relevant when cross-border services are contemplated.

In developing the Model Standards, ACPRO's goal was to seek consistency in standards and expectations among regulatory Colleges and Boards across Canada regarding the delivery of telepsychology services. As Model Standards, they reflect a consensus on this important regulatory issue. As ACPRO Model Standards, they have no force unless and until they are adopted by the individual Canadian regulatory College or Board.

At this time, the College of Psychologist of Ontario has chosen to adopt the ACPRO Model Standards as advice to members. These may be incorporated into the Standards of Professional Conduct in the future but this would follow extensive member consultation regarding usefulness, clarity, comprehensiveness and applicability to practice.

The ACPRO document *Model Standards for Telepsychology Service* is reproduced in full as it provides both background information and context for the Model Standards. Please note that ACPRO, as a pan-Canadian organization, chose to use the term "psychologist" to include all practitioners of psychological services, reflecting the variety of terms for currently in use across the country.



110 Eglinton Avenue West, Suite 500 Toronto,
Ontario, Canada M4R 1A3 416-961-8817 x223
• 800-489-8388 x 223 e-mail: rmorris@cpo.on.ca

Model Standards for Telepsychology Service Delivery Adopted June 4, 2011

Member organizations of the Association of Canadian Psychology Regulatory Organizations (ACPRO) are committed to ensuring the delivery of competent and ethical psychological services by licensed practitioners. Serving and protecting the public interest is the foundational responsibility of all member organizations. This is achieved in part through the establishment of standards with regard to the provision of psychological services, regardless of the medium of service delivery employed.

Model Standards adopted by ACPRO are intended to reflect consensus on important regulatory issues of mutual concern and to assist member jurisdictions. It is understood that Model Standards have no force outside of official adoption by a member jurisdiction.

Preamble:

Over the last decade there has been an evolution in terms of the modalities used to deliver health services, where services are no longer necessarily delivered in-person. This evolution has been spurred in part by innovations in communication technologies, the increased sophistication of health consumers in terms of their expectations for service and accessibility to services, and increased demands for service.

Telepsychology can be defined as “the use of information and communications technology to deliver psychological services and information over large and small distances” (adapted from Picot, 1998)¹. Practice within psychology using this modality would include all client-centered services, consultation, supervision of students/professionals/colleagues, and education of the public and/or other professionals.

Standards:

Regardless of the modality used for service delivery, psychologists² are expected to practice according to the Canadian Code of Ethics for Psychologists (3rd Ed.) or the code de déontologie (Québec), standards for practice within their home jurisdiction, and according to local laws and regulations. While there are many practice issues of commonality between telepsychology and in-person service delivery, there are practice issues unique to providing services via tele-technologies. Psychologists are reminded of the following practice issues that should be considered in providing any psychological service:

¹Picot, J. (1998) *Sector Competitiveness Frameworks Series: Telehealth Industry Part 1 – Overview and Prospects*. Industry Canada: Industry Sector Health Industries (as cited in National Initiative for Telehealth Guidelines -Environmental Scan of Organizational, Technology, Clinical and Human Resource Issues, April 2003, Canadian Society of Telehealth)

²For the purposes of this document the term “psychologist” includes all practitioners of psychology who are licensed/registered by a Canadian psychology regulatory body (e.g., psychological associate, provisional psychologist, psychological candidate)

1. Respect for the Dignity of Persons
2. Responsible Caring
3. Integrity in Relationships
4. Responsibility to Society
5. Responsibility to do no harm.
6. Practice within one's area(s) of competence, including medium of service delivery.
7. Responsibility to remain current with regard to the research/literature in the field.
8. Appropriate choice of treatment, including treatment modality and medium of delivery, based on a thorough assessment of client situation and need. Decisions about choice of treatment, modality, and medium reflect the highest appropriate standard of care.
9. Informed consent including but not limited to:
 - a. Discussion of the assessment and intervention approaches and modalities to be used, and the pros and cons of such approaches, delivered via such modalities.
 - b. Discussion regarding the maintenance of records, including electronic records, e.g. security, access, retention policy
 - c. Discussion regarding confidentiality and duty to report
 - d. Confirmation of the client's informed consent, either through use of a written and signed consent form, or via electronic alternatives.
10. Honesty and integrity in relationships
11. Privacy and confidentiality
12. Record maintenance and storage
13. Planning for services in the event of an emergency, including how to contact the psychologist, and alternative services locally available to the client
14. Boundaries
15. Security of Tests
16. Liability Insurance
17. Conflict of Interest
18. Psychologists must be sensitive to cultural/regional/local issues which may impact service delivery, and this is especially critical when the psychologist is not familiar with the clientele or area being served.
19. Protection for Vulnerable Persons
20. Establishment of policies and procedures regarding the following:
 - a. General Service Provision
 - b. Emergency Services/Coverage
 - c. Records (maintenance, access, retention, security)
 - d. Transfer of Services (retirement, death, close of practice, services no longer wanted)
 - e. Client Verification
 - f. Technology Maintenance Plan
 - g. Outcome Evaluation Plan

In addition to the general responsibilities for providing psychological services as noted above, the following must be observed in the provision of services via telepsychology:

- 1 Psychologists will be licensed in "good standing" within the jurisdiction in which they reside. If holding provisional/candidate licensure, psychologists will be supervised in all telepsychology practice by a psychologist licensed in "good standing" within the jurisdiction. As such the expectation is that psychologists conform to any and all rules, regulations, and standards established within the home jurisdiction.
- 2 Psychologists delivering telepsychology services outside of their home jurisdiction will ensure they are legally entitled to do so.

- 1 Psychologists will inform clients who they may complain to if there is a problem, providing the contact information for the responsible regulatory body.
- 2 Psychologists will be familiar with the local jurisprudence and standards for practice in the jurisdiction in which the service is being delivered. Where there is a conflict between such laws/regulations/standards and those of psychologists' home jurisdiction, psychologists must act according to the higher standard.
- 3 Psychologists delivering telepsychology services outside of their home jurisdiction will ensure they carry appropriate liability insurance with respect to such service.
- 4 Psychologists will be competent in the technology of the service delivery medium.
- 5 To minimize the possibility of someone impersonating a client and gaining access to confidential health information, or influencing a psychologist's assessment or opinion of the client, psychologists will use some form of coded identification of the client in cases where live visual verification is not possible.
- 6 Psychologists will make plans with clients regarding what will happen in the event of technological failure.

Maintain Control Over Your Signature

The Investigations, Complaints and Reports Committee (ICRC) has recently considered several complaints related to the content of members' assessment reports which the members indicated they had not authored. These reports were written over digital copies of the members' handwritten signatures. The members reported having supplied their signatures to assessment companies and others for whom they conduct assessments in order to facilitate efficient report production.

The ICRC considered these situations in light of the section of the Professional Misconduct Regulation (#20) which prohibits "making a record, or issuing or signing a certificate, report, or similar document that the member knows or ought to know is false, misleading or otherwise improper." The Committee also reviewed members' obligations, as set out in the Standards of Professional Conduct (Principle 3.1.1), which requires that "a member, whether working individually, in partnership or as a shareholder of a psychological corporation, shall assume responsibility for the planning, delivery, supervision and billing practices of all the psychological services he/she provides to a client."

The accidental or intentional misuse of a member's signature can have serious consequences for both the member and the subject of a report and the College expects members to take reasonable steps to avoid such risks, wherever possible. In the cases which have come to the attention of the ICRC, the Committee has provided remedial advice to members in some cases, and in others, provided the member with a "Caution". The Committee has recommended that members take steps to develop and implement policies regarding the use of their signature. This could include a written agreement setting out the parameters for the use of the electronic signature as well as a method to track its use.

It is important to remember that if a report is issued with a member's signature on it, the assumption of those receiving it will be that the report above the signature is the member's professional opinion regarding the matter at hand.

Complaints Regarding Assessments Undertaken in the Context of Pending Litigation

The following information is presented to assist psychologists and psychological associates in understanding the College's mandate with regard to the investigation and disposition of complaints. While recognizing that not all complaints can be prevented, it is hoped this information may assist members to avoid issues which have come to the attention of the Investigations, Complaints and Reports Committee (ICRC).

During the past fiscal year, the College received 178 calls, emails and letters about member conduct which were resolved informally. The (ICRC) initiated formal investigations of another 80 matters. Sixteen of these investigations concerned Custody and Access and Child Welfare assessments and fifteen concerned Insurance Benefits related assessments.

The College cannot determine how many assessments members conduct in the context of pending litigation. It is assumed however, that the number of such assessments which result in formal complaints to the College represent a small proportion of the total number of such assessments conducted across the province.

Some members have suggested that the College should not address concerns regarding Custody and Access or Insurance Benefits related assessments undertaken in the context of pending litigation. They believe the appropriate mechanism for addressing such concerns is for these to be challenged within the civil court system. Others have suggested that if the College must pursue such concerns, the investigation should wait until the civil proceedings have been completed. It is argued that these complaints are an abuse of process as they are being made in an effort to influence, or interfere with, the civil proceeding.

In anticipation of these concerns, section 36(3) of the Regulated Health Professions Act (RHPA) states that no record, document or thing prepared for a statement given at a proceeding under the RHPA, for example a complaints investigation, and no order or decision made in such a proceeding is admissible in a civil proceeding other than a proceeding under the RHPA, or other health related Acts. Therefore, the findings or disposition of a complaint adjudicated by the College should not be admissible in the Custody and Access or Insurance Benefits related civil proceeding.

The College is required under the RHPA to investigate every complaint about a member unless the complaint is deemed by a panel of the Investigations Complaints and Reports Committee to be frivolous, vexatious, made in bad faith or otherwise an abuse of process.

Typically, the ICRC deems a complaint to be frivolous, vexatious, made in bad faith or otherwise an abuse of process when all of the allegations in a complaint appear to be trivial or, even if proven true, would not constitute acts of professional misconduct. In such matters, a panel of the ICRC is required to notify the parties of its intention to deem a complaint frivolous, vexatious, made in bad faith or otherwise an abuse of process and then consider submissions of the parties before confirming that decision. A decision to dispose of a case in this way is subject to review, upon application, by the Health Professions Appeal and Review Board.

Custody and Access Assessments:

Over the past five years there have been a total of 285 formal complaints to the College about members. Of these, 71 (25%) complaints were about custody and access and child welfare assessments and involved

a total of 60 members. Four of these complaints were deemed frivolous, vexatious, made in bad faith or otherwise an abuse of process. In 29 cases, the College took no action following the investigation and four cases were referred to the Discipline Committee. In the remainder of these cases, the disposition was educational in nature with information provided to members for their future consideration.

The educational information provided by the ICRC (and its predecessor, the Complaints Committee) addressed a wide variety of issues. The most common concerns included:

- Custody and Access recommendations made in the absence of a request for this type of assessment, or improperly having conducted, a Custody and Access assessment;
- Lack of reliable, adequate and appropriate information; conclusions that didn't follow logically from the information; and/or not stating the apparent limits to certainty of opinions and predictions;
- Lack of fully informed consent of all participants with respect to the scope and purpose of the assessment;
- Lack of clarity with regard to the sources of information leading, at times, to difficulty in making distinctions between client self-report, third party reports and the assessors own observations;
- Dual professional relationships or roles with the subjects of the assessment;
- Lack of familiarity with the standards of the profession, and relevant privacy legislation;
- Failure to report suspected child abuse to the appropriate child welfare agency.

Insurance Benefits Related Assessments:

Over the past five years, 66 complaints have been received by the College related to Insurance Benefits related assessments (23% of all complaints) against 55 members. None of these complaints was deemed to be frivolous, vexatious, made in bad faith or otherwise an abuse of process. In 39 of these cases, the College took no action after an investigation and in the remainder of these matters the disposition was educational in nature.

The most commonly occurring concerns noted by the Committee in these cases included:

- An apparent lack of sensitivity and empathy for the person being assessed either in conducting the assessment and/or in the language used in the report;
 - The need for more diligence in obtaining relevant background information, especially when there is information indicating it is available;
 - Lack of familiarity with standards of the profession and relevant privacy legislation, most often with respect to disclosure of information.
-

Discipline Proceedings

The Discipline Committee of the College holds hearings into allegations of professional misconduct and/or incompetence. A summary of disciplinary proceedings is provided for the information of the public, members of the College and other professionals. This information is on the Register of the College and available through the [Members Search](#) section of the College website or may be obtained by contacting The College of Psychologists of Ontario.

Erin Danto, Ph.D.

A hearing into allegations of professional misconduct was held on August 4, 2011 of professional misconduct against Dr. Erin Danto.

Established Facts:

As stated in a statement of agreed facts,

1. Dr. Erin Danto was a psychologist and licensed to practice psychology in Ontario until 2009.
2. In 2009 Dr. Danto was employed as a Staff Psychologist at a Federal penitentiary in Kingston, Ontario, where she provided psychological services to inmates.
3. Between August 2007 and June 2009, Dr. Danto provided these services to a male inmate who was serving a life sentence for second degree murder.
4. On or about June 13, 2009, the inmate escaped from custody. Following his escape, a search of his cell revealed information connecting him to Dr. Danto. When questioned about this by the police, Dr. Danto denied any involvement with the inmate beyond her professional relationship with him.
5. Five days later the inmate and Dr. Danto were apprehended by police while traveling together in Dr. Danto's car. Both Dr. Danto and the inmate were arrested and taken into custody.
6. Two days later, on July 20, 2009, Dr. Danto pled guilty to two criminal charges: Accessory After the Fact to an Offence of Unlawful Escape from Custody and Breach of Trust. She was found guilty of both counts and sentenced to a prison term of two years less a day, to be served in a provincial reformatory.
7. Shortly thereafter, Dr. Danto resigned her membership with the College.

Decision:

Based upon the Statement of Agreed Facts, the Panel found that Dr. Danto had:

8. Dr. Danto committed an act of professional misconduct contrary to section 51(1)(a) of the Health Professions Procedural Code ("the Code"), being Schedule 2 to the Regulated Health Professions Act, 1991, S.O., 1991, c. 18 ("the Code"), in that she has been found guilty of an offence that is relevant to her suitability to practice.
9. Dr. Danto committed an act of professional misconduct contrary to section 51(1) (c) of the Code and section 1, paragraph 32 of Ontario Regulation 801/93, made under the Psychology Act, 1991, S.O. 1991, c. 38 ("Ont. Reg. 801/93") in that, while a member of the College, she contravened a Federal law and the contravention is relevant to the member's suitability to practise.
- (a) Dr. Danto committed an act of professional misconduct contrary to section 51(1) (c) of the Code and section 1, paragraph 34 of Ont. Reg. 801/93 in that she engaged in conduct or performed an act, in the course of practicing the profession, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

Penalty:

As agreed to in a joint submission on penalty, the panel directed that Dr. Danto's Certificate of Registration be revoked.

Panel's Reasons:

In imposing the penalty, the Panel acknowledged Dr. Danto's expression of remorse and her efforts to rehabilitate herself. The Panel also acknowledged the mitigating factors put forward by College Counsel—i.e. that Dr. Danto had no prior criminal record, that she made an early and voluntary plea of guilty, that she cooperated with the College in formulating the Agreed Statement of Facts and Findings, and that she resigned her membership in the College voluntarily in 2009. In addition, Dr. Danto spent close to two years in prison and has been deported to the United States.

Nevertheless, the Panel determined that revocation was the appropriate penalty, in view of the seriousness of Dr. Danto's offences—not only each offence on its own but the cumulative effect. The penalty of revocation is imposed in order to ensure public protection as well as with regard to the principles of specific and general deterrence—specific deterrence to Dr. Danto and general to other members of the College. It is a reminder to members of the profession of the necessity to adhere to the highest ethical and moral standards. In addition the public must have confidence in the profession's ability to regulate itself and provide protection from a member who disregards professional standards and breaks the Criminal Code.

In addition, the Panel notes that Dr. Danto's lack of personal and professional judgment, her inappropriate professional relationship with her client and her subsequent actions were serious breaches of ethical and professional standards which had harmful consequences for a vulnerable client who was then faced with further legal charges.

In reaching its decision on revocation as the penalty, and in weighing the fact that Dr. Danto has already been penalized by the legal system, the Panel considered the decision of the College of Physicians and Surgeons (CPSO) of September 3, 2010 in the Kitafuke case. In this case a physician, who had been found guilty of criminal charges, had his registration revoked by a Discipline Panel. In its decision the CPSO Panel wrote:

#54while public protection is an important factor to be considered, it is not the only factor which the Committee should rely on when considering a penalty of revocation. The penalty must also address the principles of specific and general deterrence and maintaining the public's confidence and trust in the profession's ability to regulate itself.

#66Dr. Kitafuke's misconduct constitutes a serious breach of professional trust and brought the reputation of the profession into disrepute...

The Panel is of the opinion that the above-noted statements from the Kitafuke case apply to the facts of this case. The Panel believes that the seriousness of the allegations against Dr. Danto is similar in many respects to the Kitafuke case.
