

INVESTIGATIONS AND RESOLUTIONS

A Report From the Complaints Committee of the College

The Complaints Committee of the College recognizes the difficulty experienced by a member when there is an outstanding complaint, and is working hard to expedite the resolution of these matters. The Committee is also striving to make the entire process more open and transparent. This article is provided in an effort to assist members to further understand the Investigations and Resolutions processes of the College by providing information on the role of the statutory Complaints Committee in protecting the interests of the public, the way that concerns/complaints are handled, and the possible outcomes or dispositions available to the Committee in reviewing a complaint.

Investigative Process

The Complaints Committee takes care to ensure that each and every matter is handled in a very thorough and even-handed manner. Every complaint must be investigated and dealt with. The nature of the investigation depends on the seriousness of the allegations raised, the jurisdiction of the Committee, and the College's mandate to protect the public. The investigation is conducted by one of the College Investigators, at the direction of the Committee, and this may involve numerous telephone calls and exchanges of correspondence between the Investigator and either or both the member and the complainant. This usually results in an extensive amount of documentation that must be reviewed carefully. In considering each case, the Committee strives to achieve consensus among Committee members for each decision. Such discussions may lead to a need to gather additional information or clarification of some materials before the matter can be decided.

Some concerns raised by complainants, such as obtaining a copy of a report or providing a clarification of fees charged, can be dealt with informally. In these situations, efforts are made to work with the member and the complainant to resolve the dispute without the need for a formal complaint process and full investigation. Many situations are resolved between the parties informally, with the assistance of the College, prior to a written complaint being received.

The Complaints Committee's primary role is as a screening committee. In reviewing matters, the Committee does not call witnesses, interview the parties in person, or hear testimony under oath. The Committee's work is primarily a paper review; a review of the information gathered during the

investigation phase. Included in this for Committee consideration and review may be correspondence from each party, psychological reports, clinical files, background information, information gathered from other involved individuals, and any other documentation submitted by either the complainant, or the member in responding to the com-

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plaint. When appropriate, the Committee will seek legal advice on an issue at hand, or an expert opinion in an area of practice. In reaching its decision, the Committee is limited to findings and conclusions based on these sources of information.

Since the work of the Complaints Committee is primarily a paper review, the availability of good documentation is extremely valuable. To this end, members are advised of the importance of good record keeping, and of documenting all activity such as meetings, telephone conversations, faxes and e-mails, or other correspondence. A complete record enables the Committee to evaluate complaints most thoroughly and effectively. In particular, experience has highlighted the importance of documenting the terms of the service agreement with clients including fees, consents to release and share confidential information, and other consents. Documentation should also be kept of discussions with clients about their treatment plan, services provided, supervision of others involved in the services, as well as collateral contacts with other professionals, agencies or institutions.

Overview of Types of Dispositions Available to the Complaints Committee

Once the Committee has reviewed the complaint and all of the information pertaining to it, the Committee has a number of dispositions available to it. The frequency in which each disposition was used, out of the 40 matters reviewed by the Committee in 1998-1999, is provided in the descriptions that follow.

Dismissal: When the Committee finds no evidence of violation of professional standards, the complaint is dismissed, or dismissed with advice to the member. Both are full dismissals and nothing is recorded on the Public Register or the similar fact database. In these circumstances nothing is asked or required of the member. On occasion, the Committee offers advice in an effort to assist the member to avoid problems in the future. For example, where a complainant has alleged lack of informed consent to an assessment or treatment plan, but the Committee found no evidence of violation of standards, a member might be advised to document more clearly explanations given about the assessment or treatment plan and the procedures followed to obtain consent.

Nineteen (47.5%) of the cases reviewed in 1998-1999 resulted in a dismissal.

Caution: When the Committee has found evidence of a violation of standards, a caution may be issued, or a caution with a letter of concern, which is described below. A cau-

tion is a written warning to inform a member that he/she appear to have violated standards. This warning also sets out corrective action the member can take. There are a number of recent examples of matters in which cautions were issued. These include situations in which the Committee found evidence to suggest: a breach of confidentiality or failure to obtain proper consent; bias or insufficient data to support conclusions or recommendations in custody/access or insurance-related assessments; and, conflicts of interest.

Letters of caution were issued in 16 (40%) of the cases reviewed in 1998-1999.

Alternate Dispute Resolution (ADR): When possible and appropriate, the Complaints Committee attempts to find alternate ways to resolve complaints through a process of negotiation. Successful negotiations are often viewed by members as a more positive outcome to the complaint and can result in a substantial cost saving to the College and the member on issues that might otherwise be referred to Discipline. Alternate Dispute Resolution can take several forms.

- **Caution With A Letter Of Concern:** This is a form of ADR sometimes used in cases where the Committee has concluded that the member appears to have violated standards and, in issuing a caution, adds a letter of concern. This letter of concern presents a formal corrective action in the form of an *Undertaking* to which the member is asked to agree. The undertaking may require, for example, further education or training, peer review of a certain number of cases with a focus on the concerns, or supervision of various aspects of his/her practice. The undertaking could include an offer of apology to the complainant or, in more extreme cases, the member may agree to limit his/her area of practice or refrain from providing certain services such as custody/access assessments. In many cases, the member is asked to agree to have the nature of the complaint and the resolution published in the *Bulletin*, with names and identifiers removed, should the College feel the situation would be of educational value to the general membership.

The inclusion of specific terms in the undertaking depends on the nature of the complaint, on steps already taken by the member to address the problems that led to the complaint, and numerous other factors. The development of the undertaking may be a negotiated process in which the member is able to suggest modifications or changes for the Complaints Committee to consider. If no agreement can be reached between the member and the Committee, the matter goes back to the Committee where a final decision and disposition is reached.

Letters of concern were issued in two (5%) of the cases reviewed in 1998-1999.

- *Mediation:* Mediation is another form of ADR that can be recommended by the Committee. It is generally used for more serious complaints that would otherwise be referred to the Discipline Committee. There are three parties to the mediation: the College, the member, and the complainant, and all must agree to participate in order for mediation to proceed. An outside mediator may be brought in to conduct the mediation. In deciding whether to propose mediation, the Committee considers the likelihood of arriving at an agreement through mediation, the potential interest of both parties to achieve a more timely resolution of the matter, and any potential power imbalances between the parties which might influence the process.

Referral to Discipline: Egregious complaints, such as allegations of sexual abuse or repeated acts of professional misconduct, typically result in a referral to the Discipline Committee. Referral to Discipline may also occur where the matter is less serious but the member may be unwilling to participate in Alternate Dispute Resolution, or the Complaints Committee is unable to reach an agreement with the member that it believes is adequate to protect the public. A case may also be referred to Discipline when a serious matter hinges on an issue of credibility, that is, the word of the complainant against that of the member. The Discipline Committee may hold a hearing in which witnesses provide testimony under oath, in contrast to the documentation review of the Complaints Committee. This provides a greater opportunity to assess credibility, often unavailable at the Complaints Committee level. The Discipline Committee, unlike the Complaints Committee, has the authority to suspend or revoke Certificates of Registration or to impose terms, limits or conditions on a member's Certificate.

Two cases (5%) reviewed in 1998-1999 were referred to the Discipline Committee.

Referral to the Executive: In cases where the Complaints Committee is concerned about a member's possible incapacity, it can refer the matter to the Executive Committee for investigation and/or follow up. These are not matters of professional misconduct or violation of standards but rather issues of potential incapacity due to mental or physical illness, substance abuse, or other problem that may adversely affect a member's ability to practice. Depending on the circumstances and the information available, the Executive Committee may appoint a Board of Inquiry to investigate the matter and if warranted, refer the case to the Fitness to Practice Committee.

One case (2.5%) reviewed in 1998-1999 was referred to the Executive Committee.

Other: If, in the course of investigating a complaint, other concerns emerge, the Committee may choose to offer advice to the member about those issues. If the concerns are of a very serious nature however, the Committee can choose to bring them to the attention of the Registrar for consideration. If the Registrar has reasonable grounds to believe a member has committed an act of professional misconduct or incompetence, the Registrar may, with the approval of the Executive Committee, undertake an investigation of the concerns.

The Complaints Committee often receives 'third party complaints'. These are cases in which the complaint is made by someone other than the individual receiving services. Examples include a complaint by a spouse about services received by the other spouse, or complaints from one member about services provided by another. The College policy with respect to handling third party complaints is under review. Such cases are considered by a sub-committee of the Complaints Committee and they also may be brought to the attention of the Registrar for consideration and possible review.

Choice of Disposition

Cautions, letters of concern, methods of alternate dispute resolution, proposals for mediation, and referrals to the Discipline Committee all indicate the Committee's concern about a member's failure to meet minimal professional standards or about specific acts of professional misconduct. The Committee determination of the most appropriate disposition is based on a consideration of a variety of factors including:

- the nature and seriousness of the allegations;
- the information and documentation available to the Committee;
- consideration of available similar fact evidence, that is findings of a violation in previous complaints of a strikingly similar nature, or Public Register information;
- the disposition that is most likely to provide a resolution that is timely and that protects the public;
- the feasibility and desirability of attempting ADR;
- the willingness of the parties to enter into formal mediation.

Decision Writing

The results of the Complaints Committee deliberations are provided as written decisions. The Committee has developed a new format for these written decisions that it be-

lieves is more concise and easier to follow. In the written decision, the Committee provides not only its conclusions about the complaint, but also the information it considered and the reasoning it followed in arriving at its conclusions. All of the detailed information and documentation submitted by the complainant and the member, as well as the applicable professional standards, are appended to the decision.

This format ensures all parties are fully aware of all aspects of the case that were reviewed by the Committee and makes the entire process clearer. It enables the reader to follow the Committee's reasoning and decision-making process and to understand the documentation relied upon in arriving at the decision. Each party to a complaint review has the option of appealing the decision of the Complaints Committee to the Health Professions Advisory Review Board of the Ministry of Health. With full information provided by the Complaints Committee, a member or complainant can make an informed decision about whether to seek such a review.

In future Bulletins, articles written by the Complaints Committee will update members on ongoing changes to the Investigations and Resolutions process and issues frequently arising in complaints. The articles will also discuss areas of practice that seem to cause the most confusion or difficulty, and provide advice to assist members to avoid complaints.

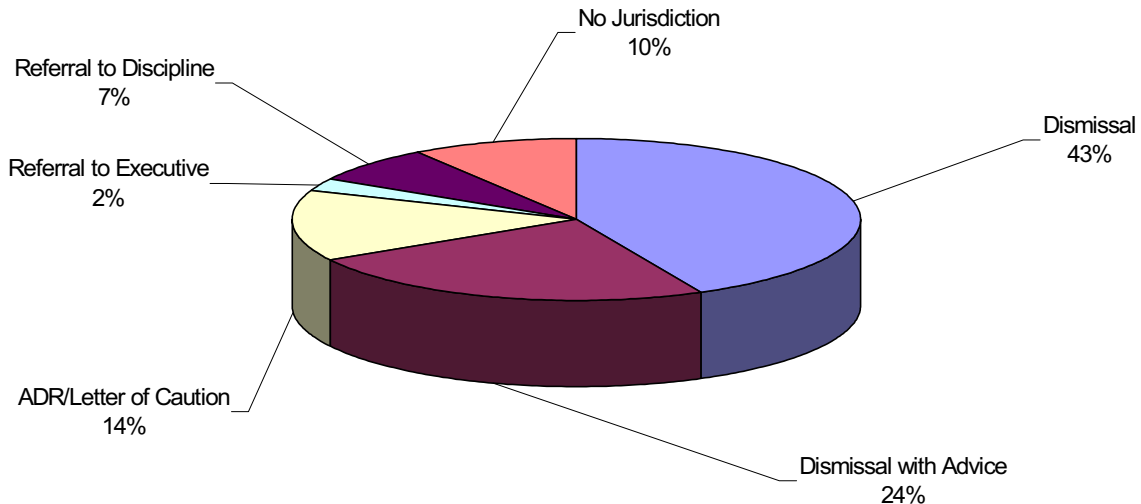
Included in this issue of the Bulletin are summaries of the activity of the Complaints Committee during the fiscal year 1997/1998. These charts, reproduced from the 1997/1998 Annual Report of the College, present an overview of the nature of the complaints considered by the Committee, and the frequency with which each type of disposition was reached.

The Complaints Committee is interested in the feedback from members including suggestions for educational articles that you would find useful. Your feedback can be provided by writing to me c/o the College, by fax (519-742-0716) or by e-mail (jvanevra@watarts.uwaterloo.ca).

Judith Van Evra, Ph.D., C.Psych.
Chair, Complaints Committee

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	Dismissal	Dismissal with Advice	ADR/Letter of Caution	Referral to Executive	Referral to Discipline	No Jurisdiction	TOTAL
NATURE OF COMPLAINT							
<i>If a complaint does not fit within a specific assessment area, such as "Custody and Access Assessment" or "Corrections Assessment", the complaint is classified according to the specific concern raised. Where a complaint involves more than one allegation, the most serious is listed. Only those categories where at least one resolution was reached are listed in this table.</i>						The Complaints Committee considered the preliminary issue of jurisdiction.	
ASSESSMENTS/GENERAL PROVISION OF SERVICES							
Custody & Access Assessment	2	2					4
Corrections Assessment	1	2					3
Neuropsychological Assessment		1					1
Rehabilitation/Motor Vehicle Injury Assessment	3	1	2				6
Industrial/Occupational Assessment		1					1
Confidentiality	1						1
Insensitive Treatment of Clients	2	1					3
Failure to Obtain Informed Consent	1	1	1			2	5
Inadequate Handling of Termination	2	1				1	4
Quality of Services	1						1
Services Failing to Meet Standards	1						1
CONDUCT IN PROFESSIONAL RELATIONS							
Supervision of Personnel	2		1				3
Conduct Toward a Student			1				1
Conduct Unbecoming a Member of the College	1			1			2
BUSINESS PRACTICES							
Fees & Billing						1	1
Other	1						1
BOUNDARY VIOLATIONS/CONFLICT OF INTEREST							
Sexual Impropriety					2		2
Boundary Violation			1				1
Sexual Harassment					1		1
TOTAL	18	10	6	1	3	4	42



President's Report

The College's policy on registration of Psychological Associates has recently suffered a setback, with potentially serious consequences for our attempts to make an orderly transition to a two-title profession.

In September of 1998 Council adopted a policy on access for Psychological Associates to the controlled act of communicating a diagnosis. Details were sent to all current applicants in October 1998, and comprehensive information was provided to all members, as well as registration candidates in March 1999 and was published in the last Bulletin. Please see those documents for a full discussion of this policy.

In late 1998, a group of Psychological Associate candidates passed the oral examinations but did not seek access to the controlled act. Under the policy of Council, these candidates were offered Certificates of Registration for Autonomous Practice with a limitation to the effect that they could not perform the controlled act except under supervision or, until December 31, 1999, under a delegation agreement. Some of these candidates did not accept this limitation, and appealed the decision to the Health Professions Appeal and Review Board (HPARB).

In November 1999, HPARB upheld the appeal and directed that the College register this group of Psychological Associates without any limitation.

Council discussed the matter at its meeting of December 3-4, 1999. After a lengthy review of the various issues and of legal advice received, Council agreed that an appeal of the HPARB decision would be launched in Divisional Court.

Council is pursuing the appeal for several reasons:

- it is essential for protection of the public that the controlled act be performed only by competent practitioners
- the process adopted by the College for review of the preparation of masters level practitioners is fair and reasonable
- there are significant differences in the usual training received by doctoral level and masters level practitioners, and
- determining the preparation of masters level practitioners for performance of the controlled act requires thorough documentation and careful review

It is expected that the appeal will be heard in approximately six months' time.

At its December meeting, Council approved a submission to be made to the Five-Year Review of the Regulated Health Professions Act. Among the more important changes that the College will be seeking are:

- specification in the Psychology Act that Psychological Associates will not have access to the controlled act unless they meet the standards prescribed by the College
- rewording of the definition of diagnosis within psychological practice, to the effect that authorized members can communicate a diagnosis with respect to "neuropsychological, psychoeducational, personality, psychotic or other mental disorders"

In addition, the College will be noting that mandatory revocation of a member's Certificate of Registration in all cases of sexual contact between a member and a client may be counter-productive. The courts have already begun to overturn penalties imposed under this provision of the Act, when the circumstances of the offence do not warrant such a severe penalty. The College believes it might be better to give discipline panels some discretion with respect to penalty. We are not making specific recommendations, but are asking for review of the issue.

The RHPA review will be a substantially political process. Many groups, in addition to the Colleges, will be making submissions. Members who have strong views on any RHPA-related matters might wish to make their views known to the legislators, perhaps through their local MPP, or directly to the Health Professions Regulatory Advising Council (*HPRAC*) which is conducting the review.

Council has decided to amend the fees bylaw, providing for a \$50 increase in registration fees, from \$625 to \$675 (about 8%). This is the first increase in five years aside from a one-time levy of \$100 in 1996. It was a difficult decision, as Council was aware that many members have not had significant salary increases in that time. However, a variety of costs largely beyond the College's control have increased substantially, and the proposed increase roughly reflects, and may be lower than, the rise in the cost of living over the past four or five years.

Ron Myhr, Ph.D., C.Psych.
President

TWO NEW STANDARDS OF PROFESSIONAL CONDUCT APPROVED

The Council of the College of Psychologists has approved two additions to the Standards of Professional Conduct.

Use of Participation in Quality Assurance Activities in Advertising Prohibited

Principle 4 relating to advertising and promotion of psychological services has been amended to include a prohibition respecting reference to a member's involvement in the College's Quality Assurance Program. This new provision was included since not all members will have the opportunity to participate in the Peer Assisted Review component of the Quality Assurance, as selection is random. It was seen to be unfair to those members not selected to participate, if others were able to use successful completion of this process in advertising or promotional material.

The new provision was added to section 4.1(1). The changes to this section now read:

- 4.1 (1) An advertisement with respect to a member's practice shall not contain:
- (g) any reference to the outcome of the member's involvement in the College Quality Assurance Program,
 - (h) anything that discredits the profession of psychology. [This is an existing provision that has been renumbered from 4.1(1)(g) to 4.1(1)(h)]

Sexual Harassment

The Council of the College of Psychologists has approved a new Principle within the Standards of Professional Conduct pertaining to Sexual Harassment. While the Canadian Code of Ethics, to which members must adhere, contains a provision regarding sexual harassment, Council viewed this issue as significant enough to warrant separate inclusion in the Standards of Professional Conduct. This new principle reads:

A member of the College will abstain from sexual harassment in any professional context.

Without restricting the generality of the foregoing, the following interpretations are given:

1. This standard applies to all members in their interactions within a professional context, and includes but is not limited to clients, students, supervisees, employees, colleagues, assistants, and research participants.
2. Sexual harassment includes any or all of the following:
 - (i) The use of power or authority in an attempt to coerce another person to engage in or tolerate sexual activity. Such uses include explicit or implicit threats of reprisal for noncompliance or promises or reward for compliance.
 - (ii) Engaging in deliberate and/or repeated unsolicited sexually oriented comments, anecdotes, gestures, or touching, if such behaviours are offensive and unwelcome, or create an offensive, hostile or intimidating professional environment.
 - (iii) Engaging in physical or verbal conduct of a sexual nature when such conduct might reasonably be expected to cause harm, insecurity, discomfort, offence or humiliation to another person or group.

GOVERNANCE REVIEW COMMITTEE

Report to Members and Consultation Survey

Background

The Council of the College of Psychologists of Ontario has struck a Governance Review Committee to consider a number of issues related to the representation of members on Council and the various College Committees, including the Executive Committee. The Committee includes both Psychological Associates and Psychologists and is made up of both Council and non-Council members of the profession as well as a public member of Council. The Committee is listed below as you may wish to contact one or more of them in response to the issues being considered.

The Committee has met on a number of occasions beginning this past summer to consider the current system for College elections and Committee appointments to determine whether alternate models may be more responsive to the changing needs of the membership. The work of the Governance Review Committee is preliminary, and will not necessarily result in any immediate changes to structure. Nevertheless, the Committee thought it important to survey the membership, at this time, on some of the key issues.

In conducting this review of the College governance structure, there are certain parameters within which the Committee must work. The Regulated Health Professions Act (1991) requires the College to maintain a number of statutory committees and prescribes the mandate and function of each of these. Alterations to this basic structure therefore, is not within the purview of the College of Psychologists although some changes may result from the current "RHPA Five Year Review" being conducted by Health Professions Regulatory Advisory Council (HPRAC) on behalf of the Ministry. As well, the Psychology Act (1991) contains some specific statements about elections and the selection processes to committees and the Council, that are also beyond the scope of this Committee to change. There is however, some leeway to act, within the boundaries set down by the legislation if it was thought that certain changes in representation might be beneficial.

Below is a discussion of a number of issues the Committee is currently reviewing followed by a member's survey. Please carefully consider the issues presented and then take the time to complete the survey. Your input on these issues is very important.

Psychological Associate Representation on Council

The Psychology Act (1991) created a new regulated category of psychological practitioner, the Psychological Associate. To ensure that the voice of this new practitioner was heard, a non-voting seat was created on Council, to be filled by a Psychological Associate, elected from the Psychological Associate body. The original idea was that this member would speak for Psychological Associates, to ensure the concerns of this group were not ignored, until such time as a Psychological Associate was elected to Council through the natural election process. Currently, any member of the College can stand for election to Council. In theory therefore, a Psychological Associate could be elected, especially in areas where there is a significant Psychological Associate presence. To date this has not happened, and there is some concern among Psychological Associates that it is not likely to happen, and that they will be effectively excluded from Council, except for the one non-voting seat, that is not protected by statute.

The Committee, in reviewing this issue, has determined that a change in the College Bylaws should be sought in order to create some specific representation for Psychological Associates. In other colleges where there are two titles, for example the College of Nurses, there is specific representation for both RN's and RPN's. If such a change is sought within the College of Psychologists, the question is how to do it. The College would have to consider the nature of the representation by title. Two possible options include proportional or fixed representation. In a proportional representation model, the number of Council seats occupied by members of each title would be proportionate to the percent of the membership holding that title. A fixed representation model would assign a certain number of seats to each title, by some method that would need to be determined, and this would remain fixed and independent of the number of members in each title group. Since the total number of College seats is prescribed in legislation, any move toward creating seats for Psychological Associates, however this may be done, has ripple effects, changing other aspects of the election procedures.

The Election Bylaws

According to the Psychology Act (1991), there are to be five to seven professional members of Council who are elected. In addition, there are two to three Academic members who can be selected in some manner from suitable academic programs.

Our current Election Bylaw specifies that all seats are to be assigned according to geographic distribution; the academic seats are assigned to an artificial geographic region. All seats are then elected by members within the appropriate geographic region where a member either works or lives. There is one seat per geographical area distributed with greater or lesser fidelity to population distribution across the province; two seats are assigned to the Toronto area; and two seats are assigned to the Academic area.

The Bylaws, unlike the Psychology Act (1991), can be changed by the College Council. Therefore, changes can be made to the geographic distribution of seats or the College could move to non-geographic representation, and elect seats in some other manner such as according to practice area (e.g., Clinical Psychology, I/O Psychology, School Psychology) or work setting (e.g., School Board, Hospital, Private Office), etc. Similarly, a decision could be made to change the way that Academic members are selected, and/or to add an Academic seat. There are numerous possibilities with respect to how Council seats are distributed.

Academic Representation

To date, the College has relied on elected academic participation, drawn generally from members in University Psychology Departments. Academic representatives hold two seats on Council and, as noted, the academic area is treated as a geographical area. Conceptualized this way, it is clear that academic representation is higher than is warranted in terms of the proportion of membership directly represented. It is interesting to note that in some other Colleges there is no mandated academic representation.

There are historical reasons for legislated academic representation with the College of Psychologist and a consideration of these is highly relevant to the ongoing discussion of appropriate representation. Psychology has its roots in academic departments and laboratories. Many professions, such as medicine, nursing and dentistry, began with a practice area, and moved from there to the establishment of academic apparatus to act as the source of their technical and knowledge base. In psychology however, a relatively new service profession, the direction was the

other way. This is a source of both strength and weakness for the profession of psychology. It means there is a great diversity of practice areas and settings one can work in, and that the potential applications of knowledge are not restricted to any particular setting. It also means however, that psychology has no natural 'turf' or domain, resulting in a continual competition with other, more established professions, for the right to practise freely.

When the practice of psychology moved toward self-regulation, there was recognition of the academic ownership and ongoing stewardship of the profession. With the negotiations that led up to the new Psychology Act, there was never any doubt that the profession would want to keep the links to academic departments, and this is reflected in the number of seats set aside for Academic representation on Council. Continued strong academic input is seen as beneficial to the profession, and necessary for its ongoing integrity. Many psychological practitioners have indirect links to academe, and most value the connection.

In considering the way that Academic representatives are selected, currently equating the academic area with a geographical area, there could usefully be changes to the procedure, especially with a greater move toward CPA/APA accreditation of training programs. It might be desirable to restrict representation to accredited training programs, allowing the programs to devise a mechanism for selecting representatives, and move to utilizing all three seats allowed under the Psychology Act. This is an issue that needs considerable discussion and contemplation, above and beyond the Psychological Associate representation issue. The two issues are interwoven in one obvious way: if three academic seats on Council are filled, that will have the effect of increasing Psychologist representation. Depending on your point of view, this will be a useful correction to any mandated increase in Psychological Associate representation; or it will further dilute the effective representation of Psychological Associates.

One possibility that has been suggested is to remove one of the geographic seats currently assigned to the Toronto area and use it as a Psychological Associate seat. The loss of a seat in the Toronto area could be offset by replacing it with an Academic seat that would be restricted to a training program in the Toronto area. The exact definition or parameters of this would have to be defined. If the profession remains committed to geographic representation, this might be the fairest and most workable option. It is recognized however that this only works if one presumes Psychological Associates will be represented by only one elected seat; an assumption that requires discussion.

Representation by Practice Area or Work Setting

As noted above, designating elected representation for Psychological Associates means that the six professional seats must be assigned in a different way. This may be as simple as redrawing the geographic Electoral District boundaries, or dropping one of the Toronto seats. A totally different model of representation could also be considered.

In looking at these other options, it is important to consider what representation is established to achieve. The College is mandated to regulate the profession in the public interest. Therefore, representation on Council does not mean quite the same thing as political representation. Council Members are not free to directly advocate the perceived interests of the members from their Electoral District. Nevertheless, there is some need for the Council member to understand the experience and concerns of the members, either because he or she directly shares those experiences, or because he or she is accessible and open to hearing the concerns of the members.

The argument for geographic representation is that the representative may be known to the members of his/her constituency, and, at any rate, will be accessible — personal contact is often possible.

An argument can be made for other types of representation. For example, certain issues such as access to the controlled act of communicating a diagnosis, insurance coverage, or various applications of standards, are experienced differently by members working in different practice areas or work settings. Some Psychologists or Psychological Associates may not be aware of how an issue impacts a psychological practitioner in a different practice or work area. As a result, they may not then, give appropriate or full representation on this issue. The opposing argument is that the Council Member must be able to discourse intelligently, and in an informed manner on all issues, not just those about which he or she has specific knowledge or interest.

Representation of Psychological Associates by Psychological Associates can be seen as either a special case brought about by a unique necessity, or a general rule that representatives should reflect their constituency.

The Governance Review Committee is proposing the creation of voting representation on Council to be elected, and filled by, the Psychological Associate membership. To accomplish this, a number of decisions must be made. How should representation on Council be restructured to achieve this? Should Psychological Associates be free to declare which election they vote in, that is, the Psychological Associate

election or the geographical (or equivalent) election? This would be similar to Academic members, who vote in either the Academic area or the geographical election, but not both.

In making this recommendation, the Committee would propose a full review in five years. The Committee also proposes that, during this period, the current non-voting Psychological Associate seat on Council remain. One problem that has been expressed by Psychological Associates is the difficulty of giving effective representation to issues when they have no peers present to support them and their presentation of the Psychological Associate view on some issue.

The Committee would like to know and understand the views of the larger membership on these important issues. To assist the Committee in its deliberations, your input and feedback through your response to the following survey is necessary and very important. A survey form is enclosed with this Bulletin that can be faxed (416-961-2635) to the College or you may wish to respond to the following by e-mail, cpo@cpo.on.ca.

Thank you for responding to this questionnaire. If you would like to discuss any of the issues discussed or other governance-related topics with the members of the Governance Review Committee, please don't hesitate to contact any of us.

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The Client Relations Program

Mandate of the Committee

The Client Relations Committee is one of the College's Statutory Committees, mandated by the Regulated Health Professions Act, 1991. This Committee administers the Client Relations Program, which is defined in the legislation as:

- 84(2) The patient relations program must include measures for preventing or dealing with sexual abuse of patients.
- (3) The measures for preventing or dealing with sexual abuse of patients must include:
 - (a) educational requirements for members;
 - (b) guidelines for the conduct of members with their patients;
 - (c) training for the College's staff; and
 - (d) the provision of information to the public.

The core feature of the mandate is the prevention of sexual abuse as well as the administration of the program for funding for victims of sexual abuse by a regulated health provider. The Committee has devoted much of its initial work to addressing this issue directly, and has prepared some pamphlets and information sheets that are now in use by supervisors and training programs.

The Committee views its work in a broader context, dealing with any issue that affects the relationship of the profession to the public. Sexual abuse is a specific, and extreme, case of this. The Committee has also been reviewing the Standards of Professional Conduct to ensure that they meet the continue to meet the current needs of members and public. Recent work has included the proposal and passage of a Sexual Harassment Standard, and the consideration of a General Harassment Standard.

The mandate to educate on matters around sexual abuse can be taken narrowly, with a specific focus on the legislation and on matters such as mandated reporting; or it can be taken more broadly, with an effort to understand the dynamics of abuse in a larger context. A general understanding of proper professional relationships, and the factors that impede them, will be beneficial to the profession as a whole. A greater awareness of these factors, and how they operate, will directly promote good relationships with the public, as well as lowering the probability of extreme violations such as abuse.

The Professional Relationship

Psychologists and Psychological Associates will understand that behaviour can be analyzed according to different variable patterns, from the individual through the social, to larger systems patterns. The different levels influence one another, allowing or encouraging expression of what would otherwise remain latent.

Individual propensities to violate boundaries may vary across situations, and be relatively enduring within the individual. Dependency needs, narcissism, disregard of rules, situational vulnerabilities, or even simple misunderstanding and ignorance of boundary issues, may lead an individual to tend to transgress. These tendencies will become more or less actualized depending on situational factors, opportunity, sanctions, etc. These tendencies are the first concern of training programs and of regulatory bodies. Education and sanctions will attempt to modify the expression of the propensities, without always directly affecting them.

Beyond individual propensities, some situations carry greater risk of violation than others. The professional relationship in itself carries some risks and requires skill to handle. Hence the public concerns and the legislation. Within that context, it is usually true that the more intense and isolated the relationship is (e.g., one-to-one therapies, factors of setting, geographical locale), the more the potential for difficulties in dealing with boundary factors. An important consideration is the power differential in the relationship. This always exists, but might be less in some relationships than others. Many of the intrinsic differentials of power have to do with pre-existing societal factors, e.g., men with women, adults with children.

Larger societal issues include societal tolerance of abuse, and, related to this, the fact that some groups, or individual members of groups, are more vulnerable, because of their group membership (e.g., aboriginal, minority sexual orientation, religious or ethnic minority, women, children, disabled, stigmatized by mental illness). Abuse seems to result from situations of power imbalance, and anything that contributes to a natural, or pre-existing power imbalance,

may increase the probability of abuse. As noted, there is an inherent power differential in the professional relationship. However, there are often other sources of power imbalance that go beyond, and hence amplify the differential in, the professional relationship.

Any kind of minority or marginalized status would be included here. The most obvious, and possibly the one that gave rise to the legislation, is societal gender inequality. But there are also differences represented by sexual orientation, ethnic origin, belief system, age, disability, citizenship—any of a number of factors that will lead to differences in world view. Immigrants often have difficulties accessing and using the health system, because of the above factors, and also because of language and cultural differences which impede proper communication. Again, the risk is that the communication difficulties become attributed, by the holder of power, to expressions of pathology. The tendency once was to think of health (mental health in particular) in terms of adjustment or conformity to the apparent norms of society. The equation needs to be more finely nuanced, but the notion of societal adjustment often still will imply a clash of cultural and subcultural paradigms, and it behooves us to try to understand how this clash works itself out both within the individual, between individuals, and between groups.

Some groups are concerned that their experiences are not available to anyone who has not experienced them, even with the best of faith and adequate attempts at communication on both sides. Sometimes this is because of the uniqueness of the experience (e.g. certain types of trauma). This concern is compounded, in many immigrant and refugee groups, by the above concerns. Even more, these groups experience a dislocation and loss of identity that results from an uprooting from their own political and historical context, and placed in a society that seems, although on the surface friendly and welcoming, stupendously ignorant of who they are and who they can be. The lack of a personal context, and the impossibility of communicating this, contribute to a sense of isolation and despair in the refugee and immigrant population that threaten identity and well-being, even beyond the specific physical traumas and hardships they may have left. The sequelae of loss of identity and cohesion, along with devaluation of the symbols which communicate self, can also be seen in the depression and struggles with various forms of addiction and abuse that our aboriginal people experience. An attempt to expand the grasp of human symbols and communication, a move away from ethnocentricity, and a consequent expansion of empathy and frame of reference, seem to be necessary ongoing goals of the profession.

OPA Convention

The Committee hosted a symposium at last year's OPA convention, and intends to host a similar program at this year's, to explore and encourage exploration of these issues. They are issues that are surfacing more and more in professional practice, and require ongoing consideration. These issues involve topics of general interest to practitioners in psychology, and naturally form part of the core curriculum of our profession. The Client Relations Committee will continue to see it as part of its mandate to encourage heightened awareness of, and sensitivity to, issues relating to differences in group of origin in an increasingly pluralistic society.

Jack Ferrari, Ph.D., C.Psych.
Chair, Client Relations Committee

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In response to requests from third party insurers, members of the College and their clients, the following notice is written to provide clarification regarding the two titles of practitioners registered to offer psychological services in Ontario, and the various Certificates of Registration issued by the College.

NOTICE TO INSURERS AND OTHER THIRD PARTY PAYERS

Re: Psychologists and Psychological Associates Providing Services Under the Statutory Accident Benefits Schedule and Other Third Party Payment Situations

This notice is provided to clarify some misunderstanding on the part of some insurers, claims management companies and others stemming from changes in the Psychology Act, 1991 respecting the status of Psychologists and Psychological Associates in the provision of psychological services in Ontario. As there also may be some concern or confusion about the status of supervised registrants, information is included on the various categories of Certificates of Registration issued by the College of Psychologists of Ontario.

The College of Psychologists registers two titles of autonomous practitioner: *Psychologists* and *Psychological Associates*. Both Psychologists and Psychological Associates who hold *Certificates of Registration for Autonomous Practice* (formerly called the Permanent Register) are permitted to provide services autonomously, without supervision, within their individual areas of competence. While most registrants have no explicit term, condition or limitation on their Certificates of Registration, some do and must practise in accordance with any such restriction.

The College also issues two other Certificates of Registration. In the course of meeting the requirements for a Certificate of Registration for Autonomous Practice, Psychologist and Psychological Associate candidates whose academic requirements are satisfactory are normally issued a *Certificate of Registration for Supervised Practice* (formerly called the Temporary Register). Psychologists and Psychological Associates holding Certificates of Registration for Supervised Practice must provide services under the supervision of a member of the College holding a Certificate of Registration for Autonomous Practice.

Some candidates who are fully licensed or registered in another province or state may be granted a *Certificate of Registration for Interim Autonomous Practice* while they complete any remaining requirements for the Certificate of Registration for Autonomous Practice in Ontario.

Regardless of whether an individual holds a Certificate of Registration for Autonomous Practice, Interim Autonomous

Practice, or Supervised Practice, all Psychologists and Psychological Associates are members of the College of Psychologists of Ontario.

Inquiries are made of the College with respect to the status of Psychological Associates providing services under legislative provisions such as the Statutory Accident Benefits Schedule (SABS), as well as other public and private third party insurance programs. In an effort to obtain some clarification on this, in 1996 the Registrar of the College exchanged correspondence on this matter with Mr. Rob Sampson, MPP, Mississauga West who was, at the time, Parliamentary Assistant: Financial Institutions, Ministry of Finance. In his letter addressing this issue, Mr. Sampson stated that,

I have asked legal staff to review the definition of psychologist in the Statutory Accident Benefits Schedule (SABS) and whether a psychological associate falls within this definition.

I am pleased to report the definition of psychologist used in the SABS includes psychological associates. Under the SABS a "psychologist" means a person authorized by law to practise psychology. As both a psychologist and psychological associate are authorized under the Psychology Act to practice they both meet the definition under the SABS.

In summary, both Psychologists and Psychological Associates are members of the College of Psychologists. Subject to their *Certificates of Registration* as described, members with either title are qualified psychological practitioners in the province of Ontario.

If you have any questions regarding this or other matters related to the regulation and practice of psychology in Ontario please do not hesitate to contact the College.

Queries Regarding the Practice of Psychology: A Year in Review – 1998-1999

One of the services offered by the College is responding to inquiries regarding the practice of psychology. Questions come from members of the profession as well as the public and span a broad range of topics dealing with all aspects of the regulations, standards, guidelines and ethics of practice. In some cases specific information regarding a standard may be requested; *How long must files be retained? Can I charge for the time spent in copying my file for a lawyer? or Whose consent do I require in seeing the child of divorced parents.* Other calls are prompted more by an ethical dilemma; *Am I in a conflict of interest if I see a client in this situation? or Do I have a duty to warn in the following scenario?* In some cases the answer is very straightforward while others involve a complex discussion of the interplay of factors and concepts to be considered in making a professional judgement or arriving at a difficult decision.

Calls of this type are primarily handled by Dr. Rick Morris, Deputy Registrar while some queries are directed to the Registrar, Dr. Catherine Yarrow. Questions come to the College through all forms of media, be it letter, fax, telephone call or e-mail. The majority of questions continue to be received by telephone, however more and more members are making use of e-mail in corresponding with the College. Efforts are made to respond to inquiries in a timely fashion, however the volume of questions often requires prioritizing, responding first to those that appear most urgent.

The following is an overview of the types of practice queries received by the Deputy Registrar between June 1, 1998 and May 31, 1999.

During the reporting period, approximately 1143 queries were received; 875 from members of the College and 268 from the public. This was a decrease of approximately 167 in the total number of queries received in the previous year. This reduction appears to be due to a

significant decrease in the number of calls received from members of the public (268 down from 390).

Some members contacted the College once while others had

Queries Received in June 1, 1998 - May 31, 1999

ISSUES IN ORGANIZATIONS	
Professional conflict	11
Administration vs. professional supervision	1
subtotal - Issues in Organizations	12
ISSUES IN PRIVATE PRACTICE	
Advertising and announcements	22
Partnerships and incorporation	5
Billing and collection	38
Referrals	3
Title of a practice	3
Selling/moving a practice	8
subtotal - Issues in Private Practice	79
INTERPRETATION OF STANDARDS	
Complaints and discipline	52
Supervision	63
Testing/report writing	50
General	15
Records and confidentiality	82
Consent, release of information	120
Right of client to see report	4
Retention of files/record keeping	61
Obligation to provide raw data/member's right to retain	52
Dual relationship/conflict of interest	52
Duty to warn	24
subtotal - Interpretation of Standards	575
LEGAL QUESTIONS	
Psychologists Registration Act or RHPA - General	13
Use of Title	32
Delegation	24
Fitness to Practice	5
Psychological Associate Status	9
Reporting Child abuse/Mandatory Reporting	37
Subpoena to testify	9
Psychological Services	2
Professional misconduct	3
Specialty designation	5
Liability Insurance	9
Health Care Consent Act	9
Communicating a diagnosis	33
subtotal - Legal Questions	190
OTHER	
Miscellaneous	221
Quality Assurance	66
subtotal - Other	287
TOTAL	
	1143

occasion to make more than one inquiry. Consistent with previous years, approximately 26% of the total College membership took advantage of the opportunity to make these

types of inquiries of the College at least once. Callers may choose to identify themselves or remain anonymous. In making their inquiries, only 24 (3%) members calling did not wish to identify themselves, while 25 (9%) members of the public wished to remain anonymous.

When a query is received, it is coded according to subject. The College currently uses five main categories, each of which is divided into subcategories. As can be seen from the accompanying chart, half of the queries received related to *Interpretation of Standards* of practice. The next most common questions fit into the *Other* or miscellaneous category with *Legal Issues* and *Issues in Private Practice* the next most common. Few queries were coded as *Issues in Organizations*.

From the chart one can readily see the nature of the most common queries. By far, questions regarding consent, release of information and confidentiality, including the release of raw data, were most common. Other frequently asked questions about standards related to supervision issues, dual relationships or conflict of interest, and record retention. Questions regarding advertising and promotion, as well as billing and fee collections were most commonly raised as issues in private practice.

Within the *Legal Questions* category a variety of queries were posed. The most common were questions related to mandatory reporting of child abuse or sexual abuse of a client by a member of a regulated health profession. The next most frequent question in this category related the RHPA and the requirements regarding the controlled act of communicating a diagnosis. A similar number of queries raised issues of the use of title with some members inquiring about how they refer to themselves while other callers raised concern about use of title by non-regulated providers. Other members had questions about receiving a summons to testify although this category overlapped with those related to confidentiality and release of information.

About 25% of the questions fell into the *Other* category. Many these related specifically to the Quality Assurance Program, especially the Self-Assessment Guide and Professional Learning Plan. The remainder in this category covered a broad range of topics. For example, a number of members asked about their obligation, if any, to report incapacity or fitness to practice of either a member of this or another College when one is providing service to other professionals. Others asked about the procedure to follow when considering changing or expanding their current area of competence while some inquired about College materials related to the provision of services via videoconferencing or the Internet.

A review of the questions posed by members of the public finds that a large number of the callers were interested in the professional standards related to confidentiality and release of information. *Can I receive a copy of the report written about me by the psychologist/psychological associate I saw?*, and retention of records; *I want to have the original of my file returned to me with no other record of my involvement maintained, is this acceptable in psychological practice?* The College also received numerous queries from lawyers and insurance companies requesting information on standards of professional conduct with respect to psychological practice.

It is interesting to note that overall, the questions posed by members of the profession and the public when viewed by category have changed little over the past three years.

As noted, over 26% of the membership took advantage of the opportunity to ask a question or discuss an issue related to standards, ethics or other aspects of psychological practice. The College views this as very important role for it to play and members are encouraged to make use of this service. As noted above, in answering the numerous telephone and written inquiries received, efforts are made to respond in a timely fashion. Given the volume of inquiries however, we sometimes fall behind. If you begin to feel that your voicemail message, letter or e-mail may have been 'lost in the shuffle', a follow up call would be appreciated.

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

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THE ASSOCIATION OF STATE AND PROVINCIAL PSYCHOLOGY BOARDS OFFERS NEW PROGRAM TO FACILITATE PROFESSIONAL MOBILITY FOR PSYCHOLOGISTS LICENSED/REGISTERED AT THE DOCTORAL LEVEL

**Stephen T. DeMers, Ed.D. Director
ASPPB Certification Program**

The Association of State and Provincial Psychology Boards (ASPPB) is pleased to announce a new program of individual certification designed to facilitate mobility for doctoral level psychologists licensed to practice in the United States and Canada. ASPPB will issue a Certificate of Professional Qualification in Psychology (CPQ) to licensed psychologists who meet the required standards of educational preparation, supervised experience, and examination performance, and who have practiced for a minimum of five years and have no history of disciplinary action. ASPPB is also actively encouraging all licensing boards in the United States and Canada to accept the CPQ as evidence of eligibility for licensure in their jurisdiction.

ASPPB is an international association of state, provincial and territorial agencies responsible for the credentialing and regulation of psychologists throughout the United States and Canada. ASPPB supports efforts to facilitate mobility for licensed psychologists and developed the CPQ as an individualized approach to mobility. Receipt of the CPQ is based on an individual psychologist demonstrating compliance with ASPPB recommended standards for licensure. Some of the requirements to obtain the CPQ (e.g. EPPP score, oral exam, post doctoral supervised experience) are waived for psychologists who are listed in the National or Canadian Register of Health Service Providers in Psychology and who apply for the CPQ before December 31, 2001. A similar waiver of requirements is also available to those who possess a diploma from the American Board of Professional Psychology. Also, there is a grandparenting provision for individuals who were licensed before 1981 in the United States or 1986 in Canada by which some requirements are waived if they apply for the CPQ before December 31, 2000. A detailed description of the eligibility criteria under each option for obtaining the CPQ is available from the ASPPB website at www.asppb.org.

The CPQ program is modeled after successful systems of professional mobility developed in other professions such as architecture and pharmacy. It is important to note that the CPQ does not constitute a license to practice. Rather, the CPQ is a mechanism to facilitate the granting of a license to practice in another jurisdiction. Once a psychology board formally agrees to recognize the CPQ, it has agreed to accept the individual's educational preparation, supervised experience, and examination performance for licensure. A jurisdiction may require a CPQ holder to pass any local requirement such as a jurisprudence exam (e.g. local mental health law), training on abuse reporting, or a personal interview. Also, a few jurisdictions limit licensure to those psychologists who are trained as health service providers in psychology. Thus, a non-health service provider psychologist may obtain the CPQ but may not be eligible for licensure in some jurisdictions.

A central aspect of the CPQ program is creation of an ASPPB credentials bank that provides a means for individual psychologists to store evidence of their professional education, experience, prior licensure, and exam performance. Once archived, these credentials can then be accessed and submitted to any jurisdiction, thereby avoiding many of the typical difficulties of documenting compliance with licensure criteria, perhaps long after one's training and initial licensure. Credentials Bank services are available to all CPQ applicants as well as students in training, and individuals who may not qualify to obtain the CPQ but want their licensure information stored with ASPPB. ASPPB encourages students and those recently obtaining their initial license to begin a Credentials Bank record where they can store licensure related documentation (e.g. internship supervisor ratings, post doctoral supervision) as these experiences are completed.

The CPQ Program and the ASPPB Credentials Bank have been in operation for a little over one year. ASPPB has received over 5,000 requests for CPQ applications and has already issued close to 500 Certificates. The psychology regulatory boards currently accepting the CPQ are Alberta, California, Kentucky, Mississippi, Nevada, Ohio, Oklahoma, Ontario, Vermont and Wisconsin. Seven other states or provinces have voted to accept the CPQ and are working towards implementation. Several other states and provinces are actively reviewing the CPQ program for possible adoption. The ASPPB web-site (<http://www.asppb.org>) includes an up-to-date list of all states and provinces that recognize the CPQ. As more and more jurisdictions move to accept the CPQ, its value in facilitating mobility will increase. And, even if one seeks to relocate in a jurisdiction that has not adopted the CPQ, establishment of the credentials record with ASPPB will still facilitate mobility by having an ASPPB verified record of qualifications.

Please visit the ASPPB website for more information about the CPQ program and relevant application procedures. If, after reviewing these materials, you have additional questions, please write or e-mail the CPQ program at cpq@asppb.org.

***ELECTION FOR A PSYCHOLOGICAL ASSOCIATE EX-OFFICIO SEAT 2000 - 2003**

As the Council approved an additional three-year term for ex-officio psychological associate representation on Council, there will be an election in March 2000 for this ex-officio seat during the annual election to Council. The Council motions relevant to the above election are given below.

At the Council meeting held on March 21, 1997, the following motion was passed:

In that the election of a psychological associate member in regional election has not been achieved and that sensitivity of the College Council to psychological associate issues in the public interest would diminish without the discerning presence of a person holding that title at Council and Executive meetings and that there is no "societal" body that speaks coherently on behalf of the psychological associate community to which the College can turn for input or reactions to policy initiatives, ex-officio representation of psychological associates on the Council and Executive Committee is extended for an additional three years.

The Council then passed the following motion:

The election process for the ex-officio psychological associate on Council and Executive will be initiated immediately with only psychological associates being eligible to nominate, stand for nomination and vote.

At the Council meeting held May 28-29, 1999, the following motion was passed:

Renewal of three year term for ex-officio seat on Council

Council received a report from the Executive Committee recommending to Council that they approve an additional three year term for ex-officio psychological associate representation on Council for the period 2000-2003.

The Council then passed the following motion:

That an additional three year term for ex-officio psychological associate representation on Council for the period 2000-2003 be approved.

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO

NOTICE OF ELECTION TO COUNCIL, 2000

Information for Members

Nominations

Date: A date of **March 31, 2000** has been set for election to Council.

Elections will be held for electoral districts of 5, 6, and 7 and for an ex-officio position* (Psychological Associate)

District 5 - Central East This district is composed of the counties of Haliburton, Northumberland, Peterborough, Simcoe and Victoria and the regional municipalities of Durham, Peel and York.

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

District 7 - Academic This is to be composed of Post Secondary Educational Institutions in Ontario granting Graduate Level Degrees in Psychology.

Ex-officio position - psychological associate member.

Eligibility: **For Districts 5 and 6:** A psychologist or psychological associate must be engaged in the practice of psychology in the electoral district for which he or she is nominated, or, if the member is not engaged in the practice of psychology in the electoral district, is resident in the electoral district for which he or she is nominated.

For District 7: A psychologist or psychological associate holds a full-time appointment in a post-secondary educational institution in Ontario granting graduate level degrees in psychology.

For Ex-officio position: A member must hold the title, 'Psychological Associate'.

What's Up...

Election to Council has been set for March 31, 2000

*Elections are being held in:
District 5 - Central East
District 6 - Metro Toronto
District 7 - Academic
and
Ex-Officio Position*

Nominations are due by February 15, 2000

In Addition,

For All Districts: A psychologist or psychological associate 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 the date of election or subject to a term, condition or limitation, as a result of a disciplinary action, within two years leading up to election.

Nominations: A nomination form is enclosed. 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.

NOTE: Nomination for the ex-officio position must be signed by at least three psychological associate members.

Deadline for nominations: Nominations are due by 5 p.m., February 15, 2000. Further nominations will be received until 15 days before the election. Thursday, March 16, 2000 is the last day for receiving nominations for the election. Those needing additional 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 16, 2000.

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 engage 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 postmarked no later than March 31, 2000.

Members in the electoral districts will receive candidate statements and biographies with their ballots.

Ballots are mailed to voters no later than 10 days before the election.

Other Information

Council Composition: The Council is composed of seven professional members elected by geographical area; two academic members; and five public members appointed by the Ministry of Health. In addition, there is a psychological associate member elected to a three-year ex-officio position. Each eligible member of the College may vote for one representative to the Council.

NOTE: In addition, Psychological Associate members may also vote for the representative to the ex-officio seat.

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 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. During that time a member may be appointed to chair one or more committees.

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.

The Council meetings for 2000 have been scheduled as follows: March 31 & April 1. Dates for the May 2000, September 2000 and December 2000 meetings have not yet been set. At the end of the first day of the May Council meeting, the Executive Committee will meet to appoint new Council members to Committees.

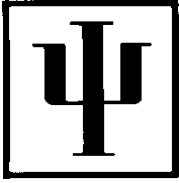
Per diems and Expenses: Current Council policy provides for a per diem of \$295 for Council and Committee meetings. Half day meetings are pro-rated.

Expenses covered include necessary travel (economy fare or mileage); meals up to \$52 plus G.S.T. 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.

Note: Please refer to *The Regulations, Standards of Professional Conduct and Guidelines of the College of Psychologists of Ontario*, December 1995, for the complete elections regulation.

Please ensure that you have printed your name on the ballot envelope to ensure that your vote can be counted.

Ballots need to be postmarked by March 31, 2000, to be counted.



COLLEGE NOTICES

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO

CHANGES TO THE COLLEGE BYLAWS

At the meeting of Council in September 1999 a change was made to the Signing Authority bylaw of the College and a new bylaw respecting the conduct of business meetings of the College, was passed.

Signing Officers

By-law 8 of the College of Psychologists of Ontario establishes the signing authority for the financial matters of the College. This bylaw was changed to reflect the staff titles adopted with the new organizational structure approved by Council in September 1998. In the revised bylaw, "Deputy Registrar" replaces "Director of Professional Affairs" and "Director, Registration and Administration" replaces "Assistant Registrar, Registration". The bylaw now reads:

The signing Officers are:

- 8.1 One of the Registrar or the Deputy Registrar plus one of the President, the Vice President, or one member of Council for any amount;
- 8.2 Any two of the Registrar, the Deputy Registrar and the Director, Registration and Administration for amounts up to \$5000.
- 8.3 A signing officer shall not sign a cheque made out to him/herself. Payroll is specifically exempt from this provision.

Conduct of Meetings

Bylaw 3 was changed to include a new provision respecting the conduct of meetings of Council. The new bylaw reads:

- 3.14 Meetings of Council shall be conducted in accordance with Keesey's "Modern Parliamentary Procedure."

Members interested in these rules of order are referred to: Keesey, Ray E. (1994). Modern Parliamentary Procedure. Washington, DC: American Psychological Association.

Bylaw on Liability Insurance

At the Council Meeting of December 1999, a new bylaw was approved respecting the requirement that members carry professional liability insurance. This bylaw, published below, comes into effect March 1, 2000.

Made under the authority of the Regulated Health Professions Act, 1991 as amended 1998, Schedule 2, subsections 94.(1)(y):

1. Each member of the College must carry professional liability insurance of not less than \$1,000,000.
2. The insurance shall have no deductible.
3. It is a condition of renewal of each certificate of registration for autonomous practice, for interim autonomous practice and for supervised practice that a member confirm that the member has valid existing liability insurance in place and that the member provide the College with the name of the insurer.
4. Persons newly registered or reinstated must furnish proof of insurance coverage as required in section 1 within 30 days of receipt of notice of registrant.
5. Exemptions from the requirement under section 1 apply only to:
 - (1) Any member who resides outside of Ontario and who provides no services within Ontario at any time during the registration year, nor supervises anyone in the provision of services in Ontario.
 - (2) Any member who holds academic status and who provides no services within Ontario at anytime during the registration year, nor supervises anyone in the provision of services in Ontario.
6. If required to do so by the Registrar, a member must provide proof of insurance coverage within 30 days.

CHANGES TO THE REGISTER

Deceased

The College has learned with regret of the death of the following former members of the College, and extends condolences to their family, friends and professional colleagues.

Alexander Bellan
Vivian Pullan

Erratum

In the previous issue of the Bulletin, there was a College Notice regarding Changes to the Register. In announcing the names of new members issued Certificates of Registration, the following names were inadvertently omitted. The College wishes to congratulate and welcome the following new members issued Certificates Authorizing Autonomous Practice:

PSYCHOLOGISTS

Sheldon Lewkis
Mark Rothman
Lesley Ruttan

PSYCHOLOGICAL ASSOCIATES

Mandy Hurst
Janet Killey
Margaret Lederman
Janice Monaghan
Lori Ann Perozak-Broennle
Franceline Quintal

We apologize for these omissions and regret any inconvenience this may have caused.

Staffing Highlights

Ms. Mona McTague has recently joined the staff of the College as an Investigator. Mona brings a variety of skills and experiences to this role and we are very pleased to welcome her to this position. Ms. Nancy Ferguson and Ms. Nadine Carpenter have left the College to pursue other career opportunities. We appreciate the contributions Nancy and Nadine made to the Investigations and Resolutions area of the College and wish them well in their future endeavours.

**THE
COLLEGE OF PSYCHOLOGISTS
OF ONTARIO**

~ presents ~

THE NINTH ANNUAL

**Barbara Wand Symposium
on Professional Practice**

A full-day seminar:

**CURRENT REGULATORY ISSUES
IMPACTING ON THE PRACTICE OF
PSYCHOLOGY IN ONTARIO**

An interesting and informative day of
discussion, exchange, and participatory
activities

Cost: \$50.00
Date: Wed. February 23, 2000
Time: 8:30 a.m. - 4:30 p.m.
Location: The Toronto Marriott Eaton Centre
525 Bay Street
Toronto



Mission

To serve the public interest by
ensuring that psychological services
in Ontario are effective, safe and
accessible.

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

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