

# The e-Bulletin

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO  
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO  
Regulating Psychologists & Psychological Associates

Volume 4, Number 3

October 2013

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### [Reminder- Status Changes](#)

The Registration Regulation allows members with Regular status to request Inactive, Retired or Academic status. The College wishes to remind members that such status changes need to be made 60 days in advance.

[Read more...](#)

### [Changes to the Register June 2013-October 2013](#)

Since June 2013, there have been many changes to the College Register as new Certificates of Registration were issued or members retired or

## [Index of Articles: June 2010 v.1 no.1 - October 2013 v.4 no.3](#)

### [President's Message](#)

As we enter the fall season, the College continues to be busy as we regulate the profession of psychology in Ontario. Although activities are less in the summer they certainly don't stop. The Executive Committee met in early August and some of the other Committees met during the summer as well. A significant activity during the summer was to continue developing the regulation amendments related to Quality Assurance and Registration. After meeting with representatives from the Ministry of Health and Long-Term Care, these were redistributed for stakeholder consultation for a period of 60 days. Minor adjustments have been made to both of the proposed amendments and they are now being resubmitted to the Ministry with the hopes of them being approved and implemented soon.

[Read more...](#)

### [Statutory and Non-Statutory Committees 2012-2013](#)

At meetings of the Executive Committee held on June 21, 2013 and August 1, 2013, appointments to the six statutory committees and one non-statutory committee were made. Each committee is comprised of professional members of Council, public members of Council, and members of the College who do not sit on the Council. The committee composition of the statutory committees is defined in By-law 21: Committee Composition.

[Read more...](#)

### [Shaping Future of Psychology Regulation in Ontario Task Force Report](#)

On March 26, 2010 the College Council discussed the implications of the amended Agreement on Internal Trade, the Ontario Labour Mobility Act, 2009 (OLMA) which came into force on December 15, 2009, and the consequential amendments to the Regulated Health Professions Act, 1991, Procedural Code which also came into effect on December 15, 2009. Subsequently, the Council appointed a task force with the following mandate:

[Read more...](#)

### [Council Highlights](#)

resigned. As well, the College learned, with regret, of the deaths of a number of colleagues.

[View changes...](#)

### [Upcoming Council Meeting Dates](#)

The following dates have been set for Council Meetings:

December 13, 2013  
March 21, 2014  
June 20, 2014

Observers are welcome. Please advise the College of your wish to attend by calling 416-961-8817 or emailing [cpo@cpo.on.ca](mailto:cpo@cpo.on.ca)

#### Quick Links

[College of Psychologists Of Ontario](#)

416-961-8817  
800-489-8388  
[cpo@cpo.on.ca](mailto:cpo@cpo.on.ca)

Highlights of the Council meeting held on June 21, 2013 are now available.

[Read more...](#)

### [Notice of By Election](#)

A by-election for District 3 (Central) has been set for January 16, 2014. Nominations will be received until November 18, 2013. Complete information is available on the website at [By-Election to College Council 2014.](#)

[Read more....](#)

### [Financial Audit](#)

On July 22 to 25, 2013, The College of Psychologists underwent its annual financial audit. The auditors summary is included in this issue.

[Read more...](#)

### [Investigations, Complaints and Reports Committee Activities](#)

Between June 1 and August 31, 2013 the College initiated nine investigations into the conduct, competence and/ or capacity of College members.

[Read More...](#)

[View the Complete Issue Here](#)

## President's Message

As we enter the fall season, the College continues to be busy as we regulate the profession of psychology in Ontario. Although activities are less in the summer they certainly don't stop. The Executive Committee met in early August and some of the other Committees met during the summer as well. A significant activity during the summer was to continue developing the regulation amendments related to Quality Assurance and Registration. After meeting with representatives from the Ministry of Health and Long-Term Care, these were redistributed for stakeholder consultation for a period of 60 days. Minor adjustments have been made to both of the proposed amendments and they are now being resubmitted to the Ministry with the hopes of them being approved and implemented soon.

There is some confusion amongst the membership regarding the Registration Regulation. This regulation has to do with changing Registration Guidelines into regulations so that the College and prospective members have a clearer understanding of expectations of new applicants. This is not the regulation to deal with title and cessation of Masters level registration. Moving that proposed regulation forward will again be discussed by Council once the current two regulations have been approved.

Once the Quality Assurance Regulation is passed, there will be some changes in what is expected of members to ensure they are continuing their professional development. Details on what is expected will be forwarded to members of the College by the Quality Assurance Committee.

The Council met on October 3<sup>rd</sup> and 4<sup>th</sup>. On the 3<sup>rd</sup>, we held a training day and the items on the agenda were presentations and reviews of board governance, strategic planning, and succession planning. On the 4<sup>th</sup>, the quarterly Council meeting was held. Minutes of that meeting will be posted on the website after they've been approved at the next Council meeting in December. Some of the items on the agenda included submitting the regulation amendments for approval by government, the request by eHealth Ontario to provide membership information for their database to facilitate inclusion of members in eHealth, approval of the audited financial statements, reception of a report from the Task Force on Child Custody and Access, and establishment of committees to review supervision guidelines. It was a very busy day.

Now that we are into fall, the activities of the College Committees with their new complement of members are in full swing. It promises to be a very busy fall.

Please note that any questions to me can be directed the President's email address which is [president@cpo.on.ca](mailto:president@cpo.on.ca).

Enjoy the fall!

Robert Gauthier, M.Sc., M.Ed.  
C. Psych. Assoc.  
President

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# Statutory and Non-Statutory Committees 2013-2014

At meetings of the Executive Committee held on June 21, 2013 and August 1, 2013, appointments to the six statutory committees and one non-statutory committee were made. Each committee is comprised of professional members of Council, public members of Council, and members of the College who do not sit on the Council. The committee composition of the statutory committees is defined in [By-law 21: Committee Composition](#).

The appointments made to the following Committees are available in the *About the College* section of the College website or can be accessed at: [College Committees](#)

## **Statutory Committees**

Client Relations Committee  
Discipline Committee  
Executive Committee  
Fitness to Practice Committee  
Registration Committee  
Inquiries, Complaints and Reports Committee (ICRC)  
Quality Assurance Committee

## **Non-Statutory Committee**

Jurisprudence and Ethics Examination Committee

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# Shaping the Future of Psychology Regulation in Ontario Task Force Report

On March 26, 2010 the College Council discussed the implications of the amended Agreement on Internal Trade, the *Ontario Labour Mobility Act, 2009* (OLMA) which came into force on December 15, 2009, and the consequential amendments to the *Regulated Health Professions Act, 1991*, Procedural Code which also came into effect on December 15, 2009. Subsequently, the Council appointed a task force with the following mandate:

- To consider the implications of the amended Agreement on Internal Trade for regulation of the profession of psychology in Ontario
- To consider current issues and trends in psychology regulation, training and employment/human resources needs in Ontario
- To consider issues and trends for regulation of the profession outside of Ontario (for example, issues and trends in psychology regulation and training in other Canadian jurisdictions and possibly in the United States)
- To propose a plan of action that would assist Council in reaching a solution that is appropriate for regulation of the profession in Ontario while meeting our obligations to issue a certificate of registration to an applicant, from another Canadian AIT signatory jurisdiction, who holds a certificate of registration equivalent to a certificate of registration that the College is authorized to issue

The task force met over three years, gathering data, conducting surveys of members, discussing issues and providing reports to Council. On March 22, 2013, the task force provided its final report to the Council. Council considered the report and options provided by the task force. In what follows, you will find the decision of the Council as well as the full report provided by the task force.

## COLLEGE OF PSYCHOLOGISTS OF ONTARIO

**Date:** August 20, 2013

**From:** Dr. Catherine Yarrow, Registrar & Executive Director

**Subject:** Task Force Report - Council Decision and Direction

During the 2012-2013 year, the Task Force on Shaping the Future of Psychology Regulation in Ontario continued its work gathering information and meeting face-to-face and by teleconference. The task force provided its report to Council on March 22, 2013. Members of the task force were:

**Council Members:**

Peter McKegney, Public Member (Chair)  
Milan Pomichalek, Ph.D., C.Psych., President  
Robert Gauthier, M.Sc., M.Ed., C. Psych. Assoc., Vice-President  
Jane Ledingham, Ph.D., C.Psych., Academic Member  
Dr. Ivan McFarlane, Public Member

**Association Representatives:**

Dr. John Service, Executive Director Ontario Psychological Association  
Michael Decaire, M.A., C.Psych. Assoc., President  
Ontario Association of Psychological Associates

**Staff:** Catherine Yarrow, MBA, Ph.D., C.Psych., Registrar & Executive Director  
Rick Morris, Ph.D., C.Psych., Deputy Registrar  
Lesia Mackanyn, Director, Registration

The Executive Committee of the College directed that this cover memo, a brief summary of Council's decision and direction and the full text of the task force report provided to the Council be sent to staff at the Ministry of Health and Long-Term Care and to staff at the Office of the Fairness Commissioner. A copy of these documents was also sent to members of the task force including the two association representatives.

In August 2013, the Executive directed that a link to the task force report be provided in the *e-Bulletin* so that College members might access the report.

### **Council Meeting March 22, 2013**

Report from Task Force on Shaping the Future of Psychology Regulation in Ontario

#### **Council Decision and Direction**

Council considered service needs, training including international training, demographics of profession, number of applicants, emerging national standard.

Council voted unanimously to discontinue master's level registration, grandparent Psychological Associates as Psychologists and develop a mechanism for evaluating internationally trained applicants.

Detailed implementation proposal including timelines to be developed for June 2013 Council meeting:

- Must not disadvantage anyone currently in master's psychology program
- Must consider international models of professional training in psychology

Master's level Psychological Associate registration will continue for now.

Proposed changes require stakeholder consultations.

Can be implemented only if regulatory changes approved by Government.

If approved by Government, implementation would take several years:

- Registering Psychological Associates as Psychologists at proclamation of approved regulatory changes
- Final date for receipt of master's level applications
- Final date for meeting Psychological Associate registration requirements
- Development and implementation of new mechanism for evaluating internationally trained applicants and for permitting further training, if necessary, to achieve equivalent competencies.

## COLLEGE OF PSYCHOLOGISTS OF ONTARIO

**Date:** March 11, 2013  
**To:** Council  
**From:** Task Force on Shaping the Future of Psychology Regulation in Ontario  
**Subject:** **Future of Master's Level Registration – Report to Council**

The task force met by teleconference in January 2013 and in person on March 1, 2013. Task force members reviewed data gathered, the College's mission statement, vision statement and statutory duties, and the mandate and work plan of the task force approved by Council.

After extensive data gathering and discussion, the task force members did not reach consensus but decided to submit two possible options for the future of master's level registration to the Council:

- 1) Change to limited master's level registration and grandparent Psychological Associates as Psychologists.
- 2) Discontinue master's level registration, grandparent Psychological Associates as Psychologists and develop a mechanism for evaluating internationally trained applicants'

### **Preamble: Environment for the Regulation of Psychology in Ontario**

Statutory requirements:

- duty to serve and protect the public interest
- duty to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals
- duty to provide registration practices that are transparent, objective, impartial and fair
- under the AIT, OLMA, the RHPA Code and the Registration Regulation, the College must issue a certificate of registration for a Psychologist to an applicant who holds a certificate of registration as a Psychologist elsewhere in Canada (so long as the permitted scope of practice is the same).

Strategic Direction

- Mission Statement
  - Promoting excellence in the practice of psychology for a changing world

- Vision Statement
  - The College is a model for self-regulation
  - The College protects the public by enforcing standards fairly and effectively
  - The College communicates clearly and effectively with stakeholders, particularly applicants, members and the public
  - The College promotes good practice by supporting and assisting members to meet high standards
  - The College is responsive to changing needs in new and emerging practice areas
  - The College collaborates in shaping the regulatory environment
  - The College promotes the cohesiveness of the profession

#### Mandate of Task Force

- Formulate a recommendation to Council respecting the future of masters level registration in Ontario
- Look at the profession of psychology, now and in the future
- Look at the bylaw on elections to Council

#### Other

- The question of the future of master's level registration relates to first-time applicants
- Training must be in a psychology program

#### Discussion of Options

- 1) **Change to limited master's level registration and grandparent Psychological Associates**
  - a. Discontinue accepting master's level applications for registration as a Psychological Associate as of a fixed date
  - b. Establish a limited class of master's level registration for new applicants
  - c. Register all Psychological Associates as Psychologists on a fixed date, or within a fixed time period.

This option would address the inequity, perceived by Psychological Associates, of master's Psychologists from other Canadian jurisdictions being registered as Psychologists in Ontario. Although master's level psychologists registered elsewhere in Canada would continue to be registered as Psychologists, as of a fixed date all current Psychological Associate members would also be registered as Psychologists.

It would also take into consideration the provincial government's general concern about having sufficient numbers of new providers by continuing to register master's level providers for practice in a specific area in which most master's level providers currently work, according to data from the College's membership database and surveys conducted by the Shaping the Future Task Force. The task force specifically

discussed registering master's level providers specifically to work in the area of school psychology, but with no restriction on practice setting so that these limited registrants might work for a school board or a private school or in a private practice.

This approach recognizes that school psychology is the authorized area of practice for the greatest number of master's level providers currently. It also recognizes that the number of master's level providers employed by school boards is nearly as high as the number of doctoral level providers directly employed by school boards. In addition, it addresses concerns about a sufficient number of qualified providers for work in the school system in the future.

This option would also provide continued registration and practice opportunities for internationally trained master's level applicants.

The College in British Columbia registers only doctoral level applicants as psychologists and has discontinued registering Psychological Associates. The CPBC is currently circulating a proposal to create a limited class of master's level registrants who will be limited to working in the area of school psychology; in addition they must be employed by a school board or work under supervision in a setting other than a school board.

**2) Discontinue master's level registration, grandparent Psychological Associates as Psychologists and develop a mechanism for evaluating internationally trained applicants**

- a. Cease to accept master's level applications as of a set date
- b. Register all Psychological Associates as Psychologists on a fixed date, or within a fixed time period.
- c. Develop a mechanism for evaluating internationally trained applicants' competencies for substantial similarity to a CPA accredited program and remediation as needed, regardless of whether they have obtained a master's degree or a doctoral degree.

This option would address the inequity, perceived by Psychological Associates, of master's Psychologists from other Canadian jurisdictions being registered as Psychologists in Ontario.

It would also take into consideration that there are very few master's programs in Ontario intended to train practitioners at the master's level.

For several years, the number of new master's level applicants was decreasing, particularly those applicants trained in Ontario. The number of new master's level applicants from other Canadian jurisdictions was also decreasing and the number of new master's level applicants from outside of Canada remained consistently low.

(Over the past two years, there has been an increase in both doctoral and master's level applicants, presumably due to the opportunity created by HPARB's overturning decisions based on the current language in the registration regulation. The increase in master's level applicants may also be in response to the College's consideration of closure of master's level registration and of grandparenting of Psychological Associates as Psychologists.)

Since the AIT amendments, there have been an increased number of master's level applicants who are registered as Psychologists elsewhere in Canada. The College would continue to register these master's level applicants as Psychologists. To date, the majority of AIT applicants have come from Quebec and Alberta. (These numbers exclude Ontario Psychological Associates who obtained registration as a Psychologist in another AIT jurisdiction in order to become registered as a Psychologist in Ontario.)

The proposal would preclude the registration of new master's level applicants trained in Canada and the United States where there are many accredited doctoral psychology programs.

The Fairness Commissioner had raised concerns about potentially excluding internationally trained applicants from registration in Ontario as, outside of Canada and the United States, countries are more likely to train for professional practice at the master's level than the doctoral level. Under this option, internationally trained master's level psychologists with substantial training for the practice of psychology would be eligible for registration in Ontario. The College would be authorized to assess their competence and to require additional coursework, training or supervised experience to ensure competence equivalent to that of a graduate of a CPA accredited doctoral program.

This option would be in line with the standard set by the Association of State and Provincial Psychology Boards for the registration of psychologists, the national standard adopted by the Practice Directorate of the Canadian Psychological Association and the Council of Provincial Associations of Psychologists. Most members of the Association of Canadian Psychology Regulatory Organizations have indicated a willingness to work toward a national standard. Currently, five Canadian jurisdictions (ON, BC, MB, QC, and PE) register only doctoral level applicants for practice as psychologists. In addition, the New Brunswick College has amended its Bylaws to register only doctoral level applicants as Psychologists. The Nova Scotia Board has passed a policy motion to do the same thing but has not yet been able to change its regulations. The Psychologists Association of Alberta has also passed a motion endorsing the doctoral standard for the registration of Psychologists. At this time, the College of Alberta Psychologists has not indicated an intention to pursue a change to their current standard of registering Psychologists at the master's level.

## APPENDIX

### Background information

The task force reviewed quantitative and qualitative data gathered from the College's Register and from surveys of members.

#### College Register

After 52 years of the College's registering psychologists and 20 years of registering Psychological Associates, there are currently 2800 practising doctoral level members and 633 practising master's level members. These numbers include first time registrants as well as mobility registrants who were previously registered outside of Ontario.

#### *Members' areas of practice and client populations*

The task force reviewed data on the authorized areas of practice and the client populations of doctoral level members and master's level members (Table 1).

Not surprisingly, there are more doctoral level members in each area of practice; however, the difference is greatest with respect to the areas of clinical and counseling psychology (Figure 1). As one might expect, there are also more doctoral level members working with each of the client populations; however, the difference is greatest with respect to the numbers of doctoral level members working with adults, adolescents, children and families compared to master's level members (Figure 2).

Looking at percentages of doctoral and master's level members practicing in the various areas, the numbers look more similar with two notable exceptions (Figure 3). A substantially higher percentage of doctoral level members practice in the area of clinical psychology (82%) compared to master's level members (44%). A higher percentage of master's level members work in the area of school psychology (55%) compared to doctoral level members (19%), although in absolute numbers there are more doctoral level members (543) than master's level members (351) working in the area of school psychology.

With respect to percentages of doctoral and master's level members working with the various client groups, the numbers also look similar (Figure 4). Although a substantial percentage of both groups work with children, adolescents and adults, a higher percentage of doctoral level members work with adults (82% vs. 61%) and a higher percentage of master's level members work with children (70% vs. 48%). As noted above, in absolute numbers there are more doctoral level members working with all of the various client groups.

#### *Members' Practice Settings*

**Table 1.**

Regular Status Members: Authorized Areas of Practice and Client Populations - February 25, 2013  
 Autonomous, Supervised, Interim Autonomous

Total number of members 3433	Master's Level Members		Doctoral Level Members	
	633		2800	
Areas of Practice	Number Master's	% of Master's Members	Number Doctoral	% of Doctoral Members
Clinical Neuropsychology	16	2.53%	326	11.64%
Clinical Psychology	281	44.39%	2296	82.00%
Counselling Psychology	234	36.97%	1375	49.11%
Forensic/Correctional Psychology	35	5.53%	270	9.64%
Health Psychology	12	1.90%	370	13.21%
Industrial/Organizational Psychology	7	1.11%	93	3.32%
Rehabilitation Psychology	39	6.16%	429	15.32%
School Psychology	351	55.45%	543	19.39%
Client Population	Master's	% of Master's Members	Doctoral	% of Doctoral Members
Adolescents	482	76.15%	1691	60.39%
Adults	383	60.51%	2305	82.32%
Children	440	69.51%	1346	48.07%
Couples	75	11.85%	626	22.36%
Families	199	31.44%	1030	36.79%
Organizations	36	5.69%	244	8.71%
Seniors	32	5.06%	307	10.96%

Figure 1.

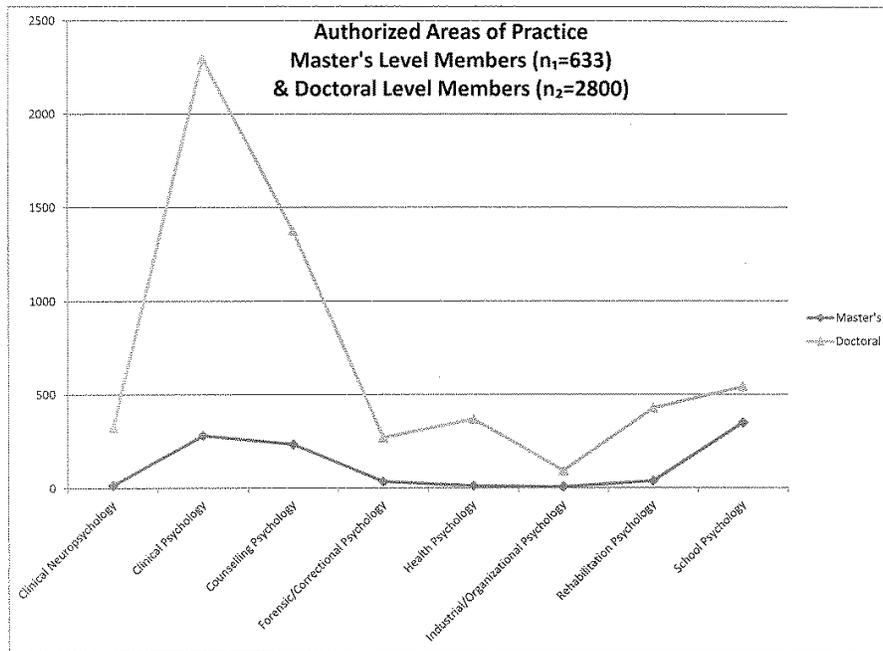


Figure 2.

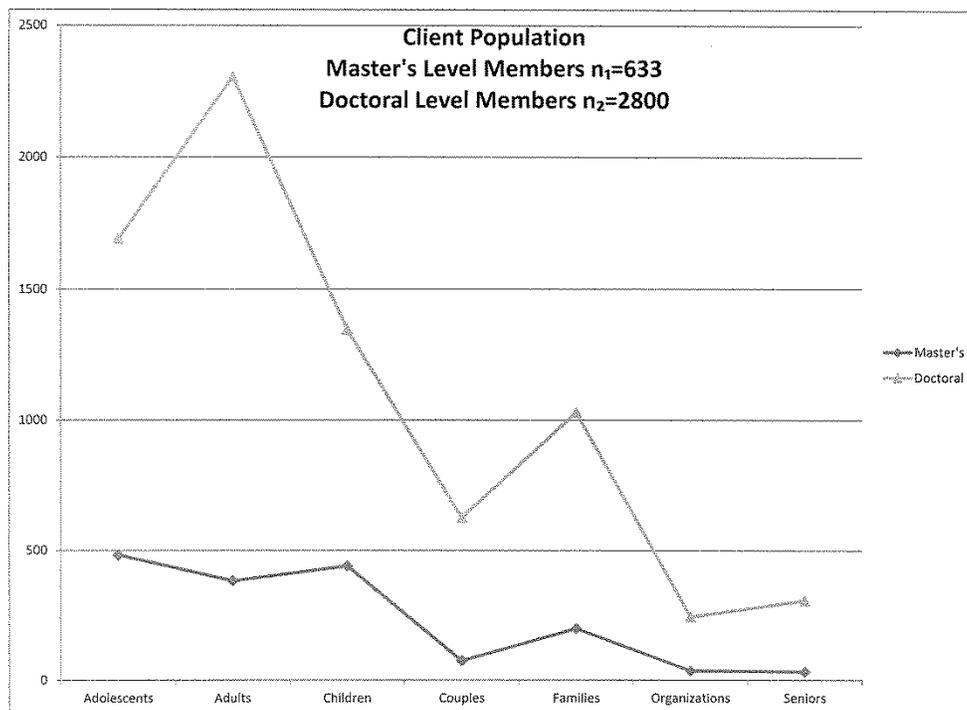


Figure 3.

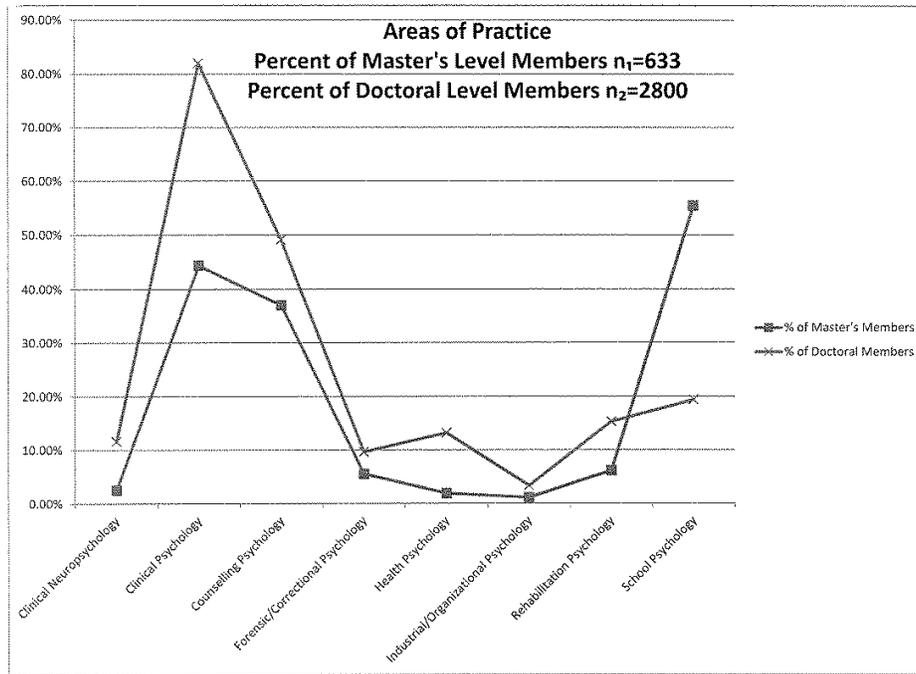
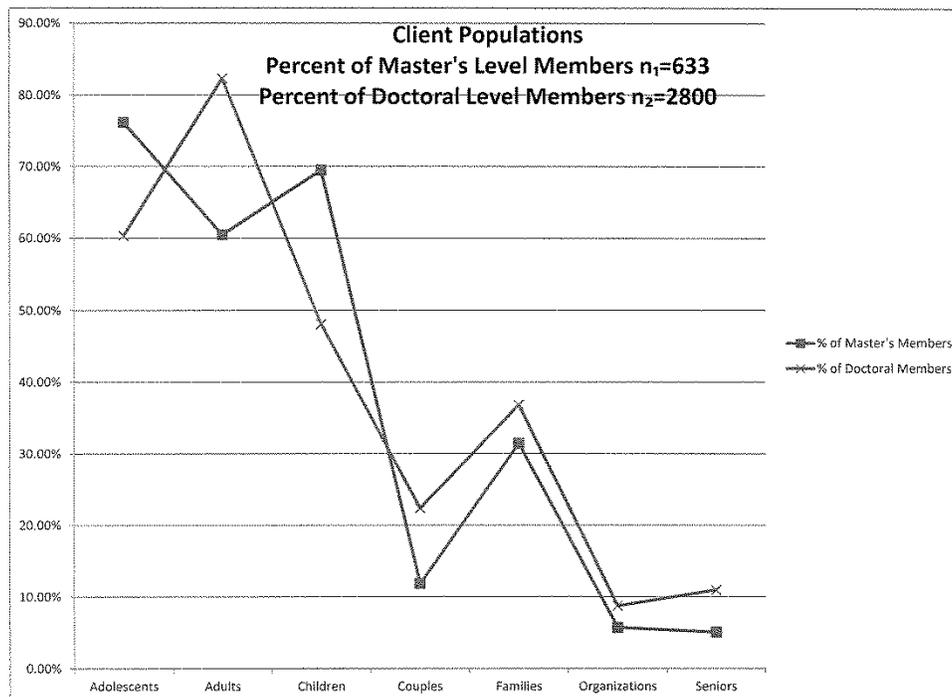


Figure 4.



Among doctoral level members, the greatest number work in solo practice offices. In descending order the next most frequent practice settings among doctoral level members are hospitals, group practices, post-secondary educational institutions, and the school system/school boards, followed by mental health and addiction facilities and child treatment centres (Table 2 and Figure 5).

Among master's level members, the greatest number work in the school system/school boards followed by solo practice offices and group practice offices.

A significantly higher number of doctoral level members work in a solo practice office compared to master's level members. Just a few more doctoral level members work in the school system/school boards compared to masters level members (303 to 286, a difference of 17). Put another way, of all of the members working in the school system/school boards, 51% are doctoral level members and 49% are master's level members. Although there are approximately equal numbers of the doctoral level members and master's level members working in the school system, there are more doctoral level members authorized to practice school psychology than there are master's level members. Although there are 543 doctoral level members authorized to practice in the area of school psychology, only 303 report working in the school system. It is possible that the others who are authorized to practice in the area of school psychology are working in private practice or in agencies serving children and their families.

Of the 351 master's level members authorized to practice in the area of school psychology, 303 work in the school system. It is possible that the remaining 48 master's level members who are authorized to practice in the area of school psychology work in private practice or in agencies serving children.

### Survey Data: Challenges Faced in Specific Practice Settings

#### *School system*

In a survey of Chiefs of Psychology in Ontario school boards, 25 psychology chiefs responded. Mid-sized boards (50,000 to 100,000 students) reported more psychology providers per student than either the smaller or larger boards. While a majority of boards have both Psychologists and Psychological Associates on staff, two reported having only Psychologists and five reported having only Psychological Associates. All Boards except one use non-regulated providers in some form or another. These may be individuals working toward registration as Psychological Associates, psychometrists, graduate student placements, etc. Supervision is consistently provided by a member of the College – often the Chief. Seven boards contract out some of their psychological work.

When asked whether there was a difference in role between Psychologists and Psychological Associates, 14 boards reported no difference. Among the eight boards where a difference in role was reported, it was reported that Psychologists tended to

**Table 2.**

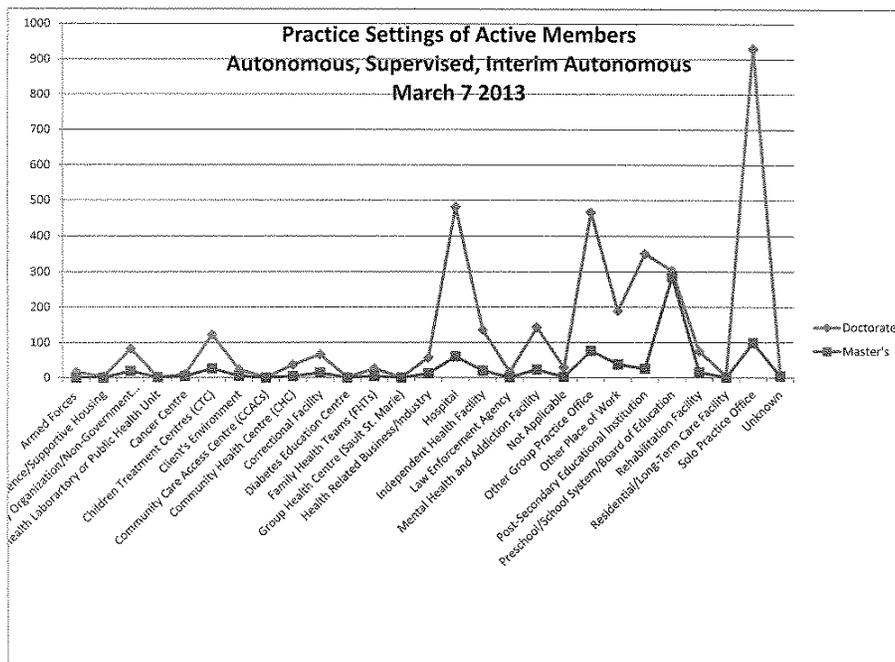
**College of Psychologists of Ontario  
Practice Setting by Degree**

March 7, 2013

All current members (AP, SP and IAP) with Regular status only

Practice setting	Doctorate	Master's
Armed Forces	16	0
Assisted Living Residence/Supportive Housing	3	0
Association/Government/Regulatory Organization/Non-Government Organization	83	19
Board of Health or Public Health Laboratory or Public Health Unit	1	1
Cancer Centre	9	4
Children Treatment Centres (CTC)	123	26
Client's Environment	23	5
Community Care Access Centre (CCACs)	1	0
Community Health Centre (CHC)	37	4
Correctional Facility	66	14
Diabetes Education Centre	1	0
Family Health Teams (FHTs)	26	4
Group Health Centre (Sault St. Marie)	1	0
Health Related Business/Industry	57	12
Hospital	482	60
Independent Health Facility	136	20
Law Enforcement Agency	16	1
Mental Health and Addiction Facility	143	23
Not Applicable	29	2
Other Group Practice Office	467	76
Other Place of Work	189	38
Post-Secondary Educational Institution	351	26
Preschool/School System/Board of Education	303	286
Rehabilitation Facility	75	16
Residential/Long-Term Care Facility	6	1
Solo Practice Office	930	99
Unknown	8	5

**Figure 5.**



handle more complex cases, risk assessments and research initiatives. More psychologists were involved in counselling or interventions and undertook more clinical and administrative supervision and training. In one board Psychological Associates work at elementary school level only and in one case the Board requires that the Chief be a Psychologist.

With respect to any difference in role based on holding a doctoral degree or a master's degree, 16 boards reported no difference and seven reported a difference in role. One Board requires the Chief to have a Doctorate and some differences were reported with regard to research or administrative and clinical supervision.

Many boards reported difficulties in finding qualified staff and 15 boards reported staff shortages. Most applicants are either not yet registered with the College or not eligible for registration. As such, most applicants require supervision.

Some boards reported providing a full range of psychological services (assessment, intervention, training, research, risk assessment, etc.) while others reported a more limited role for example psychoeducational assessments and counselling. Several respondents anticipate increased demand for psychological services, with a focus on increased prevention, managing more complex mental health issues and research.

#### *Family Health Teams, Hospitals, Private Practice*

The task force also surveyed members whose primary practice setting was in a family health team, hospital or private practice. Completed surveys were received from 458 members, 15 practising in a family health team, 155 practising in a hospital setting and 293 in private practice (Table 3; Figure 6). Among the respondents, 74 (16%) were registered on the basis of a master's degree and 386 (84%) were registered on the basis of a doctorate. Respondents practiced their profession with diverse client groups, and the majority provided services to more than one group. Overall, there were no significant differences in the proportions of practice areas or client groups between practitioners with master's degrees and those with doctorate degrees

Of 15 respondents who indicated that their primary practice setting was in a family health team, all were doctoral level members. These respondents were predominantly authorized to practice clinical and/or counseling psychology with adults (Figures 7 and 8). Other psychology providers in the same setting included up to four regulated psychology professionals with a doctorate and up to 10 unregulated providers. One respondent reported having a registered master's level psychology colleague.

Respondents provided information regarding the current as well as future challenges in their setting. The major challenges reported among those who practiced in family health teams were the lack of health care funds in general, lack of service providers - particularly specialists for specific or high-need populations, and the large volume of patients/ratio of requests over ability to provide services. In addition, they were

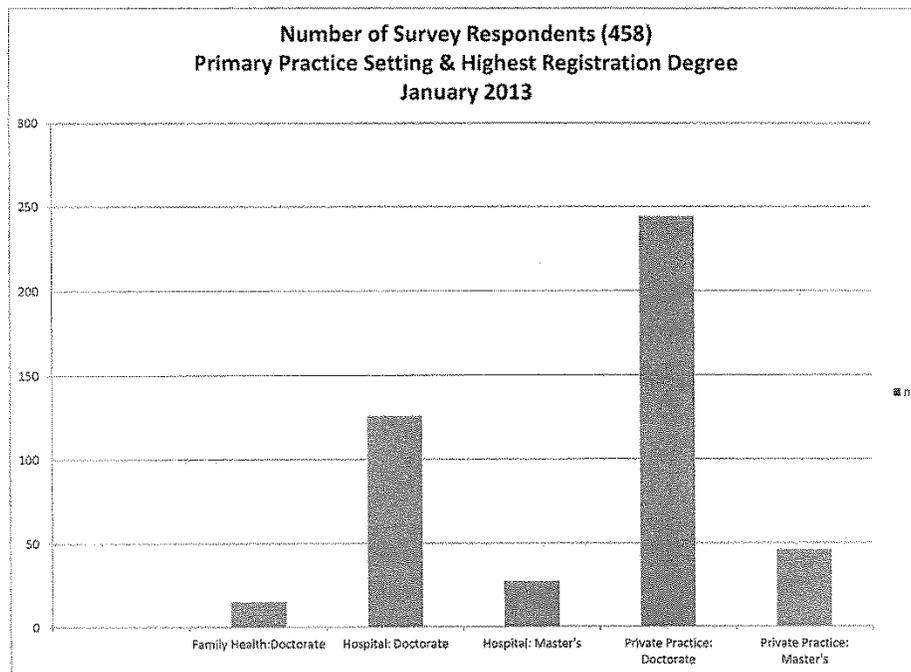
**Table 3.**

Members with Primary Practice Setting in Family Health Teams, Hospitals and Private Practice

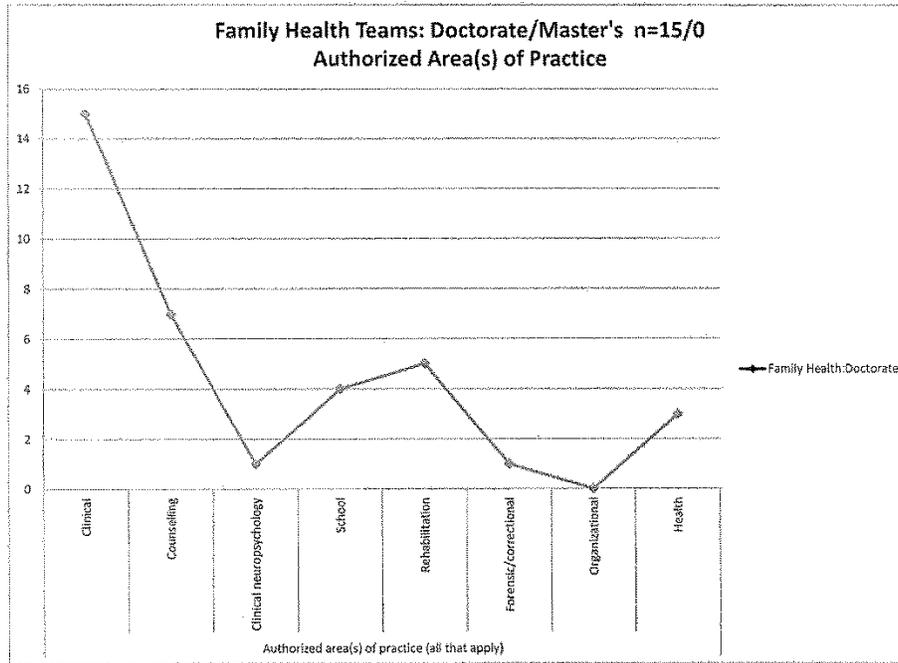
		FHT: Doctorate	Hospital: Doctorate	Hospital: Master's	Priv Pract: Doctorate	Priv Pract: Masters
	n	15	126	27	244	46
3) Practice Areas	Clinical	15	108	24	211	29
	Counselling	7	25	9	137	33
	Clin Neuro	1	37	5	22	0
	School	4	3	3	43	14
	Rehab	5	16	1	44	4
	For/Correct	1	5	1	15	2
	Organiz'l	0	0	1	10	0
	Health	3	22	2	38	5
4) Client Groups	Children	6	46	8	102	29
	Adolescents	8	57	13	151	37
	Adults	14	84	18	221	35
	Elderly	5	39	5	62	7
	Families	5	34	7	74	21
	Couples	5	4	3	95	13
	Organizations	0	4	1	23	2

FHT = Family Health Team

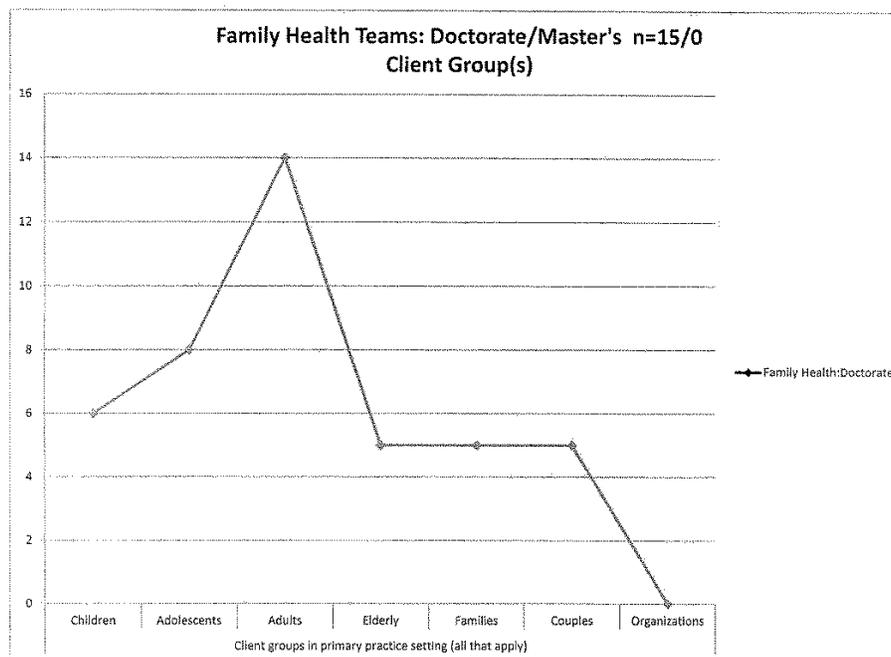
**Figure 6.**



**Figure 7.**



**Figure 8.**



concerned with issues regarding qualification in the profession and the unclear mandate as to what services to provide beyond assessments.

Looking to the future, practitioners in family health teams foresaw challenges pertaining to limited assessment time and resources, and the reduction of funding in combination with an increase in referrals and high demand for services.

### *Hospitals*

Of 153 respondents who indicated that their primary practice setting was in a hospital, 126 had a doctoral degree and 27 had a master's degree. Most of their psychology colleagues were registered doctoral level providers and unregulated providers. A smaller proportion were regulated master's level providers.

The doctoral level providers were predominantly authorized to practice clinical psychology followed by clinical neuropsychology and health psychology, mainly with adults although many were authorized to provide services to adolescents, children, the elderly and families. There were substantially fewer master's level providers, most of whom were authorized to practice clinical psychology with adults. (See Figures 9 and 10.) Respondents indicated that there were up to 50 psychology practitioners with a doctoral degree in their setting and up to 20 psychology practitioners with a master's degree. In addition, there were up to 50 unregulated providers in their setting.

Among practitioners in hospital settings, the primary challenges referred to the lack of service providers, the long wait lists to enter treatment or programs, and the large volume of patients. They also reported that time limits are a significant challenge, particularly in terms of the duration of short-term therapies, providing therapy in the evening, and other time restrictions due to patients' lack of insurance coverage. In addition, they were concerned with the practice of psychotherapy by unregulated or unqualified staff (other health professionals), the lack of neuropsychologists and access to psychiatrists, as well as the short duration or inadequate assessments.

For the future, practitioners in hospital settings were concerned with reduced funding resulting in fewer staff positions and treatment programs.

### *Private Practice*

Of the 290 respondents who indicated private practice as their primary work setting, 244 reported having a doctorate and 46 had a master's degree. For those who worked in a private practice with other providers, they reported that their psychology colleagues were primarily doctoral level registrants followed by unregulated providers. There were a smaller number of master's level registrants working in the same private practice setting as the respondents.

Figure 9.

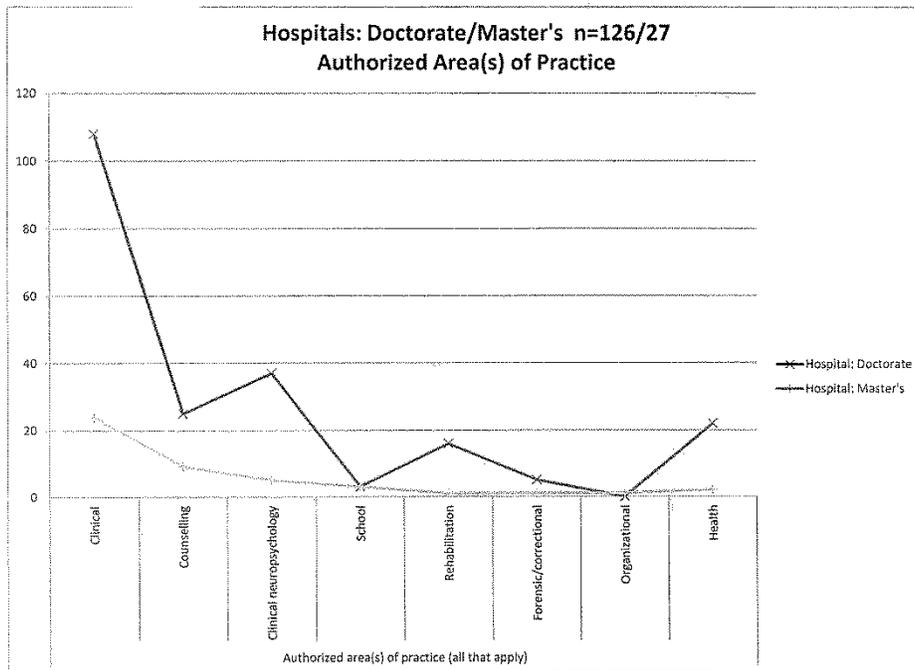
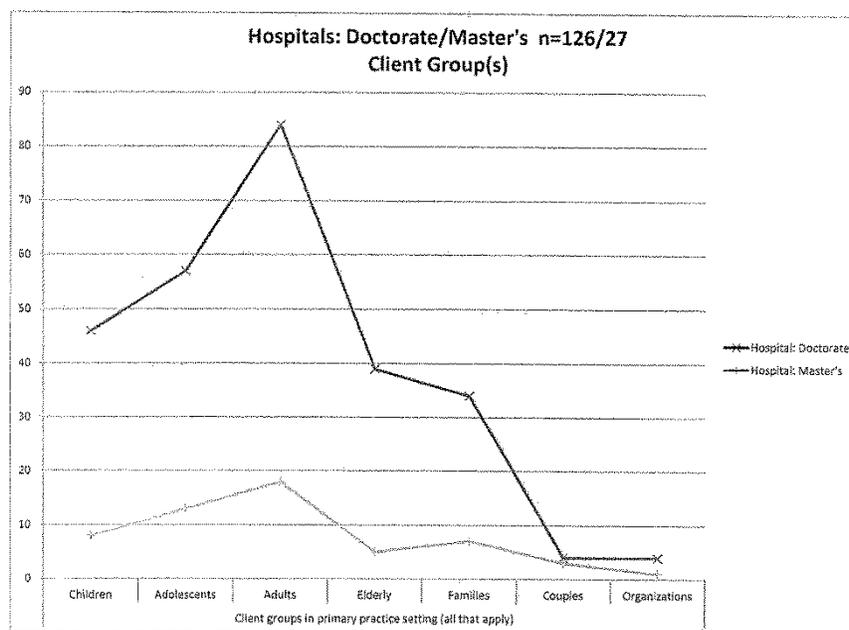


Figure 10.



Most respondents working in private practice were authorized to practice in the areas of clinical and counselling psychology. The doctoral providers were authorized predominantly to provide services with adults although many were also authorized to provide services to adolescents and children. The master's level providers were typically authorized to work with adolescents, adults and children. (See Figures 11 and 12.) Respondents indicated that there were up to 18 psychology professionals with a doctoral degree in the same setting and up to 21 psychology professionals with a master's degree. In addition there were up to 50 unregulated providers in some settings.

Practitioners in private practice settings were primarily concerned with the lack of insurance/OHIP coverage for their services, the long wait lists and volume of work, the lack of accessibility to psychologists due to financial constraints, and the large volume of patients. In addition, respondents indicated that they were facing challenges with third parties (i.e., insurance companies) regarding assessment coverage justification, access to treatment and financial coverage. Respondents also indicated that there is confusion in the public regarding the title of the profession (psychological associate versus psychologist). Additional challenges pertained to charging at a lower rate (pro bono) resulting in unstable income, and facing difficulties with collaborative care and communication with other providers (i.e., family doctors, psychiatry).

Respondents in private practice reported that they foresaw further restrictions in insurance coverage and funding.

#### *Services provided*

Among survey respondents a range of psychological services are provided. Among the 15 respondents working in Family Health Teams, there is more of an emphasis on assessment, psychotherapy and counselling, and consultation. In hospital settings a range of services are provided with emphasis on professional consultations. The doctoral level members were substantially involved in supervision of practicum and internship students, as well as assessment and psychotherapy, followed by program evaluation, research and training of members of other professions. The members in private practice provided assessments, psychotherapy, counselling and consultations with other professionals. (See Figures 14 to 16. The numbers of members are fewer for Family Health Teams, more for hospital settings and still higher for private practice so the scale of the three graphs differs.)

#### *Overall concerns across the three types of practice settings*

Overall, practitioners across all settings indicated that the lack of health care funds was important for the continuation or creation of intervention and therapy programs, as well as for creating new staff positions. In addition, respondents indicated that there are limited resources for professional development and other resources for clients. With regards to the lack of access to services, respondents indicated that the lack of primary health care physicians in Ontario who can provide referrals to their services is also a challenge for individuals who need treatment.

Figure 11.

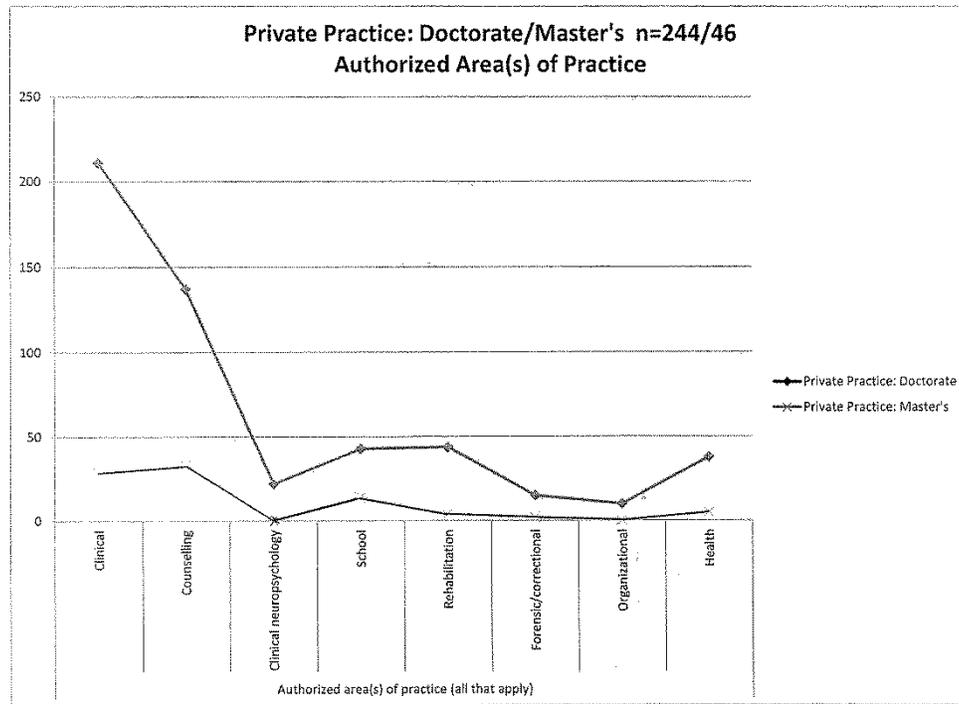


Figure 12.

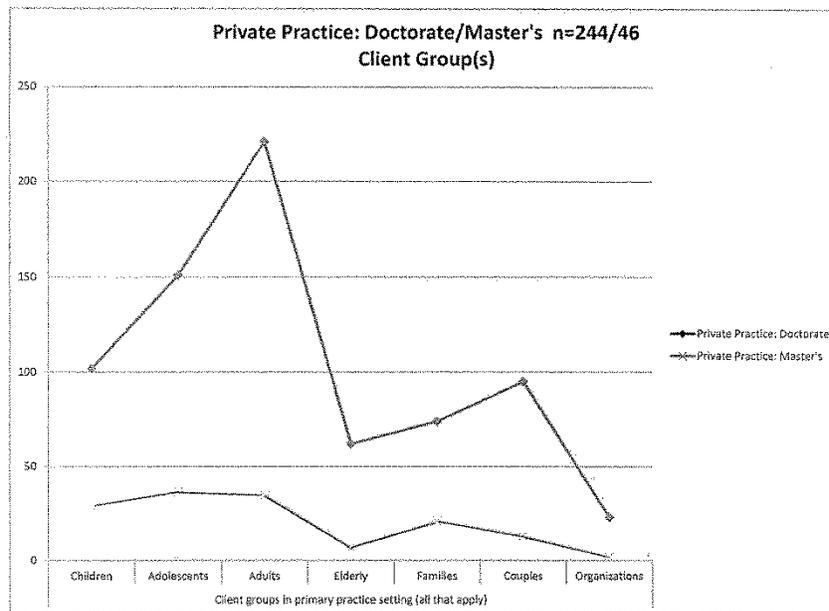


Figure 14.

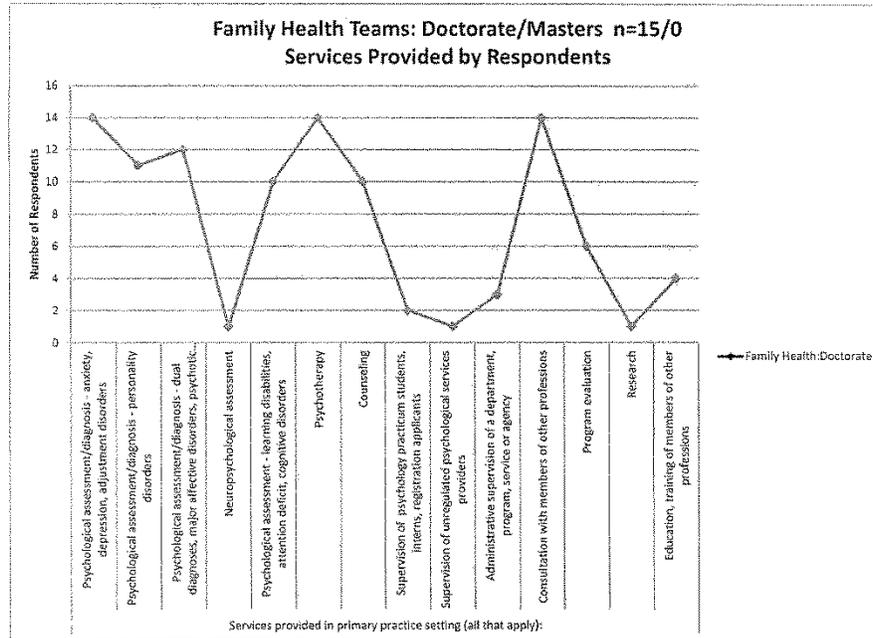
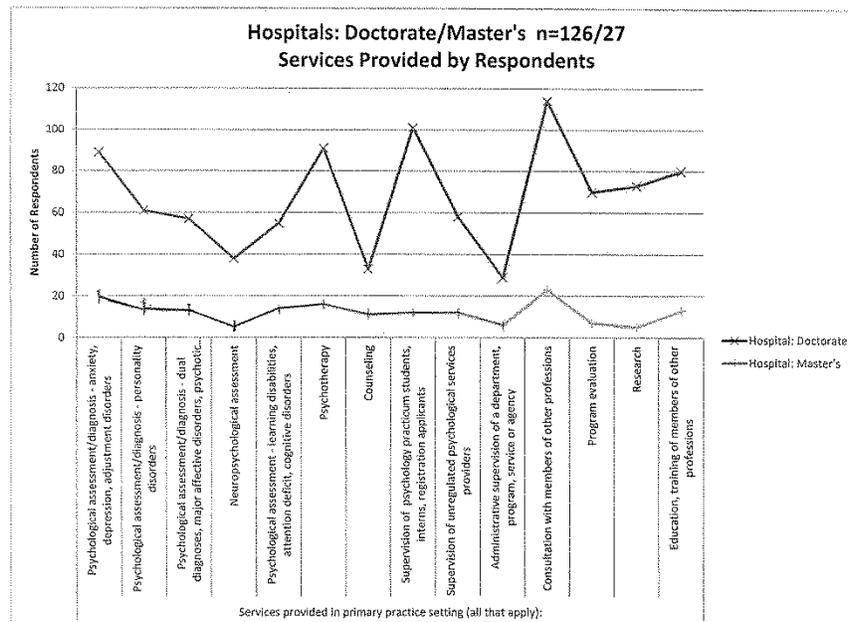
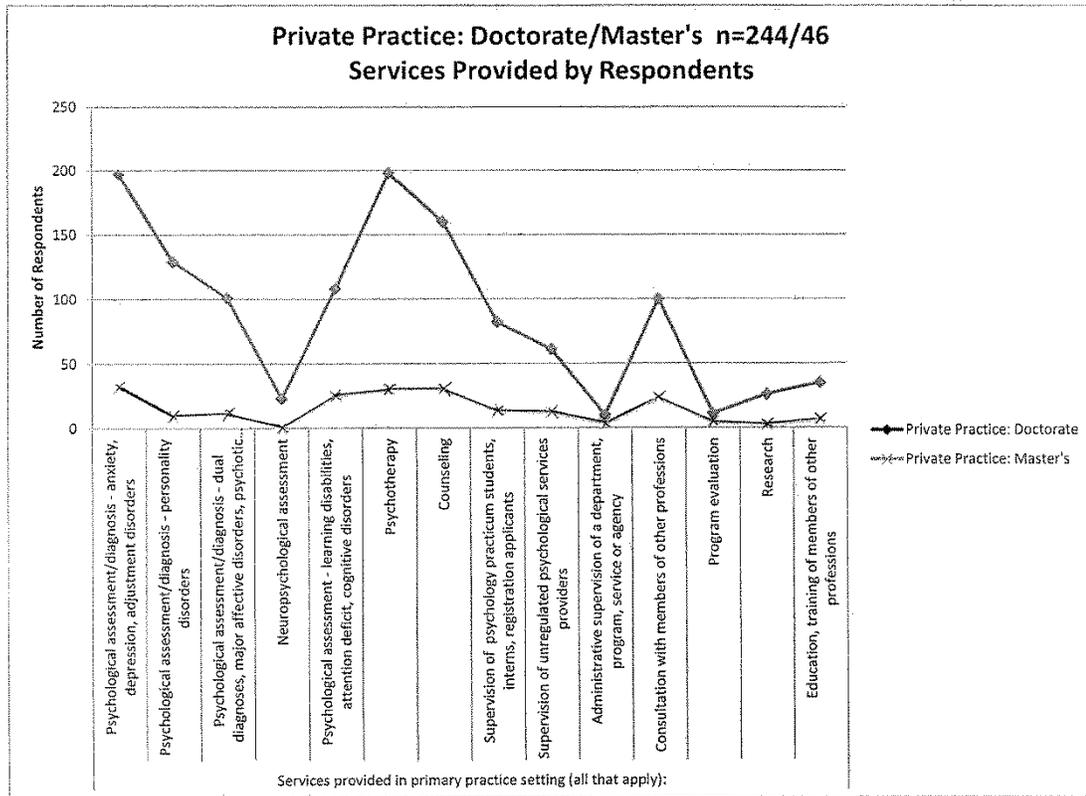


Figure 15.



**Figure 16.**



A major theme across respondents relates to issues of qualification, unclear mandate regarding the services they can provide, as well as issues regarding the title of psychologist. More specifically, psychologists consider that they are overqualified compared to other professionals, such as social workers, yet they provide the same services. Across all settings, the long wait lists and lack of access to services for individuals who can't afford private psychologist was reported.

There were general concerns regarding the new college of psychotherapists and the impact of the new regulations on psychologists' positions and quality of therapy standards.

### More from the Register and the Registration Database

#### *Distribution of ages of members*

As of February 2012, the modal age range for autonomous practice members of the College was 50 to 59 years. Fortunately, the distribution is not symmetrical and there are more members who are younger than the modal age group compared to the number of members who are older than the modal age group (Table 4 and Figure 17).

#### *Number of master's level applicants*

From 2003 to 2008, the number of master's level applicants for supervised practice declined slightly from 43 to 29. There was a slight increase in 2009 and 2010 and a peak number of applicants in 2011. It should be noted that these data relate to first time applicants and do not include applicants seeking registration under the mobility provisions relating to the Agreement on Internal Trade (AIT). The spike in the number of applicants in 2011 may be related to two factors: the effective diminishment of the College's registration requirements by the Health Professions Appeal and Review Board (HPARB) and the consideration by the Council of possibly registering Psychological Associate members as Psychologists. These impressions are further bolstered by the fact that many applicants during the past two years had received their master's degrees more than a decade ago and would not normally meet the College's registration requirements. (See Table 5 and Figures 18 to 22.)

**Table 4.**

**College of Psychologists of Ontario**  
 Statistics of Members  
 Register as of February 21, 2012  
 Statistics by Age

The following statistics include Autonomous Practice members with Regular, Academic and Inactive status.  
 Retired status members are excluded.

Regular status: Members authorized to provide psychological services in Ontario ;

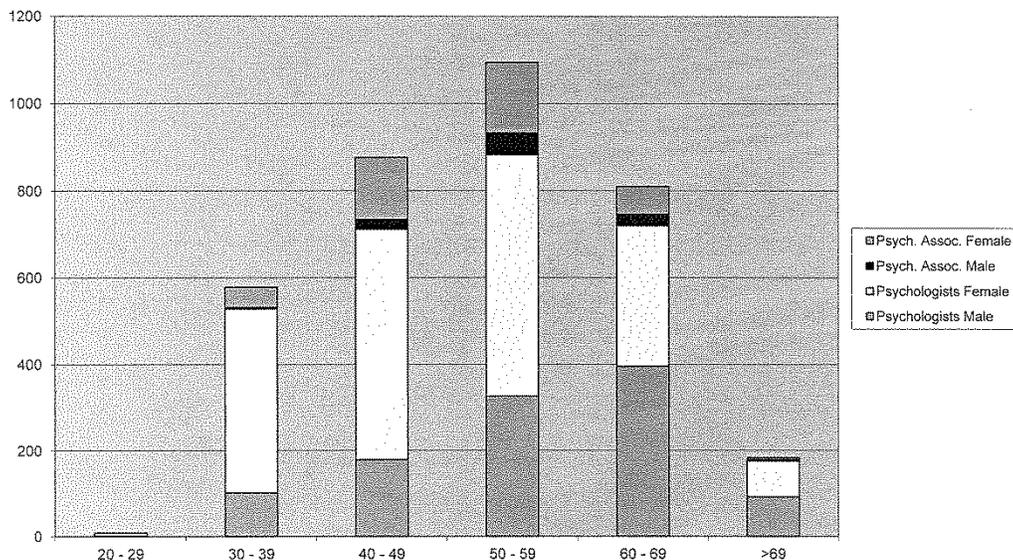
Academic status: Members in Post-secondary educational institutions and not authorized to provide psychological services in Ontario

Inactive status: Members who are temporarily not authorized to provide psychological services in Ontario

Age Range	Psychologists Male	Psychologists Female	Psych. Assoc. Male	Psych. Assoc. Female	Totals
20 - 29	1	7	0	0	8
30 - 39	102	426	3	47	578
40 - 49	179	533	22	143	877
50 - 59	326	558	49	161	1094
60 - 69	395	325	26	64	810
>69	92	84	3	4	183
<b>Totals</b>	<b>1095</b>	<b>1933</b>	<b>103</b>	<b>419</b>	<b>3550</b>

**Figure 17.**

**Age Ranges: Psychologists & Psychological Associates**  
**Autonomous Practice: Regular, Academic & Inactive Status**  
**(Excludes Retired Status)**  
**February 21, 2012**



**Table 5.**

**Master's Level Applicants for Supervised Practice (not all resulted in issuance of certificate)**  
 January 2003 to December 2012

	Location of highest degree				Total
	Ontario	Other Canadian	USA	Outside Canada & USA	
2003	22	5	9	7	43
2004	14	3	8	5	30
2005	18	6	12	1	37
2006	12	6	12	8	38
2007	13	6	13	5	37
2008	9	4	8	8	29
2009	18	6	13	14	51
2010	16	10	11	6	43
2011	32	20	30	14	96
2012	22	13	16	9	60
Total	176	79	132	77	464

**Figure 18.**

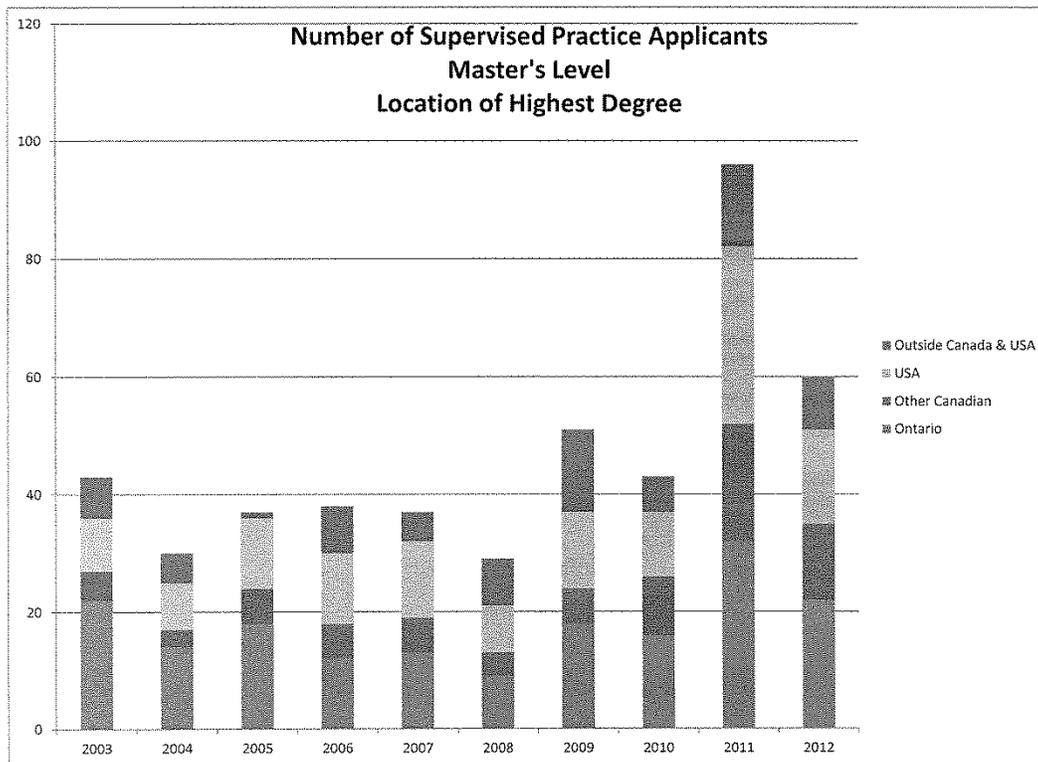


Figure 19.

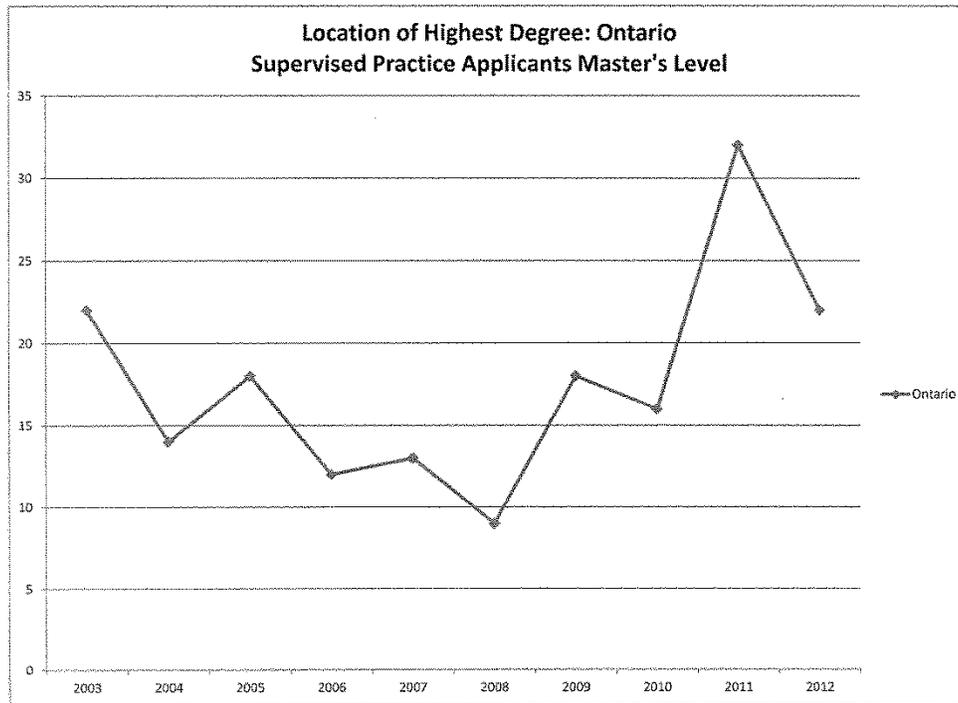


Figure 20.

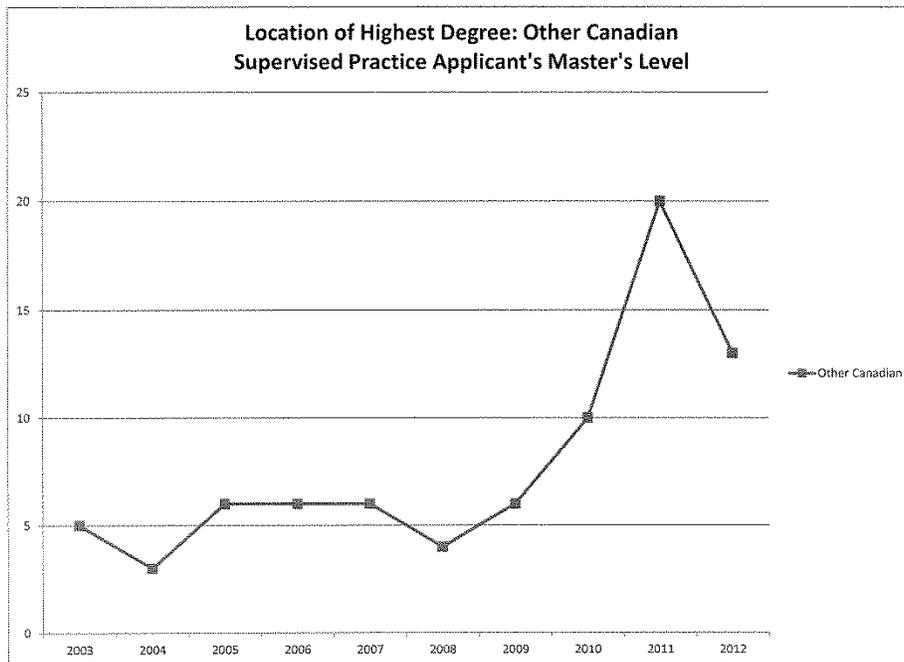


Figure 21.

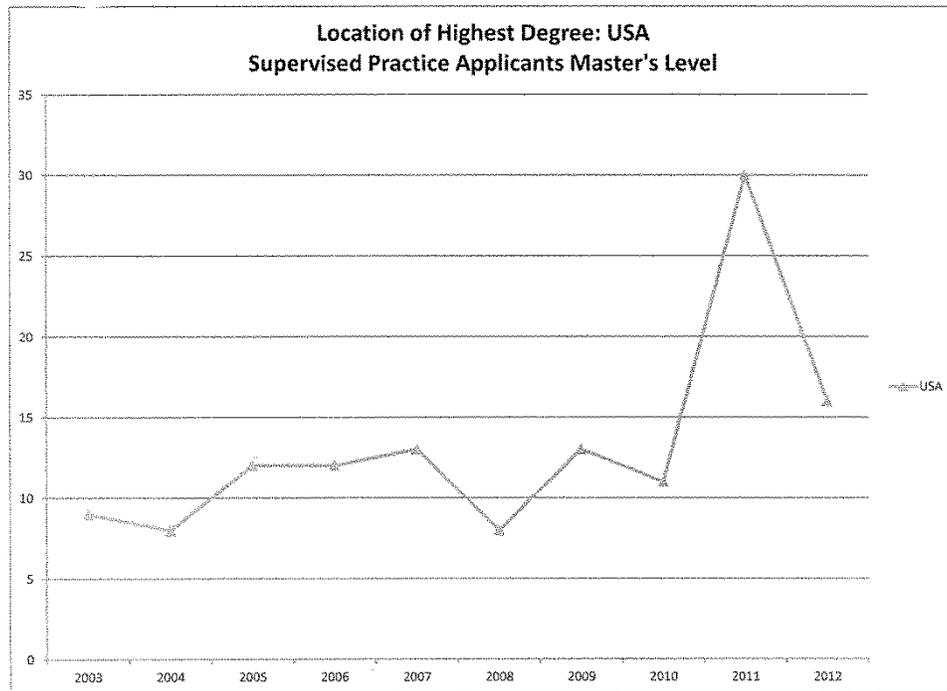
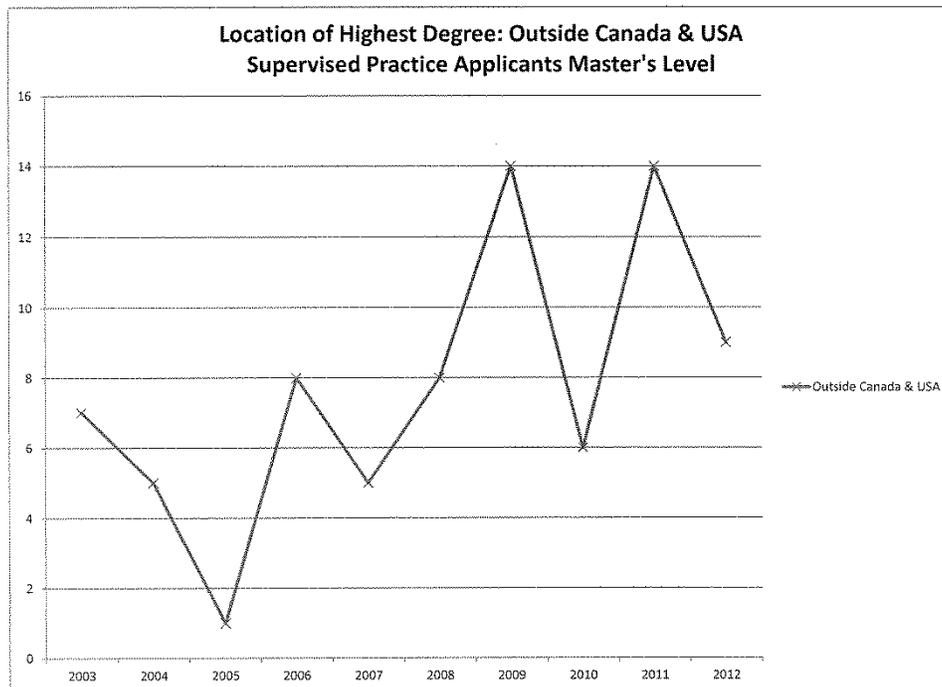


Figure 22.



## Council Highlights – October 4, 2013

### Strategic Issues

The Council revised the mission and vision statements. The updated wording will be translated into French and posted on the College web site.

### Policy Issues

#### eHealth Ontario

Following discussions and a presentation by the Chief Privacy Officer, eHealth Ontario, the Council directed that the request by eHealth Ontario to be provided member registration numbers which would allow participation in the Provider Registry be approved. The Registrar was directed to write to the Chief Privacy Officer for clarification regarding questions on access to personal health records and protection of privacy.

#### By-Law 18 – Fees

The Finance and Audit Committee and the Registrar submitted amendments and clarifications to by-law 18 – fees for consideration. The staff were directed to circulate amendments to by-law 18 for consultation and comment to be brought to the December Council meeting.

#### By-Law 25, The Register and Other Matters

Staff were directed to draft language regarding adding to the information on the Public Register the notice of hearing in a disciplinary matter, the result of any reinstatement hearing and the fact of an adjournment *sine die*. The proposed amendments will be brought to the December Council meeting.

#### Proposed Review of Standards for Supervision

Staff have been directed to create a small sub-Committee with the purpose of reviewing and updating standards for supervision. It is anticipated that a consultation will be conducted and a report will be made to the March Council meeting.

### Business Issues

#### Audited Financial Statements

Council approved the audited Financial Statements for the fiscal year ending May 31, 2013. A Summary of the approved Financial Statements is attached.

#### Eligibility for Council

Staff were directed to review the Conflict of Interest Policy, with any suggested clarifications to be brought back to December Council.

*Report from the Custody and Access Taskforce*

A report from the task force was received and staff were directed to circulate the draft document of Advice to Members for feedback.

*Election to fill Vacant Seat on Council*

A date of January 16, 2014 was set for the by-election to Council for District 3 (Central). The successful candidate will serve until the end of May 2016.

**Other Business**

The Council approved the following dates for future meetings: December 13, 2013; March 21, 2014; and June 20, 2014.

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## THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO NOTICE OF BY-ELECTION TO COUNCIL 2014

**The following information is for all members in Electoral District 3.  
Please read carefully!**

**Date:** A date of January 16, 2014 has been set for a by-election to Council for Electoral District 3 (Central).

**District 3 – Central:** This is composed of the District Municipality of Muskoka, and the counties of Haliburton, Hastings, Lennox and Addington, Frontenac, Simcoe, Northumberland, and Prince Edward, City of Peterborough, City of Kawartha Lakes and the Regional Municipalities of Halton, Hamilton-Wentworth, and Niagara, and the Regional Municipality of Durham (less the Towns of Whitby and Ajax and the Cities of Pickering and Oshawa), the Regional Municipality of York (less the City of Vaughan, and Towns of Richmond Hill and Markham), and the Regional Municipality of Peel (less the Cities of Mississauga and Brampton).

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

Psychological Associates who have previously chosen to vote for the Psychological Associate seat in District 7 are not eligible to nominate and vote in District 3.

A psychologist or psychological associate must not be in default of payment of any fees; the certificate of registration must not have been revoked or suspended in the six years preceding the date of election or subject to a term, condition or limitation as a result of a disciplinary action, within two years leading up to election.

**Nominations:** A nomination form is available on the College website. A psychologist or psychological associate may be a candidate for election in only one electoral district in which he or she is an eligible voter. A nomination must be signed by at least five members who support the nomination and are eligible to vote in that electoral district.

**Deadline for nominations:** Initial nominations are due by 5 p.m., Monday, November 18, 2013. Further nominations will be received until 30 days before the election. Tuesday, December 17, 2013 is the last day for receiving nominations for the election. Nomination forms may be downloaded from the College website and may be photocopied or they can be obtained by contacting the College offices.

**Withdrawal of nomination:** A candidate may withdraw his or her nomination by giving notice to the Registrar in writing, not less than 30 days before the election. The last day for withdrawal is Tuesday, December 17, 2013.

### Procedures

**Distribution of ballots:** No later than 15 days before the election, an explanation of the voting procedures will be sent out.

**Voting procedures:** Voting will occur online and eligible voters will receive an email with a link to a secure voting site. Candidate statements will be available on the voting website.

## **Other Information**

**Responsibilities:** Council members are appointed to the seven statutory committees (Executive, Registration, Inquiries, Complaints and Reports, Discipline, Fitness to Practise, Quality Assurance, and Client Relations) and can expect to serve on at least two such committees. Council members can become members of other standing committees as well as various ad hoc committees that may be established.

**Term of Office:** The term of office for elected members is three years. During that time a member may be appointed to chair one or more committees.

**Time Commitment:** Council meetings are held at least quarterly and normally last one full day (usually a Friday). Committees may meet the day before the Council meeting or between Council meetings. Committees are likely to meet twice as often as the Council for at least one full day.

The first Council meeting for the successful candidate will take place on March 21, 2014. The successful candidate will serve until the end of May 2016.

**Per diems and Expenses:** Current Council policy provides a per diem of \$325 for Council and Committee meetings. Half-day meetings are pro-rated.

Expenses covered include necessary travel (economy fare or mileage); hotel; meals; and necessary taxi fare or parking expenses. If a meal, such as lunch, is provided during a full day meeting, then the amount allocated for lunch is deducted from available expense coverage.

Note: The complete Elections By-law is available on the College website or by contacting the College.

**THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO**  
**REPORT OF THE INDEPENDENT AUDITOR ON SUMMARY FINANCIAL STATEMENT**

TO THE MEMBERS OF THE COUNCIL OF THE THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO

The accompanying summary financial statements of The College of Psychologists of Ontario (the "College"), which comprise the summary statement of financial position as at May 31, 2013, and the summary statement of operations for the year then ended, are derived from the audited financial statements of the College for the year ended May 31, 2013. We expressed an unmodified audit opinion on those financial statements in our report dated October 4, 2013.

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 therefore, is not a substitute for reading the audited financial statements of the College.

**Management's Responsibility for the Summary Financial Statements**

Management is responsible for the preparation of a summary of the audited financial statements in accordance with Canadian accounting standards for not-for-profit organizations.

**Auditor's Responsibility**

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

**Opinion**

In our opinion, the summary financial statements derived from the audited financial statements of the College for the year ended May 31, 2013 are a fair summary of those financial statements, in accordance with Canadian accounting standards for not-for-profit organizations.

*Clarke Horning LLP*

Toronto, Ontario  
 October 4, 2013

CHARTERED ACCOUNTANTS  
 Licensed Public Accountants

**SUMMARY STATEMENT OF FINANCIAL POSITION**  
**AS AT MAY 31, 2013**

	2013	2012
<b>ASSETS</b>		
Current assets		
Cash and equivalents	\$ 2,480,639	\$ 3,759,062
Prepaid expenses and sundry receivables	27,568	35,776
Investments - short term	4,578,654	2,409,891
	7,086,861	6,204,729
Investments - long term	318,278	579,662
Property and equipment	237,312	254,107
	7,642,451	7,038,498
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable and accrued liabilities	295,094	199,435
Registration fees received in advance	2,378,646	2,251,523
	2,673,740	2,450,958
<b>NET ASSETS</b>		
Invested in capital assets	237,312	254,107
Internally restricted reserve funds	2,862,303	2,862,303
Unrestricted	1,869,096	1,471,130
	4,968,711	4,587,540
	7,642,451	7,038,498

**SUMMARY STATEMENT OF OPERATIONS**  
**YEAR ENDED MAY 31, 2013**

Revenues		
Registration fees	2,884,121	2,770,275
Examination fees	154,410	119,370
Interest and miscellaneous income	105,152	96,428
	3,143,683	2,986,073
Expenses		
Administration	1,975,410	2,043,076
Professional services	91,505	106,010
Investigations, hearings and resolutions	245,284	217,111
Examination and seminar costs	224,787	158,105
Governance	96,769	77,423
Registration	43,860	52,564
Professional organizations	25,104	26,855
Communication, education and training	44,554	66,378
Quality assurance	15,239	24,902
	2,762,512	2,772,424
Excess of revenues over expenses for the year	\$ 381,171	\$ 213,649

**Inquiries, Complaints and Reports Committee Investigation Statistics for First Quarter of 2013-14**  
**New Matters, by Nature of Service**

Between June 1 and August 31, 2013 the College initiated nine investigations into the conduct, competence and/or capacity of College members. These investigations arose from the provision of services in the following areas:

	<b><u>YTD</u></b>					
	<b><u>Q1</u></b>	<b><u>Q2</u></b>	<b><u>Q3</u></b>	<b><u>Q4</u></b>	<b><u>Current</u></b>	<b><u>Previous</u></b>
Administration	-	-	-	-	0	-
Capacity Assessment	2	-	-	-	2	1
Consultation	-	-	-	-	0	-
Corrections Assessment	-	-	-	-	0	-
Custody & Access / Child Welfare Assessment	-	-	-	-	0	1
Educational Assessment	1	-	-	-	1	-
Industrial / Occupational Assessment	1	-	-	-	1	-
Mediation	-	-	-	-	0	-
Neuropsychological Assessment	-	-	-	-	0	3
Not Related to Psychological Services	-	-	-	-	0	4
Other Psychological Assessment	-	-	-	-	0	3
Psychotherapy / Counseling	2	-	-	-	2	7
Rehabilitation / Insurance Assessment	2	-	-	-	2	5
Supervision	-	-	-	-	0	1
Teaching / Training	-	-	-	-	0	-
Unknown	1	-	-	-	1	-
Total:	9	0	0	0	9	25

**Dispositions by Case**

During the first quarter of this fiscal year the Inquiries, Complaints and Reports Committees made dispositions with respect to 14 cases. The disposition of each case, categorized by the most significant action taken in the case is listed below:

	<b><u>YTD</u></b>					
	<b><u>Q1</u></b>	<b><u>Q2</u></b>	<b><u>Q3</u></b>	<b><u>Q4</u></b>	<b><u>Current</u></b>	<b><u>Previous</u></b>
Administrative Withdrawal	1	-	-	-	1	2
Closed – no jurisdiction	-	-	-	-	0	-
In Abeyance	-	-	-	-	0	-
Incapacity Investigation	-	-	-	-	0	-
Other – Advice	1	-	-	-	1	3
Other - Take no Further Action	5	-	-	-	5	4
Other - Oral Caution	-	-	-	-	0	1
Other - Oral Caution and Undertakings	1	-	-	-	1	-
Other - Written Caution	1	-	-	-	1	2
Other - Written Caution and Undertaking	1	-	-	-	1	-
Referral to the Discipline Committee	-	-	-	-	0	2
Take No Action, if Complaint Frivolous, Vexatious, Made in Bad Faith, Moot or otherwise an Abuse of Process	4	-	-	-	4	1
Total:	14	0	0	0	14	15

Most complaints and reports considered by the Inquiries, Complaints and Reports Committee address more than one allegation. The allegations considered by the Committee, as well as the frequency of each disposition of these allegations, is listed below:

**Dispositions by Allegation**

	Withdrawal	Take no Further Action F&V	Take no Further Action	Advice	Caution	Caution & Undertaking	Oral Caution	Oral Caution & Undertaking	Oral Caution & SCERP*	Refer to Discipline
Acceptance of Regulatory Authority of the College	-	-	-	-	-	-	-	-	-	-
Bias	1	1	1	-	-	-	-	-	-	-
Boundary violation	-	-	-	-	-	-	-	-	-	-
Breach of confidentiality	-	-	2	-	-	-	-	-	-	-
Conduct unbecoming a member of the CPO	-	-	4	3	-	-	-	1	-	-
Conflict of interest	-	-	2	-	-	-	-	-	-	-
Failure to render services appropriate to the user's needs	-	-	2	-	-	-	-	-	-	-
Failure to fulfill the terms of the agreement with user	-	-	-	-	-	-	-	-	-	-
Failure to comply with College requirements	-	-	-	-	-	-	-	-	-	-
Failure to comply with limitation	-	-	-	-	-	-	-	-	-	-
Failure to obtain informed consent	-	-	-	-	-	-	-	-	-	-
Failure to practise within boundaries of competence	-	-	-	-	-	-	-	-	-	-
Failure to provide appropriate explanation ...	-	-	-	-	-	-	-	-	-	-
Failure to provide services sought	-	-	-	-	-	-	-	1	-	-
Failure to report child abuse or neglect	-	-	-	-	-	-	-	-	-	-
Failure to respond to a request in a timely manner	-	1	1	-	1	-	-	-	-	-
False or misleading statements	1	1	2	-	-	-	-	1	-	-
Fees and billing problems	-	-	-	-	1	-	-	1	-	-
Finding of Professional Misconduct in Other Jurisdictions	-	-	-	-	-	-	-	-	-	-
Illegal Conduct	-	-	-	-	-	-	-	-	-	-
Improper office conditions	-	-	-	-	-	-	-	-	-	-
Improper supervision	-	1	2	1	-	-	-	-	-	-
Inaccurate information	-	-	-	-	-	-	-	-	-	-
Inadequate data to support conclusions	-	-	-	-	-	1	-	-	-	-

<b><u>Dispositions by Allegation</u></b>										
Inadequate Feedback	-	-	-	-	-	-	-	-	-	-
Inadequate handling of termination	-	-	3	-	-	-	-	-	-	-
Inappropriate advertising and announcements	-	-	-	-	-	-	-	-	-	-
Inappropriate conduct toward a colleague	-	-	2	-	-	-	-	-	-	-
Inappropriate conduct toward a student	-	-	-	-	-	-	-	-	-	-
Inappropriate conduct toward an employee	-	-	1	-	-	-	-	-	-	-
Incapacity	-	-	-	-	-	-	-	-	-	-
Incompetence	-	-	2	-	-	-	-	-	-	-
Insensitive treatment of clients	-	1	-	-	-	-	-	-	-	-
Lack of adherence to undertaking or agreement	-	-	-	-	-	-	-	-	-	-
Lack of objectivity	-	-	-	-	-	-	-	-	-	-
Misrepresentation of Non-Member	-	-	-	-	-	-	-	-	-	-
Non-Sexual Abuse	-	-	-	-	-	-	-	-	-	-
Problematic statements made at trial	-	-	-	-	-	-	-	-	-	-
Providing services while impaired	-	1	-	-	-	-	-	-	-	-
Quality of services	-	-	2	-	-	-	-	-	-	-
Record keeping Problems	-	-	-	-	-	-	-	-	-	-
Sexual abuse	-	-	-	-	-	-	-	-	-	-
Sexual harassment	-	-	1	-	-	-	-	-	-	-
Sexual misconduct	-	-	-	-	-	-	-	-	-	-
Unauthorized Services	-	-	-	-	-	-	-	-	-	-

\* Specified Continuing Education or Remedial Program

### Health Professions Appeal and Review Board

The Health Professions Appeal and Review Board reviews the Decisions of Ontario's Health Regulatory Colleges at the request of either a College member or complainant. Within the last quarter it received three requests for review of a College of Psychologists of Ontario Decision and Reasons and disposed of one review, as indicated below:

	<u>Q1</u>	<u>Q2</u>	<u>Q3</u>	<u>Q4</u>	<u>Current</u>	<u>YTD</u> <u>Previous</u>
Reviews Requested	3	-	-	-	3	5

	<u>Q1</u>	<u>Q2</u>	<u>Q3</u>	<u>Q4</u>	<u>Current</u>	<u>YTD</u> <u>Previous</u>
Decision Confirmed	1	-	-	-	1	2
Decision Unreasonable	-	-	-	-	-	-
Notice to not Proceed	-	-	-	-	-	-
Withdrawn	-	-	-	-	-	-
Total:	1	-	-	-	1	2

#### ICRC Members:

##### Professional - Council

Ruth Berman, Ph.D., C.Psych.  
Lynette Eulette, Ph.D., C.Psych.  
Peter Farvolden, Ph.D., C.Psych.

##### Professional

Janice Currie, Ph.D., C.Psych.  
David Duncan, Ph.D., C.Psych.  
Sara Hagstrom, Ph.D., C.Psych.  
Allyson Harrison, Ph.D., C.Psych. - Chair  
Tim Hill, M.A., C.Psych.  
Peter Hoaken, Ph.D., C.Psych.  
Glenn Webster, M.Ed., C.Psych.Assoc.

##### Public Members

Kristin Bisbee  
Dr. Ivan McFarlane  
Ethel Teitelbaum

## Reminder – Change of Status

The Registration Regulation allows members with Regular status to request a status change to Inactive, Retired or Academic status. The College wishes to remind members that such status changes need to be made 60 days in advance. Sections 7-9 of the Registration Regulation reads as follows:

**7. (1) The Registrar may issue a certificate of registration for inactive status to an applicant who,**

- (a) applies in writing to the Registrar not less than 60 days before the applicant intends to start on inactive status;
- (b) specifies the reasons for applying for the limitation of inactive status;
- (c) holds a certificate of registration for regular status, is a member in good standing, is not in default of any obligation to the College, including payment of the annual membership fee, and is not the subject of any pending disciplinary actions; and
- (d) pays the fee set by the Registrar for members on inactive status.

**(2) The Registrar shall restore the certificate of registration of a member for inactive status to a certificate of registration for regular status if,**

- (a) an uninterrupted period of not less than six consecutive months has passed since the time that the Registrar issued the certificate for inactive status;
- (b) the member applies in writing to the Registrar for regular status not less than 60 days before the applicant intends to start on regular status;
- (c) the member has satisfied the conditions imposed by the Registration Committee to ensure current competence in the proposed areas of practice;
- (d) the member is a member in good standing; and
- (e) the member pays the annual membership fee for members on regular status, prorated, from the date of the start of regular status. O. Reg. 533/98, s. 7.

**8. (1) The Registrar may issue a certificate of registration for academic status to an applicant who,**

- (a) occupies a full-time or regular academic position in an Ontario university;
- (b) applies in writing to the Registrar not less than 60 days before the applicant intends to start on academic status;
- (c) specifies the reasons for applying for the limitation of academic status;
- (d) holds a certificate of registration for regular status, is a member in good standing, is not in default of any obligation to the College, including payment of the annual membership fee, and is not the subject of any pending disciplinary actions; and
- (e) pays 50 per cent of the annual membership fee for members on regular status, prorated, from the date of the start of academic status.

**(2) The Registrar shall restore the certificate of registration of a member for academic status to a certificate of registration for regular status if the member,**

- (a) applies in writing to the Registrar for regular status not less than 60 days before the applicant intends to start on regular status;
- (b) has satisfied the conditions imposed by the Registration Committee to ensure current competence in the proposed areas of practice;
- (c) is a member in good standing; and (d) pays the annual membership fee for members on regular status, prorated, from the date of the start of regular status. O. Reg. 533/98, s. 8.

**9. (1) The Registrar may issue a certificate of registration for retired status to an applicant who,**

- (a) applies in writing to the Registrar not less than 60 days before the applicant intends to start on retired status;
- (b) specifies the reasons for applying for the limitation of retired status;
- (c) holds a certificate of registration for regular status, is a member in good standing, is not in default of any obligation to the College, including payment of the annual membership fee, and is not the subject of any pending disciplinary actions; and
- (d) pays the fee set by the Registrar for members on retired status.

**(3) The Registrar shall restore the certificate of registration of a member for retired status to a certificate of registration for regular status if the member,**

- (a) applies in writing to the Registrar for regular status not less than 60 days before the applicant intends to start on regular status;
- (b) has satisfied the conditions imposed by the Registration Committee to ensure current competence in the proposed areas of practice;
- (c) is a member in good standing; and
- (d) pays the annual membership fee for members on regular status, prorated, from the date of the start of regular status. O. Reg. 533/98, s. 9.

# Changes to the Register

## Certificates of Registration

The College would like to congratulate the *Psychologist* and *Psychological Associate* members who received Certificates of Registration since June, 2013.

### Psychologists - Certificate Authorizing Autonomous Practice

Saadia Akram	Kelly Ann McManus
Anastasia Barbopoulos	Julie Mercier
Susan Marie Chudzik-Sipos	Lea Ann Maria Ouimet
Mary Ann Coulter	Andjelka Palikucin-Reljin
Jolanta (Joanne) Fabiilli	Lynda Marie Diane Poulin
Judith Anne Fair	Indrani Reddy
Catherine Franko	Emanuela Ruth
Cheryl Lynne Hoevenaars	Bitra Sharifzadeh
Donaya Hongwanishkul Schwindt	Rosa Spricer
Patricia Ruth Hunter	Cynthia Deborah Stulberg
Franca Anna Iannotta	Anna Kristina Tirovolas
Marla Stacey Kierstead	Jennifer Diane Walsh
Michelle Natasha Lucci	Karen Elizabeth Wood
Joanna Clare McBride	Carobeth Dawn Zorzos
Mary Anne McDowell	

### Psychological Associates - Certificate Authorizing Autonomous Practice

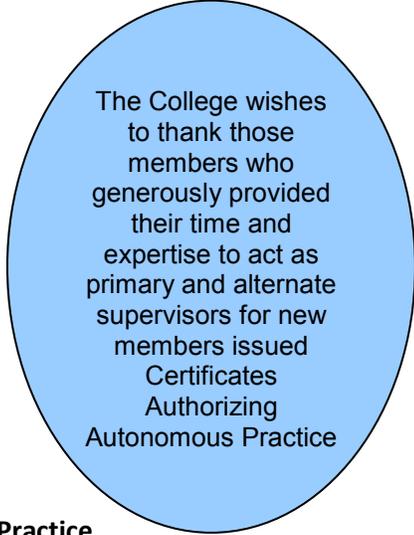
Lesley Patricia Hannell	Cathy Dawn Nagy
Nicole Melissa Haughton	

### Psychologists - Certificate Authorizing Supervised Practice

Elena Candice Ballantyne	Rachel Jane Lyon
Jennifer Anne Barbera	Madalyn Anna Marcus
Jared Ira Berger	Ashley Allison Ann Miles
Jennifer Lynn Boyd	Dana Lorraine Millstein
Andrea Mary Byrne	Karim Ahmad Nashef
Stephanie Lynne Sebele Bass Daoud	Elizabeth Mary June Orr

Michele Lee Davis  
Anthony Ray DeBono  
Stephanie Anne Deveau  
Susan Fantinato-Miles  
Claire Elaine Griffin  
Ava Haji-Ghasemi  
Rachel Elizabeth Horton  
Iryna Victoria Ivanova  
Lindsey Leenaars  
Laura Elizabeth Mariko Leong  
Sabrina Lombardi

Bonnie Wei-Yin Purcell  
Allison Jane Kathleen Reeves  
Jenny Rogojanski  
Carly Marissa Shecter  
Chelsea Berndt Sherrington  
Emily Simkins-Strong  
Beverley Faith Tingling  
Lordon Tingling  
Valerie Anne Vorstenbosch  
Mariusz Michal Zadrag Leah  
Beth Zalan



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

### **Psychological Associates - Certificate Authorizing Supervised Practice**

Lina Barkas  
Kerri-Lynne Capulak-Andrychuk  
Teresa Di Padova  
Cassandra Mary Kade  
Jennifer Mary Parsons  
Sabrina Ramirez Barreto

Daniela Paula Ranieri Switzer  
Kelly Ann Rueffer  
Dara Sikljovan  
Anne Valerie Maggy Vuillet  
Nancy Elizabeth Weiler

## **Deceased Members**

The College learned with regret of the deaths of four members. The College extends condolences to the families, friends and professional colleagues of:

Kenneth Hranchuk  
Jerry Jellis

Barbara Killinger  
Harnisha Nathoo

## **Resigned**

Thomas Allaway  
Archibald Bower  
Brian Burt  
Philippe Cappelier  
Jonathan Carryer

Patricia McGrath  
Daniel Paitich  
Sonja Poizner  
Linda Mary Rose  
Moya Sandomierski

Eduardo Casas  
Gerald Cavallaro  
Cheryl Gillin-Garling  
Susan Irving  
Robert Konopasky

Lynda Sayer  
Marilyn Smith  
Linda Sorensen  
Christine Stoughton  
Elizabeth Werth

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