



QUESTIONS AND ANSWERS ABOUT PSYCHOLOGY AND THE REGULATED HEALTH PROFESSIONS ACT (RHPA)

Since RHPA and the associated professional Colleges acts received Royal Assent late last year, Board members and Board staff have been meeting with registrants in a wide variety of groups across the province. At these meetings the facts about RHPA, the new Psychology Act, and the arrangements for the creation of a new provider title expressed in a memorandum of agreement between the Board, the Ontario Psychological Association (OPA), and the Ontario Association of Consultants, Counsellors, Psychometrists and Psychotherapists (OACCPP) have been presented. Registrants and potential registrants have had in these meetings an opportunity to ask questions and discuss their initial concerns.

The questions most commonly asked in the meetings, and in the fifty or so letters received by the Board from registrants about RHPA, form the basis for this article.

What is RHPA and how does Psychology fit in?

RHPA stands for the Regulated Health Professions Act, and it includes a complete system of twenty-two individual acts (one for each regulated profession) and an omnibus Act which sets out a framework of regulation and a procedural code for all the included professions. Psychology, although a profession whose membership includes substantial numbers who practise in areas other than health care, is included, as are medicine, nursing, dentistry, midwifery, chiropractic, and optometry among others.

The omnibus RHP Act sets out the government's structure for the regulation of professions. It makes provision for several statutory committees in each professional College to deal with such matters as registration, com-

plaints, discipline, and fitness to practise, among others; specifies those procedures that carry a risk of harm (called "controlled acts") and assigns them to various professions; and specifies who may use titles as professional identification, including the title "doctor". The omnibus Act also expresses in operational terms a philosophy of client care, quality assurance processes, and sensitivity by the Colleges to public complaints and wishes.

What is the purpose of RHPA?

RHPA is about protecting the public, giving the consumers of regulated services a free choice among accountable providers, establishing quality assurance programs, and increasing the accountability of the regulatory bodies by adding very significant numbers of public appointees to the College Councils, Committees, and discipline Tribunals.

In return for agreeing to regulation, individuals receive access to a protected title (and, in the case of psychology, protected "descriptors" such as "psychology" and "psychological") and receive the right to perform certain acts thought to have risks of harm if performed by non-regulated persons. The "controlled act" assigned to psychology is that of diagnosis.

Is this different from previous ways of regulating professional practice?

Yes, very different in conception. "Title" acts (like the Psychologists Registration Act) limit the use of specific titles, but tend not to stress public protection very much. "Scope of practice" acts, such as that regulating

medicine in Ontario until now, licence an area of activity, but they have tended to promote "turf" protection by professions.

The controlled act scheme represents a new way of looking at professional regulation that is neither simple title protection, nor licensed scope of practice.

The practical consequence is that minimising the risk of harm to clients and patients while still giving them a free and wide choice of provider is emphasised as the goal of regulation.

How will RHPA achieve its ends?

Registration processes in RHPA will stress the demonstration of competence as well as the possession of appropriate credentials on the part of applicants to enter professions. Also, once registered, there will have to be the assurance of continuing competence by registrants. The Colleges will be able to set up an enquiry into an individual's fitness to practice. And the Colleges will have to show the legislature that they have appropriate and effective quality assurance schemes in place. There will be clear and common guidelines for responding to public complaints about practitioners, together with deadlines for responding that make the Colleges give public complaints timely attention.

When does the RHPA system come into force?

The twenty-three acts received Royal Assent last November. They are now statutes of Ontario, but are not law until the government proclaims them. This is expected to be sometime between November of this year and

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March of next year. In the meantime, the new Colleges must propose regulations to the government to put flesh on the bones of the statutes so that they can actually function as intended.

The Psychologists Registration Act continues in force until the proclamation of RHPA. The Board of Examiners will continue to function as usual, but also takes on the task, as transitional Council of the new College, of organising necessary regulations and transition arrangements.

How will the new College of Psychologists be governed?

The Council of the new College of Psychologists of Ontario can potentially be eighteen persons. Between five and eight will be members of the public appointed by the government. At least five and no more than seven will be members (registrants) of the College elected by all the members of the College. Two or three persons may be selected from departments of psychology of Ontario universities.

The self-governing aspect of the profession is greatly increased because the professional members of the Council will be elected. The public interest is served by the relatively large increase in lay members. The important role of the training institutions is centrally recognised in the Council's composition.

College management between Council meetings will be in the hands of an Executive Committee, composed of officers such as a President and a Vice-President elected by the Council.

The statutory committees of the College will handle professional issues as they relate to the mandate of the College. There are seven such committees specified: Executive, Registration, Complaints, Discipline, Fitness to Practice, Quality Assurance, and Client/Patient Relations.

How can people become involved in the new College?

Election to Council will be based on an open nominations process, and a ballot in which all members are eligible. The terms of office are three years, renewable once. Every member of Council will have to serve on one of the statutory committees of the College. As is the case now, people serving on the Council and its Committees will receive honoraria and expenses.

How is this better for the public and the profession compared to the current act?

For members of the public there is one common and more accessible system for the registering of complaints. There are specific limits on how long a College can take to process a complaint. There is a reduction in artificial practice barriers based on "turf". There is increased assurance that services are being delivered by competent providers who are more clearly accountable for the quality and safety of those services. There is a clear description of titles which the public will know as identifying people as regulated professionals.

For the profession of psychology there is now an acceptable and encompassing scope of practice definition. There is stronger title protection, and a new title: "Psychological Associate" to indicate different preparation for the delivery of psychological services than the doctoral-prepared Psychologist. The terms "psychology" and "psychological" are firmly protected and reserved for the professional use of registrants of the College. There is an end to restrictions such as that which requires psychologists to treat persons for mental disturbance only in association with a physician. Exemptions from the old act for physicians and government employees are removed. The right to use earned doctorates as titles ("Dr.") is cemented into the legislation for psychologists. And the "senior" controlled act of diagnosis is allocated to the profession.

What problems remain in this new legislation for the regulation of the profession of Psychology?

In the omnibus Act there is a so-called "harm clause" that attempts to provide some safety net for the public for situations that the controlled acts might not cover. The language of that clause refers only to the risk of serious physical harm. The Board of Examiners will continue its efforts to have the risk of psychological harm recognised as well.

There is emphasis on assuring that providers of services are competent, and while there are quality assurance schemes required, little guidance is to be found in the acts as to how to assess competency. A major task of the new College will be to refine its the assessment of applicants for registration to reflect the need to assure competency.

The Psychology Act specifies that persons in the course of their employment by universities are exempt from the prohibition on the use of "psychologist", "psychological associate", "psychology" and "psychological". Such persons will not have access to the controlled act of diagnosis, however. Though the intent of the legislature may be clear, the wording of this section remains problematic.

The controlled act of diagnosis is defined generically in the omnibus statute, where the risk of harm as a result of communicating a diagnosis is emphasised. It is specifically defined in terms of psychology in the Psychology Act, but the application of the definition to professional practice will need to be spelled out much more clearly.

How does one become a "Psychologist" under RHPA?

Those practitioners in psychology who are currently registered with the Board of Examiners in Psychology will become members of the new College of Psychologists on proclamation, providing they are on the permanent or temporary register on the day of proclamation. The basic and central criteria for, and the process of, regis-

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tration will remain the same for the existing title: a doctoral degree, primarily psychological in nature, from an approved institution; the equivalent of a year's full-time supervision by registered psychologists; and success in written and oral examinations.

Applicants will have to declare their intended area of practice (as now) and will be examined closely with respect to their competence and readiness for independent practice. The certificate of registration will be issued for that area of practice. To change the area of practice a registrant will have to demonstrate competency in the proposed new area.

As quality assurance schemes develop it may be necessary for registrants to demonstrate formally that they have maintained their competency in a specific area.

How will people become "Psychological Associates"?

The regular entry process will require a master's degree primarily psychological in nature, four or more years of experience acceptable to the Registration Committee as preparation for regulated practice; the equivalent of a year's full-time supervision by members of the College, and success on the written and oral examinations of the College. Applicants for the title will have to declare their intended area of practice, and will be examined and registered according to their demonstrated competence and readiness for practice in that area. As with entry to the Psychologist title, demonstrated competence will be required to change an individual's scope of regulated practice.

What about the controlled act of Diagnosis? What is it? Who can do it?

"Diagnosis" as defined in RHPA is the act of coming to a conclusion about the cause of a person's condition and communicating it in such a way that the client relies on the communication. In essence it is about controlling the risks inherent in a trust-based client/provider relationship where

knowledge and skill are not equally distributed between the parties. "Diagnosis" in RHPA is defined for legal purposes, and it is important not to confuse that definition with the familiar use of the term "diagnosis" as a clinical label or pointer.

Six of the twenty-two health care professions in RHPA have this controlled act assigned to them. Only two professions have a broad diagnostic act: psychology and medicine. The remaining four professions are limited to the diagnosis of conditions specific to a part of the body (foot, eye and so on). RHPA clearly recognises the high level of training and expertise that is required to diagnose broadly. For the same reason, the memorandum of agreement concluded among OBEP, OPA, and OACPP assigns the controlled act of diagnosis exclusively to those qualified to use the title "Psychologist". Controlled acts may be delegated by members of the College to other members of the College: thus a Psychologist may delegate the controlled act to a Psychological Associate.

The Board has established a special working party to attend to the issues and opportunities afforded by RHPA in respect to diagnosis.

Will Psychological Associates be supervised?

Once registered, a Psychological Associate, like a Psychologist, is accountable to the regulatory body. Thus the need for professional supervision of a non-registered provider by a registered provider disappears. Each doctoral-prepared or masters-prepared registrant will have been assessed as competent in an intended area of practice and is bound by standards to practice in a specific area. However, this does not affect the supervision and reporting arrangements that institutions and employers have in place. Each employer and institution will make such adjustments as it thinks necessary in the light of the legislation.

Both Psychological Associates and Psychologists will be supervised during the registration process. Both may

have supervision imposed as a result of discipline or fitness to practice procedures. It is likely that as quality assurance schemes are developed, supervision may be necessary as a result of assessments indicating areas of practice needing attention.

What about masters level practitioners already in practice: how will they become registered for the new title?

There will be a transitional period of five years during which current practitioners will be able to apply. The process and criteria will be very similar to the regular entry stream for the title. Applicants will have to have a masters degree or equivalent graduate preparation that is primarily psychological in nature; will have to have had at least five years of acceptable experience; will have to pass the written and oral examinations of the Board. If they have not been supervised during their years of experience they may, if the Registration Committee requires it, be asked to undergo a year of supervision. The Registration Committee will be allowed greater latitude in interpreting requirements so as to be sensitive to individual circumstances in the transition period.

After five years the transition entry period will end, and only the regular entry criteria outlined earlier will be considered.

What about specialty designation?

RHPA allows the Colleges to designate specialties. A careful distinction needs to be made between a practice title, which indicates an area of practice, and a specialty, which is an earned indication of exceptional proficiency, knowledge, and skill.

Debate about specialties has a long history in psychology. There is much to be examined and decided before specialty designations can be accepted by the regulatory body. A working party has been asked to prepare an extensive report to the profession at

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large on the topic: what should be the criteria for recognising an area as a specialty? What should be the prerequisites of training and experience for any particular specialty area? What examinations, residencies, and so on should be expected to ensure that "specialists" are indeed specially competent and skilful?

Broad consultation will take place before specialties are set and persons can be examined to see if they qualify for them.

No member of the College will be able to hold himself or herself out as a specialist in an area unless the designation has been earned in the prescribed way. All members of the College, whether Psychologist or Psychological Associate, will be able to attempt to obtain specialty designation. If a specialty is one that requires diagnosis as part of its practice, then a Psychological Associate achieving specialty designation will be able to do the controlled act when practising the specialty.

Individuals with less than doctoral preparation will be registered: does this mean less protection for the public?

On the contrary: right now without regulation there are all sorts of people offering psychological services to the public. Many of these are trained in the same settings and take masters preparation in the same courses as persons who go on to doctoral qualifications. However, many have not been trained in psychology programs, and are not accountable in any way for their services. Under RHPA they will not be able to use any terms that will lead the public to believe they are members of the psychology profession.

Persons qualifying for registration as Psychological Associates, like Psychologists, will have to meet public and fixed standards to be admitted to regulation; they will have to account for their services, and maintain and even enhance their competency continually.

There are many practice settings

and many service delivery teams and arrangements in which the level of training and expertise of a provider trained at the masters' level is very applicable and appropriate. Psychology is a diverse and expanding profession, and the new title recognises a legitimate role for different levels and types of preparation for practice.

The same standards of professional and ethical practice, adherence to the same practice guidelines, and accountability to the same regulatory body will mean that the profession is more integrated, more flexible, and therefore better able to protect the public interest.

There has been reference to access to the title "Psychologist" by people registered as Psychological Associates under certain circumstances: what does this imply?

A person registered as a Psychological Associate who subsequently completes a doctoral degree conforming to the pattern usually accepted for registration as a Psychologist will be able to use the title without going through the whole registration process again.

The registrant will have to go through some assessment to determine competency for the intended area of practice.

The memorandum of agreement referred to in the beginning of this article recommends that, if a person registered initially as a Psychological Associate is successful in earning specialty designation in a specialty that carries the controlled act of diagnosis the Council of the College will consider whether a regulation permitting access to the title "Psychologist" is needed in these circumstances.

The Council of the College is elected: couldn't one provider title be swamped by another? Couldn't standards and regulations be changed by the majority?

Other health care professions have providers trained to different levels: medicine and nursing are examples.

The basic rule in the new College will be one member, one vote. Thus, only if there are large differences in numbers (as there will be in the early years, when psychologists will be the substantial majority) are there risks of unequal representation. The new College may want to build in the kind of balancing safeguards that nursing and medicine have.

No regulation can be changed by the majority of voting members on the Council. All regulations have to be published to all members before being submitted to the government. And only the government can approve a regulation or a change in regulation. All members of the health care Colleges will have access to the Health Professions Board under RHPA to register a concern about a proposed regulation.

How can I get involved in shaping the new College to ensure that my views about how my profession should be regulated are heard?

The Board of Examiners, as the transition Council of the new College, has set up a series of working parties to prepare ideas about draft regulations, consult with registered and potentially registerable persons, and to recommend actual text for regulations to the Council for approval and submission to the government for promulgation. The working parties are outlined elsewhere in this issue of the BULLETIN. These are the vehicles for input at this stage of the transition to the RHPA world. ■



BOARD NOTICES

THE • ONTARIO • BOARD • OF • EXAMINERS • IN • PSYCHOLOGY

DISCIPLINARY HEARING

A hearing of a Discipline Tribunal of the Ontario Board of Examiners in Psychology reconvened at Toronto on December 10, 1991 in the matter of Dr. Bernard Roy Raghunan.

Procedural Matters. The Tribunal received and reviewed the report prepared by the Psychologist who had assessed Dr. Raghunan's work pursuant to the decision of the Tribunal of July 4, 1991 (see BULLETIN article, December 1991).

The Evidence. It was the testimony of the Assessor that Dr. Raghunan had fulfilled the agreement as set out in section four of the Penalty decision on July 4, 1991. The Assessor further stated that Dr. Raghunan's assessments and reports fell within the bounds of acceptable practice. However, he expressed some concerns about Dr. Raghunan's competence regarding Custody and Access Assessments. It was his opinion that this period of supervision should be extended but not indefinitely.

Under questioning by counsel for the Defense as to what his client needed to do to improve in the area of Custody and Access Assessments, the Assessor explained that Dr. Raghunan needed to gain a greater understanding of parenting issues, evaluating the needs of children, exploring the significant relationships and weighing the capacities of the parents. It was his view that Dr. Raghunan ought to develop a plan to explore this area and submit it to the Board.

Dr. Raghunan provided a statement to the Tribunal. It was his view that he did not fully agree with the Assessor's report. However, he was willing to submit to a period of supervision in the area of Custody and Access.

The Penalty. The penalty imposed upon Dr. Raghunan by the Tribunal was as follows:

1. The Tribunal will administer a reprimand to Dr. Raghunan.
2. Dr. Raghunan is to undertake not to practice in the area of Custody and Access Assessments for one year commencing December 10, 1991.
3. After the one year suspension from conducting Custody and Access Assessments, Dr. Raghunan may apply to the Registration Committee for permission to resume Custody and Access Assessments. This application will include a plan for training and supervision.
4. The Tribunal agrees that the public interest is protected without the suspension of Dr. Raghunan's Certificate of Registration.
5. The details of the charges against Dr. Raghunan, of the plea and of this disposition will be published, along with his name, in the BULLETIN.

Reasons for the Penalty. The Tribunal agreed that the issue of deterrence could be met by the Reprimand and the publication in the BULLETIN of all of the charges.

It was the opinion of the Tribunal that the public interest would be best served by not suspending Dr. Raghunan's services in the community in which he practices at this time. In addition, Dr. Raghunan has complied with the Tribunal's decision of July 4 and the Assessor has supported this decision. However the Tribunal still has some concerns regarding Custody and Access Assessments. The Tribunal therefore changed the indefinite suspension of conducting Custody and Access Assessments to a one year suspension with a provision to reapply to the Registration Committee for reinstatement to conduct these assessments. ■

ADDITIONS TO THE TEMPORARY REGISTER SINCE DECEMBER 1991

Sandy Ages
 Ronald Baxter
 Christian de Keresztes
 Gerald Devins
 Renée-Louise Franche
 Carol Harris
 Zoe Hilton
 Giorgio Ilacqua
 Hilary Iversen
 Jennifer Jenkins
 Linda Johnston
 Jeffrey Jutai
 Elizabeth Lynett
 Karyl MacEwen
 Dianne Maing
 Dean Mooney
 Christine Morel
 Michael Paquin
 Gisele Pharand
 Peter Prior
 Christine Rattenbury
 Anne Robinson
 Renee Sananes-Spiegel
 Sandra Sangster
 Lauren Shewfelt
 Alicia Sorkin
 Mary Stewart
 Virginia Walford
 John Williams
 Zbigniew Wojtaszek
 Marta Young
 Diane Zanier
 Sharon Zeitlin

ADDITIONS TO THE PERMANENT REGISTER

Christopher Holmes May 1991
 Lynne Sinclair February 1992

DECEASED

The Board has learned with regret of the deaths of two Ontario Psychologists:

Robert Bourgeois
 Edgar Harper Campbell

INFORMED CONSENT: BOARD ADOPTS TEXT AND FORM AS A GUIDE FOR REGISTRANTS

An article published in the April 1991 BULLETIN outlined proposed changes to Principle 7 of the Standards of Professional Conduct having to do with informed consent. Psychologists were invited to comment on the proposed wording. The Board noted at the time that issues of informed consent made up about a fourth of the questions registrants direct to the Board. This proportion has remained constant in the past year.

At its meeting on March 27th, 1992, the Board considered revisions to the proposed Standard in the light of detailed comments made by registrants. It also considered general issues relevant to informed consent, and assessed the practice implications of a change in Standards.

A revised version of the proposed Standard was accepted as representing good practice with respect to obtaining and ensuring informed consent, and is printed in the shaded box on

this page. A sample form for use by registrants as they think appropriate was also accepted, and is printed overleaf.

However, the Board decided not to adopt the proposed wording on informed consent as an addition to the Standards of Professional Conduct at this time.

The Board recognised potential conflicts between its proposed Standard and practices about consent to the release of information in institutions where the Mental Health Act is relevant. In particular, the differences between Form 14 and the sample form accepted by the Board were recognised.

Further, the Board noted that changes in legislation in Ontario may affect requirements about consent. A new legislative package on consent to treatment, advocacy, and substitute decision making has second reading in the Ontario legislature, and is now

in committee. The impending proclamation of the Regulated Health Professions Act may have implications for standards in this area.

The Board recommends that psychologists treat the proposed wording as a guide for their practices. It recommends that where feasible the sample form be used. This may not be feasible where Form 14 is indicated.

The Board would be grateful for further comments from registrants, particularly with respect to experience with the actual use of the sample form.

The Board will begin a lobbying effort with the appropriate Ministries to have Form 14 amended to ensure that the consent to release information may indeed be "informed". However, the Board recognises, as do registrants, that recommendations and efforts to this end have been made over the past few years, so far without success. ■

To ensure that a client's authorization permitting disclosure is informed, psychologists will require that the written authorization:

- (a) be in writing and contain the original signature of the subject of the information, or the legal representative or guardian of the subject, as well as the original signature of a witness;
- (b) be dated;
- (c) specify the name or description of the person or institution intended to release the information;
- (d) include a description of the information to be disclosed;
- (e) specify the purpose for which the information is requested;
- (f) include a statement on the release form to the effect that the individual may rescind or amend the authorization in writing at any time prior to the expiration date, except where action has already been taken in reliance on the authorization.

Consent to the Disclosure, Transmittal, or Examination of a psychological record

I (We) _____
(PRINT FULL NAME)

of _____
(Address)

hereby consent to the disclosure or transmittal to, or examination by:

(Name of person, agency or institution)

of _____
(Identify material: clinical record, report, file, etc.)

compiled/prepared by _____
(Name or names as appropriate)

in respect of _____
(Name of client(s), or "Myself")

for the purpose of _____
(PRINT FULL NAME)

Nature of the information to be released _____

(Signature)

(Witness)*

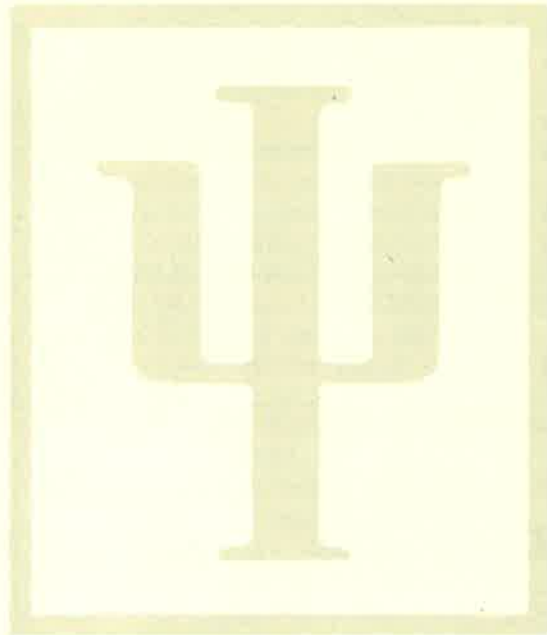
(If other than client,
state relationship to client)

Dated the _____ day of _____, 19 _____.

Expiry Date** _____

* In the absence of other convenient witnesses the psychologist may serve as witness.

** The client may rescind or amend this authorization in writing at any time prior to the expiry date, except where action has been taken in reliance on the authorization.



RHPA WORKING PARTIES MEMBERSHIP

Working parties will be soliciting input from registrants in a variety of ways, including questionnaires, face-to-face meetings, and consensus workshops. The core membership of all groups has now been finally established and is listed here. Some working parties will be adding resource persons as needed to carry forward their work.

If you wish to submit material or comments to a working party, please do so through its Chair. To ensure that material is distributed to all members of the working party, please send it to the Chair of the group in care of the OBEP office. Addresses and telephone numbers for those working party members who are registered may be found in the current 1992 OBEP Directory.

A Steering Committee	To co-ordinate the working parties and report to the transitional Council on needed resources, new working parties, and time lines.	CHAIR: Dr. Brian Ridgley Sunnybrook Health Science Centre, Toronto Chair, OBEP Dr. Maggie Mamen Private Practice, Nepean Secretary/Treasurer, OBEP Ms. Huguette Boisvert Ottawa Public Member, OBEP Dr. Iris Jackson-Whaley Private Practice, Ottawa President, OPA Ms. Elaine Moroney Psychoeducational Consultant, Milton President, OACCPP
B Elections	To propose regulations governing the election of professional members of the College Council, the selection of academic members, and the appointment of Officers of the College.	CHAIR: Dr. George Phills London Board of Education Past Chair, OBEP Dr. Phillip Daniels Private Practice, Toronto Member, OBEP Dr. Gene Stasiak Ontario Correctional Institute, Brampton Past President, OPA Mr. John Marai Manager, EAP Programs, Metro Toronto OACCPP
C Standards and Guidelines	To propose amendments to existing standards so as to make appropriate reference to the new regulated title; to develop specifications for new standards required by RHPA; and to identify areas where new standards and guidelines may be needed.	CHAIR: Dr. David Rennie Psychology Department, York University Chair, OBEP Complaints Committee Dr. Brian Ridgley Sunnybrook Health Science Centre, Toronto Chair, OBEP Dr. Carole Sinclair Dellcrest Children's Centre, Toronto Chair, CPA Ethics Committee Mr. Gary Campbell Peel Board of Education OACCPP
D Extension of Regulation	To devise policy proposals for the registration and regulation of the new title of Psychological Associate. The working party is also the tripartite task force established by OBEP, OPA, and OACCPP in August of 1991.	FACILITATOR: Dr. Patrick Wesley Registrar, OBEP and Transitional Council Dr. Brian Ridgley Sunnybrook Health Science Centre, Toronto Chair, OBEP Dr. Ruth Berman Executive Director, OPA Dr. Gene Stasiak Ontario Correctional Institute, Brampton Past President, OPA Dr. Pierre Ritchie Executive Director Canadian Psychological Association Ms. Ruth Belch Chedoke-McMaster Hospital, Hamilton OACCPP Ms. Laura Mestelman McMaster University Medical Centre, Hamilton Past President, OACCPP Mr. Rick Willick Etobicoke Board of Education, Toronto OACCPP

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RHPA WORKING PARTIES MEMBERSHIP

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<p>E Communications and Information</p>	<p>To co-ordinate the creation and distribution of brochures and information packages on RHPA for members of the public, registrants, intended registrants, institutions, and other parties.</p>	<p>CHAIR: Ms. Deborah Brooks Sault Ste Marie Public Member, OBEP Ms. Huguette Boisvert Ottawa Public Member, OBEP Dr. Douglas Reberg Huron-Perth Centre for Children and Youth, Stratford OPA</p>	<p>Dr. Richard Allon Private Practice, Toronto Former President, OPA Ms. Elizabeth DeGrace Kingston General Hospital, Kingston OACCPP</p>
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<p>F Specialty Designation</p>	<p>To examine models of specialty training and designation, the criteria for the determination of areas as specialties, and the establishment of criteria for assessing specialty competence and credentials. The working party is to produce a discussion paper for the profession. Based in Ottawa.</p>	<p>CHAIR: Dr. Maggie Mamen Private Practice, Nepean Secretary/Treasurer, OBEP Dr. Henry Edwards Dean, Social Sciences, Ottawa University Former Chair, OBEP</p>	<p>Dr. Harvey Brooker Clarke Institute of Psychiatry, Toronto Former President, OPA Dr. Gary Snow Neuropsychology Service Sunnybrook Health Science Centre, Toronto Ms. Beatrice Wickett Elizabeth Bruyere Health Centre, Ottawa Chair, CPA Section of Educational and Schools Psychology Ms. Anne Caron Family Court Clinic, Ottawa OACCPP</p>
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<p>G Diagnosis and Delegation</p>	<p>To develop a model for a guideline on the RHPA controlled act of diagnosis and to draft proposals for a guideline on the delegation of the controlled act.</p>	<p>CONVENOR: Dr. Patrick Wesley Registrar, OBEP and transitional Council Dr. Marjorie Whitney North York General Hospital OBEP Complaints Committee Dr. David Reid Chair, Psychology Department York University, Toronto</p>	<p>Dr. Anthony Thompson Psychology Department Lakehead University, Thunder Bay Dr. Lynne Beal East York Board of Education President, OPA Section on Psychology in Education Dr. Warren Nielson University Hospital, London President Elect, OPA Dr. Dorothy Cotton Kingston Psychiatric Hospital, Kingston OACCPP</p>
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<p>H Registration</p>	<p>To evaluate current and future registration processes in the light of the RHPA stress on competency as well as credentials; to operationalise the principles and criteria for the registration of Psychological Associates; to recommend changes and revisions where needed to existing registration assessment procedures.</p>	<p>CHAIR: Dr. William Melnyk Psychology Department, Lakehead University Chair, OBEP Registration Committee Dr. Michele Macartney-Filgate Private Practice, Toronto</p>	<p>Dr. Barry Francis Kitchener/Waterloo Hospital Former President, OPA Dr. Christel Woodward McMaster University Ms. Melissa Cait Psychoeducational Consultant, York Region Board of Education OACCPP</p>
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MANAGING THE TRANSITION: AN UPDATE

Registrants received with their Directory this year details of the Board organisational provisions for managing the transition to RHPA. Seven working parties and a steering committee have been established to deal with a variety of issues such as the definition of the controlled act of diagnosis, the election of Council members, specialty designation, and so on. The Board, as the transitional Council of the new College, will be receiving recommendations for draft regulations from the working parties, and will be circulating these to all registrants for comment as they become available and before they are submitted for government approval.

Informed comment in government circles is now suggesting that proclamation of the RHPA Acts may probably take place as late as March of 1993, rather than November of 1992 as had been originally anticipated. This will allow more time than originally planned for consultation with registrants on the substance of regulations, and has allowed the schedule for meetings of working parties to be somewhat extended.

The working party on **specialty designation** had an all-day first meeting in early March to organise research tasks, and to begin drafting a detailed set of question to be asked of all registrants in the June BULLETIN. The working party will meet again in May, and will be meeting with the Chairs of Ontario University Departments of Psychology in June.

The working party on **registration**, which is to evaluate current and proposed registration procedures in the light of the stress in RHPA on competency and readiness for practice as well as credentials, met in late March and outlined a series of information-gathering and consulting tasks. Among several tasks put in hand were contacts with other RHPA Colleges to examine their registration and assessment procedures, and the consideration of a sub-group to create drafts of

a possible written examination on legal and ethical issues for the Ontario practitioner for use during the registration process.

The working party on the **extension of regulation** met April 1st and finished its work on a draft policy covering criteria for registration under the two titles available under RHPA: Psychologist and Psychological Associate, and on transition stream entry criteria for experienced persons already in practice to the Psychological Associate title. The draft will go to the steering committee and on to the transitional Council for approval. It will form part of the basis for the work of the Registration working party and the communications working party.

The Ministry of Health plans to provide "templates" for regulations dealing with elections, advertising, notices of meetings, and other so-called "housekeeping" issues that must be dealt with in regulation. Pending receipt of these (which are now somewhat delayed) the working parties on **elections** and on **communications** have been scheduled to meet in mid-May.

The working party on **standards and guidelines** will be meeting in April to begin to organise its work. The working party on diagnosis and delegation is scheduled to meet in mid-May to begin its work. ■

ADDRESS CHANGE NOTICE

As of March 1, 1992, The Board of Examiners in Psychology is now located at 1246 Yonge Street, Suite 201, Toronto, Ontario M4T 1W5. Telephone (416) 961-8817 Fax (416) 961-2635.



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Because of events surrounding the RHPA and its legislative progress, one issue of the Bulletin in the current volume has been skipped. The Bulletin will henceforth be published in the months of March, June, September and December each year.



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