COLLEGE OF PSYCHOLOGISTS OF ONTARIO

HEADLINES

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PRESIDENT'S MESSAGE

At first, we thought that COVID-19 would be like SARS, a short-lived but nevertheless, devastating epidemic. Then came a surge of cases and with the growing threat of community spread, a massive change in the way we were forced to reconfigure the practice of psychology. Telehealth became the new medium for offering our services. How were we to do assessments when social distancing was demanded of us? Would therapy over screens prove to be effective? How would we provide clinical opportunities to our graduate students, residents, and those on supervised practice? Would they be ready in time to enter as autonomous practitioners?

Now, nine months into the pandemic, the profession and the College have found alternative ways to serve those in need of our services. We have accessed online platforms that meet the standard for protecting clients' privacy. Strategies for testing have been developed that hopefully meet the benchmarks of validity and reliability. Many have reported that while online therapy may lack the intimacy of a face-to-face encounter, using this medium has extended their reach to clients who might not have otherwise sought our services.

The College has also risen to meet the challenges of the times. We extended the schedule for the payment of College fees in order to address the changing financial circumstances of some of our members. Out-of-province practitioners who have clients temporarily in Ontario may now register for a short period of time in order not to interrupt their services. The Registrar, Dr. Rick Morris, has kept the membership informed concerning the Ministry's health bulletins. Our Deputy Registrar, Mr. Barry Gang, has worked diligently to respond to members' questions about balancing privacy, safety and meeting the College's standards of practice. All College departments have been functioning online. While we were heading toward a paperless workplace, the current circumstances have spurred on this endeavour. Oral examinations are now virtual and at the last Council meeting we approved the transfer of the Jurisprudence and Ethics Examination to an online format. The first online administration will take place in late November.

"Now, nine months into the pandemic, the profession and the College have found ways to serve those in need of our services."

In late October I participated in the semi-annual meeting of the Association of State and Provincial Psychology Boards. All of the issues that we in Ontario are facing are being played out across the continent with one major exception. Although we and the other Canadian psychology regulatory Colleges are constituted under provincial law, we have been granted the decision-making powers to respond to situations like the pandemic in a discipline-specific fashion while still staying within the boundaries of our governing legislation and public health directives. This may seem like a minor thing, yet when viewed against the political circumstances south of the border, where regulation, at times, can be at the whim of the governor and state assembly, we can indeed count ourselves fortunate.

Thank you to everyone for your commitment to the well-being of your clients, your flexibility and your fortitude in these difficult times. I truly believe that the obstacles that have been put in our path are not stumbling blocks but will lead us to new and more effective ways of teaching, practicing and regulating the profession of psychology in Ontario.

Michael Grand, Ph.D., C.Psych.
President

QUALITY ASSURANCE (QA) NEWS

The extended deadlines for declaring completion of the Self-Assessment Guide and the Continuing Professional Development (CPD) requirements have now passed.

Members with odd numbered Certificates of Registration should be mid-way through collecting their credits for the 2019 - 2021 Continuing Professional Development cycle. Those with even numbered Certificates have recently begun to obtain credits for the 2020 - 2022 cycle.

In reviewing the submissions of the first two groups who have completed their CPD cycles, the Quality Assurance Committee thought it would be helpful to remind members that:

1. Members with Inactive Certificates are required to participate in the Continuing Professional Development Program. A small number of Inactive members assumed that they did not have to satisfy the requirements of the program. Inactive status is intended to be short term, for a maximum of two years. While away from practice on Inactive status, members are expected to maintain their knowledge and skill so that they may resume practice at a level which would have been expected had they worked continuously.
2. Members must retain sufficient information about their CPD activities to permit verification of their participation in CPD events. Members who are asked to provide their CPD records, and who do not submit either formal documentation or sufficient description of the events, will be asked for further information. A description of what information should be retained can be found in FAQ section of the College website.
3. There are no provisions in the Quality Assurance Regulation for the extension of the two-year CPD cycle. In some exceptional circumstances, the deadline to provide a Declaration of Completion of the requirements for the prescribed period, can be an extended. The length of the cycles themselves cannot be extended. Any CPD activities which are conducted after the end of a cycle may only count towards the next cycle; the cycle in which the activity was undertaken. The Committee will consider any exceptional personal circumstances which may interfere with a member's ability to meet the requirements, on a case by case basis.

CPD AUDITS

The Committee will be conducting audits of 50 members' CPD records again this year. This will include the records of

those members who were required to submit a Declaration of Completion before August 31, 2020 but did not do so, and those who are chosen randomly. Members required to submit their materials will be notified very shortly.

Results of the 2019 audit were provided to members in the January 2020 e-*Bulletin.* The results were very positive, and it is hoped that with the benefit of that information, the results will be even better this year.

PEER ASSISTED REVIEWS (PAR)

The 2020 - 2021 Peer Assisted Review process will begin shortly. Members who did not complete the Self-Assessment process as required will be reviewed, as well as members selected through random and stratified random selection. This year the stratified random selection process will focus on members who have been practicing autonomously between 5 and 10 years.

Many Peer Assisted Reviews have been deferred due to COVID-19, however some members expressed a willingness to participate in a virtual PAR over the summer, with successful results.

SURVEY

Surveys have been sent to all members who recently submitted their Declarations of Completion of the Self-Assessment Guide and the Continuing Professional Development requirements, as well as those who participated in the first round of CPD audits. The Quality Assurance Committee is constantly reviewing and evaluating its processes and hopes that all members who receive the surveys will take the time to provide their feedback.

INFORMATION FROM THE PRACTICE ADVICE SERVICE

The College of Psychologists provides information to members of the College and members of the public regarding relevant Legislation, Regulations, Standards of Professional Conduct and other Guidelines. Information is provided in response to specific inquiries and may not be applicable to all circumstances. Information is provided to College members to support them in exercising their own professional judgement and is not an appropriate substitute for advice by a qualified legal professional.

COVID-19 INQUIRIES

Over the past many months, about half of the inquiries received from members related to practicing in the context of the pandemic. The evolving nature of the pandemic is reflected in the kinds of questions posed. Many of the most recent questions relate to the difficult judgment calls members must make in resuming in-person services.

The answers provided to members reflect the flexibility in the way in which the Ministry of Health requirements and recommendations are set out. Ministry guidance is meant to apply generally to all health care professionals and reflect the wide variety of services provided within a broad range of settings.

It is recognized that decisions made by one member may not be as applicable to others. Members are expected to make reasoned decisions based upon the ethical principles underlying the usual rules they are subject to, the evolving information about COVID-19 precautions, and the particular circumstances of their clients, practices and communities.

The pandemic remains an active threat to community safety. The College, therefore, continues to recommend

that members provide services virtually when this can be done effectively. When clients require in-person services, as a general principle all safeguards that members can provide should be applied. In situations where there is ambiguity about the requirements, we urge members to take a conservative approach to minimize the risk of community spread as much as reasonably possible.

The following is a summary of the most frequently asked questions received:

Q: Must masks be worn in the office, particularly when it's possible to maintain a physical distance of at least 2 metres?

A: Regulated Health Professionals are subject to Directive #2 of the Chief Medical Officer of Health. This directive states that: *In the gradual restart of services, Health Care Providers must comply with the requirements as set out in "COVID-19 Operational Requirements: Health Sector Restart" (May 26, 2020 or as current), including, but not limited to, the hierarchy of hazard controls.*

The hierarchy sets out the following measures, in order of priority:

1. Elimination and Substitution - examples include not having patients physically come into the office/clinic, use of telemedicine, etc;
2. Engineering and Systems Control Measures - examples include physical barriers like plexiglass partitions;
3. Administrative Control Measures - examples include active screening, passive screening (signage), and visitor policies;
4. Personal Protective Equipment - examples of PPE include gloves, gowns, facial protection (including surgical/procedure masks and N95 respirators), and/or eye protection (including safety glasses, face shields, goggles, or masks with visor attachments).

As noted previously, the Ministry recommendations must be general enough to apply to all health care providers. As a result, some of the examples provided may not be applicable to psychological services.

The Ministry is clear that PPE controls, such as masks, are the last tier in the hierarchy of hazard controls. Accordingly, they should not be relied on as a stand-alone primary prevention program. The Operational Requirements clearly state: *Given community spread of COVID-19 within Ontario and evidence that transmission may occur from those who have few or no symptoms, masking (surgical/procedure mask) for the full duration of shifts for HCPs and other staff working in direct patient care areas is recommended.*

Some local areas have enacted by-laws requiring mask use in indoor public settings, with exceptions to this requirement for health care providers. It is likely that such exceptions have been made in order to enable some health care procedures which cannot be performed while a mask is being worn.

The College continues to recommend that services should be provided virtually when possible. When in-person services are required, members should wear masks and require clients to do so in enclosed spaces, unless this is clinically contraindicated.

Q: What can be done if an employer refuses to provide supplies, like plexiglass screens, that a member deems necessary to use when testing clients?

A: This can be a difficult situation to navigate and we are advising members to make best efforts to negotiate resolution of such problems.

The Standards of Professional Conduct, 2017 require:

2.1 General Conduct

A member must conduct themselves so that their activities

and/or those conducted under their direction comply with those statutes and regulations that apply to the provision of psychological services.
and,

3.1.2 Employment Settings

A member must assume responsibility for the planning, delivery, and supervision of all psychological services they provide to a client. Members working as employees must make best efforts to ensure that their work setting adheres to the *Standards of Professional Conduct, 2017* in the planning, delivery, supervision and billing practices of all psychological services provided.

The College is not authorized to regulate workplaces, only the conduct of individual members. As stated above, members are required to make best efforts to ensure that the work setting adheres to the *Standards.* This may involve escalating the issue within their organization and seeking outside assistance where necessary. Hopefully, in most cases, collaborative communication will help to resolve any "standoffs".

Members may wish to advise those with the authority to grant their requests that Directive #2 has been issued to all Regulated Health Providers under Section 77.7 of the *Health Protection and Promotion Act, 1990* and requires Health Care Providers t*o consider which services should continue to be provided remotely and which services can safely resume in-person with appropriate hazard controls and sufficient PPE.*

Q: Must all clients be actively screened, even in a setting such as a school or social service agency?

A: The COVID-19 Operational Requirements: Health Sector Restart indicates that health care professionals should perform active screening, although we understand this can be assigned to a staff person. Screening should be done with the client. If it is believed that a client is unable to answer the screening questions reliably, it should be done in discussion with a person's parent or caregiver.

The Operational Requirements state: *Patients should be screened over the phone for symptoms of COVID-19 before coming for their appointments. If possible, any visitor accompanying a patient to an appointment, should also be screened prior to the appointment. The latest COVID-19 Patient Screening Guidance Document on the MOH COVID-19 website should be used and may be adapted as needed and appropriate for screening purposes. If a patient screens positive over the phone, the appointment should be deferred if possible and the individual referred for testing.*

Q: If an assessment is conducted virtually, instead of in-person, may members violate the standard administration protocols for tests? Will norm-based scores be applicable and what effect will the stressful context of the pandemic have on test performance?

A: The College's expertise and role is limited to professional regulation. It is beyond the purview of the College to provide clinical guidance to members. The College trusts that members practicing the profession have the knowledge, skill and judgment required to make appropriate clinical decisions.

With the large number of tools, techniques and tests in use, members should obtain current guidance from the test publishers about the administration procedures and the applicability of norm-based scores. At those inevitable times when answers are not clear, members may find it helpful to discuss these issues with other clinicians who they believe have relevant expertise.

As in all cases, interpretation of test results includes consideration of the context in which an assessment is conducted. The *Standards of Professional Conduct, 2017* which guide members in making such judgments include:

10.1 Familiarity with Tests and Techniques

Members must be familiar with the standardization, norms, reliability, and validity of any tests and techniques used and with the proper use and application of these tests and techniques.

Practical Application: At times, a member may provide services in what would be considered an emerging area of practice. In such situations, a member should inform clients that the services being offered may not, yet, have been subjected to extensive research and validation. As with any informed consent process regarding the provision of services, clients would be informed of the risks, benefits and alternatives available.

10.2 Familiarity with Interventions
Members must be familiar with the evidence for the relevance and utility of the interventions used and with the proper use and application of these interventions.

10.3 Rendering Opinions
A member must render only those professional opinions that are based on current, reliable, adequate, and appropriate information.

10.4 Identification of Limits of Certainty
A member must identify limits to the certainty with which diagnoses, opinions, or predictions can be made about individuals or groups.

We have become aware from members that test publishers are providing guidance about how measures which rely on standardized administration procedures may be utilized. It is a member's responsibility to ensure that they are using the tools properly, based on empirical evidence and good clinical judgment.

Q: Is there an obligation to release a client's name and contact information to Public Health if a client attends a session in-person and soon after tests positive for COVID-19? What information (if any) should be disclosed to other clients or professionals who may have crossed paths with the infected individual in our workplace?

A: If someone has tested positive, the local Public Health agencies are expected to follow appropriate protocols with respect to notifying those who must be notified.

There does not appear to be a requirement for a member of the College to make a mandatory report of someone who has identified themselves as, or is suspected of being, COVID-19 positive. There are, however, provisions in the *Health Protection and Promotion Act, 1990* that authorize the Chief Medical Officer of Health to make an Order requiring the release of confidential information, as specified in that Order. If ordered to provide information, the College would not expect a member to put themself in contempt of the Order. To date, we have not heard about any members receiving such Orders. If one is unsure of the nature of such an Order or the information it may require be released, one should seek legal advice.

If concerned about individuals who may have crossed paths with an infected person, it would be permissible and reasonable for a member to provide general de-identified information to other clients and suggest they may wish to be tested. One should, however, take care not to provide any information that could identify the other person.

Confidentiality provisions under the *Personal Health Information Protection Act, 2004 (PHIPA)* prohibit the disclosure of personal health information without authorization by the client, other than in specified circumstances. Exceptions to the duty of confidentiality are set out in sections 39 (regarding certain health programs) and 40 (regarding risk of serious bodily harm). It is important to remain aware that these exceptions permit one to make disclosure but do not require this. When one uses the discretion to make a disclosure without a client's permission, only that information which is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons should be disclosed. Additionally, such information should only be disclosed to a person who is in the position to eliminate or reduce the risk.

If unsure about whether a disclosure is permissible, it may be useful to obtain the opinion of a qualified legal professional. Many professional liability insurance policies entitle the policy holder to pro-bono legal advice.

NON-PANDEMIC INQUIRIES

In addition to the challenges presented to members due to the pandemic, members continue to experience 'everyday'

practice challenges. Sample frequently asked questions are answered below:

Authorized Practice Areas and Populations:

Q: What is the exact age range of clients that may be treated by someone authorized in Adult Clinical Psychology?

A: The College doesn't specify hard borders between age ranges for the different population groups but recognizes that there are not always clear demarcations with respect to population groups, particularly with respect to age. Members are expected to use their professional judgment to determine whether, in all the circumstances, the person's status is consistent with the status of those for whom they are authorized to provide service. For example, when trying to determine whether a client, at a border age, is an "adult", "adolescent", or for that matter a "senior", it would be important to consider whether the person's abilities, life circumstances and challenges are consistent with those which would normally be expected within the population groups for which the member is authorized to work.

Q: May a member authorized in Clinical Neuropsychology conduct a psychoeducational assessment, or must they be authorized in School Psychology?

A: As members know, the College has defined Authorized Areas of Practice . The definitions for the authorized areas of practice focus on the nature of difficulties the services are intended to address, as opposed to the specific type of service offered. In order to answer questions like this it may be most helpful to keep this distinction in mind.

The Practical Application posted with *Standard of Professional Conduct, 2017 5.1* states: *In deciding whether one is authorized and competent to provide a service, the nature of the client's presenting difficulties will generally determine whether the member has the appropriate and required authorization. For example, if a client who has suffered a traumatic brain injury has been referred because of a need to assess the nature of their neuropsychological deficits, it is expected that the member providing the assessment would have clinical neuropsychology as an authorized area of practice. If the person was referred because of difficulty performing activities of daily living or occupational requirements, it is expected that the member would be* authorized to work in the area of *rehabilitation psychology. If the person was referred because of suspected anxiety or depression, then it is expected that the member would be authorized to practice in clinical psychology…*

It's likely that most of what are often called "psychoeducational assessments" are meant to help identify the reason an individual has difficulty learning in an educational environment and to provide information for the purpose of planning for remediation of these difficulties. If there is reason to believe that the nature of difficulties is neuropsychological in nature, then it would appear reasonable for someone with authorization in the area of Clinical Neuropsychology to assess the client.

At the same time, authorization in School Psychology requires certain knowledge not generally required for the practice of Clinical Neuropsychology, including knowledge of:

- *instructional and remedial techniques;*
- *interdisciplinary team approach for case management, program planning and crisis intervention;*
- *consulting, counselling, and primary, secondary and tertiary intervention programs and techniques;*
- *systems and group behaviours within, and related to, the school organization, including school climate and culture.*

If making specific recommendations which require such knowledge, it's expected that a member who has not acquired this knowledge would seek the professional guidance of another member who is authorized to practice School Psychology.

INTERJURISDICTIONAL PRACTICE, UNRELATED TO THE PANDEMIC

Q: Is a member permitted to provide virtual family therapy, where one family member is located outside of Ontario during the sessions?

A: Members may provide services to an individual located in another jurisdiction, but only if they have been authorized by the College or Board in that jurisdiction to do so. If the psychology regulator in the other jurisdiction permits this practice, it would also be important to confirm that one's professional liability insurance coverage extends to one's work with an individual in the other jurisdiction.

IMPORTANT INFORMATION FOR SUPERVISED PRACTICE APPLICANTS AND MEMBERS OF THE COLLEGE

RECENT CHANGES TO THE COLLEGE'S *GUIDELINES FOR COMPLETING THE DECLARATION OF COMPETENCE & GUIDELINES FOR SUPERVISED PRACTICE TRAINING PLANS*

View the *Guidelines for Completing the Declaration of Competence*
Psychologist | Psychological Associate

View the *Guidelines for Training Plans for Supervised Practice Members*
Psychologist | Psychological Associate

Download the Training Plan Manual

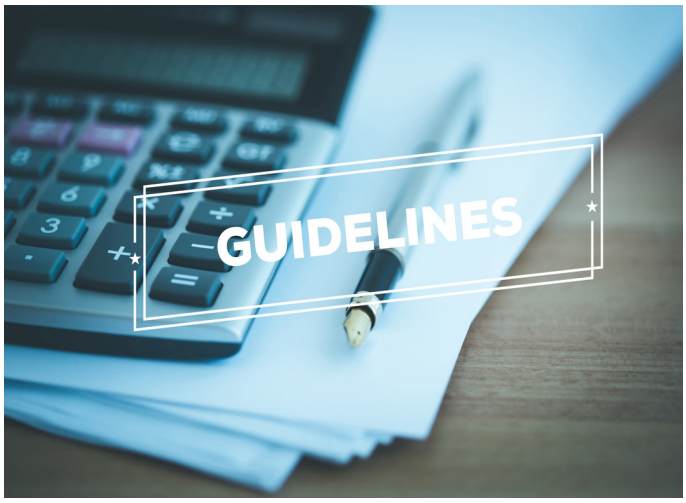
Download the Training Plan Proposal Form and the Supervisor's Training Plan Evaluation Form

In 2019, the College's Registration Committee undertook an extensive review of the *Guidelines for Completing the Declaration of Competence* and the *Guidelines for Training Plans for Supervised Practice Members*. Recommended changes were approved by the College's Council and are now in effect.

GUIDELINES FOR COMPLETING THE DECLARATION OF COMPETENCE

The review of these *Guidelines* was initiated due to concerns regarding the extensive training plans that some applicants were being required to complete during the registration process. The Committee noted that, in completing the *Declaration of Competence*, some applicants were selecting areas of practice and/or client groups that were not based upon their academic background and training. Not having the necessary academic background and training, resulted in extensive training plan requirements.

The Committee noted examples in which an applicant with a degree in child clinical psychology declared adult clinical psychology. This applicant had not completed graduate level coursework or training in adult clinical psychology. Previously, such an applicant would require an extensive training plan, typically completed during the supervised practice period, and typically through supervised readings. In reviewing such situations, the Committee agreed that clearer *Guidelines* were needed to advise applicants of what is acceptable/not acceptable to ensure *Declarations* were based on appropriate academic background and training.



In keeping with the College's role of establishing standards of qualifications for individuals seeking registration, authorized areas of practice should include only those areas for which the applicant has documented academic background and training. To permit applicants to request authorization in areas in which they are not clinically trained is not in the public interest. Even an extensive training plan is not equivalent to formal education and training. Should a member wish to expand their authorized areas of practice beyond that for which they were formally trained, they may take advantage of the College's existing post-registration process.

GUIDELINES FOR TRAINING PLANS FOR SUPERVISED PRACTICE MEMBERS

The review of these *Guidelines* was initiated in conjunction with the Registrations Committee's revisions to the *Guidelines for Completing the Declaration of Competence.* The review was undertaken to address the Committee's concerns regarding the variability in the quality of training plans, to assist candidates and their supervisors in understanding the College's expectations for preparing acceptable training plans, and to enhance accountability.

THE SUBSTANTIVE CHANGES IN THE *GUIDELINES* ARE:

- Reflecting the need to achieve competence, the term "Training" rather than "Retraining" is more appropriate.
- Candidates requiring training in any of the four foundational knowledge areas[1], which typically are acquired in undergraduate study, must complete this training through a university course. That is, candidates cannot satisfy this training requirement by completing a course equivalent of supervised readings.

The Registration Committee believes that a formal course is preferable to supervised readings in all cases, and courses in foundational knowledge areas are readily available to candidates at various Canadian universities.

- For graduate level training requirements, the College expects training will be completed through formal coursework. Only in exceptional cases, where completion of a course is not possible, will the Registration Committee consider a coursework equivalent of supervised readings.

THE SUBSTANTIVE CHANGES IN THE TRAINING MANUAL INSTRUCTIONS TO CANDIDATES ARE:

- Advising candidates that training in any of the four foundational knowledge areas must be completed through a university course, as noted in the *Guidelines*.
- For training completed through a course equivalent of supervised readings, the Training Manual now specifies a minimum hourly requirement for meetings between the candidate and the training plan supervisor to discuss the readings. Candidates are also advised that the meetings with their supervisor must be documented in the supervisor's evaluation form, which is submitted following completion of the training plan.
- The Supervisor's Training Evaluation Form is filled out electronically and includes a meeting log for the supervisor to document each meeting and identify the specific readings discussed.

[1] Biological bases of behavior, Social bases of behavior, Cognitive-affective bases of behavior, and Psychology of the individual.

BARBARA WAND SEMINAR IN PROFESSIONAL ETHICS, STANDARDS AND CONDUCT

The Barbara Wand Seminar was held on September 15, 2020 and, as we continue to adapt to the realities of the COVID-19 working environment, it was offered only as a virtual event. The topics of *Self-Care for Professionals* and *Tricky Issues in Professional Practice* were clearly of interest to members, as there was a record number of 1652 registrations. Many of these were group registrations and our total viewership was estimated to be 2615. We thank those who responded to our survey and the feedback indicated that an overwhelming majority of members found the presentations to be of value to them.

Members who had difficulty signing in or were unable to attend the Seminar will find a recording of the presentations as well as a transcript in the Barbara Wand Seminar Archives on the College website. A summary of answers to the questions which could not be answered during the presentation can also be found there.

QUESTIONS POSED TO THE BARBARA WAND SEMINAR PRESENTERS

TRICKY ISSUES

Confidentiality in Supervision

Q: During the presentation, I thought I heard a suggestion that supervisees should not disclose the names of clients seen under supervision to their supervisors. Is this an accurate understanding of the comment?

A: This comment was made in the context of the question about discussing one's own personal experiences, in clinical work with a colleague. In supervision, the client is considered the client of the supervisor and it must be made clear, and agreed, to by the client that the supervisor will have access to the client's confidential information. In discussing one's own personal reactions related to working with certain clients or groups of clients, it is usually not necessary to identify the clients. For example, it may be difficult to work with individuals whose symptoms or experiences elicit strong personal reactions, but which have more to do with the clinician than the specific client(s). In such situations, it would be good practice to avoid unnecessary disclosure of client personal information.

Terminology

Q: What is meant by the term 'avoidance coping'?

A: Avoidance coping' means handle a situation by avoiding the stressors and/or the associated unpleasant

affect. At times it can involve responding in a pollyannaish manner; e.g., someone who is experiencing significant financial stress coping by saying "things will work out in the end, they always do" and then perhaps going out to buy something to make themselves feel better.

Q: What is meant by" BIPOC psychologists"?

A. BIPOC is an acronym which has recently entered the vernacular and is used to refer to Black, Indigenous and People of Colour.

MANDATORY REPORTING

Risk of Harm to Vulnerable Populations

Q: I understand that while I may choose to disclose otherwise confidential information by reporting that a person is at risk of serious bodily harm, including an elderly person who is not in a Retirement or Long-Term Care Home, I am not required to make any such reports. What happens if the person I am concerned about dies because of whatever is happening?

A: You are correct in that one is legally required to make a report about suspected risk of harm only where the risk meet the criteria set out in legislation. Mandatory reporting obligations are typically present with vulnerable populations, including children and others who are in situations where they must rely on the care of others.

When a vulnerable adult is living independently in the community, one is not required to make a report under the *Retirement Homes Act, 2010* or *Long-Term Care Homes Act, 2007*. When concerned about such a person's safety, there are, however, mechanisms which would permit you to disclose otherwise confidential information in order to protect them. For example, if one had reason to believe a person was at risk of serious bodily harm, one could disclose information in order to mitigate that risk, despite other provisions of the *Personal Health Information Protection Act, 2004*. *PHIPA* states that:

Disclosures related to risks

40 (1) A health information custodian may disclose personal health information about an individual if the custodian believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.

It should be noted that in order to protect the privacy rights of individuals the threshold is higher when a report is not mandatory. When a report concerning harm is not mandatory, according to *PHIPA* one must have "reasonable grounds *to believe*" the person is at risk. In the case of mandatory report, such as a risk of harm to a child or to a resident of a long-term care home or retirement home, the threshold is lower as one is only required to have "reasonable grounds *to suspect*".

It is important to note in exercising the *PHIPA* exceptions to confidentiality, the Act does not specify to whom the information must or should go. Since one may only disclose the information necessary to eliminate or reduce a significant risk of serious bodily harm, it follows that the disclosure should be made to someone who is in the position to eliminate or reduce the risk.

Q: To whom must one report abuse of a resident of a nursing home?

A: Information about mandatory reporting under both the *Long-Term Care Homes Act, 2007* and the *Retirement Homes Act, 2010* is available from the Ministry for Seniors and Accessiblity. Although it is entitled Information about Elder Abuse, the reporting requirements apply to anyone, including those who are not elderly, who reside in Retirement or Long-Term Care homes.

Reporting Sexual Abuse vs. Sexual Misconduct

Q: Please clarify the period of time within which a professional relationship between a client and member would trigger a mandatory report of sexual abuse to the College. Is it one or two years after termination?

A: The Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* requires that a health care provider make a report to an alleged abuser's College, when they have reasonable grounds, obtained in the course of practising the

profession, to believe that a member of that College has sexually abused a patient. The Act currently defines a "patient", as an individual who was a member's patient within one year.

This is not to be confused with what is sometimes referred to as the College of Psychologists' "two year rule", set out in the S*tandards of Professional Conduct*, *2017*:

13.5 Relations with Current or Former Clients
A member must not enter, or make plans to enter, into an intimate or sexual relationship with a current client or a former client where the psychological services were provided within the previous two years. Even after two years, a member must not enter into an intimate or sexual relationship with a former client when the member knows or reasonably ought to know that the former client is vulnerable to exploitation or may require future service or some other professional involvement specifically from them. This does not apply to relationships with employees of an organizational client unless the psychological service provided to a particular individual was either intended to be therapeutic or the individual is vulnerable to exploitation.

Practical Application: The Standards state that a member must not enter into a sexual relationship with a current or former client for two years following the last professional contact. Even after two years however, a member should avoid such relationships except in the most exceptional circumstances. If a member is considering entering into a sexual relationship with a former client, there are a number of relevant factors a member should consider including: the likelihood of adverse impact on the client; the client's current mental status whether there continues to be a power imbalance that may be influencing the client's decision; the client's personal history and any particular difficulties of which the member ought to have been aware; the nature, duration and intensity of the professional service; and the amount of time, over two years, since the last professional contact.

Even though one is not currently *required* to report a sexual relationship occurring more than one year after the termination of services, one may voluntarily report the occurrence of sexual misconduct in contravention of Standard 13.5.

Out of Province Practice

Q: If permitted by another jurisdiction to provide a service within that jurisdiction, would our professional liability insurance policy cover those services?

A: Members must be insured for any professional activity undertaken. The College cannot speak on behalf of a member's liability insurer. This is a question that a member must ask the insurer directly.

COVID-19

Some questions asked by members related to practicing in the context of COVID-19. In many cases, these questions are identical or very similar to those answered in the article *Information from the Practice Advice Service* published elsewhere in this issue of *HeadLines*.

SELF-CARE FOR PROFESSIONALS

Stressors Related to the College

Q: A few members asked questions about self-care in the face of stressors associated with College positions and programs, including the issue of title, investigations and quality assurance requirements.

A: It is an inescapable reality that decisions and programs of a regulatory body may cause distress to members involved in these College processes. We encourage members to address their concerns directly with the staff and Council of the College. While we do not wish to introduce stressors, the impact of carrying out the College's mandate to serve and protect the public interest can cause distress for some individuals.

The Seminar was not intended as a vehicle to challenge or address College decisions or programs. Those who experience significant distress regarding these have a

duty to themselves, others in their personal lives, their clients and their colleagues to obtain appropriate support from those in the best position to assist them.

Behaviour with Colleagues

Q: The Canadian Code of Ethics for Psychologists requires members to act collegially to each other, but no such precisely worded requirement appears in the College's Standards of Professional Conduct. Does this mean that the College does not require collegial behaviour between members?

A: The College has adopted the Canadian Code of Ethics for Psychologists, under College *By-law 16: Codes of Ethics and Practice for Members*. At least every second year, members are required to attest to their sufficient familiarity with requirements of that Code when completing the Self-Assessment Guide within the Quality Assurance Program.

As you may know, the Code of Ethics is largely an aspirational document. When problems do occur and complaints against members are considered by the College, more specifically prescriptive requirements can be found in the *Standards of Professional Conduct, 2017* and/or the *Professional Misconduct Regulation (O.Reg. 801/93).*

With respect to the issue you have raised for example, some instances of non-collegial behaviour could be addressed by the following Standard:

14.2 Other Forms of Abuse and Harassment
A member must not engage in any verbal or physical behaviour of a demeaning, harassing or abusive nature in any professional context.

or under the *Professional Misconduct Regulation (O.Reg. 801/93),* which states that the following is an act of Professional Misconduct:

34. Engaging in conduct or performing an act, in the course of practising the profession, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

Impact of Self-Care on Clients

Q: Is there empirical evidence that offering psychotherapy to other psychologists enhances treatment outcomes for that psychologist, or enhances outcome for the psychologist, even where there is no evidence of mental illness?

A: The research to address this question would require:

1. a group of psychologists who are seeking psychotherapy because of any one of a number of concerns;
2. assessment of their clinical outcomes/effectiveness prior to treatment;
3. provision of treatment;
4. assessment of clinical outcomes/effectiveness after treatment (which would require the consent of their clients, unless using only aggregate data summarizing the outcomes);
5. usage of similar measures of the psychologists' clinical outcomes and comparable cases in terms of presenting complaints, caseloads, etc.

While the availability of any such studies is unknown, the following article may be helpful:

Kleespies, P.M., Van Orden, K.A., Bongar, B., Bridgeman, D., Bufka, LF., Galper, D.I., Hillbrand, M. (2011). Psychologists Suicide: Incidence, Impact, and Suggestions for Prevention, Intervention, and Postvention. *Professional Psychology*: R*esearch and Practice*, 42(3), 244-251.

One of the issues addressed in this article is the impact of psychologist suicide on colleagues and patients. This is not exactly on point with respect to the question, but it does address the negative consequences of psychologist maladjustment on patients.

Taking a more general perspective, there is ample evidence – not necessarily specific to our profession – that indicates that when an individual's functioning is compromised so is their performance and, when the maladjustment

is addressed, performance improves and often returns to at least baseline. In fact, that is one of the criteria for DSM diagnoses (i.e., the condition or symptoms having contributed to impaired social, occupation, or interpersonal functioning).

COUNCIL HIGHLIGHTS – SEPTEMBER 25, 2020

Council met virtually on September 25, 2020. The information provided to members of Council for their discussion in anticipation of their deliberations and decision-making at Council meetings is posted on the homepage of College website a week in advance of the meeting. Following the meeting, information is archived in the Council Meeting Materials Reference Library in the website.

POLICY ISSUES

Policies

Council approved revisions to the following policy:

- *Policy II-I(i) Executive Committee: Terms of Reference/ Role*

This change authorized the Executive to undertake the recruitment of members for College Committees and the development of Council training; roles previously undertaken by the now abolished Nominations and Leadership Development Committee.

Council Rescinded the following Policy:

- *Policy II 9(i) Nominations and Leadership Development Committee: Terms of Reference/Role*

Rescinding this policy results in the disbanding of this non-statutory Committee. As noted above, its functions are now incorporated into the role of the Executive Committee.

Council approved the following new policy:

- *Policy II - 3(vi) – Requests for Removal of Information from the Public Register*

This policy sets out the process and criteria to be considered by the Registrar if the event of a request to have information, related to dispositions of the Inquiries, Complaints and Reports Committee, removed from the public register.

Support Service

Council approved the establishment of a support service to individuals who been the subject of sexual abuse or sexual misconduct by a member of the College. This service is designed to assist them in their involvement in the College complaints and discipline processes.

Actions taken by the Executive Committee and Reported to Council

Prior to the September Council meeting, the Executive Committee approved contracting with Yardstick Assessment Strategies (YAS) to transition the Jurisprudence and Ethics Examination (JEE) from the current paper and pencil format to a live proctored, online administration. The first administration will be in November 2020. Due to the time sensitive nature of this matter, it was necessary for the Executive Committee to make this decision on behalf of the College Council during the summer.

BUSINESS ISSUES

Annual Financial Audit

Council received and approved the annual Audited Financial Statements for the fiscal year ending May 31, 2020. A Summary of the Audited Financial Statements can be found in this issue of *HeadLines* and the full Audited Financial Statements will be included in the 2019-2020 Annual Report.

Other Business

The next meeting of Council will be held on December 11, 2020.

ANNOUNCING THE LAUNCH OF OUR NEW SOCIAL MEDIA PROFILES

We're excited to announce that in addition to our new website, the College launched three new social media profiles on Facebook, LinkedIn, and Twitter! We plan to share information and updates regularly, including news, important events and dates and more. We encourage the public and members of the College to connect with us on these new platforms.

Please take a moment and visit our pages. Once there, click "Like" or "Follow". We look forward to bringing you timely, important and interesting information and keeping in touch.

Usage Guidelines
Please keep the following principles in mind when posting and commenting on the College's social media channels:

Professional – Engage in a professional and respectful manner with the College and your peers. Remember that your social media activity and behaviour reflects on you and your professional integrity.

Ethical – Be an ethical social media user. Respect confidentiality and do not, under any circumstances, share confidential information about a patient/client, case, employer or colleague. Do not discuss complaints and discipline matters (past or present).

Accountable – Be accountable for your social media use and knowledge. When using a social media platform, such as Facebook, familiarize yourself with its user agreement, privacy policy and settings, and terms and conditions.

We recommend you review the College's Social Media Terms of Use.

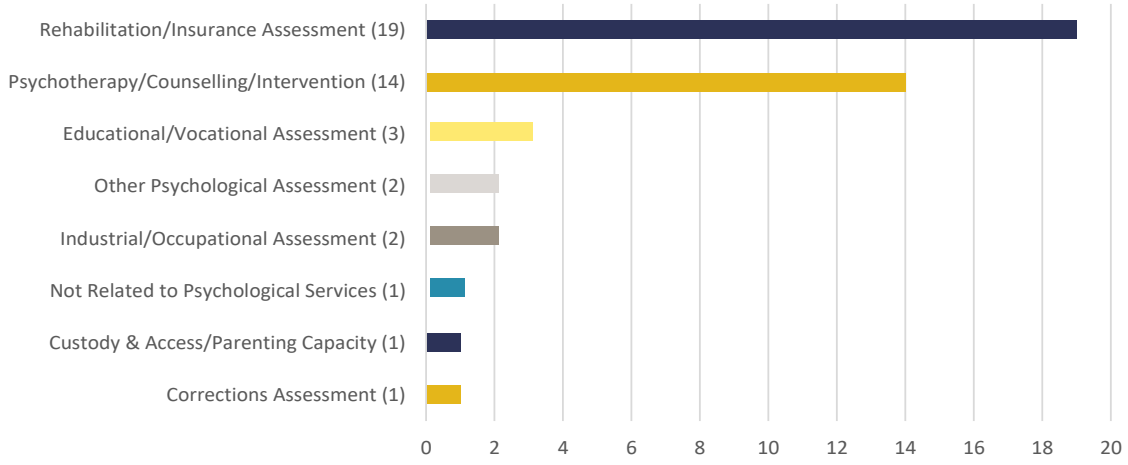
Join us on Facebook **Join us on LinkedIn** **Join us on Twitter**

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

FIRST QUARTER, JUNE 1, 2020 – AUGUST 31, 2020

New Complaints and Reports

In the 1st Quarter, the College received 42 new complaints and opened one Registrar's Investigation, for a total of 43 new matters. The nature of service in relation to these matters is as follows: :

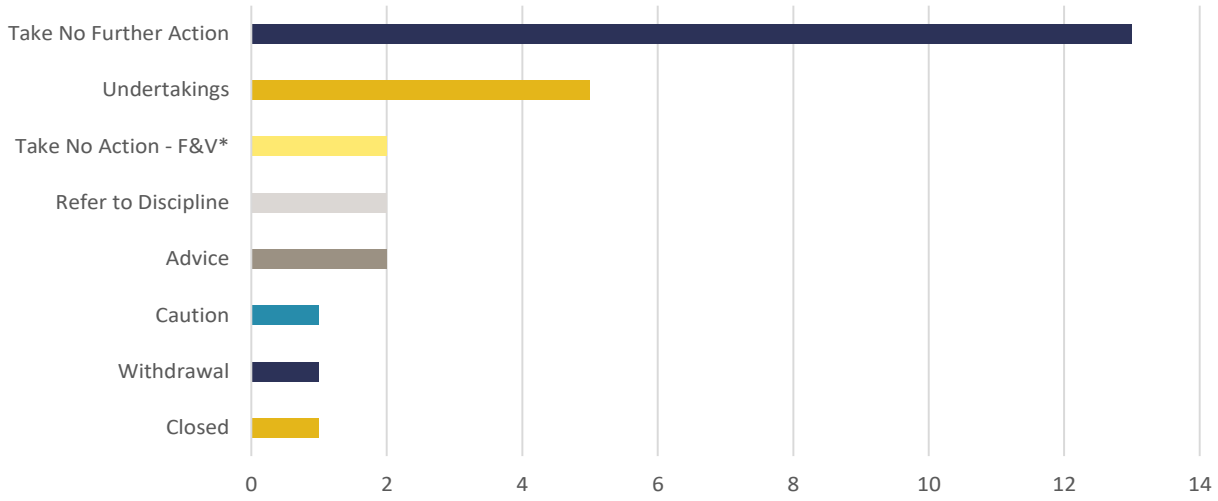


ICRC Meetings

The ICRC met on July 15, July 21, July 22 and August 19, 2020 to consider a total of 40 cases. The ICRC also held 25 teleconferences to consider 43 cases. The next meeting is scheduled for September 17, 2020, where 9 cases are scheduled to be discussed.

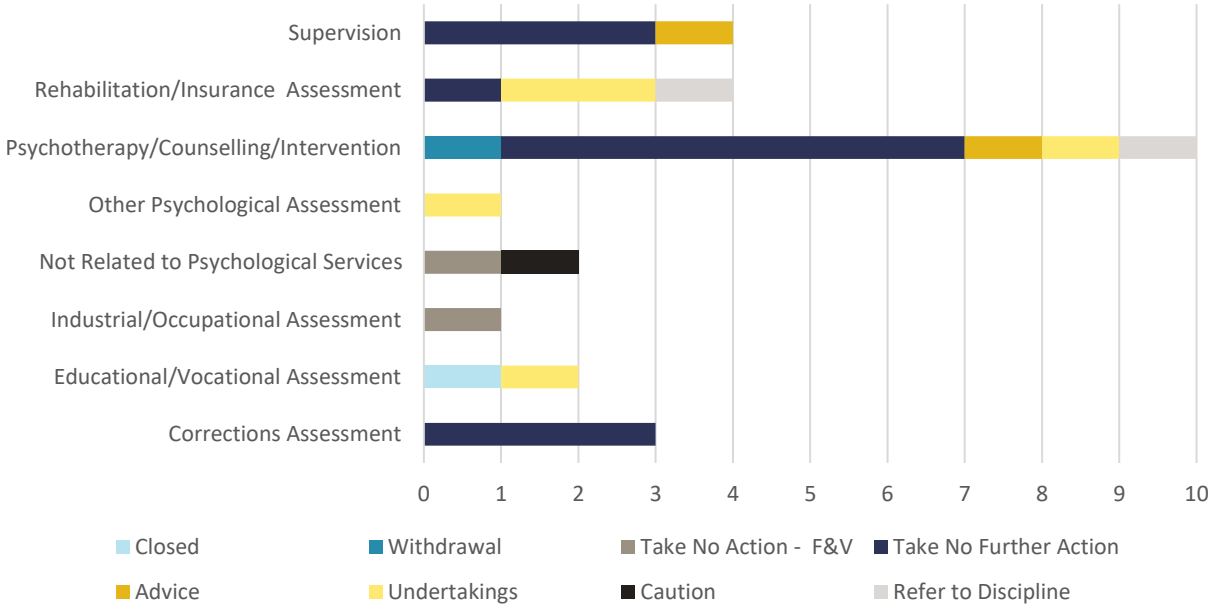
ICRC DISPOSITIONS

The ICRC disposed of 27 cases during the first quarter, as follows:



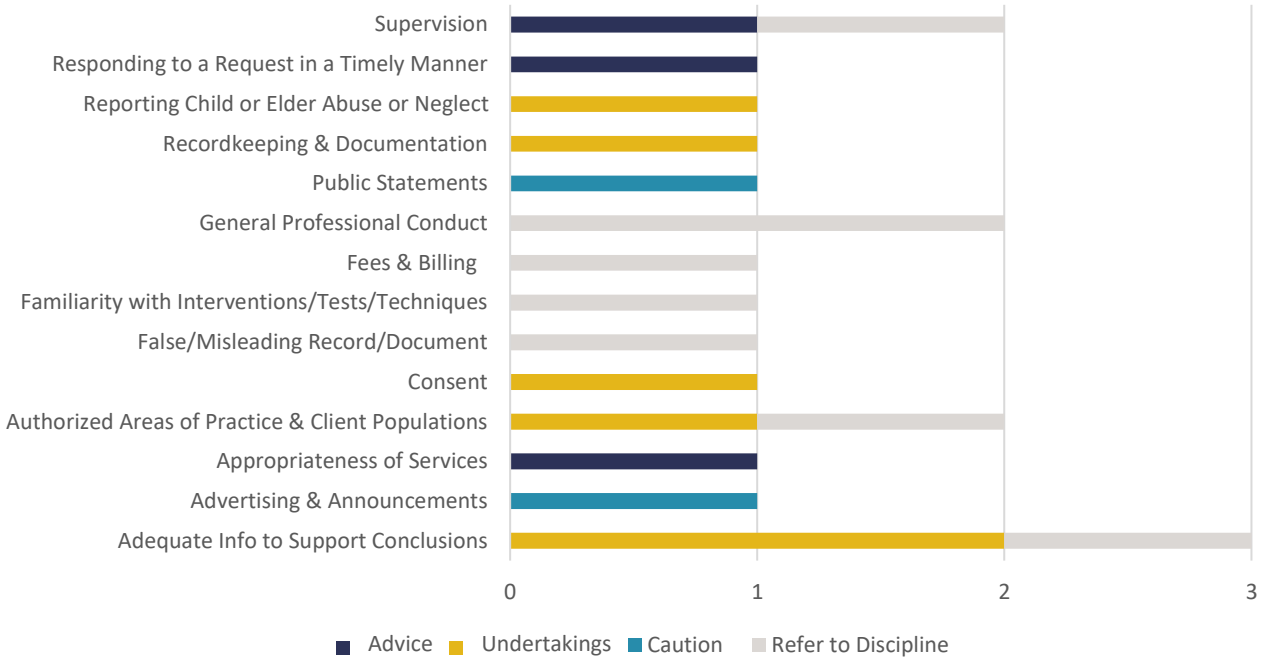
*F&V: Frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process, pursuant to s.26(4) of the Health Professions Procedural Code.

The dispositions of these 27 cases, as they relate to nature of service, are as follows:



Disposition of Allegations

The 27 cases disposed of included the consideration of 69 allegations. The ICRC took some remedial action with respect to 19, or 28%, of these allegations.



Health Professions Appeal and Review Board (HPARB)

In the first quarter, two HPARB reviews of ICRC decisions were requested. The College did not receive any HPARB desisions regarding ICRC decisions.

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE (ICRC) DECISIONS

The following are summaries of three decisions of the Inquiries, Complaints and Reports Committee reflecting three different dispositions. They are provided for educational purposes. Information in these summaries has been altered to protect the privacy of both members and complainants, and to protect the confidentiality of the investigation process. The relevant substance of the allegations and outcomes remain unchanged.

SUPERVISEE SELF-REPRESENTATION: DECISION – *ADVICE TO MEMBER*

The College received a complaint about a member's conduct with respect to public statements made by the member's supervisee. Specifically, this supervisee stated on her website that she was a Psychologist. This supervisee was not, in fact, a member of the College.

The panel of the ICRC considering this matter noted that the member did not appear to be aware of his supervisee's online statements. The panel further noted that when this information was brought to the member's attention, he addressed the issue in a timely manner and the inaccurate website information was corrected. The Panel also believed however, that the presence of inaccurate information regarding a supervisee's professional status poses some risks to the public. In particular, the panel believed that inaccurate information could lead to misconceptions regarding the scope of services a supervisee can provide, as well as misunderstanding of the roles and duties of the supervisor. The panel therefore, decided to provide the member with *Advice* in this regard.

THE MEMBER'S ROLE IN AN ASSESSMENT: DECISION – *TAKE NO FURTHER ACTION*

A client complained that a member's report was inaccurate because the member did not indicate that most of the assessment was, in fact, conducted by an associate. The client stated that she only met with the member for half an hour.

The panel of the ICRC considering this matter did not believe that the member's conduct posed a risk to the public. The panel noted that there was no disagreement between the member and the client with respect to the time they spent together. Furthermore, there was no indication or implication in the report that the member had conducted the entire interview or administered all the tests personally. The panel therefore decided to *Take No Further Action* with respect to the complaint.

INADEQUATE INFORMATION TO SUPPORT CONCLUSIONS: DECISION - *ACKNOWLEDGEMENT & UNDERTAKING*

The College received a complaint from an individual who underwent a psychological assessment at an insurer's request. The client alleged that, for various reasons, the assessment was inadequate, and the conclusions were not based upon current, reliable, adequate and appropriate information.

The panel of the ICRC considering this matter noted that there were several issues with the report that posed moderate to high risks to the public. The panel believed that the tests the member chose to administer did not give an accurate picture of the client's functioning. The panel also noted an apparent disconnect between the diagnoses made and the member's recommendations. The panel was concerned that an inadequate assessment could negatively affect the client's psychological health and well-being, as well as their future access to health services, entitlement to benefits, and overall standard of living. The panel therefore determined that an *Acknowledgement and Undertaking*, which included a coaching program to address and remediate these concerns, would be appropriate.

DISCIPLINE COMMITTEE

FIRST QUARTER, JUNE 1, 2020 – AUGUST 31, 2020

REFERRALS TO DISCIPLINE

Two referrals were made to the Discipline Committee in the 1st quarter:

1. DR. DARREN SCHMIDT

A referral was made to the Discipline Committee on July 14, 2020. At issue are allegations of professional misconduct in that Dr. Schmidt:

- Failed to maintain the standards of the profession contrary to section 1, paragraph 2 of the Professional Misconduct Regulation (O.Reg.801/93), made under the *Psychology Act, 1991,* S.O. 1991, c. 38. In particular, Dr. Schmidt failed to maintain *Standards:*
  - 2.1 (General Conduct);
  - 10.2 (Familiarity with Tests and Techniques); and
  - 10.3 (Rendering Opinions);
- Created a false, misleading, or improper record contrary to section 1, paragraph 20 of the Professional Misconduct Regulation (O.Reg.801/93); and
- Engaged in conduct or performed an act, in the course of practising the profession, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, or unprofessional, contrary to section 1, paragraph 34 of the Professional Misconduct Regulation (O.Reg. 801/93).

This matter is currently at the pre-hearing conference stage.

2. DR. MARTIN ROVERS

A referral was made to the Discipline Committee on June 29, 2020. At issue are allegations of professional misconduct in that Dr. Rovers:

- Failed to maintain the standards of the profession contrary to subsection 1(2) of the Professional Misconduct Regulation (O.Reg. 801/93), made under the *Psychology Act, 1991,* S.O. 1991, c. 38. In particular, Dr. Rovers failed to maintain *Standards*:
  - 2.1 (General Conduct);
  - 3.1.1 (Meeting Client Needs);
  - 4.1.1(1), (3) and (8) (Supervision); and
  - 5.1 (Competence);
- Failed to supervise adequately a person who was under his professional responsibility and who was providing a psychological service, contrary to subsection 1(5) of the Professional Misconduct Regulation (O.Reg. 801/93);
- Submitted an account or charge for services that he knew or ought to have known was false or misleading, contrary to subsection 1(23) of the Professional Misconduct Regulation (O.Reg. 801/93); and
- Engaged in conduct or performed an act, in the course of practising the profession, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, or unprofessional, contrary to subsection 1(34) of the Professional Misconduct Regulation (O.Reg. 801/93).

This matter is currently at the pre-hearing conference stage.

HEARINGS

1. **DR. OREN AMITAY**

A Hearing was held on August 24, 2020. The Discipline Committee panel made findings of professional misconduct with respect to Dr. Amitay's failure to adhere to a Specified Continuing Education or Remediation Program (SCERP) ordered by the Inquiries, Complaints and Reports Committee (ICRC). The panel found that Dr. Amitay engaged in conduct or performed an act, in the course of practising the profession, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional, contrary to section 1, paragraph 34 of the Professional Misconduct Regulation (O.Reg. 801/93).

The panel imposed an Order, which included a reprimand by video conference, and that Dr. Amitay successfully complete the SCERP as ordered by the ICRC on December 23, 2015. The panel also ordered that Dr. Amitay complete a one-on-one course on governability and the role of members of a self-governing profession. Finally, the panel ordered Dr. Amitay to pay Discipline hearing costs in the amount of $3500 within 30 days of the Discipline Committee's order.

1. **DR. MARGARET PEGGI LISWOOD**

A Hearing was held on August 24, 2020. The Discipline Committee made findings of professional misconduct in that Dr. Liswood breached professional boundaries and engaged in a personal and sexual relationship with a former patient. The panel found that Dr. Liswood failed to maintain the standards of the profession, contrary to subsection 1(2) of the Professional Misconduct Regulation (O.Reg. 801/93) made under the *Psychology Act, 1991*. In particular, Dr. Liswood failed to maintain *Standards of Professional Conduct* (December 2, 1995, Reprinted July 2002):

- 1.1 and 1.5 (General Conduct); and
- 12.5 (Relations with Current or Former Clients).

The panel also found that Dr. Liswood engaged in conduct or performed an act, in the course of practising the profession, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional, contrary to section 1, paragraph 34 of the Professional Misconduct Regulation (O.Reg. 801/93).

The panel imposed an Order, which included a reprimand by video conference and suspending Dr. Liswood's Certificate of Registration for a period of 12 months. This suspension would take effect should Dr. Liswood successfully re-apply for a Certificate of Registration. Dr. Liswood is a former member of the College as she has resigned her membership. The panel also ordered that, should Dr. Liswood's Certificate of Registration be reinstated, she must successfully complete the PROBE Course with an unconditional pass, and successfully complete the PROBE Plus course. Finally, the panel order Dr. Liswood to pay Discipline hearing costs in the amount of $3500 within 30 days of the order.

ONGOING MATTERS

DR. ERIC ROAT

This matter is at the pre-hearing stage.

The Registrar referred an application for reinstatement to the Discipline Committee on March 27, 2019.

A hearing has not yet been scheduled for this matter.

CHANGES TO THE REGISTER

CERTIFICATES OF REGISTRATION

The College would like to congratulate those **Psychologist** and **Psychological Associate** members who have received Certificates of Registration since July 2020.

Psychologists - Certificate of Registration Authorizing Autonomous Practice

Carol Anne Susan Austin
Alane G. Berdowski
Stéphanie Camille Boyer
Eva Cohen
Timothy Russell John Giguere
Tiffany Rayanne Jull
Yana Kleiman
Alison Lindsay Licht
Ashwin Mehra
Cara Michelle Morison
Tejaswee Nandkumar Pathare
Matthew Don Pickard
Ashley Rose Sederoff
Mandy Taylor
Monnica Terwilliger Williams

Psychological Associates - Certificate of Registration Authorizing Autonomous Practice

Elizabeth Marjorie Alexander

Psychologists - Certificate of Registration Authorizing Interim Autonomous Practice

Melisa Arias-Valenzuela
Marie-Eve Bégin Galarneau
Michael Scott Boroughs
Jody Draper Kircher
Heather Drummond
Melanie Elizabeth Fenwick
Mélanie Fox
Patricia Ann Grobe
Viktoria Hicarova
Anna Kazmi
Jessica Kichler
Susanna Konsztowicz
Christian Laplante
Linda Lavoie
Nisha Mehta
Julia Ryan
Reena Sandhu
Gagandeep Shergill
Milena Spasojevic
Lindsey Thomas
Antonietta Vance
Katherine Wilson
Aisha Yorke

Psychological Associates - Certificate of Registration Authorizing Interim Autonomous Practice

No Certificates were issued in this period.

Psychologists - Certificate of Registration Authorizing Supervised Practice

Lisa Nicole Alli
Sarah Blakely-McClure
Kyla Bothwell
Randal Thavinash David
Wade Deamond
Adrijana Krsmanovic
Kathryn Lemieux
Ashley Jessica Malin
Michelle Monette
Dragana Ostojic-Aitkens
Timothy Vaughn Salomons
Sangeeta Arya Tanwar
Anusha Venugopal
Kelly Weegar

Psychological Associates - Certificate of Registration Authorizing Supervised Practice

Alyssa Lyla Baxter
Melissa Bell
Mariya Kochetkova
Christine Moser
Farzaneh Pariman
Raakhee Singh

The College wishes to thank those members who generously provided their time and expertise to act as primary and alternate supervisors for new members issued Certificates Authorizing Autonomous Practice.

Retired

Marc Francois Beaudin
Stephen Mark Bernstein
Raymond Michael Cardey
Laurie Yvonne Costaris
Catherine Franko
Eric Donald (Rick) Gordon
Birgitte Saxtorph Granofsky
Peter A. Hall
Bruce John Evans Hutchison
Linda J Knight
Connie C Kushnir
Rena Joan Lipsey
Elizabeth Kathleen Lynett
Gerald Thomas McFadden
Susan Elizabeth Mockler
Joanne Elaine Rinholm
Malcolm Irving Rose
Harvey Allan Skinner
Stephen Eric Southmayd

Resigned

Christine Mary Douglas
Dmytro Rewilak
Connie Rutherford Valeriote
Rahel Yomani

Deceased

The College has learned with regret of the death of the following members and extend condolences to the family, friends and professional colleagues of:

Martyn Ronald Thomas
Judith-Ann Short
Lynn A Stewart

HILBORN LLP

Report of the Independent Auditor on the Summary Financial Statements

To the Members of Council of College of Psychologists of Ontario

Opinion

The summary financial statements, which comprise the summary statement of financial position as at May 31, 2020, and the summary statement of operations for the year then ended, and related note, are derived from the audited financial statements of The College of Psychologists of Ontario (the "College") for the year ended May 31, 2020.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, on the basis described in the note to the summary financial statements.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements of the College and the auditor's report thereon.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated September 25, 2020.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements on the basis described in the note to the summary financial statements.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements".

Toronto, Ontario
September 25, 2020

Chartered Professional Accountants
Licensed Public Accountants

401 Bay Street · Suite 3100 · P.O. Box 49 · Toronto · ON · CA · M5H 2Y4 · P416-364-1359 · F416-364-9503 · hilbornca.com

COLLEGE OF PSYCHOLOGISTS OF ONTARIO

SUMMARY STATEMENT OF FINANCIAL POSITION

AS AT MAY 31, 2020

		2020		2019
ASSETS				
Current assets				
Cash	**$**	**1,423,773**	$	1,708,910
Prepaid expenses and sundry receivables		**40,838**		54,684
Investments - short term		**6,333,184**		6,834,865
		7,797,795		8,598,459
Investments - long term		**42,272**		43,641
Property and equipment		**146,586**		70,237
	$	**7,986,653**	$	8,712,337
LIABILITIES				
Current liabilities				
Accounts payable and accrued liabilities		**400,684**		290,657
Registration fees received in advance		**2,034,185**		2,842,296
		2,434,869		3,132,953
NET ASSETS				
Invested in property and equipment and intangible assets		**146,586**		70,237
Internally restricted		**4,095,872**		4,173,810
Unrestricted		**1,309,326**		1,335,337
		5,551,784		5,579,384
	$	**7,986,653**	$	8,712,337

SUMMARY STATEMENT OF OPERATIONS

YEAR ENDED MAY 31, 2020

Revenues				
Registration fees	**$**	**3,333,510**	$	3,258,082
Examination fees		**126,146**		137,800
Investment and miscellaneous income		**185,617**		124,697
		3,645,273		3,520,579
Expenses				
Administration		**2,407,354**		2,204,500
Professional services		**180,545**		236,504
Investigations, hearings and resolutions		**305,718**		463,293
Examination and seminar costs		**310,628**		299,907
Governance		**95,463**		99,680
Registration		**97,098**		87,096
Professional organizations		**26,082**		34,293
Communication, education and training		**217,196**		111,051
Quality assurance		**32,789**		36,042
		3,672,873		3,572,366
Deficiency of revenues over expenses for the year	**$**	**(27,600)**	$	(51,787)

NOTE TO SUMMARY FINANCIAL STATEMENTS

YEAR ENDED MAY 31, 2020

Basis of presentation

These summary financial statements have been prepared from the audited financial statements of College of Psychologists of Ontario (the "College") for the year ended May 31, 2020 on a basis that is consistent, in all material respects, with the audited financial statements of the College except that the information presented in respect of changes in net assets and cash flows has not been included and information disclosed in the notes to the financial statements has been reduced.

Complete audited financial statements are available upon request from the office of the Registrar.