

Specialty Designation

At its meeting in December, Council passed a motion not to proceed with Specialty Designation at this time. This issue had been unresolved for some time, beginning with discussion prior to RHPA. In 1991, during the Standing Committee hearings on the RHPA and the Psychology Act, a Memorandum of Agreement was signed by the Ontario Board of Examiners, (predecessor to the College), the Ontario Psychological Association and the Ontario Association of Consultants, Counsellors, Psychometrists and Psychotherapists. Among other things, the parties recommended to the Council of the College that specialty designation have a high priority in the new College's work. The three organizations agreed that masters level registrants would be integrated into any specialty designation system established by having the right to attempt any examinations and testing procedures required.

In the RHPA the Council of each College is given the authority to develop regulations respecting specialties in the profession (RHPA (Code) Section 95(1)12).

During the transitional period preceding proclamation of the RHPA, a working party of appointees from the three organizations reviewed various models of specialty designation and provided a report to the transitional Council which approved it for consultation through the December, 1993 issue of the Bulletin and the February, 1994 presentation at the Barbara Wand Symposium.

The working party reviewed and summarized the comments of individuals and groups responding to the consultation and provided a final report to the Council of the College on December 1, 1994.

Preliminary Decisions of Council

It was apparent to Council members that the issues related to specialty designation were complex and far reaching. The Executive provided a recommendation to the Council in September 1995, to assist Council to focus the issues more clearly. The response of Council was to establish a template

that it would use should it decide to proceed to establish a regulatory mechanism for specialty designation. Council agreed on these five points as working guidelines:

- 1) Specialty Designation is beyond entry level;
- 2) It must be open to both titles;
- 3) It requires more than just the passage of time; instead it will require additional examinations, courses and/or training;
- 4) There may be multiple routes for attaining specialty designation;
- 5) Specialty designation cannot be put in place overnight.

Discussion and Decision at December, 1995 Council

In December, 1995 Council devoted a substantial portion of the agenda to consideration of specialty designation, in order to have a full and informed discussion and reach some closure. Council was asked to consider whether specialty designation was in the public interest and whether it was feasible to establish a regulatory mechanism for specialty designation in Ontario and whether there were other programs in the College which would meet the public interest goals associated with specialty designation.

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Q&A - Quality Assurance

Council reviewed the report of the Working Party on Specialty Designation as well as articles published by the Ontario Psychological Association, the Canadian Psychological Association and the American Psychological Association including the following:

> a Memorandum and Discussion Paper on Specialty Designation dated December 1, 1994 and December 9-10, 1994 respectively, submitted to Council by the Working Party on Specialty Designation;

> a report, prepared by Ms Julie Bishop, M.A. and dated June 3, 1994, summarizing the response from the profession to the consultation on the draft discussion paper circulated in the *Bulletin*, December, 1993 and to a presentation at the Barbara Wand Symposium in March, 1994;

> an article published in the *Ontario Psychologist*, December, 1994 reporting the results of a survey of the OPA membership;

> three papers by Byrne; Service et al.; and Kline published in *Canadian Psychology*; and

> a paper by Rehm (1995) published by the APA Practice Directorate.

Issues Considered in Discussion

Council considered what experience and models of specialty designation existed in other jurisdictions. To date, no system of specialty designation has been established by a Canadian regulatory body for psychology. In the United States, some boards of psychology distinguish School Psychologists or Health Service Providers at the time of licensure but there is no jurisdiction where advanced competence has been established. Credentialling mechanisms such as that provided by the American Board of Professional Psychology do exist but there is no regulatory mechanism.

In regard to identification and definition of specialties in psychology, Council noted that there is not good agreement on this, despite decades of debate in the United States and Canada. However, information as to areas of service being provided is readily available under the current Regulations and Standards of the College; members of the College are permitted to define their areas of practice in advertising and promotion materials.

There was discussion around titles and whether the addition of further titles would increase or reduce confusion to the public, and whether accessibility to appropriate practitioners would be improved by the identification of specialists. In order to be clear and unambiguous, the level of implementation must be high indicating an advanced degree of competence. It was noted that specialty designation does not necessarily enhance access to competent services and is

not necessary for clients to make an informed choice.

While considering such issues, Council members noted that psychological services provided to the Ontario public would be enhanced only if the process was valid and reliable. Would such a process be feasible? This led to questions about the variety of formulations of specialties, the relative youth of the profession of psychology compared to medicine and law, the expense of establishing mechanisms for evaluating qualification for specialties, the cost of seeking such a specialty, and the potential for a specialty to be defined narrowly. It seemed clear that specialty designation would make very large demands on the human and financial resources of the College and would be very costly to members seeking designation.

Council also noted the difficulty in defining areas of specialty, the likelihood that any definition of specialties could be open to legal challenge, the necessity for accessibility to both psychologists and psychological associates if the College were to establish a system of specialty designation, the need to identify a sufficient number of members with advanced expertise to administer specialty examinations, and the need for portability across provinces in keeping with the intent of the Agreement on Internal Trade.

In considering whether some of the goals of specialty designation might be met through other mechanisms, the Council noted that improved quality of care depended in part on the motivation of the individual practitioner, with support from the Quality Assurance program of the College. There was also discussion around whether the College was the most effective body to develop a system of specialty designation. As a regulatory body, the College would likely have to adopt an existing formulation of specialties which would necessarily involve overlap between different specialties. A regulatory model of specialty would likely be the most restrictive and costly, due to the necessity of developing and conducting examinations by a relatively small College. A regulatory system of specialty designation might be more vulnerable to legal challenge.

Conclusions

Council agreed that development of a system of specialty designation through a regulatory mechanism in Ontario is not feasible at the present time. If at a future time, a national body were to propose developing a credentialling system, the College could support and encourage the process particularly if members with either registration title could access the process at the national level. In the meantime, the public interest might be better served with improved sources of information and referral. Access to the control-

led act for those psychological associates competent to perform the controlled act might be better accomplished through some process other than specialty designation.

The debate concluded when the following motion was passed:

That, given

-the difficulty of determining the scope and definition of specialties;

-the relative youth of the profession, in comparison to other professions with established specialties;

-the availability of alternative ways of providing information to the public regarding practice areas in psychology;

-the prohibitive costs of establishing and maintaining valid and comprehensive procedures for certifying specialists;

-the lack of sufficient numbers of members to develop and sustain a valid and reliable specialty designation system at this time; and

-the absence of any models of specialty designation established by regulatory bodies in North America,

the College not proceed with specialty designation at this time.

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Tricky Issues Feature - Issue One

CD ROM Storage of Files

Several members have called in regarding the College's position on the storage of psychological files on CD ROM. While the complexities of the issues involved are only just developing and there are more questions than answers, the following advice is given to members with respect to CD ROM storage of files.

Confidentiality

Confidentiality is protected if there are very clear guidelines and policies about access to the material, just as when material is stored in the normal manner. Therefore, access to the disc should be only by a member or someone under the supervision or direction of the member. No transmission of the material on the disc should be permitted without the approval of the member. Providing for specific sanctions if an unauthorized person accesses the information may be useful.

Who should be involved in the transfer?

It is not necessary for a member to be directly involved in the transfer since it is not necessary to read the information before transferring it to the disc and therefore confidentiality can be maintained. This is similar to reports being typed by a word processing department. The member should ask the administration for the policies to be employed in these various aspects of transferring and maintaining the files on the CD ROM. If the usual practices for storing confidential information are followed, these policies should be acceptable.

Tampering.

The data should not be vulnerable to tampering, again so long as the usual protections are in place. There could be a built in detection of unauthorized personnel and clear penalties for unauthorized users (For example, some of these could include dismissal or suspension of employment). Whenever there is a new entry to the disc, this should be recorded and there should be a back-up system in place so that the original record remains intact. This is to protect falsification of the records.

In general, problems mainly arise when there is a lack of standards about access to the material and the circumstances in which it can be played back. Again, this should be looked after in the policies of the particular setting. While there is no reason that a member should refuse the transfer of files to CD ROM, there is, however, an obligation to ensure that the proper protections and policies for those protections are in place. In short, members are expected to maintain the same standard of record keeping as when files are stored in the regular manner. §

Tricky Issues Feature - Issue Two

Psychological Assessments for Insurers

Members who provide assessment services for insurance companies under the Statutory Accident Benefits Schedule (SABS) of the Insurance Act have sought direction from the College in cases where the insured individual has refused release of the psychological report to the insurer.

Following a review of the standards, the professional misconduct regulation and the Statutory Accident Benefits Schedule, and with the benefit of a legal interpretation, the following now represents the College's advice respecting members' obligations when conducting an assessment under s.65 of the Statutory Accident Benefits Schedule, which applies to an accident on or after January 1, 1994. (O.Reg. 776/93 made under the Insurance Act.)

Under s.65(1) of the Schedule, an insurer is entitled to give an insured person a notice requiring the person to be examined by, among others, a member of a health profession specified by the insurer. Under s.65(3), the person who conducts the examination is required to prepare a report and to provide a copy of the report to the insurer and to the insured. Where the insured person fails or refuses to make himself or herself reasonably available for an examination, the insurer is not required to pay certain benefits until the person submits to the examination (s.65(5), (5.1)).

On the face of these provisions, it would appear that once an insured person has submitted to a psychological examination under s.65, the member is required to prepare a report of the examination and to provide a copy to the insurer and to the insured. There appears to be no basis under the SABS upon which a psychologist could refuse to provide a copy of the report to the insurer or to the insured. Once the insured has submitted to the examination, there would also appear to be no basis upon which he or she could require the psychologist not to release the results of the examination.

Although this might appear to conflict with the member's obligation to maintain the confidentiality of a client's health information, there are two additional considerations. First, under the standards, the member is entitled to release client information only with the consent of the client unless the member is required or allowed to do so by law. Section 65 of the SABS appears to be a regulation that requires the disclosure of information that otherwise might not be subject to disclosure. Second, the circumstances under which an examination takes place suggest that the results may not be confidential with respect to the insurer. In the usual provision of psychological services, the client has the expectation that the information collected by the member will re-

main confidential and will be released only with the client's consent. However, where a psychological service is provided by a member chosen, and presumably paid, by the insurer, for the purpose of determining the insured's eligibility for insurance benefits, it is difficult to argue that the results of the examination were intended to remain confidential from the insurer, or that the insurer's right to receive the results is subject to the discretion of the insured.

Once the examination has been concluded, unless there is a clear concern over potential harm to the client or someone else should the report be released, the member may release the report to both the insurer and the insured, notwithstanding any intervention from the lawyer for the insured.

In light of this interpretation, members are advised that when they undertake a psychological assessment of an insured under s.65 of the Statutory Accident Benefits Schedule, before commencing the assessment, the member should advise the insured of the limits on confidentiality. Specifically, the member should advise the insured that once the assessment is complete, the member is obliged to prepare a written report and to release it to both the insured and the insurer, and that the insured will not be able to prevent such release. Before commencing the assessment, it would be prudent to have the insured acknowledge in writing that he or she has been so informed. The insured retains the option to refuse to submit to the assessment under those circumstances in which case the matter rests between the insurer and the insured. It would be prudent for the member to encourage the insured to get advice on whether such a refusal might affect his or her benefits status.

An insured individual who has submitted to an assessment and for whom a report has been prepared and released to the insured and the insurer, of course, may seek legal advice about possible remedies if the client is dissatisfied with any benefits decision made by the insurer subsequent to the examination and release of the assessor's report.

An ad hoc group has been established to identify ethical dilemmas which arise in this area of practice and to review the regulations and standards which bear on these issues. Any

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COLLEGE NOTICES

THE • COLLEGE • OF • PSYCHOLOGISTS • OF • ONTARIO

We Have E-Mail!!

The College can now be reached by e-mail. Our address is:

cpo@cpo.on.ca

We are also planning our web page which will include information for both current members and those interested in applying for registration.§

Complaints

Since the Bulletin was last published, both panels of the Complaints Committee have met and considered 20 complaints.

Summary information concerning these matters will be published in the June Bulletin after the Decisions have been received by the member who was the subject of the complaint and by the complainant.§

Renewals

Annual membership renewal notices will be mailed in mid-April. The annual fee of \$625 is payable June 1, 1996. Once again, members may choose to split their payments. Please refer to the notice for details.

A late penalty will apply to fees postmarked after June 1, 1996. If you do not received your notice, please contact the College and a duplicate will be sent.§

Directory - Correction

Due to clerical error, Dr. Alan Anderson was incorrectly listed under the category of Psychological Associate in the 1995/96 Directory of Members and Ms. Katheen Anderson was incorrectly listed under the category of Psychologists. Dr. Alan Anderson's name should have appeared on page 18 and Ms. Kathy Anderson's on page 98. The College regrets any inconvenience this may have caused.§

Election - Extended

Due to the OPSEU strike, some of our members did not have access their mail and were unable to vote. Therefore, the election date was extended from March 29, 1996 to April 12, 1996. The election results will be published in the June Bulletin. We are able to advise members, however, that Dr. Ron Myhr, District 6, Toronto, was re-elected by acclamation. Welcome back Dr. Myhr.§

Symposium Tapes

The Barbara Wand Symposium was held on February 28, 1996. The Symposium was taped and these may be purchased from Audio Archives at (905) 889-6555 ext.22. The accompanying materials may be obtained from the College.§

Council Meetings

The next Council meetings have been scheduled for June 7 and 8, 1996 and September 20 and 21, 1996.

Members of the College and the public are welcome to attend although we ask that you advise us in advance as space is limited.§

Worth Noting

Members of the College who have no income from independent practice may not be able to claim personally funded professional development expenses as a deduction from income on their income tax return. In a recent survey of the members of the College, 24% of the participants reported that they could not make such a claim. Revenue Canada provides a vehicle that allows some employees to realize such deductions. Form T2200, "Declaration of Conditions of Employment" is available from the offices of Revenue Canada. Section 9 of the form allows an employer to declare that an employee was required to "pay other expenses for which the employee did not receive any allowance or repayment". "Other expenses" may include attendance at conventions, training courses, etc. for which the psychologist or psychological associate was not reimbursed and which were required to enhance the performance of his/her duties.§

Additions to the Temporary Register Since December 1995 - Psychologists

Marian Beauregard	David MacPhee
Rafaella Davila	Nancy Malloy
Susan Dowler	Jack Muskat
Cindy Ford	Keith Nicholson
Sheryl French	Suzanne Popham
Katy Fuerst	Johan Reis
Robin Green	Judi Riches
Shirley Griffith	Thomas Ruttan
Robin Hargadon	Zachary Shnek
Josée Jarry	George Tolomiczenko
Martin Lalumière	Rebecca Ward
Alexander Loucks	Charles Wilson

Additions to the Permanent Register Since December 1995 - Psychological Associates

Tahira Azmi	Gillian Jackson
Darlene Bennett-Bauer	Daniel Kehoe
Mary Bradley	Judith Lewis
Viviana Brown	Rena Lipsey
Judy Carey	Lyle MacDonald
Cynthia Crawford	Polly MacFarlane
Michelle Delisle	Molly Malone
Suzanne Eleonore Patry	Janet Morrison
Marie Fawcett-Carter	Dennis Morrison
Christiane Fréchette	Janet Mullally
Barry Gang	Gilles Prescott
Tracy Hampson	Claire Rooney
Judith Hashmall	Moya Sandomierski
Kimberly Hollefriend	Sue Klein Smith
Catherine Huddleston	Jo-Anne Trigg

Additions to the Permanent Register Since December 1995 - Psychologists

Tane Akamatsu	Joel Landau
Martin Antony	Kathy Lawrence
John Arrowood	Catharina Maan
Sherrie Bieman-Copland	Antoinetta Mantini-Atkinson
Michelle Blain	Vicky Martin
Guy Bourgon	Jeffrey McKillop
Neil Brockwell	Giampaolo Moraglia
Danielle Charbonneau	Anne Pawlak
William Croker	Cheryl Reed-Elder
Annette Dufresne	Patricia Roberts
Dianne Fraser	Sarita Sahay
David Hall	Brenda Saxe
Joanna Hamilton	Karen Scarth
Jayne Hanna	Cynthia Shaffer
Janice Hansen	Adrian Sibian
Gilles Hébert	Randy Silverman
Ross Hetherington	Helen Storrie-Baker
Ruthann Hicks	Sherri Taras
Delia Highgate	Mona Tsoi
Julie Hill	Anne-Marie Wall
Frank Kane	Josephine Wood
Keith Klassen	

New Public Members Appointed

Public members are appointed to Council by the Ministry of Health for two year terms. The College currently has five public members.

Recently, several of our public members saw their terms expire in March. Leaving the Council are Mme. Huguette Boisvert, Ottawa, Ms. Carolyn Roeser, Orangeville, Ms. Marilyn Norman, Kingston and Mr. Clifford Morris, Barrie.

The College would like to acknowledge with thanks the unique contributions to the College by each of these members during their terms.

Being welcomed to the Council are Mr. Peter Adams, Etobicoke, Mr. Michael Giffen, Glen Huron, Ms. Jane Snyder, Whitby, and Ms. Barbara Gray, Port Hope. The College expects one further public member to be appointed. §

Retiring Consultant

We would like to express our gratitude to Dr. Bruce Quarrington for his work as a consultant. The College was fortunate to benefit from Dr. Quarrington's years of experience and expertise, most recently in a lengthy analysis of record keeping legislation highly appreciated by members. We hope he will occasionally stop by to share his wit and gardening tips and wish him well in his retirement. §

Obituary

The College has learned with regret of the death of Dr. Michele Goodman, C.Psych. and extends its condolences to her family, friends and professional colleagues. §

CALL FOR PARTICIPATION IN STATUTORY COMMITTEES

Under RHPA, the College has seven Statutory Committees. The Executive Committee is elected from the Council who in turn appoint members of the Council and members of the College (who are not members of the Council) to the six other Committees. Each of the titles, psychologist and psychological associate must be represented on every one of the six Committees.

Members who are interested in serving on a Committee are asked to provide their name, registration title, preferred Committee (1st and 2nd choice may be given) and a brief statement of background by May 31, 1996.

REGISTRATION:

Meeting an average of one day per month, to review applications referred by the Registrar, to determine whether requirements for registration have been met and to direct the Registrar respecting the issuance of certificates of registration and any terms, conditions or limitations to be imposed.

Two members of the College are required.

FITNESS TO PRACTICE:

Meeting as needed to hear matters relating to fitness to practice referred by the Executive Committee after receiving a report from the Registrar regarding possible incapacity.

Two members of the College are required.

COMPLAINTS:

Meeting an average of one to two days per month, to investigate complaints, the conduct or actions of members and to render a written decision within 120 days of receipt of a complaint.

Two members of the College are required.

DISCIPLINE:

Meeting as needed (up to 12 times a year for hearings ranging from one to five days, including resumptions) to hear allegations against members of professional misconduct or incompetence, which have been referred by the Complaints Committee.

Two members of the College are required.

QUALITY ASSURANCE:

The Committee may appoint assessors for the purpose of a quality assurance program which will function under regulations developed by the College for such a program. The Committee may also make referrals to the Executive Committee if an assessment indicated possible misconduct, incompetence or incapacity of a member of the College. The frequency of meetings will likely be every two to three months for a full day.

Two members of the College are required.

CLIENT RELATIONS:

Responsible for advising the Council on the College's client relations program which must include measures for preventing or dealing with the sexual abuse of clients by members. The program must cover educational requirements for members, guidelines for the conduct of members with their clients, training for College staff and the provision of information to the public. Frequency of meetings is undetermined but the Committee may liaise with staff, quality assurance, complaints and discipline in fulfilling its mandate. Monitoring, reporting and advising are major features of the task.

One member of the College is required.

College Highlights

Diagnosis & Delegation: Discussion Paper (September, 1995) As there has been some confusion, members are reminded that the discussion paper published as an insert to the September 1995 Bulletin was intended to solicit comments from the membership on the draft proposals. The document does not represent formal College policy but was meant for consultation purposes. Formal advice from the College on these issues will be forthcoming in a future issue of the Bulletin, most likely in June 1996.

Budget: 1996-1997 On March 30, 1996 Council approved the budget for the new fiscal year commencing June 1, 1996. Parameters set by Council prohibit the submission of a budget which projects a deficit for the fiscal year, fails to include an unallocated contingency fund of at least five per cent of the total annual budget, or deviates from Council's stated priorities in the allocation of resources. Council affirmed that any annual financial surplus will be allocated to a cumulative core reserve fund to be built up to a level equal to 75% of the salary budget of the College. This reserve is to be utilized only in extreme circumstances as approved by the Council.

Electrical Stimulation: New controlled act listed in RHPA Regulation During the hearings on the new Health Care Consent Act, the government agreed to exclude any prohibition against a substitute decision maker giving consent for treatment with electrical stimulation where clinically indicated. Instead, in order to ensure public protection from potential harm, the government has approved a regulation prescribing the use of electricity for aversive conditioning as a controlled act. Electricity for aversive conditioning may be applied only by a member of the College of Physicians and Surgeons or by a member of the College of Psychologists or by a person under the order and direction of a member of either College. Members are reminded that they should not use this particular conditioning technique unless they have the expertise to do so competently and ethically, in accordance with established standards of professional practice.

The Substitute Decisions Act This Act was amended on March 29, 1996. There are some changes respecting eligibility to conduct capacity assessments. Members of the College of Psychologists will be among five professions identified as eligible to provide these services. Regulations are currently under development by the government. Members are advised that if the Office of the Public Guardian and Trustee has grounds to believe that an individual may require a substitute decision maker, the PGT may have the authority to obtain a copy of the health record of the individual. More detailed advice will be available in the next Bulletin.

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

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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 dans ce numéro de *The Bulletin* sont disponibles en français.

Tricky Issues Feature - Issue Two, continued from page 4

apparent conflict between other legal requirements and the regulations and standards of the College will be reviewed and brought to the attention of Council. Advice will then be provided to the membership to guide practice in this area. §

College Highlights continued

Health Care Consent Act The HCCA was proclaimed on March 29, 1996. It replaces the Consent to Treatment Act. Although the fundamental principles for consent are unaltered there will be some streamlining of requirements for giving notice to incapable clients respecting the availability of a rights advisor. The College will be drafting guidelines and providing more detailed advice in the next issue of the Bulletin. §