



HEALTH PROFESSIONS LEGISLATION REVIEW - PHASE II SUBMISSION

With the delivery of the Board's submission on June 29, 1984 to the Health Professions Legislation Review Team, our contribution to Phase II of the review process is now completed. The months between Phase I and Phase II have been marked by meetings with other professions and occupations as well as with registered psychologists. Submissions have been made, literature reviews conducted and comments noted. The Board had been asked to comment on the briefs presented by other groups. In addition, the Board was to answer some questions put to it by the Review Team. The following is a summary of the Board's submission.

In the questions asked by the Review Team and the submissions of other groups, there appeared to be a misunderstanding or lack of knowledge of the work and training of psychologists. Thus, the second submission contained a detailed description of the worksettings, work and training of a psychologist with particular reference to recent empirical studies of psychologists. The difference between psychotherapy as a technique and psychology as a profession was also set out and discussed. The differences between the two were used in the argument against the inclusion of psychology in a proposed College of Psychotherapists or Psychotherapy.

The Ontario Medical Association, the Ontario Dental Association and the Council of the Ontario Psychiatric Association advocate the regulation of professions by "primary contact health professionals." Under this arrangement, a client/patient could not see an "allied health professional" without first seeing a dentist, physician or psychiatrist. The submission of the Council of the Ontario Psychiatric Association went one step further and suggested that psychia-

trists should be required to supervise the work of other mental health professionals. The Board argued strenuously that such a model would violate a client/patient's right to choose. Further, the Board presented economic, philosophical, and public interest reasons for its opposition to the primary contact health professional concept.

The alternative proposed by the Board would enable the client to exercise free choice. At the same time, the regulations governing a profession would make it a matter of professional misconduct if a professional did not make referrals when a referral ought to have been made or when the professional should have known that a referral ought to have been made.

The medical submissions put forth the concept that only members of licensed professions should be allowed to be primary health contact professionals. It was because of these submissions and in consideration of the registered psychologists who have stated a preference for a licensure act, that the Board made it clear in this submission that it is willing to develop a definition for a scope of practice for psychology.

In the next part of the submission, the Board answered several questions put to it by the Review Team. The questions revolved around the issues of entry level, omnibus boards, improper applications of new technology and the particulars of disciplinary hearings and contraventions of the Psychologists Registration Act.

On the topic of entry levels, the Board was asked to defend its position that the doctorate should be maintained as the registration requirement for certification as a psychologist. Using the findings of a recent job analysis of psychologists and examining the requirements to perform the tasks as outlined in the

study, the Board provided the Review Team with data which demonstrated the need for the training to the doctoral level.

In its first submission, the Board had taken the position that omnibus boards (i.e. one board governing several or all of the professions) do not protect the public interest which is a requirement for the granting of self government. We cited cases in which the level of functioning of such boards could not compare to the performance of this or other autonomous governing bodies. The scope for most omnibus boards was very narrow, usually being limited to registration and administration of examinations.

With respect to the improper application of new technology, the Board presented its view on the improper use of computerized test services. As part of its submission, the Board submitted the guidelines drafted by the Committee on Professional Standards of the American Psychological Association as a suggestion for possible guidelines to govern the use of computerized testing.

The Board was also asked to respond in detail to the submissions of the Council of the Ontario Psychiatric Association, the Ontario Association of Counsellors, Consultants, Psychometrists, and Psychotherapists, the Ontario Association of Marriage and Family Counsellors, the Ontario Psychological Association and the Patients' Rights Association.

The submission of the Ontario Association of Counsellors, Consultants, Psychometrists and Psychotherapists proposed a change in the entry requirements from a doctorate to a bachelors' (honours) in psychology. The Board opposed the change and as well opposed a route to registration based on an experience requirement.

As previously mentioned, the Board was strong in its opposition to the submission of the Council of the Ontario Psychiatric Association. The primary health care contact model which the Council had proposed would have eroded the autonomy of the other professions. It would not

be conducive to the creation of a collegial atmosphere in the worksetting.

The Patients' Rights Association had proposed a change in the complaints and discipline functions of all self governing bodies. In effect, the government would fund a separate body which would investigate complaints and hear discipline cases. The fallacies of their arguments were pointed out.

It is expected that the Health Professions Legislation Review Team will be making a submission to the Minister of Health in late September, 1984. That submission will contain the names of those professions and occupations which will be considered for legislation. Legislation is expected in the Fall of 1986.

In preparing its second submission, the Board was heartened by the support of many registered psychologists. Your interest and willingness to assist have been encouraging. We wish to especially thank the following people who have taken the time to read and prepare comments on the submissions of other groups, such as the Council of the Ontario Psychiatric Association, the Ontario Medical Association and the College of Physicians and Surgeons. In many cases, we have used your ideas and words preparing the Board's response. In particular, many thanks to Dr. Jeannette McGlone, Dr. Robert Quilty, Dr. Vladimir Cervin, Dr. Robert Kaplan, the Hamilton-Niagara Academy of Psychology, Dr. John Kacinskis, Dr. Jane Knox, Dr. Alistair MacLean, Dr. Ahmed Fayek, the members of the Psychology Department of the Royal Ottawa Hospital, Dr. Janet Polivy, Dr. Thomas Blakely, Dr. Rickey Miller, Ms. Margaret Howe, Dr. Don Rudzinski, Mrs. Lee Gage and the Ottawa Academy of Psychology.

There are a limited number of copies of the first and second submissions available. For those who are interested, copies of either submission may be obtained from the Board office at cost (ten dollars each). If you would like to obtain a copy, please send a cheque and specify the submission you would like.

OBEP/OPA MEETING ON CLINICAL RETRAINING

A meeting jointly sponsored by the Ontario Board of Examiners in Psychology and the Accreditation Council of the Ontario Psychological Association was held on May 4 at the Holiday Inn in Toronto. Invited participants included directors of training in hospital settings, directors of university clinical programs (including two existing retraining programs), members of the OPA Accreditation Council, members of the Board, the Registrar and staff.

The main purpose of the meeting was to discuss areas of concern and possible solutions for psychologists who are trained in one area of psychology but wish to practice in another. The unavailability of formal retraining programs in applied areas and, similarly, of funding for such programs were the main problems discussed. The role of the supervisor in providing formal supervision and assessment of candidates for registration working in a setting for which their formal training had not prepared them was identified as an additional concern.

Two existing programs for retraining were described; the relatively formal clinical program at the University of Windsor was outlined by Dr. Frank Auld, and a more informal program at York University by Dr. Wesley Coons. Dr. Auld and Dr. Coons outlined the criteria for selecting candidates and the methods used in setting course requirements in individual cases. As well, the fulfillment of the Board's requirements through training in a clinical setting was introduced by Dr. Barry Francis of Kitchener-Waterloo Hospital and by Dr. Denton Buchanan of the Royal Ottawa Regional Rehabilitation Centre, and acknowledged by the Board as a valid alternative.

There was a general consensus that such retraining programs would meet a real need and that other institutions should be encouraged to extend similar opportunities to the number (estimated to be

be small) of post-doctoral candidates who would wish to obtain training in some area of applied psychology. Dr. Eugene Stasiak of OPA indicated OPA would pursue, through its liaison with the Ministry of Health and other ministries, its efforts to acquire funding that could also be used for post-doctoral internships by psychologists seeking retraining.

OBEP was asked to further define its criteria for adequate retraining of candidates seeking registration. In addition the Board was asked to consider the question of appropriate supervision, particularly for candidates attempting to change their area of expertise. The Board agreed to do this.

All participants agreed that the exchange of ideas had been helpful in pinpointing areas of concern and in clarifying some hitherto confusing points. It was suggested that a yearly meeting might be useful.

THE HESELTINE REPORT

In March of this year, the Board was invited to respond to a policy document entitled "Towards a Blueprint for Change: A Mental Health Policy and Program Perspective". A discussion paper commissioned by the Ministry of Health and authored by Dr. G.F. Heseltine, the document was to review and assess mental health services in Ontario. In addition, the paper was to recommend policy directions for the development of these services over the next ten years.

The Board's main criticism of the document is its admitted medical bias. While the author acknowledges the contributions of the various professions and occupations in the mental health care system, the medical bias affects the analysis and recommendations made. The author appears to have made little effort to inform himself about non-medical professions and occupations. For example, he describes medicine as "the only profession which has a nationally defined body of knowledge and skills, ... a code of profes-

sional ethics and standards established by a single qualifying examination". Such misinformed statements seem to echo the submission of the Council of the Ontario Psychiatric Association to the Health Professions Legislation Review Team (Phase I).

The recommendations in the Heseltine report included increased funding for the training of psychiatrists, the increased use of psychiatrists as consultants, educators, and supervisors to mental health service providers and the creation of a Council of Therapists. This Council would establish a classification system for mental health workers and set standards or criteria for the classification of the therapists. This recommendation again illustrates the author's lack of knowledge of the established professions working in the mental health field.

Using material from its submissions to the Health Professions Legislation Review Team, the Board presented its comments on the Heseltine document to the Ministry of Health.

STATUS OF PSYCHOLOGISTS PROVIDING SHORT-TERM SERVICES IN ONTARIO

At a recent Board meeting the Board expressed concern that some psychologists who are registered/licensed in other jurisdictions are providing short-term services in Ontario without seeking registration. At least two psychologists per year seek Ontario registration as they intend providing services of some type in Ontario on a periodic basis.

The Act contains no provision for exempting psychologists providing services on a temporary basis and the Board is interested in obtaining information from the psychological community in order to determine the extent of this problem. Your estimate of the number of psychologists who fall into this category would be appreciated, as well as your comments or suggestions on the position the Board should take. Please provide your comments in writing and send them to the

Board office. A summary of the responses will be published in a later issue of the Bulletin.

THE YOUNG OFFENDERS ACT

In April, 1984, the Young Offenders Act came into force, replacing the Juvenile Delinquents' Act. Prior to that, the Board had become concerned about the possible inconsistency between the Psychologists' Registration Act and section 13 of the Young Offenders' Act. Section 13(11) reads as follows:

13(11) In this section, "qualified person" means a person duly qualified by provincial law to practise medicine or psychiatry or to carry out psychological examinations or assessments, as the circumstances require, or, where no such law exists, a person who is, in the opinion of the youth court, so qualified, and includes a person or a person within a class of persons designated by the Lieutenant Governor in Council of a province or his delegate.

The problem was the possibility of having other persons designated by the courts to carry out "psychological examinations or assessments".

The interpretation given to the Board by the Chief Judge of the Provincial Courts (Family Division), the Honourable Judge Andrews is summarized below:

Section 13(11) defines qualified person as one who can carry out psychological examinations or assessments. The question is whether "or" is to be conjunctive or disjunctive. It is clear that the word, "examinations" is modified by the word "psychological". If "or" is read disjunctively, the word "assessment" is not modified by "psychological". Therefore, there is a distinction between the two. Section 13(3) of the Act would support the theory that the "or" is to be read disjunctively. It addresses the

issue of time periods which may be required "to complete an examination or assessment".

Since there is no law in Ontario governing who can or cannot do assessments, the courts of Lieutenant Governor in Council may designate persons qualified to carry out assessments.

Judge Andrews argues that the legislation creates four categories of referral requests in Section 13; a medical examination and report, a psychiatric examination and report, a psychological examination and report and an assessment and report.

There is a problem when section 13(1) of the Young Offenders Act is scrutinized. It reads:

13(1) For the purposes of -- (considering an application for transfer to ordinary court, determining fitness to stand trial, making or reviewing a disposition) -- a youth court may, at any stage of proceedings against a young person -- where the court believes a medical, psychological or psychiatric report in respect of the young person might be helpful -- by order require that the young person be examined by a qualified person and that the person who conducts the examination report the results thereof in writing to the court.

This section provides for only three types of reports - medical, psychological and psychiatric. At the same time, the section refers to qualified person. Since the Interpretation Act of Canada states that the provisions of any legislation "shall be given such fair, large and liberal construction and interpretation as best ensures the attainment of its objects", the fourth type of report as listed above is allowed.

Thus, psychologists will carry out "psychological examination" but others may be designated to carry out "assessments and reports".

SPRING EXAMINATIONS

On April 13 the written Examination for Professional Practice in Psychology was held in Toronto, London, Ottawa, Sudbury and Halifax. The Board is grateful to Mrs. Naomi Jeffs, Dr. David Evans, Prof. Gilles Chagnon, Dr. Brian Bigelow and Dr. Victor Day who served as proctors.

The oral examinations were held in Toronto on May 23 and 24. Assisting the Board in conducting these examinations were the following psychologists:

Harvey Brooker, Ph.D., Senior Psychologist and Director, Rehabilitation Services, Clarke Institute of Psychiatry; Adjunct Associate Professor, York University;
G. Ray Engel, Ph.D., Consultant, Private Practice, Toronto;
Christine Hansen, Ph.D., Psychologist, Centre for Counselling and Career Development, Seneca College;
Baldev R. Luther, Ph.D., Senior Psychologist, Kingston General Hospital; Associate Professor, Queen's University;
Mary Anne McCarty-Mayor, Ph.D., Psychologist, Metropolitan Separate School Board;
Catherine Petrimoulx, Ph.D., Psychologist, The Child's Place, Windsor; Part-time Private Practice;
Sergio J. Piccinin, Ph.D., Associate Professor, School of Psychology, Secretary, Faculty of Social Sciences, University of Ottawa;
Barry H. Schneider, Ph.D., Assistant Professor, Child Study Centre, University of Ottawa;
A. Ian Smith, Ph.D., Psychologist, Private Practice, Windsor;
Jane Staub, M.A., Director of Psychological Services, Ontario Crippled Children's Centre.

ORAL EXAMINATION DATES

For those who are eligible for the oral examinations to be held later this year, the dates will be Wednesday, December 12, Thursday, December 13, and possibly Friday, December 14, 1984. While the Board staff tries to accommodate special requests for specific dates and times, it is often impossible to fulfill such requests. Therefore, we ask those who are eligible for their oral examinations to plan accordingly. Invitations to attend the oral examinations will be issued in late October to those who qualify.

NEW PERMANENT REGISTRANTS SINCE NOVEMBER, 1983

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bulletin

Ontario Board
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