The BULLETIN
THE • COLLEGE • OF • PSYCHOLOGISTS • OF • ONTARIO

Consent to Treatment, Consent to Release of Information: Minors

The College has received a number of questions about the effect of the *Consent to Treatment Act, 1992* and the *Substitute Decisions Act, 1992* both of which were proclaimed on April 3, 1995, on the right of parents of children under the age of 18 to consent to and receive information about psychological treatment provided to their children.

RIGHT OF MINOR AND PARENTS OF MINOR TO CONSENT TO PSYCHOLOGICAL TREATMENT

1. Consent to Treatment: Common Law

Under the common law, a person 21 years of age was considered capable of consenting to medical treatment: otherwise the consent of the parent or guardian had to be obtained. In Ontario, the age of majority is now 18 years of age so, in the absence of any statute to the contrary, a person who is 18 years old would be considered capable of consenting to medical treatment in Ontario.

The exception under common law is that a person under the age of majority (ie. less than 18 years of age) can consent to medical treatment for her or his benefit as long as he or she is capable of appreciating fully the nature and consequences of the particular treatment; therefore, a minor who is capable of appreciating fully the nature and consequences of the treatment is capable of consenting to it, and the parent or guardian's consent is unnecessary.

2. Effect of the Consent to Treatment Act, the Substitute Decisions Act and the Child and Family Services Act

As a result of the enactment of the Substitute Decisions Act, a person who is sixteen years of age or more is presumed to be capable of giving or refusing consent in connection with his or her own "personal care". Personal care appears to include health care. However, if a professional has reasonable grounds to believe that a person 16 years of age or more is incapable of giving or refusing consent, then the professional may not rely upon the presumptive age of consent.

Neither Act affects the general rule that minors below the age of 16 may consent to treatment in certain circumstances. The Consent to Treatment Act provides that:

> A person is capable with respect to a treatment if the person is able to understand the information that is relevant to making a decision concerning the treatment and able to appreciate the reasonably foreseeable consequences of a decision or lack of a decision.

The Act sets no lower age limit with respect to capacity to consent but uses essentially the common law test for determining a minor's capacity to consent to treatment. The Act does make it clear that its provisions apply to consent to treatment by members of the College of Psychologists.

Under the *Child and Family Services Act*, a "service provider" as specifically defined in the Act may provide counselling service to a child who is 12 years of age or older with the child's consent, and no other person's consent is required; however, if the child is less than 16 years of age,

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the service provider must discuss with the child at the earliest opportunity the desirability of involving the child's parent.

The effect of these statutes is to create a presumption that a 16-year-old can consent to psychological treatment, but not to substantially alter the law that a minor below the age of 16 is capable to consent to treatment where the minor is able to understand fully the nature and consequences of the decision to have or not have the treatment. It is the responsibility of the provider to exercise reasonable professional judgment in determining whether a minor is capable to consent to treatment on his or her own behalf.

3. Right of parent or guardian to refuse consent on behalf of a capable minor

It appears that a parent or legal guardian has the right to consent to treatment on behalf of a minor who does not satisfy the common law test of capacity for consent to treatment. Where the minor has the capacity to consent (is capable under the Consent to Treatment Act), the parent or guardian's consent is unnecessary. Where a minor has the capacity to consent, the minor's consent is valid and ought not to be overridden by an adult's decision to the contrary.

4. Right of parent or guardian to consent to treatment which is refused by capable minor

Since the right to consent to treatment also includes the right to refuse treatment, in general, a capable minor should be entitled to refuse treatment even though his or her parent might consent to it.

As the *Consent to Treatment Act* requires a health practitioner who finds that a person fourteen years of age or older is incapable with respect to a treatment, to advise the person of the finding, the Act embodies a principle that those 14 years of age or over can be legally capable of autonomy for health care. Accordingly, it appears unlikely that a parent could lawfully authorize treatment that a 14 to 16-year-old person not shown incompetent had declined.

Were the court to intervene, if refusal would in all probability lead to the death of the child or to severe permanent injury, objective consideration would be given by the court to the minor's wishes and to the age and maturity of the minor.

The legal issues are intertwined with the clinical issues; even if a parent is legally authorized to consent to treatment on behalf of a minor, the success of the treatment may be affected by the minor's refusal to cooperate.

Seeking consent from a client (whether adult or child) or from someone with authority to give consent on behalf of the patient has two purposes, one clinical and the other legal. The clinical purpose stems from the fact that, in many instances the cooperation of the client and the client's confidence in the efficacy of treatment is a major factor contributing to the treatment's success. Failure to obtain such consent will not only deprive the client and the provider of this advantage but will usually make it much more difficult to proceed with the treatment. This purpose may not be served if consent is given on behalf of, rather than by, the client. In the case of young children, knowledge of the fact that the parent has consented may help. The legal purpose is quite different. It is to provide those concerned with the treatment with a defence to a legal charge of assault or a civil claim for damages for trespass to the person. It does not, however, provide any defence to a claim that the provider negligently advised a particular treatment or negligently carried it out.

Members of the College are advised to exercise professional judgment in matters where a minor refuses treatment to which a parent has consented. Issues relating to the dynamics of the relationship, the best interests of the child and any potential for reconciling the views of the child and parents in the child's best interests should be considered. Any potential harm to the child should be a central consideration in making treatment decisions.

The regulations and standards of the College anticipate that members will obtain appropriate informed consent for any treatment undertaken. Professional judgment is necessary to ensure that the treatment is explained in a manner appropriate to the age and capacity of the client receiving the treatment and to anyone with authority to consent on behalf of a client who is incapable of giving consent on his or her own behalf.

5. Effect of the Education Act

(a) Consent to Treatment

By regulation under the Education Act, a principal is required to inform a student of a proposed test of intelligence or personality and to obtain the prior written permission for the test from the student or from the parent of the student where the student is a minor. Where a proposed psychological assessment falls within the scope of this regulation, it would appear to require parental permission to administer this test to a minor.

Otherwise, there appears to be nothing in the Education Act which would affect the law of consent to psychological treat-

ment set out in the Consent to Treatment Act.

(b) Parent's right of access to information about a minor's treatment

Although, in principle, minors who can be clients on their own independent counsel are entitled to enjoy the same professional confidentiality as any other client, a minor's legal right to consent to treatment is not necessarily coincident with the minor's right to withhold information about that treatment from her or his parents. Both the Education Act and the Municipal Freedom of Information and Protection of Privacy Act may affect this issue.

(i) Right of access under the Education Act

The Education Act provides that the principal of a school has a duty to collect information for inclusion in a record in respect of each student enroled in the school and to establish, maintain, retain, transfer and dispose of the record in accordance with the Act, the regulations and the guidelines issued by the Minister of Education. A student record is privileged for the information and use of supervisory officers and the principal and teachers of the school for the improvement of instruction of the student and in general is not available to any other person without the written permission of the parent or guardian of the student, or where the student is an adult, the written permission of the student. A student, and his or her parent or guardian where the student is a minor, is entitled to examine the student's record.

(ii) Right of access under the MFIPPA

Among other things, the MFIPPA applies to protect the privacy of individuals with respect to personal information about themselves held by institutions, including school boards, and to provide individuals with a right of access to that information. Any individual has a right of access in general to any personal information about the individual in the custody or under the control of an institution. Records about a student maintained by a psychologist or psychological associate employed by a school board likely are personal information to which the individual has a right of access.

The MFIPPA provides that any right or power conferred upon an individual by the MFIPPA may be exercised by a person in lawful custody of the individual if the individual is under 16. Therefore a person in custody of an individual under 16 years of age likely has a right to access any personal information about a student including that retained in a psychology file by a psychologist or psychological associate employed by a school board.

The MFIPPA permits disclosure of information for the purpose of complying with an Act such as the Education Act. To the extent that the information sought by a parent is contained in a student record under the Education Act, it appears the school board would be obliged to release it to a parent of a 16 or 17 year old. Otherwise, the MFIPPA precludes the institution from disclosing personal information in its custody or under its control except where the individual to whom it relates has consented to its disclosure. This would appear to preclude the release of information, other than that contained in the student record or that which is otherwise permitted to be disclosed under the Education Act or any other relevant statute, to a parent without the consent of the minor where the minor is 16 or 17 years old.

Where a parent has the right of access to information on behalf of a child under 16, the institution could only refuse to release the information if it could rely on an exception set out in the MFIPPA, for example, refusing to disclose information if the disclosure could reasonably be expected to prejudice the mental or physical health of the individual or refusing to disclose a record whose disclosure could reasonably be expected to seriously threaten the safety or health of an individual.

Where a minor under the age of 16 has concerns about the access of parent or guardian to personal information it is incumbent upon the professional to handle the issue in a clinically appropriate manner, exploring the concerns of the minor, the nature of information sought by the parent, and the expected use of the information. Unless there are grounds to refuse release, as specified in the MFIPPA, the professional can best assist the minor by facilitating disclosure in a manner which balances the minor's interests with the legal right of the parent to access the information. §

Extending Regulation: A Status Report on Psychological Associates

For the four years since the signing of the Memorandum of Agreement in 1991 and the two years since the proclamation of the Regulated Health Professions Act, the College, its transition Working Parties, and its Statutory Committees have been actively working on the multifaceted integration of holders of the new title, psychological associate, into the membership, policies, and procedures of the College. The purpose of this report is to describe the results of these years of discussion and decision-making so that the membership is more clear on the roles and responsibilities of this new regulated health provider in the profession.

The application process for potential psychological associates has been developed with a view to public protection by closely paralleling the process for potential psychologists. Initial review of academic preparation, professional experience, letters of reference, and declarations of good character is carried out by the Registration Committee, after which appropriate candidates are approved to move ahead to the Examination for Professional Practice in Psychology (EPPP). The same pass point of 70% is required for candidates of both titles, although for psychological associates under the transition stream, a passpoint of 65% remains in force. During the five-year transition window potential psychological associates with exceptional credentials and experience may also be passed on the recommendation of the Registration Committee with a score between 60% and 65%. Candidates for the title psychological associate then proceed to the oral and jurisprudence examinations, which are conducted in the same way as for potential psychologists.

At the time of this writing, 98 psychological associates have been placed on the College's permanent register. Another 86 have had their applications approved to proceed to the EPPP and the final stage of the oral and jurisprudence examinations. During the first two years of the transition stream, this group of candidates has shown a high success rate on both written and oral examinations.

While the end result of the demanding registration process is a new autonomous member of the College who holds out to the public College membership, the protected title, and area(s) of competence as approved/limited by the Registration Committee, the College also maintains the same role as overseer and disciplinarian of the regulated profession. Thus psychological associates' practice can come under the scrutiny of Complaints, Discipline, Quality Assurance, Client Relations, and Fitness to Practice procedures with the same protection and penalties as are mandated for psychologists. In other words, previous supervision by psychologists has been replaced by direct regulation by the College; the responsibility for following the same regulations, standards and guidelines falls directly upon the psychological associate.

Regulations under the RHPA and the accompanying Psychology Act lay down in law the election procedures and composition of the College's Council and statutory committees. Since the law has no requirements for the inclusion of particular titles on any body of the College, the Council has worked hard to create by-laws which mandate opportunities for the participation of both titles in all facets of College activities. For the first three years of the Council when numbers of psychological associates are low, an ex-officio seat was created for a psychological associate on both the Council and the Executive Committee. At least one voting seat for each title on each statutory committee was also mandated through by-laws. And as for any member, psychological associates participate in elections for their geographical or academic representative on Council and can run for office in their district.

The roles and responsibilities of psychological associates given above outline the relationship between the College and these new members. It is also important, however, to inform the membership of the other activities in professional life which are now open to holders of the new title. Indeed, it is these areas which have stimulated the most enquiries to the Registrar and Practice Advisor from both psychologists and psychological associates as the latter move from supervised to autonomous practice and take their new place in the profession. These new areas of professional practice are as follows:

1) As autonomous members of the College, psychological associates like psychologists are responsible to practise ethically and competently and no longer require countersignatures on their reports or other clinical supervision as was once the case under the Supervision Guidelines for Unregistered Personnel. In the same way as other registered mem-

bers of departments or organizations, however, they still fall within administrative supervision.

2) Psychological associates are now appropriate recipients of confidential information such as reports and data such as scaled scores from formal test instruments. They may also order restricted assessment tools and be held responsible for their appropriate use.

3) Like psychologists, psychological associates may now themselves supervise unregulated service providers according to the College guidelines.

4) Psychological associates may supervise psychological associates on the temporary register and in approved circumstances serve as one of the supervisors for a psychologist on the temporary register.

5) Psychological associates may serve on oral examining commttees.

One area of practice which has resulted in considerable confusion for the profession has been that of delegation of psychology's Controlled Act by psychologists to psychological associates. Standards and Guidelines were approved by the Transitional Council in December 1993, and these have applied since that time. It was also decided by Council, however, that the implementation of these Standards and Guidelines in actual practice would be revisited after one year. To date the Registration Committee has reviewed the questions, confusions, and difficulties which have arisen and Council will be considering these issues in the near future.

One other unresolved area of College work regarding the new title arose in the Memorandum of Agreement with the pledge on the part of the College to consider granting to psychological associates access to the title psychologist through attainment of specialty designation should the College proceed to implement a system of specialty designation for the profession. Again, the Council will determine a course to follow regarding the entire subject of specialty designation at the December meeting.

In conclusion, the College Council and its committees take pride in the very substantial amount of work which has gone into the integration of psychological associates into the regulated profession in ways that protect the public through high admissions standards and extend the authority of the College directly to qualified Masters-level providers. §

INCORPORATION

Members are referred to previous articles published in the Bulletin, (1989, Volume 16, Number 1; 1988, Volume 14, Number 3; 1985, Volume 10, Number 4; 1982, Volume 8, Number 1; 1976 Volume 2 Number 1). As the College continues to receive inquiries from members seeking to incorporate their professional practices, an update is provided for the information of all members.

Three provinces, British Columbia, Alberta and New Brunswick permit health professionals to incorporate. In the province of Ontario, architects and engineers may incorporate their professional practice; pharmacists may incorporate the pharmacy; lawyers are still awaiting proclamation of enabling legislation; all other professions are prohibited from incorporating their practices.

It is the Business Corporations Act, administered by the Ontario Ministry of Consumer and Commercial Relations, which prohibits professionals from incorporating their professional practices unless the statute governing the profession expressly permits incorporation. Neither the Regulated Health Professions Act nor the Psychology Act, the statutes governing the profession of psychology, permit incorporation.

In 1994, the Ministry of Health asked the Health Professions Regulatory Advisory Council to consider whether incorporation by regulated health professionals was in the public interest. After receiving submissions and conducting hearings, the Council concluded that it was not in the public interest and recommended against amending the statutes governing the health professions to permit incorporation.

Members with questions are referred to the previous Bulletin articles. Members still in doubt may wish to seek legal advice to clarify the prohibitions of the Business Corporations Act. §

Tricky Issues Feature

Psychological Records: Multidisciplinary Settings

Many members of the College work in multidisciplinary settings where there is a practice of keeping a central or common file. Traditionally, these settings included hospitals and schools. Currently, members may also be employed in community clinics, agencies or rehabilitation services. Some facilities are publicly funded and administered, some are private facilities.

In an insert to the September issue of *The Bulletin*, Dr. Quarrington provided detailed advice respecting statutory requirements for information management. This dealt with agencies and services under public administration and funding where requirements for information management were to be found in one or more statutes.

With respect to services provided in a multidisciplinary or "interdisciplinary" context, members' responsibilities include the following:

-The member remains accountable to the College for those services he or she provides directly or for which he or she provides professional supervision.

-The member must advise the client at the outset which services the member will be providing or supervising.

-If certain information is to be included in a common file, the client should be so advised. The client may consent to this inclusion or decline to participate in the services.

-The member should ensure that only necessary and relevant information, including that necessary to the purpose of service and/or required by law, should be included in the common file. All other information should be kept in a separate psychological file. Raw data, case notes, etc., should be kept in the separate psychology file. Only reports prepared specifically for the common file should be included there.

-Provisions for access by the client to the common file or to the psychology file may be set out in statutes such as those discussed in the article by Dr. Quarrington. The member is responsible for familiarity with any statute bearing upon such access in the particular service setting.

-The member is responsible to ensure the confidentiality of the psychology file and to make appropriate arrangements for file security in the service setting.

Members with questions which are not answered in this column may wish to write to the College. Questions of general interest will be addressed in future issues; those of more particular concern will be responded to individually by College staff. §

The Barbara Wand Symposium on Professional Practice

SPEAKER

Robert M. Solomon

LL.B. Osgoode Hall Law School,
LL.M., Yale Law School
Professor, Faculty of Law,
The University of Western Ontario
London, Ontario

Professor Solomon has been involved in research, teaching and writing on substance abuse law and policy for twenty-five years. He has served as a consultant to Health and Welfare Canada, the Law Reform Commission of Canada, the Ontario Liquor Licence Board, the Canadian Centre on Substance Abuse, the Commonwealth of Australia Ministry of Health, and various citizens groups. Professor Solomon is currently a member of the board of Directors of the Addiction Research Foundation and a member of the Minister of Health's Provincial Advisory Board on Substance Abuse.

In recent years, he has concentrated on developing programs to assist segments of Canadian society in addressing substance abuse problems. One of his other areas of concentration is Health Law and Policy. Professor Solomon has taught courses in both the Nursing and Medicine Faculties and currently teaches a course on Health Law and Policy in the Faculty of Law. §

The Barbara Wand Symposium on Professional Practice 1996

Health Law and the Practice of Psychology

Professor Robert Solomon
Faculty of Law, University of Western Ontario

A Pre - OPA Convention Symposium
Wednesday, February 28, 1996 - 8:45 am to 5 pm
The Toronto Marriott Hotel
525 Bay Street, Toronto, Ontario

Part I:	Introduction
Part II:	Legal Issues in Perspective
Part III:	Consent
Part IV:	Negligence
Part V:	Recordkeeping
Part VI:	Confidentiality, Privilege, Disclosure, and Ownership of and Access to Records
Part VII:	Reporting Obligations, The Duty to Warn and The Freedom of Information and Protection of Privacy Act.

Please address all inquiries to The College of Psychologists of Ontario at (416) 961-8817 SPACE IS LIMITED
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The College of Psychologists of Ontario
The Barbara Wand Symposium - February 28, 1996 - Registration Form

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Registration Fee: $ 45.00
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COLLEGE NOTICES

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Complaints Committee

The Committee dealt with ten new cases during this quarter.

Resolution of New Cases

In one case, the Committee dismissed the complaint.

In three cases, the Committee dismissed the complaint and provided advice to the member.

In four cases, the Committee issued a caution to the member.

In two cases, the Committee determined that it did not have jurisdiction over the matter at issue.

Nature of the Cases

One case dealt with the adequacy of a rehabilitation assessment.

One case dealt with the adequacy of a custody/access assessment.

Two cases dealt with the adequacy of supervision in a custody/access assessment.

Two cases dealt with the propriety of offering expert opinions in court without meeting personally with an accused.

One case dealt with the propriety of a psychologist providing a letter of critique with respect to an assessor's methods and report in a custody and access matter.

One case dealt with consent issues related to the administration of psychological testing to a minor, as well as allegations that the psychologist provided professional opinions without meeting with the assessee and that the psychologist provided opinions that went beyond the purview of the practice of psychology.

One case dealt with the propriety of a psychologist's actions in refusing to provide a copy of a curriculum vitae to clients.

One case dealt with allegations of sexual harassment in the workplace. §

DISCIPLINARY UPDATE

Dr. Gilles Dupont's certificate of registration has been suspended for non-payment of fees. The College wishes to advise members of the profession and the public that allegations against him have been referred to discipline and are still outstanding. Should Dr. Dupont apply to reinstate his registration with the College, a hearing into these allegations will be scheduled forthwith. This information has also been provided to the Disciplinary Data Bank of the Association of State and Provincial Psychology Boards. §

NOTICE

Timothy Quek, Ph.D./ T.J. Quek, Ph.D.
is **NOT**
a member of the College of Psychologists of Ontario

On November 22, 1995, Timothy Quek was given a conditional discharge and placed on probation for two years. This was the result of his having entered a guilty plea to a criminal charge of personating a psychologist, namely Dr. Jonathan Quek, whose registration number he had provided to clients and insurers.

UNDERTAKING AND AGREEMENT

Recently, the College agreed to withdraw allegations against Dr. X which related to a custody/access assessment which Dr. X had conducted, based on an undertaking provided by Dr. X, in which the following was agreed:

1. Dr. X will refrain from the conduct of any custody and access assessments involving allegations of sexual abuse.

2. Should Dr. X decide to commence conducting such assessments, these must be conducted under supervision of an expert selected by the College for a period of one year or ten assessments, whichever is longer. The supervision would entail discussion of ethical and procedural issues, as well as report-writing, in the conduct of these assessments and the supervisor would agree to provide quarterly progress reports to the Registrar.

   Should Dr. X encounter, while conducting a custody/access assessment, issues related to possible sexual abuse of a child, Dr. X must notify the supervisor immediately of this development and the remainder of the assessment will be conducted under supervision.

   If, at the end of the period of supervision, the supervisor and/or the Registrar hold the view that, based on the progress reports provided by the supervisor, Dr. X's performance of such assessments remains unsatisfactory, the matter may be referred to the Executive Committee for referral to the Discipline Committee

   Dr. X agrees to inform every client seeking a custody/access assessment which involves sexual abuse allegations of the supervisory arrangements.

3. The undertaking specifies that the College will publish this article in the Bulletin, without any identifying details, for purposes of education of the membership.

4. Any breach of the terms and conditions of the undertaking will constitute professional misconduct and will be grounds for further disciplinary action by the College.

5. It was conceded that Dr. X did not have adequate data on which to base a conclusion that sexual abuse had occurred in this case.

6. A copy of the signed undertaking has been provided to the complainant.

The public Register of the College contains a notation which informs members of the public who might inquire about Dr. X's status that Dr. X has undertaken not to perform custody/access assessments involving sexual abuse allegations except under supervision.

The College will also notify the Disciplinary Data Bank of the Association of State and Provincial Psychology Boards of the voluntary limitation.

In referring allegations against Dr. X to the Discipline Committee, the Complaints Committee noted the following concerns:

Summary:

Dr. X conducted a custody/access assessment in which a central issue was an allegation of sexual abuse against one parent with respect to one of the children. Upon Dr. X's realization that there were allegations of sexual abuse against one parent, the custody/access assessment was suspended by Dr. X and Dr. X then conducted an investigation of the allegations of sexual abuse.

Some of the concerns canvassed by the Complaints Committee included issues related to the procedures followed and the inadequacy of the basis for recommendations and conclusions contained in the report. In particular, the Committee was of the view that the report contained little information concerning the data-gathering process, Dr. X admitted in the report to not having completed personal histories of any of the family members, some essential data related to the alleged abuse appeared not to have been reviewed by Dr. X, and one parent was never seen with the children. However, Dr. X drew conclusions about parenting and provided recommendations in the report concerning the most appropriate custody/access arrangements for the children.

The Committee also noted that Dr. X had not obtained the consent of the parties to proceed with this investigation and billed the parties for these services. Dr. X contacted the police to explain the concerns regarding the sexual and physical abuse allegations and indicated the opinion that both children were in need of protection. This resulted in the arrest of the parent for sexual assault, a charge for which the complainant was subsequently acquitted.

The Committee referred the following allegations to Discipline:

Dr. X
a) failed to provide psychological services that were in compliance with the ethics and standards of practice endorsed by the College;

b) failed to obtain adequate data prior to reaching conclusions and making recommendations with respect to the most appropriate custody/access arrangements for the children;
c) failed to provide services in an objective and fair manner;
d) failed to render services appropriate to the clients' needs, in that, having agreed to conduct a custody/access assessment, Dr. X failed to perform that service;
e) failed to limit practice to Dr. X's demonstrated areas of competence;
f) took action that Dr. X knew or ought to have known would be likely to result in a violation of the clients' legal rights;
g) failed to carry out the terms of the agreement with the clients;
h) charged a fee for services not performed; and
i) signed a report that Dr. X knew or ought to have known was false, misleading, or otherwise improper.

The College was of the view that, as Dr. X had offered and agreed to refrain from conducting custody/access assessments involving sexual abuse allegations except under College-approved supervision, it was appropriate to withdraw the allegations in this matter. §

TIPS FOR RESPONDING TO COMPLAINTS

In light of the increase in the number of complaints received at the College, the increasingly detailed nature of complaints and the fact that the College's investigations may now be reviewed by the Health Professions Board, which is requiring extremely thorough investigations by the College, the College staff thought that it would assist members of the profession to provide the following advice with respect to responding to complaints:

1. Under the *Regulated Health Professions Act, 1991*, the College has a mandate of public protection and must investigate every complaint within its jurisdiction and mandate. Once a letter of complaint is received at the College, the investigative staff reviews the complaint, considers issues of jurisdiction and, in many cases, will ask the complainant for clarification of the concerns. In every case, the complainant is asked to provide written consent to proceed with the investigation and to release the complaint material to the member.

Should a formal complaint be lodged against you, the letter notifying you of the complaint will arrive on College letterhead, accompanied by a copy of the complaint materials provided by the complainant and a document which explains the College's procedures for investigating complaints.

Some members contact the College with a concern that they have overheard a rumour about an outstanding complaint or that they fear that a complaint may be lodged and wonder if they should provide a response prior to receipt of a written complaint. However, until a member receives notification of the complaint by means of the College letter, members need not consider that a complaint has been lodged against them.

College staff members are obliged to keep confidential all matters related to complaint investigations and may not release information related to a complaint until a complainant has consented to such release and then only to the individuals specified. Nevertheless, in some cases, complainants have informed other individuals of the complaint or the possibility of lodging a complaint (which may result in the rumour to which the member has been privy). As the College regulates only the profession, it has no jurisdiction to prohibit a complainant from providing other parties with information related to the lodging of a complaint; however, if the complainant discusses the matter with College staff, the staff will attempt to explain why it is generally in the best interests of the investigative process to maintain confidentiality during the investigation.

2. The Health Professions Board has made it very clear that the College must conduct a thorough investigation of all the concerns raised by the complainant which fall within the College's jurisdiction. Thus, if a member fails to respond to any of the concerns raised in the complainant's letter of complaint, it will be necessary for the College to ask the member for a further response to those concerns, which will result in a delay in resolving the matter. Therefore, it is in the member's best interests to provide a thorough response to the complaint from the outset. Members of the College may always contact College staff if they have procedural questions arising from receipt of a letter of complaint, although staff cannot discuss the substance or merits of the complaint.

3. If the member does not understand the nature of a concern raised by the complainant in a complaint, it is ap-

propriate to make note of your confusion about the allegation in your response to the College. College staff attempts to elicit clarification of concerns from complainants; however, in some cases, it will be difficult to obtain a clear, precise description of the concerns from the complainant. The Complaints Committee is cognizant of this fact when considering the member's response.

4. If it is your opinion that one of the concerns raised by the complainant does not fall within the jurisdiction of the College, it is appropriate to indicate this opinion and to explain why you have reached this conclusion. Although it is the role of the Complaints Committee to determine whether it has jurisdiction over the particular concern, it will be of assistance to the Committee in evaluating the merits of the complaint to have this information (rather than having no information from the member in response to a concern raised by the complainant).

5. In most cases, the letter notifying the member of the complaint will ask the member to respond to the concerns raised by the complainant and will ask for some additional information. It is the role of the investigative staff to request information that will assist the Complaints Committee in arriving at a decision. The additional information is usually in the form of particular questions related to the concerns raised by the complainant but which the complainant, who is a layperson, would not be in a position to ask, as the complainant would not have sufficient information about the practice or standards of the profession. It is important that members respond to both the letter of complaint and to the additional questions raised in the letter of notification. If a member does not provide adequate information, the Complaints Committee may be left in a position in which it must draw conclusions about the complaint without having complete information from the member.

6. It may be appropriate for a member to acknowledge that you cannot answer a question, for lack of information, or to acknowledge an error or change in practice, if such a situation has occurred. In many cases, the Complaints Committee will acknowledge the recognition of the error and/or change in the member's practice in its decision. If in doubt about such an acknowledgement, you may wish to seek legal advice.

7. It may be helpful to provide all relevant additional documentation (e.g., clinical notes, test results, etc.) which would support the response or address the allegations. Although it may be evident to the member why a particular course of action was taken, without any supporting documentation, it may be impossible for the Committee to evaluate whether such action was appropriate in the circumstances. It may be to the member's benefit to include such supporting documentation, as it minimizes delays and may clear up confusion about why a particular action was taken. Members need include such supporting documentation only if it is relevant to your response. There is no obligation to provide this information unless it has been requested or if you are of the view that it will be of assistance.

8. It is a traumatic event to be notified of a complaint against you and may inspire some conflicting emotions about the complainant. It may be helpful to draft an initial response to the College, wait a few days and then review the response, in order to ensure that all relevant information has been included and that the tone of the response is appropriate in the circumstances. It is important for members of the College to be cognizant that all members of the public have the right to lodge a complaint against a member and that, under the *Regulated Health Professions Act*, the College must investigate every complaint received, so long as it has the jurisdiction and mandate to consider the concerns raised by the member of the public. Although the College does not release a copy of the member's response to the complainant, the Health Review Board is obliged to do so, should a review of the Complaints Committee decision be subsequently sought.

9. Under the *Regulated Health Professions Code*, the member is permitted to respond to the complaint within thirty days of the receipt of the complaint. Under this *Code*, complaints are deemed to be received five days after they are mailed by the College. Extensions on the time limit to respond may be granted in certain circumstances. Should you need to request an extension, please do so as soon as the circumstances present themselves, by contacting College staff by telephone, fax or mail. Please provide specific information about the reasons for the request.

10. It is not a violation of the obligation to maintain confidentiality to provide to the Complaints Committee any aspect of the clinical record related to the complainant, for purposes of responding to a complaint, if the member judges that release of such information is appropriate and necessary (i.e., that the information is relevant to the allegations made by the complainant). In every case, the College will explain to the complainant that the member may release such information to the Complaints Committee in order to respond to the complaint.

However, it is inappropriate to release to the College information about another client, who is not the complainant, as no consent to do so has been obtained. Where the member is of the view that it is necessary to provide the College with such information, it is appropriate for the member to con-

tact College staff to discuss the particularities of the reasons for this opinion or to provide the reasons for this opinion in the member's response to the College. In some cases, the College may be able to write directly to the individual in question to seek the information required. If the information is not available through other means, it will be brought to the attention of the Complaints Committee that the member was of the view that such information would be of assistance and that it was not available.

11. It is not appropriate for a member to contact the complainant, upon receipt of the complaint, to attempt to discuss the matter or to discourage the complainant from proceeding with the complaint.

12. It is not necessary for a member to contact a lawyer upon receipt of a complaint, although some members find it helpful. You may wish to consult with your professional association and/or your insurance company to review the provisions of your insurance coverage and make an informed decision about whether or not to retain independent counsel. As the College is the regulatory body investigating the complaint, staff cannot provide advice to either party to the complaint.

13. Complaints which are initiated by third parties (e.g., the spouse of a client; the parent of an adult client; another professional) or which relate to custody/access assessments present a unique set of circumstances and specific information related to issues of confidentiality and contact with clients will be provided to members in those cases. Please also refer to the College's Policy on Third Party Complaints and the document entitled "The Jurisdiction of the College of Psychologists of Ontario in Investigating Complaints concerning Custody and Access Assessments").

For a complete explanation of the complaints investigation process, please refer to the document entitled: "The College's Procedure for Investigating Complaints". §

THE JURISDICTION OF THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO IN INVESTIGATING COMPLAINTS CONCERNING CUSTODY AND ACCESS ASSESSMENTS

INTRODUCTION

If you are submitting a complaint to the College concerning a custody and access assessment conducted by a member of the College, it will be helpful for you to understand the extent of the jurisdiction of the Complaints Committee of the College in considering such a complaint. In understanding the jurisdiction of the Complaints Committee, it is also necessary to have a clear understanding of the mandate of the assessor in conducting the assessment and the mandate of the Court in considering the information in the assessment report.

THE MANDATE OF THE ASSESSOR

In conducting a custody and access assessment, the assessor's mandate is to evaluate the needs of the children and the parenting ability of the disputing parties and to make recommendations as to the custody and access arrangements that would be in the best interests of the children. In particular, section 30 of the *Children's Law Reform Act* states that the mandate of the assessor is, "to assess and report to the court on the needs of the child and the ability and willingness of the parties or any of them to satisfy the needs of the child". Section 24 of the *Children's Law Reform Act* makes it clear that all custody and access arrangements must be based on what would be in the best interests of the children. It should be noted that the *Act* does not include any reference to the rights of the parents as being relevant to decisions in these matters.

The assessor is expected to use his or her professional judgment in obtaining information, in evaluating the information that is obtained in the course of conducting the assessment and in providing recommendations as to what would be in the best interests of the children.

It is important to understand that, in conducting a custody and access assessment, the assessor will often receive conflicting information from the parties about events that have

occurred, as it is not unusual for the parties to have a different perception of various past events. The assessor is responsible for determining what information is relevant to the best interests of the children, evaluating that information, making recommendations based on that information and presenting the relevant information in the report in a manner that will assist the Court in making a decision as to which custody and access arrangements will be in the best interests of the children.

If the assessor is presented with conflicting information, the assessor will make it clear in the report which information was presented by which party, except in a case where the assessor is of the opinion that including certain information in a report or indicating the source of certain information might result in harm to a party or to a child. If the assessor receives conflicting information and if, in the assessor's opinion, the information may be of critical relevance to the best interests of the children, the assessor may attempt to determine if objective information about the situation in question may be available to the assessor from another source and, if so, the assessor may attempt to obtain that information. However, it is important to be aware that information that one of the parties may consider to be important may not be relevant to the best interests of the children in the professional opinion of the assessor. In particular, it is important to note that the *Children's Law Reform Act* makes it clear in section 24(3) that a person's past conduct is not relevant to a determination of an application for custody or access unless the Court is satisfied that the conduct is relevant to the person's ability to act as a parent. The Court may rely on the opinion of the assessor respecting the relevance of past conduct.

Finally, it is important to note that the assessor has no authority to make any decisions about custody and access. Only the Court has the power to make such decisions. The mandate of the assessor is to make recommendations to the parties and the Court.

THE MANDATE OF THE COMPLAINTS COMMITTEE OF THE COLLEGE

In considering a complaint concerning a custody and access assessment, it is within the jurisdiction of the Complaints Committee of the College of Psychologists to determine whether or not the procedures followed by the assessor in conducting the assessment met professional standards. In arriving at such a determination, the Committee would consider issues such as whether the specific concerns to be addressed were discussed with the parties prior to commencing the assessment, whether the procedures to be followed were explained to the parties, whether the assessor contacted adequate sources of information and whether information was obtained from both parties in a fair and evenhanded manner.

It is important to be aware that the opinions, conclusions and recommendations expressed in a psychological report are a matter of the professional judgment of the assessor and the Committee has no jurisdiction to substitute its own judgment for the judgment of the professional who conducted the assessment. As the members of the Complaints Committee did not conduct an assessment of the parenting ability of the parties, the Committee cannot make any findings on the custody and access issues. For the same reason, the members of the Committee cannot make any findings about the credibility of the parties or the credibility of the information that was provided to the assessor by either of the parties.

However, it is also important to note that, in providing opinions, conclusions and recommendations with respect to issues of custody and access, professional standards would require an assessor to obtain, at minimum, a certain fundamental data base. In particular, professional standards would require that all parties who are applying for custody or access be interviewed, the children be interviewed and observed with the parties (with some exceptions, such as where there are allegations of abuse), critically relevant collateral information be sought, and the report include a balance of the negative and positive data that was obtained by the assessor and that is relevant to the issues.

It is within the jurisdiction of the Committee to determine whether the assessor obtained the minimally adequate data base that would be necessary in order to provide the opinions, conclusions and recommendations contained in the report with respect to the issues of custody and access and to determine whether the conduct and services of the assessor met professional standards.

If the Committee has concerns about the services provided by the assessor, the Committee has the authority to take the steps set out in the document entitled, "The College's Procedure for Investigating a Complaint" which include issuing a caution or, in a particularly egregious case, referring allegations to the Discipline Committee. However, the Committee has no jurisdiction to direct that the assessor withdraw the report or to direct that another assessment be conducted, as only a Court may issue such Orders.

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THE MANDATE OF THE COURT

Only the Court has the authority to make decisions about custody and access and to issue an Order that certain arrangements be put into place. Section 24(2) of the *Children's Law Reform Act* sets out a number of factors that the Courts shall consider in determining the best interests of the child in order to make Orders with respect to custody and access. It is important to note that the Court will have available all of the information contained in the assessment report and the Court will decide whether or not to accept the assessor's opinions and recommendations.

IF A PARTY DOES NOT AGREE WITH THE ASSESSOR'S RECOMMENDATIONS

If a party to the assessment does not agree with the opinions, conclusions or recommendations expressed in the assessment report, the party may wish to obtain legal advice. The legal counsel representing the party would be in the best position to advise them of their options.

It is noted that a party who is dissatisfied with the results of an assessment has the right to cross-examine the assessor in court under section 30(10) of the *Act*. It is also noted that section 30(15) of the *Act* states that the appointment of an assessor does not prevent a party from submitting other expert evidence as to the needs of the child and the ability and willingness of the parties to satisfy the needs of the child.

However, as stated above, the Complaints Committee of the College has no jurisdiction to substitute its own judgment for the professional judgment of the assessor. §

(Nov 95)

Correction:
Dr. Sharon Verniero's name was included in the list of members whose certificate of registration had lapsed due to unpaid fees in the September, 1995 Bulletin. The College wishes to advise that Dr. Verniero is currently registered in and in good standing.

ADDITIONS TO THE REGISTER

Placed on the Temporary Register since September, 1995 - Psychologists:

Elizabeth Bosman
Peter Cobrin
John Erdman
Marcus Feak
Jacques Gouws
Kathleen Hicks
Todd Jackson
Allison Kennedy
Elizabeth Kerr
Mark Lau
Anna Mitsopulos
Michelle Persyko
Denise Preston
Sean Rourke
Deborah Stuart
Neil Weinberg
Mary Wiseman

Placed on the Temporary Register since September, 1995 - Psychological Associates:

Jolanta Fabiilli

The College welcomes Ms. Nancy Ferguson, B.Sc.,LL.B. to the staff. Ms. Ferguson assumed the role of Investigator on December 1, 1995.

The Council of the College of Psychologists of Ontario has set the following dates for Council meetings:

March 29 and 30, 1996
June 7 and 8, 1996

ඕරඅල එඹඅමඉනඉඅටඉඹනස තඑරඑ හඑලඩ ඉන ටිඹරඹනටඹ ඹන ඩිඑඑember 6, 7 and 8, 1995. The College would like to thank the following people who assisted in conducting these examinations:

Rosemary Barnes, Ph.D., Private Practice, Toronto
Lynne Beal, Ph.D., Chief Psychologist, East York Board of Education
Yvon Bourbonnais, Ph.D., Private Practice, Ottawa
Peter Carlson, Ph.D., Psychologist, Regional Community Brain Injury Service, Kingston General Hospital
Phillip Daniels, Ph.D., Psychologist, in management consulting practice, Toronto
Lois Dobson, Ph.D., Executive Director, Infant and Family Centre, Windsor
Patricia DeFeudis, Ph.D., Director, Department of Psychology, The Credit Valley Hospital, Mississauga
Darlene Elliot-Faust, Ph.D., Psychologist, Board of Education for the City of London; Private Practice
David Evans, Ph.D., Professor, University of Western Ontario
Leonard Goldsmith, Ph.D., Senior Psychologist, The Toronto Hospital
John Goodman, Ph.D., Director, Department of Psychology, Children's Hospital of Eastern Ontario, Ottawa. Professor of Psychology and Clinical Professor of Paediatrics, University of Ottawa; Research Professor of Psychology, Carleton University
Margaret Hearn, Ph.D., Manager, Behavioural Health, University Hospital, London
Nina Josefowitz, Ph.D., Consultant, Atkinson Counselling Centre, York University; Private Practice, Toronto
Paul King, Ph.D., Psychologist, Private Practice, North Bay
Louise LaPlante, Ph.D., Psychologist, Gilpin Robinson, Private Practice, Ottawa; Psychological Services Centre, University of Ottawa
Jean Paul Laroche, Ph.D., Executive Director, Children's Mental Health Centre, North Bay
Terrence Laughlin, Ph.D., Chief of Psychological Services, Ottawa Board of Education
Maggie Mamen, Ph.D., Psychologist, Private Practice, Ottawa
George Phills, Ph.D., Chief of Psychological Services, London Board of Education, London.
Guy Proulx, Ph.D., Director, Department of Psychology, Baycrest Centre for Geriatric Care, North York
David Rennie, Ph.D., Associate Professor, Department of Psychology, York University, Toronto
Philip Ricciardi, Ph.D., Treatment Coordinator and Psychologist, Assessment/Day Treatment Program, The Child's Place, Windsor
Brian Ridgley, Ph.D., Chief of Psychology, Sunnybrook Health Science Centre, Toronto; Private Practice
June Rogers, Ph.D., Psychologist, Private Practice, Ottawa
Ken Scapinello, Ph.D., Chief Psychologist, Ontario Correctional Institute, Brampton
Rosina Schnurr, Ph.D., Psychologist, Children's Hospital of Eastern Ontario, Ottawa
Gene Stasiak, Ph.D., Psychological Consultant; Director of Research, Ontario Correctional Institute
Runa Steenhuis, Ph.D., Chair, Psychological Services, University Hospital, London
Judith Van Evra, Ph.D., Professor, Department of Psychology, St. Jerome's College, University of Waterloo
Lynn Wells, Ph.D., Chief Psychologist, Wellington County Board of Education

The College would like to thank the following public members of Council who assisted by observing the oral examinations:

Carolyn Roeser, Business Manager/Accountant, ReproMed Ltd., Toronto
Marilyn Norman, Administrator, Kingcole Homes Incorporated, Kingston
Clifford Morris, Partners in Edventures, Barrie §

The Examination for Professional Practice in Psychology was administered on October 18, 1995 in London, Ottawa, Sudbury and Toronto. The College appreciates the assistance of Dr. David Evans, Ms. Connie Learn, Dr. Jane Ledingham, Dr. Rod Martin, Dr. Anthony Miller, Dr. Joseph Persi, Ms. Dana Wilson and Dr. Alastair Younger.

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Election to Council 1996
Information for Members

NOTICE OF ELECTION

Date: Election day is March 29, 1996.

Elections will be held in the following Districts:

Electoral District 2 - South West. Including the counties of Bruce, Elgin, Essex, Grey, Huron, Kent, Lambton, Middlesex, Oxford and Perth.

Electoral District 6 - Toronto. This district is composed of the Municipality of Metropolitan Toronto.

Electoral District 7 - Academic. This district is composed of Post Secondary Insitutions in Ontario granting Graduate Level Degrees in Psychology.

A **by-election** will be held in the following district:

District 1 - North. Consisting of the districts and counties of Kenora, Rainy River, Thunder Bay, Cochrane, Algoma, Manitoulin, Nipissing, Sudbury, Timiskaming and Parry Sound, The District Municipality of Muskoka and the Regional Muncipality of Sudbury.

NOMINATIONS

Eligibility: To be eligible, members must be engaged in the practice of psychology or (if not practising) residing in the electoral district; must not be in default of payment of any fees; the certificate of registration must not have been revoked or suspended in the six years preceding date of election or subject to a term or limitation within two years leading up to election.

Nominations: A nomination form can be found on page 19 of this Bulletin. A psychologist or psychological associate may be a candidate for election in only one electoral district in which he or she is an eligible voter. A nomination must be signed by at least five members (psychologists or psychological associates) who support the nomination and are eligible to vote in that electoral district.

Deadline for nominations: Nominations are due by 5 pm, February 14, 1996. Further nominations will be received until 15 days before the election; Thursday, March 14, 1996 is the last day for receiving nominations for the election. Those needing nomination forms may contact the College office.

Withdrawal of nomination: A candidate may withdraw his or her nomination by giving notice to the Registrar in writing, not less than 15 days before the election; the last day for withdrawal is Thursday, March 14, 1996.

Mailing lists: On written request to the College, a candidate may obtain a mailing list (or address labels), at cost, of members in the electoral district, for use in the electoral process.

PROCEDURES:

Distribution of ballots: No later than 10 days before the election, a final list of candidates in the electoral district, a ballot, the candidates' biographies and statements and an explanation of the voting procedures will be sent out.

Scrutineers: The College will be engaging a private firm to distribute the ballots to members in each electoral district, to receive the completed ballots, to confirm the voters against the voters' list, to count and record the votes, and to report the results of the election to the Registrar. The voting will be confidential and only the final tally will be provided to the Registrar.

Voting procedures: Each member eligible to vote in a given district will receive a pre-addressed envelope in which to seal the completed ballot. The name and address of the voting member must be recorded in the appropriate space on the outside of the envelope so that the scrutineers may verify the voter's name and address against the voters' list. The envelope containing the ballot with your vote must be post marked no later than March 29, 1996.

INFORMATION:

Council Composition: You will be voting for one representative to a Council composed of 16 individuals: seven professional members elected by geographical area; two academic members; six public appointees and one ex-officio member nominated by the psychological associate members.

New Council members will be appointed to one of seven statutory committees (executive, registration, complaints, discipline, fitness to practise, quality assurance, and client relations) and can expect to serve on at least two such committees. New Council members could also become members of other standing committees as well as various ad hoc committees established.

Term of Office: The term of office for elected members is three years.

Time Commitment: Council meetings will be held at least quarterly and normally last for two full days (usually a Friday and Saturday). Committees may meet the day before the Council meeting or between Council meetings. Committees are likely to meet twice as often as the Council for at least one full day.

Per diems and Expenses: Current Council policy provides for a per diem of $267 for Council and Committee meetings. Half day meetings are pro-rated.

Expenses covered include necessary travel (economy fare or mileage); meals up to $45 per day; and necessary taxi fare or parking expenses. If a meal, such as lunch, is provided during a full day meeting, then the amount allocated for lunch is deducted from available expense coverage.

You may refer to The Bulletin, Vol.19, No.2 for the complete election regulation. §

At its meeting of October 19, 1995, the Executive Committee considered a letter received from Dr. Anthony Miller, elected Council member for District 1: North.

Dr. Miller will be moving out of the District before the end of the year. He will be establishing his practice in the new locale but will continue to see clients in Sudbury for some months more.

The Executive Committee took note of the regulation on elections which provides that,

19.(1) The Council shall disqualify an elected member from sitting on the Council if the elected member,

(e) ceases either to practise or reside in the electoral District for which the member was elected;

Dr. Miller is willing to continue on the Council until an election in District 1 can be held. As Dr. Miller will be continuing to provide services in District 1 until the first meeting of Council after the next Council elections which will be held on March 29, 1996, the Committee concluded that he will remain eliglible to serve on the Council until that time.

The regulation on elections provides the authority for Council to direct the Registrar to hold an election if a seat becomes vacant in an electoral district (Section 20.) Accordingly, the Executive Committee brought the following motion to the Council:

MOVED

That a by-election be held in District 1: North on March 29, 1996.

This motion was approved by Council at its meeting on December 1, 1995.

The Executive further noted that the relevant section of the regulation on elections provides that the term of a member so elected continues until the time the former member's term would have expired. Dr. Miller's term would have expired in the spring of 1998 and this will therefore be the expiry date of the term of the member elected to replace Dr. Miller in District 1. §

CHANGE OF ELECTORAL DISTRICT

In order to assist in the maintenance of the register and in the conduct of elections, Council approved the following policy and procedures at its meeting on December 1, 1995:

1) Any member whose principal practice address changes must advise the College within 30 days of such change and provide the new business address for inclusion in the public register and for purposes of establishing electoral district;

2) Any member whose residence changes must advise the College within 30 days of such change; this address will not normally be included in the public register unless the member explicitly directs that it is to be taken as the business address;

3) Each member eligible to vote must declare his or her electoral district at the time of initial registration and at the time of annual renewal of registration;

4) In accordance with the regulation, the district in which the member principally practises will be taken as the electoral district;

5) A member wishing to vote in District 7 must so declare at the time of initial registration, at the time of annual renewal or when advising the College of a change in practice setting in accordance with Section (1).

6) Any member eligible to vote in District 7 who wishes either (a) to change from voting in District 7 to the geo-

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THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO
ELECTION NOMINATION FORM - 1996

Please type or print neatly, using black ink.

We, the undersigned members of the College of Psychologists of Ontario practising or resident in the Electoral District _____ nominate _____ in Electoral District _____ as a candidate for election to the Council of the College on March 29, 1996 as a registered psychologist or psychological associate representative of the said electoral district.

Nominee's Registration Number: _____

Telephone: _____

Address: _____

_____

I, _____ , am willing to stand for election, and if elected, to assume all duties of the member of Council for the District _____

Signature: _____ Date: _____

NOMINATOR'S NAME	DISTRICT	REGISTRATION NUMBER	SIGNATURE
1			
2			
3			
4			
5			

Please return by 5:00 pm February 14, 1996

Please return to: The College of Psychologists of Ontario
L'Ordre des psychologues de l'Ontario
1246 Yonge Street, Suite 201
Toronto, Ontario M4T 1W5
tel: (416) 961-8817 fax (416) 961-2635

Please refer to *The Bulletin*, Volume 19, No. 2 for regulations.

(Disponible en Français)

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graphic district or (b) to change from voting in the geographic district to voting in District 7 may do so by notifying the College in writing no later than January 31 in the year of an election; changes will not be permitted more frequently than every second year, unless the member has assumed a new full-time appointment in a post-secondary institution or has ceased to be a full-time member of the insitution.

7) Any member ceasing to practise the profession shall so advise the College within 30 days of such cessation; so long as the member remains in good standing the electoral district shall be taken as that in which the member resides. §

IMPORTANT: Members who wish to vote in the Academic District are asked to advise the College to have your name placed on the voting list. Please refer to the one page insert included with this Bulletin for eligibility and procedure.

The Bulletin is a publication of the College of Psychologists of Ontario

The Bulletin is published quarterly. Subscriptions for members of the College are included in their registration fee. Others may subscribe at $10.00 per year, or $2.50 per single issue. We will also attempt to satisfy requests for back issues of the Bulletin at the same price.

Les articles dan ce numéro de *The Bulletin* sont disponibles en français.

COLLEGE HIGHLIGHTS

Amendment of Guidelines: Supervised Practice. In the September, 1995 issue of the Bulletin guidelines for supervisors of holders of a certificate of registration for supervised practice were published. In order to clarify these guidelines, at its December, 1995 meeting, Council approved the wording in the following underlined sections:

Two specific responsibilities of the primary supervisor:

1) Supervision will take place by way of individual (rather than group) sessions a minimum of four hours per month, normally at the rate of one hour per week, throughout the supervisory period.

2) Supervisory sessions normally take place in the candidate's work setting.

Quality Assurance Program. By January, 1997, the College must have a Quality Assurance Program established. Early in 1996, members will receive information on the College's proposed quality assurance program, including a copy of the proposed regulation. Representatives of the College will conduct an information session on the proposals during the OPA Convention. Council will give formal consideration to approving the regulation in March, 1996. Any individuals or groups wishing to make a written submission for Council consideration are asked to provide their submissions to the College office no later than March 8, 1996.

Standards of Professional Conduct: Integration. At its December meeting, Council approved a revision of the Standards of Professional Conduct which integrates the previous standards with standards approved since 1991 and with provisions from other documents relied upon by the College. Redundancy with the College's regulations has been largely eliminated. The term "psychologist" has been replaced with the word "member" to reflect the application of these standards to both psychologist and psychological associate members of the College. Guidelines adopted by the College are also included in the document which is provided as an insert with this issue of the Bulletin. It is expected that over the next year or two, a comprehensive revision of the standards will be undertaken.

Canadian Code of Ethics for Psychologists and the Canadian Psychological Association: Practice Guidelines for Providers of Psychological Services. In approving the revised standards, the Council of the College adopted both of these documents, published by the Canadian Psychological Association, to replace the 1977 revisions of the Ethical Standards of Psychologists and the Standards for Providers of Psychological Services, both published by the American Psychological Association.