



## DIRECTOR OF PROFESSIONAL AFFAIRS

With the growth in the range and intensity of the Board's activities and, in particular, its involvement in professional issues of a policy nature the Registrar suggested, and the Board approved the creation of a new staff position.

An active search was conducted over the summer and, in August, the position was offered to Constance Tsuneko Nakatsu.

Miss Nakatsu, formerly Co-ordinator, Professions and Occupations with Alberta Advanced Education and Manpower, comes to the Board with an excellent understanding of the professional regulatory process and its relation to public policy. She holds a masters degree in Consumer Studies from the University of Guelph, a degree in law from Osgoode Hall, and was called to the Bar in April, 1980. The Board is confident Miss Nakatsu will make a significant contribution to the endeavors of the Board.

## OH, DOCTOR?

Doctor, an ancient title dating from the 13th century and originally used to acknowledge or honour a learned man is a status conferred by a University after the fulfillment of various requirements. More recently, medical practitioners, dentists, optometrists, and veterinarians have extended the usage of the term to those persons involved in the specified healing arts. And therein lies the rub.

Section 67(2) of The Health Disciplines Act (R.S.O. 1980 Chapter 196) states:

67.(2) Subject to the provisions of Parts II and VI<sup>1</sup>, any person not licensed under this Part who takes or uses any name, title, addition or description implying or calculated to

lead people to infer that he is licensed or registered under this Part or that he is recognized by law or otherwise as a physician, surgeon, accoucheur or a licentiate in medicine, surgery or midwifery, or who assumes, uses or employs the description or title "doctor", "surgeon" or "physician" or any affix or prefix indicative of such titles or qualifications as an occupational designation relating to the treatment of human ailments or physical defects, or advertises or holds himself out as such is guilty of an offence and on summary conviction is liable for the first offence to a fine of not more than \$1,000 and for each subsequent offence to a fine of not more than \$2,000. 1975, c.63, s. 3.

At first glance, this section appears to reserve the title "doctor" to physicians, surgeons, dentists and optometrists. What of the time honoured (not to mention the hard earned) title of doctor of philosophy? Should a new designation be thought of? What of Phid's - but then what of LLD's? Do they become Lids? Perhaps D.Sc.'s could be (dare we suggest?) Discos. What to do with the designations D.V.M. and D.S.W. is beyond the writer! Albert Einstein would be Phid Einstein, Pauline McGibbon would be Lid McGibbon, His Honour Mr. Justice Bora Laskin, Lid Laskin, and so on.

Imagine the confusion in a hospital. Phids in Psychology, Phids in Pharmacy, D.V.M.'s, D.D.S.'s, Phids in Nursing, D.S.W.'s and so on. A patient could become ill trying to decipher. A new form of therapy would need to be developed. Would lids flip? Imagine news headlines: "A noisy protest of Pots, Pans and Lids at Queen's Park". Perhaps, we could rely on the courts to straighten out the matter. Issue to be put to the Honour-

able justices: Are physicians, surgeons, dentists and optometrists the only persons entitled to use the designation doctor? In their wisdom, the Brethren may answer as follows:

"The prohibition on the use of certain titles and descriptions is intended to protect the public against persons falsely using a title to imply registration or pretending to have qualifications which he doesn't have. But, can a psychologist, or physicist, a minister, call himself (or herself) doctor..." [We wait with baited breath. A clearing of throats, a puzzled look (hard to decipher one's own handwriting or is it indigestion?)]

"...The words from s.67(2) of The Health Dicipines Act which are reason for concern: 'indicative of such titles or qualifications as an occupational designation relating to the treatment of human ailments or physical defects.' When a psychologist calls himself or herself doctor, problems may arise. He or she is involved in the treatment of human ailments but the use of the term 'doctor' in referring to learned persons has existed since the thirteenth century."

(Did Solomon have these problems to cope with? Is Solomon available for this one - an appeal to the highest court!) Perhaps, that is the solution. Could we hire Daniel Webster? But with all the people going (as well as coming), will the court have time to hear this one?

"Backbone", "moral support", "stick to itiveness", "pride" - that's what we need. No court decisions! No legislative changes! EIGHT YEARS of hard work - no one will tell me I can't call myself DOCTOR!

<sup>1</sup> Parts II and V protect dentists and optometrists from prosecution when they use the title doctor.

## MINISTRY OF EDUCATION CIRCULATES NEW MEMORANDUM ON PSYCHOLOGICAL TESTING

On October 11, 1982 the Ministry of Education issued Policy/Program Memorandum, No. 59 to Directors of Education and Principals of schools. This memorandum is intended to replace the previous memorandum 1975-76:35 dealing with Psychological Testing of Individual Students. It contains information of importance to psychologists working in schools.

Of particular importance is the acknowledgement in the Memorandum:

"that psychologists perform their professional duties within the rules of conduct which govern their profession at large."

The Board perceives this inclusion as a gratifying response to the principle it has raised in the past and which has also been voiced by Mr. Justice Krever in the Report of the Royal Commission on the Confidentiality of Health Information<sup>1</sup> that "No professional employee should be placed in a position of having to violate professional ethics in order to fulfill his or her obligation to an employer."

The Board is now confident that, with this gesture of support from the Ministry, psychologists employed by school boards will find it easier to uphold their professional standards with confidence.

The memorandum also supports the principles of obtaining "prior written consent" for testing, for release of information and, for protecting the confidentiality of the information obtained. The wording of consent forms to ensure informed consent and the particulars involved in ensuring confidentiality are not dealt with in this memorandum. Nevertheless, the policy has been stated and psychologists should be able to work out these details with school officials. In addition to the professional standard the Krever Report (Volume 3, Chapter 29 Student Health Information) is particularly helpful in this regard.

The Board is meeting and consulting with other interested groups to examine the issues in greater detail. It will keep you informed of the progress of the work.

<sup>1</sup>(Volume 3, page 167)

### **CHARGING INTEREST ON OVERDUE ACCOUNTS**

At its July 26 meeting the Board approved the following clause as a substitute for Standard 6.10 in the Standards of Professional Conduct:

A psychologist may charge interest on an overdue account for services when, before rendering services, the psychologist informs the payer as to the amount and method of calculating interest. The amount of time given for interest free payment should be guided by circumstances, and the rates of interest should be consistent with current professional practices.

### **ANNUAL SURVEY OF PSYCHOLOGISTS**

Omitted in 1981, the annual survey of registrants was reintroduced this spring, mailed to 1248 permanent registrants and returned by 1038, or 83.2 percent. This response rate was somewhat lower than the 93 percent return in 1980.

Of the psychologists registered in Ontario, two thirds are men. Nearly two thirds (62 percent) received their doctorates from universities in Ontario; 23 percent are graduates of universities in the United States, 9 percent of universities in other provinces, and 6 percent in other countries.

The bulk of Ontario psychologists are now middle-aged. For the 981 who provided their year of birth the mean age is 44.5 years and the standard deviation 9.7. Nineteen percent are under 36 and 15 percent over 55.

Ontario psychologists continue to congregate in the urban centres. There are a few psychologists in northern Ontario and, even there, most are located in Thunder Bay, Sudbury or North Bay.

The proportion of psychologists able to offer services in French (11.1 percent) corresponds well with the proportion of the Ontario population requiring services in French. The distribution of French speaking psychologists across the province appears to be appropriate to the demand with, for example, 34 percent of the psychologists in Ottawa-Carleton able to provide services in French. Where psychological services in French are noticeably lacking, as in the north, they are similarly lacking in English.

The proportion and distribution of psychologists by main area of expertise has remained fairly constant over the last seven years, with roughly 62 percent of the respondents indicating clinical psychology, 9 percent indicating industrial/organizational, 9.6 percent developmental, and 11.8 percent school psychology. The 2.7 percent indicating expertise in systems, and 3.2 percent indicating experimental, and the 2.5 percent, social, are mainly psychologists employed by post-secondary institutions, or industrial psychologists in private offices and industrial and commercial firms.

The Board has followed the employment picture for psychologists over the seven years since 1976 with interest. A gradual shift into independent practice can be seen. Whereas in 1976, 10.3 percent of psychologists in Ontario reported they were self-employed in their principal area of work and an additional 17.7 percent were self-employed in a secondary area, the proportions in 1982 have increased to 14.6 and 42.9 percent, respectively. Over half are now self-employed at least part time. Those engaged in part time independent practices are most likely to be psychologists employed in universities, general hospitals, mental health clinics, children's mental health centres or rehabilitation facilities.

This move to independent practice appears to be related to the age of the psychologist, with 22.8 percent of those over 55 in independent practice in their main area of work compared with 9.6 percent of those 35 or under. The age group most

likely to have a secondary area of work, are those 36 to 45. As this may also be the group with heavy family responsibilities and corresponding financial burdens, the greater frequency of moonlighting may not be surprising.

Somewhat more dramatic and not previously observed is the 17.1 percent of women, compared with the 12.7 percent of men, who have moved into independent practice in their principal area of work. Women remain, however, less inclined to become involved in a secondary area. As we have no information on the reasons why women are setting out into private practice, any effort at interpretation is pure speculation. The hypothesis that women select private practice because the flexible hours combine well with domestic responsibilities is not too consistent with the other observation that it is older psychologists who are more likely to be involved in independent practice. Nor does it explain why women, who always have had greater responsibilities at home, are only now showing a greater tendency to choose independent practice. Another hypothesis is that the higher rate of entry into independent practice is a reflection of discrimination against women who are finding it more difficult than men to find employment.

As observed in earlier surveys women's employment settings continue to differ somewhat from those of men: women are more likely to be employed in school systems, children's hospitals and social agencies, whereas men are more likely than women to be working in post-secondary institutions, psychiatric hospitals, mental health clinics, correctional facilities, industrial or commercial firms, or government departments. Women report a larger proportion of their time spent in providing direct service and a lesser proportion in administration than do men, and their clients are more likely to include children.

In describing themselves women are more likely than men to consider their main area of expertise to be in developmental, school or educational psychology and less likely to locate it in industrial or organizational psychology.

The distribution of employed psychologists across work settings appears to be a function of age, which in turn may reflect employment opportunities in various years in the past. Younger members of the profession are overrepresented in general hospitals, correctional and rehabilitation facilities, and retardation centres. Those 46 to 55 are overrepresented in the schools and universities which created many new positions in the late sixties. And as indicated, older members are heavily represented in industrial and commercial firms and private offices.

**FALL EXAMINATIONS**

Written Examinations: On October 8 the written Examination for Professional Practice in Psychology was held in Toronto, London, Ottawa, Sudbury, and Sault Ste. Marie. The Board is grateful to Ms. Naomi Silverman, Dr. David Evans, Dr. Marie Gingras, Dr. Brian Bigelow, and Dr. Keith Lefave who served as proctors.

**PERSONS WHOSE REGISTRATIONS HAVE LAPSED AND ARE WITHDRAWN FROM THE REGISTER**

- |                    |                  |
|--------------------|------------------|
| Marilyn Ain        | Gail Golden      |
| William Currie     | Mary Heron       |
| Raymond Daly       | Harold Lobb      |
| Carroll Davis      | Alan Ogborne     |
| Pascal Delli Colli | Nora Parker      |
| Kenneth Elliot     | John Patty       |
| Marcia Farquhar    | Allen Penman     |
| Peter Fried        | Marjorie Perkins |
| Ronald Friedman    | Michael Peters   |
| Steve Goldband     |                  |

**ADDRESS CHANGES**

Psychologists wishing to have an address change entered in the 1983 Directory should inform Ms. Gail Dollmaier in the Board office before December 1.

## AUDITOR'S REPORT

We have examined the Balance Sheet of The Ontario Board of Examiners in Psychology as at May 31, 1982 and the Statement of Revenue, Expenses and Accumulated Surplus and Statement of Changes in Financial Position for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these Financial Statements present fairly the financial position of the Board as at May 31, 1982 and the results of its activities and the changes in its financial position for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Spencer, Pal & Gould  
Chartered Accountants  
Toronto, Ontario  
August 5, 1982

### BALANCE SHEET

As at May 31, 1982

(With Comparative Figures for 1981)

<u>ASSETS</u>	<u>1982</u>	<u>1981</u>
Cash	\$ 89,496	\$ 10,456
Term Bank Deposits and Accrued Interest	155,273	172,108
Prepaid Expenses and Sundry Receivable	4,036	104
<u>TOTAL ASSETS</u>	<u>248,805</u>	<u>182,668</u>

### LIABILITIES

Accounts Payable and Accrued Liabilities	18,320	23,000
Registration Fees Received in Advance	156,462	133,613
	174,782	156,613

### ACCUMULATED SURPLUS

Surplus End of Year	74,023	26,055
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<u>TOTAL LIABILITIES AND ACCUMULATED SURPLUS</u>	<u>\$248,805</u>	<u>\$182,668</u>
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### STATEMENT OF REVENUE, EXPENSES AND ACCUMULATED SURPLUS

For the Year Ended May 31, 1982

(With Comparative Figures for 1981)

REVENUE:	<u>1982</u>	<u>1981</u>
Registration Fees	\$ 223,850	\$ 179,575
Examination Fees	25,075	20,550
Interest and Other Income	30,521	13,893
	<u>279,446</u>	<u>214,018</u>
 EXPENSES:		
Salaries	92,180	76,207
Examination Costs	23,075	20,185
Travel and Meetings Board Members	20,382	12,606
Audit	2,264	1,901
Legal and Investigation Fees	18,508	19,089
Directory, Printing and Distribution Costs	18,620	16,178
General and Office Expenses	14,848	10,081
Telephone	3,749	2,445
Employee Benefit Costs	10,654	7,880
Rent	12,263	9,607
Utilities	1,339	---
Insurance and Municipal Taxes	428	3,648
Office Furniture and Equipment	13,168	5,553
	<u>231,478</u>	<u>185,380</u>
Surplus of Revenue Over Expenses	47,968	28,638
Accumulated Surplus (Deficit)-At Beginning of Year	26,055	(2,583)
 <u>ACCUMULATED SURPLUS</u> At End of Year	<u>\$ 74,023</u>	<u>\$ 26,055</u>

STATEMENT OF CHANGES IN FINANCIAL POSITION  
 For the Year Ended May 31, 1982  
 (With Comparative Figures for 1981)

	<u>1982</u>	<u>1981</u>
<u>CASH</u> - Beginning of Year	<u>\$ 10,456</u>	<u>\$ 32,240</u>
CASH WAS PROVIDED FROM:		
Operations -		
Surplus of Revenue over Expenses	47,968	28,638
Increase in Registration Fees Received in Advance	22,849	46,453
Increase in Accounts Payable and Accrued Liabilities	---	14,425
Decrease in Prepaid Expenses	---	1,988
Decrease in Term Deposits	<u>16,835</u>	<u>---</u>
<u>TOTAL CASH PROVIDED</u>	<u>87,652</u>	<u>91,504</u>
CASH WAS APPLIED TO:		
Purchase of Term Deposits	---	113,288
Increase in Prepaid Expenses	3,932	---
Decrease in Accounts Payable and Accrued Liabilities	<u>4,680</u>	<u>---</u>
<u>TOTAL CASH APPLIED</u>	<u>8,612</u>	<u>113,288</u>
NET INCREASE (DECREASE) IN CASH	<u>79,040</u>	<u>(21,784)</u>
<u>CASH</u> - End of Year	<u>\$ 89,496</u>	<u>\$ 10,456</u>

NOTES TO THE FINANCIAL STATEMENTS

1. SIGNIFICANT ACCOUNTING POLICIES:

- (a) Revenue and Expenses are recorded on the accrual basis.
- (b) Purchases of Fixed Assets consist of Office Furniture and Equipment, are fully expensed in the year of acquisition in conformity with the Board's established policy and generally accepted accounting principles for such organizations.

2. The Board leases office space under an agreement expiring in 1985. Minimum annual rentals are as follows:

1982 - 83	\$ 18,722
1983 - 84	20,622
1984 - 85	22,095

3. Certain of the Comparative Figures have been restated to conform with the current year's classifications.