

Regulating Psychologists and Psychological Associates

**ADVISORY for Psychological Practice
Neuropsychological Assessments in Personal Injury Cases**

At the meeting of March 30, 2001 Council voted to inform members of this Advisory as useful information for those working in the area of Personal Injury Assessment.

Introduction

In the spring of 2000, the Registrar reported to the Council of the College of Psychologists of Ontario that complaints about members who provide neuropsychological assessments in personal injury cases were increasing. The Registrar noted that the number of complaints about members who provide custody and access assessment appeared to decline after the publication of *Ethical Guidelines for Psychological Practice related to Child Custody and Access* by the Ontario Psychological Association. The Registrar recommended that a task force be struck to develop a document that would assist members to evaluate their practice in clinical neuropsychology, **as it applies to assessments in personal injury cases**, as well as provide a structure for people undergoing these assessments and parties who pay for these assessments to evaluate the quality of the assessment. The Council agreed and directed that a task force be convened.

Process

Given the nature of the task, the Ontario Psychological Association and the Canadian Academy of Psychologists in Disability Assessment were each asked to nominate a member (Dr. Michael Harnadek and Dr. Gary Snow respectively were nominated). The Council suggested that Dr. Brian Ridgley be appointed, given his long history and experience with the College, and particularly his experience in developing standards of practice and guidelines. Dr. Jill Rich, a professor at York University who teaches neuropsychological assessment was also asked by the College to join the task force. Dr. Mary Ann Mountain, a member of the Council who practices in clinical neuropsychology was asked to chair the task force.

The task force met with the Registrar in July 2000. The Registrar first directed the task force to consider whether a new set of guidelines needed to be developed to address the issue, or if the task force could recommend existing guidelines and standards that would suffice. Secondly, based on the types of complaints received by the College, the Registrar directed the task force to address three specific issues:

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INSERTS

- * Proposed Strategic Plan - March 2001
- * Seminars: The Federation of
Health Regulatory Colleges of Ontario
- * 2001 Barbara Wand Symposium:
Audio & Video tape Order Form

- Develop a method to evaluate the academic training and supervised experience of members who do neuropsychological assessment in personal injury cases
- Develop a method to evaluate the content of a neuropsychological assessment completed for the purpose of determining benefits in personal injury cases
- Develop a method to ensure that bias does not affect the diagnosis or recommendations made in a neuropsychological assessment of an individual involved in a personal injury case.

The task force first determined that a number of bodies (regulatory, professional and funding agencies) have developed standards of practice, guidelines for neuropsychological assessment and methods to assess the level of expertise of the practitioner. The document was therefore conceived as an *Advisory* to members, to carefully evaluate their own practices, in light of existing guidelines, standards and criteria. It should be noted that the majority of documents reviewed and recommended are not College documents. The list of documents and ways of measuring expertise suggested for review in this *Advisory* are not meant to be exclusionary or exhaustive, but merely representative of the information available to members who wish to evaluate their own practice.

A first draft of the *Advisory* was presented to the Council meeting in September 2000. Further consultation with a small group of members was undertaken and a second draft was presented to Council in December 2000. The Council directed that a copy of the *Advisory* be circulated to all members of the College who have declared clinical neuropsychology as their primary focus of practice. The *Advisory* was also presented for consultation at the Barbara Wand Symposium in February 2001.

A number of members raised concern about the difficulty new members face in getting the appropriate level of training and supervised experience in clinical neuropsychology. The knowledge level required by the College for *entry* level is based on the accreditation standards of the Canadian Psychological Association for programs and internships in clinical neuropsychology. While it is true that not all centres provide these programs, new members of the College who want to declare competency in clinical neuropsychology must demonstrate that, if they have not completed *accredited* training, they have completed *equivalent* training. The task force recognizes that not all of the supervised experience will occur in a hospital setting. Nonetheless, supervised experience in a setting in which neuropsychological assessment and intervention is the focus of training is essential to ensure adequate service as an autonomous provider.

Similarly, some concern was raised about the limited opportunity for employment of new members. Members are cautioned that they are expected to offer services in an area in which they are competent to practice, rather than in a situation where a job opportunity has occurred.

Many members noted that this *Advisory*, particularly the selected readings, would require updating as our knowledge in clinical neuropsychology grows and conflicts in opinion surrounding these issues evolve.

Based on this consultation, revisions were made to the *Advisory* and a final version was presented to Council for approval on March 30, 2001.

Document Review

The members of the task force reviewed existing standards of practice, guidelines for neuropsychological assessments and methods for assessing competence to practice clinical neuropsychology and determined that a member whose practice is in accordance with the information and expectations laid out in these documents is most likely to be providing a service that is of high quality to their clients and is less likely to be vulnerable to complaints.

Members are encouraged to review and be familiar with:

- Standards of Professional Conduct of the College of Psychologists of Ontario
- Guidelines – Requirements and Registration Process – Psychologist and Psychological Associate – College of Psychologists of Ontario (Appendix A - Definition of Practice Areas - Clinical Neuropsychology)

Members may also find it helpful to review:

- The Canadian Code of Ethics for Psychologists – Canadian Psychological Association
- Practice Standards for the Psychological Assessment of Disability and Impairment – Canadian Academy of Psychologists in Disability Assessment
- Guidelines for Neuropsychological Assessments – Workers Safety and Insurance Board of Ontario

In addition, the discussions of the members of the task force were informed by guidelines produced by Division 23 of the Canadian Psychological Association and Division 40 of the American Psychological Association as well as the document produced by the Houston Conference, all with regard to appropriate preparation of psychologists practicing in the area of clinical neuropsychology.

Areas of Concern

The members of the task force determined that there are three main components of practice that should be consid-

ered by members assessing their ability to provide neuropsychological assessment in personal injury cases; (A) competence to provide the service, (B) completeness of the assessment, and (C) objectivity of attitude in arriving at evidence-based conclusions.

(A) Competence

The provision of neuropsychological assessments in personal injury cases is a contentious and complex area of practice, coloured by the sometimes adversarial nature of medico-legal, insurer-claimant relationships. The public is best protected when the expertise of the member matches the nature and complexity of the issues addressed. Members are best protected when they restrict their practice to their area of expertise.

In self-evaluating competence to provide this service, members should consider, at a minimum, the current requirements of the College of Psychologists. Members are directed to the *Definitions of Practice Areas – Clinical Neuropsychology*, published in the *Bulletin*, August 1999. In addition, members should be aware that, for new candidates for registration or for members applying to change an area of practice to include clinical neuropsychology, necessary “knowledge” implies coursework that includes training in neuroanatomy, neuropathology, human neuropsychology and neuropsychological assessment. Predoctoral practica and internships are expected to have been supervised by members practicing in clinical neuropsychology and to occur in a centre in which neurology, neurosurgery or neurorehabilitation is provided. Additionally, post-doctoral experience, *especially during the period of supervised practice*, in a centre in which neurology, neurosurgery or neurorehabilitation is provided is essential.

Members who provide neuropsychological assessment for children or adolescents are directed to the additional requirements for training and supervision required by the College of current entry level members.

Members who wish to offer neuropsychological services should consider whether their own “knowledge and experience” is comparable to the current entry requirements of the College.

In addition to the minimum requirements, members should reflect on the requirements for rendering an “expert” opinion. It is in the best interests of the client if the credentials of the member providing assessments are sufficient to sustain cross-examination as an expert witness. A number of professional organizations and funders have developed methods for evaluating level of expertise. For example, eligibility for Diplomate status under the American Board of Professional Psychology requires a minimum of 3 years post-doc-

toral experience. Acceptance by the Ontario Insurance Commission to be on the roster of a Designated Assessment Centre requires 3 to 5 years post-doctoral experience. Membership in the Canadian Academy of Psychologists in Disability Assessment requires 5 years post-doctoral experience. In addition to years of experience, all of these organizations have training and work setting qualifications that must be met. Members should consider these time frames in evaluating whether the amount of experience they have is sufficient to render an expert opinion. Members may also wish to review the training and work setting experience required by these and other credentialing bodies.

Members should be aware that a request from an insurer or lawyer to review the report of another member constitutes expert opinion.

Members should be familiar with how the legislation governing benefits following a personal injury can affect their practice. This includes, but is not limited to current or relevant motor vehicle insurance legislation, the legislation governing the Workers Safety and Insurance Board and the rules of evidence. Members who provide assessments for the Canada Pension Plan or long term disability carriers should understand the relevant legislation or the terms of the individual’s disability policy. Definitions used in these pieces of legislation can be quite specific in defining a disability and the basis for compensation. For example, even an injury that results in a permanent impairment may not meet the disability test of a given piece of legislation or of an insurance contract. Similarly, an injury which is permanent and also disabling to some degree, may nevertheless be deemed by the court system to be of insufficient severity to pass a so-called “threshold test” which would allow the plaintiff to sue. Members who practice in this area need to be aware of the differences between their own perceptions of a disability and the definitions of disability as laid out in legislation.

Members who do not practice in the area of clinical neuropsychology, but who provide cognitive assessments of individuals with central nervous system injuries *sustained in personal injury cases* should not make inferences about brain-behaviour relationships, else they will be seen as providing neuropsychological services. If the assessment includes conclusions that draw a direct relationship between neural dysfunction and cognitive ability/disability, the report constitutes a neuropsychological assessment.

(B) Content/Completeness

Note: The following comments on the content of reports are not intended to include reports completed within a health

care setting, not covered by a third party payor and which are not meant to address issues regarding a patient's future employability and care costs. The extensive review of medical, police, school and workplace records as well as surveillance information would normally not be done in the context of a health care setting, or for the purposes of recommending treatment in the context of a health care setting. Hospital based members who complete assessments of clients involved in personal injury suits should be aware that their reports may be included in legal actions. They would be well advised to document the effect of limited collateral information on any diagnosis offered.

Members are reminded that the hallmark of a good report is completeness and clarity and that all members providing neuropsychological assessments in any setting should follow the Standards of Professional Conduct of the College of Psychologists.

Generally, tests should be used that are appropriate to answer the questions posed. Measures that are idiosyncratic or obscure should be avoided. In particular, measures used for research purposes should not be interpreted in an assessment done for determination of personal injury. Procedures used in neuropsychological assessment must have demonstrated validity for this purpose. The decision to use a test to measure a particular brain function must be based on a scientific body of knowledge. Care should be taken to address specific questions and the assessment should be restricted to answering those questions. Members may find it helpful to encourage specific questions from the referral source.

A neuropsychological assessment conducted in the context of personal injury must include consideration of pre-injury function, confounding medical or psychological conditions, developmental history (particularly in the assessment of children or adolescents) and behavioural reports and observations. A review of collateral information, especially medical records, will enhance the member's ability to make an accurate diagnosis and appropriate recommendations. Particularly in the case of children and adolescents, information from parents and teachers is essential. Testing alone rarely, if ever, constitutes an adequate assessment of neuropsychological functioning.

The language of the report should be clear and the line of reasoning behind any conclusions drawn should be self-evident. A consideration of differential diagnoses should be included and obvious. Members should be aware of the effects of medical and psychological conditions (for example, pain, sleep disturbance, depression) on test performance. Members should also consider the effect of frequent reas-

essment on test performance. It is not unusual to see assessments that have been conducted within weeks of a previous assessment. Members should be vigilant in determining the number and frequency of neuropsychological assessments that have been completed and consider both practice and frustration effects on test performance. If it is not possible to make an unambiguous determination of which diagnosis is the most probable, then this should be stated clearly. If it is not possible to determine confounding effects on test performance, this should also be stated clearly.

Symptom validity testing (SVT) must be considered in personal injury assessments and at a minimum, would entail the use of comprehensive behavioural observations. If formal assessment of symptom validity is undertaken, the standards of practice regarding appropriate normative data, reliability and validity apply in choosing a test. Whether formal testing of symptom validity is undertaken or not, the basis on which an opinion of effort is made must be clearly stated and evidence based. Members are also advised to include consideration of alternative causes of variability in performance.

(C) Special Concerns/Objectivity

The task force reviewed concerns that have been raised with regard to bias in reports. Neuropsychological assessments of personal injury must not only be objective, but must have the appearance of objectivity. The style and language of the report should not be adversarial, even though the process that the assessor is involved in may well be adversarial. Members are advised, in evaluating their own reports, to be mindful of the first principle in the Canadian Code of Ethics for Psychologists, Respect for the Dignity of Persons. In light of this principle, demeaning or disparaging remarks about clients or other professionals are not acceptable; nor are pejorative or evaluative terms. Mention of race or ethnic background should be included only if such information is germane to the referral question. Members are reminded that the purpose of the report is to render a professional opinion, not to comment on moral or social values. Descriptions of an individual's behaviour or test performance are appropriate and valuable as long as the terminology used is not demeaning.

Members whose practice is highly dependent on referrals from third party payors (typically, lawyers or insurers) need to be especially vigilant in determining if their reports are biased in favour of the referring agent.

Diagnoses of malingering or mild head injury are particularly controversial. Assessments containing either of these diagnoses are more likely to result in inquiries, if not complaints to the College. Members are advised that, if either of

these diagnoses is offered, it must be based upon reasonable and objective findings.

Members should exercise extreme caution in making a diagnosis of malingering. Any determination of malingering should be evidence based. It is unlikely that a diagnosis of malingering would be made on the basis of test scores alone. True malingering is difficult to prove unless there is clear objective evidence or admission by the individual. Members should consider if their training and expertise allows them to make a true determination. Additionally, it is important to consider that the presence of malingering does not necessarily exclude the presence of deficits.

Consideration of other causes of symptom or deficit exaggeration or poor effort should be evident in the report. Members are advised to recognize that the term “malingering” is value-laden and the effect on the person receiving that diagnosis, significant. Once that conclusion has been stated, other causes of exaggeration, such as poor coping skills, may not be considered or treated. At the same time, the member is obliged to provide either the corporate client or the court system with an accurate diagnosis. There is nothing unethical about the use of the term malingering if the evidence supports the diagnosis. Members are advised to review the literature on base-rate and diagnosis of malingering; suggested readings are attached.

Members are also advised to be extremely cautious in the diagnosis of mild brain injury. This, too, is a diagnosis with far-reaching consequences for the individual being assessed. Conclusions about diagnosis and prognosis not based on adequate evidence are not acceptable. A diagnosis of mild brain injury should be based on a review of the medical records, as well as the individual’s neuropsychological test performance. Alternative explanations for presenting signs and symptoms should be considered and the line of reasoning in reaching a diagnosis of mild brain injury clearly evident. Presentation of differential diagnoses, in particular indicating consideration of emotional and financial influences, is essential.

Determination of disability arising from a mild brain injury and in particular any conclusion of permanence of impairment or disability arising from a mild brain injury must be based on the relevant medical evidence and the scientific literature with respect to the likelihood of permanent disability arising from a mild brain injury. It is also important to bear in mind that the absence of a neuropsychological diagnosis does not preclude a psychological diagnosis and the need for appropriate psychological interventions. It is important that members maintain a holistic perspective of the client and his/her presenting problems. Members are advised

to ensure that their knowledge base in diagnosis of mild brain injury is updated regularly. A list of current articles is attached.

A diagnosis of mild brain injury or malingering based on a poorly conceptualized and documented assessment may well lead to a subsequent independent examination that fails to support that diagnosis. Complaints may then be lodged with the College and all involved put through additional needless expense and stress as a result of an initial assessment that did not offer a balanced and complete assessment of the client’s presenting problems. Misdiagnosis of malingering may deny an individual needed treatment and benefits to which they are entitled. Misdiagnosis of mild brain injury may also delay appropriate treatment and result in depression about what may be seen as a permanent medical condition as well as an inappropriate investment in a disability role. There are significant legal and financial risks to individuals who have been misdiagnosed. Members are encouraged to reflect on the CPA Canadian Code of Ethics for Psychologists, Principle II that requires one to minimize any harm to others in their actions.

Conclusion

The Advisory developed by the members of the task force should not be construed as College Standards of Professional Conduct, but rather as an aid to members in assessing their practice. Members who provide neuropsychological assessments in personal injury cases are encouraged to review the information provided in this document, in order to ensure that the service they provide meets minimum expectations.

Members may wish to reflect on the current state of our knowledge and the sensitivity and specificity of our assessment tools. In all cases, an assessment is an opinion being rendered based on a current set of data and a current interpretation of that data. Conclusions drawn in assessments must reflect a degree of uncertainty that is appropriate, given the available data and the current knowledge base.

Members who provide neuropsychological assessments for third party payors in personal injury cases are advised to evaluate their own competence, the content of their reports and the language and style of their reports. Limiting services to one’s area of expertise, providing reports that are balanced and fair, and ensuring that one has been accurate and thorough in reaching a diagnostic formulation will protect both the public and the member.

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Suggested Readings

The following list of readings should not be considered exhaustive, but merely representative of the literature that members practicing in this area should be familiar with.

Alexander, M.P. (1995) Mild traumatic brain injury: Pathophysiology, natural history and clinical management. *Neurology*, 145, 1253-1260.

Binder, L. M., & Rohling, M. L. (1996) Money matters: A meta-analytic review of the effects of financial incentives on recovery after closed-head injury. *American Journal of Psychiatry*, 153, 7-10.

Canadian Academy of Psychologists in Disability Assessment. Practice Standards for the Psychological Assessment of Disability and Impairment. March 2000

Canadian Psychological Association. Accreditation Manual. June 1991.

Hannay, H.J., Bieliauskas, L.A., Crosson, B.A., Hammeke, T.A., Hamsher, K. deS. & Koffler, S.P. (1998) Proceedings of the Houston Conference on speciality education and training in neuropsychology. *Archives of Clinical Neuropsychology*, 13, 160-165.

Hayes, R.L., Povlishock, J.T. & Singha, B. (1992) Pathophysiology of mild head injury. In Horn, L.J. & Zasler, N.D. *Physical Medicine and Rehabilitation: State of the Art Reviews*, 6(1). Philadelphia, Hanley & Belfus, Inc.

Iverson, G.L. & Binder, L.M. (2000) Detecting exaggeration and malingering in neuropsychological assessment. *Journal of Head Trauma Rehabilitation* 15(2), 829-858.

Iverson, G.L. & McCracken, L.M. (1997) Postconcussive symptoms in persons with chronic pain. *Brain Injury* 11(11), 783-790.

Kay, T. (1992) Neuropsychological diagnosis: Disentangling the multiple determinants of functional disability after mild traumatic brain injury. In Horn, L.J. & Zasler, N.D. *Physical Medicine and Rehabilitation: State of the Art Reviews*, 6(1). Philadelphia, Hanley & Belfus, Inc.

Kibby, M.J. & Long, C.J. (1996) Minor head injury: Attempts at clarifying the confusion. *Brain Injury* 10(3), 159-186.

Larrabee, G.J. (1999) Current controversies in mild head injury: Scientific and methodological considerations. In N. Varney & R.J. Roberts. *The evaluation and treatment of*

mild traumatic brain injury. New Jersey: Lawrence Erlbaum Associates.

Lytwyn, G. (2001) Getting the most out of insurer examinations: Considerations for assessing impairment and disability in psychological trauma and mild brain injury. *Without Prejudice*, 65, 42-55.

Mild head trauma: A special issue on neuropsychological research. (1999) *Recovery* 9(3). Insurance Corporation of British Columbia. [Reprints available on website www.icbc.bc]

Millis, S. R., & Putnam, S. H. (1996) Detection of malingering in postconcussive syndrome. In M. Rizzo, & D. Tranel. *Head injury and postconcussive syndrome*. New York: Churchill Livingstone.

Mittenberg, W. & Strauman, S. (2000) Diagnosis of mild head injury and the postconcussive syndrome. *Journal of Head Trauma Rehabilitation* 15(2) 783-791.

Pankratz L. & Binder, L.M. (1997). Malingering on intellectual and neuropsychological measures. In Rogers, R. (Ed.) *Clinical assessment of malingering and deception* (2nd ed.) New York, The Guilford Press.

Raskin, S.A. & Mateer, C. (2000). *Neuropsychological management of mild traumatic brain injury*. Toronto, Oxford University Press.

Reed, J. (1996) Fixed versus flexible neuropsychological test batteries under the Daubert standard for the admissibility of scientific evidence. *Behavioural Science and the Law*, 14, 315-322.

Reitan, R.M. & Wolfson, D. (1997). *Malingering and the detection of invalid test scores*. Tuscon, Arizona, Neuropsychological Press.

Reitan, R.M. & Wolfson, D. (2000). *Mild head injury: Intellectual, Cognitive and Emotional Consequences*. Tuscon, Arizona, Neuropsychological Press.

Reports of the INS Division 40 task force on education, accreditation and credentialing. (1987). *The Clinical Neuropsychologist*, 1, 29-34

Reynolds, C. R. (1998). *Detection of malingering during head injury litigation*. New York, Plenum Press.

Rogers, R. (Ed.) (1997) *Clinical assessment of malingering and deception* (2nd ed.) New York: The Guilford Press.

Slick, D.J., Sherman, E.M.S. & Iverson, G.L. (1999) Diagnostic criteria for malingered neurocognitive dysfunction: proposed standards for clinical practice and research. *The Clinical Neuropsychologist* 13(4) 545-561.

Sweet, J. J. (1999). Malingering: Differential diagnosis. In J. J. Sweet (ed.). *Forensic neuropsychology: Fundamentals and practice*. Lisse: Swets & Zeitlinger.

Varney, N.R. & Roberts, R.K. (1999). *The evaluation and treatment of mild traumatic brain injury*. London, Lawrence Erlbaum Associates.

Note: Copies of guidelines, practice standards and criteria of various credentialing bodies are available from the organization in which the document was developed. All of the documents the task force reviewed can be accessed or ordered through the organization's web-site or by contacting the organization directly. §

College Adopts Revised Codes and Standards

In December 1995, the College formally adopted, as applicable to all members, a number of documents pertaining to professional conduct and ethics. Some of these have recently been revised and at the Council meeting of March 2001, the Council voted to adopt these revisions. Therefore, effective June 1, 2001 the following are formally adopted as applicable to members:

The Canadian Code of Ethics for Psychologists, Canadian Psychological Association, Third Edition, 2000. [replaces 1991 revision]

Standards of Educational and Psychological Testing, American Educational Research Association, American Psychological Association and the National Council on Measurement in Education, 1999. [replaces 1985 edition]

Ethics in Research with Human Participants, American Psychological Association, 2000. [replaces Ethical Principles in the Conduct of Research with Human Participants, 1982]

President's

Report

Spring is here already! How fast the time has flown since I wished you a pleasant holiday season in December. There has been a lot of activity at the College in the interim, and more coming in the next couple of months.

Several ad hoc committees continue to meet and have made significant progress on their respective agendas. The Office Planning Committee has recommended to Council that the College lease new office space rather than considering further the possibility of buying a property. We have contracted with a broker and are currently exploring various rental properties. Basic needs for the College include sufficient space for staff offices, committee meetings, a board room, wheelchair accessibility, easy access to subway routes and other transportation, hotels and restaurants, and of course, all of this at an affordable price. Staying where we are does not appear to be an option, as it would require increased rent and building costs to expand the available space.

The Strategic Planning Committee has met twice during the winter and has made significant progress in developing a vision statement, a mission statement, and a comprehensive compilation of the College's resources and goals, and planned steps to meet both short-term and long-term goals. Council reviewed the plan at its March meeting. The proposed plan is included in this issue of the [Bulletin](#) for your review. We welcome your comments and suggestions.

Meetings with the Ministry of Health and Long-Term Care, with input from the Ministry of Finance, have occurred in an effort to hammer out the regulations regarding incorporation by health professionals. The government is moving quickly to proclaim this legislation and you will be kept apprised of its status as well as the pluses and minuses of incorporation for you, as practitioners in either solo or group practices.

The winter meetings of both the Council of Provincial Associations of Psychology (CPAP) and the Association of State and Provincial Psychology Boards (ASPPB) were interesting and helpful. Half of the CPAP meeting was spent on discussions among provincial associations and regulatory bodies on a variety of topics, and the other day was spent on further discussion of the Agreement on Internal Trade. Recently, regulators from all of the provinces and territories completed the final draft of a Mutual Recognition Agreement that will be signed by a majority of the provinces and territories in a signing ceremony in Quebec on June 24, complete with a bell-ringing ceremony. Our sincere thanks and appreciation to Dr. Janet Polivy and Dr. Catherine Yarrow who represented our College in this endeavour, spending many hours, days, and weekends working on this agreement designed to facilitate the possibilities for mobility for members across the country.

The *College Advisory for Psychological Practice - Neuropsychological Assessments in Personal Injury Cases*, developed by another ad hoc committee chaired by Dr. Mary Ann Mountain, was distributed for consultation and feedback. It has been very well received for its thoroughness, clarity, and readability. At the March meeting, Council voted to inform members of the Advisory as useful information for those working in the area of personal injury assessment. Many requests for copies of the Advisory have been re-

ceived from across Canada and the U.S., so it is clearly meeting a strongly felt need.

The Winnipeg Conference on "Organizing Psychology in Canada" is to be held May 10-13 in Winnipeg. It will be attended by representatives from all psychological bodies in Canada, including CPA, CRHSSP, CPAP, and all regulatory boards across the country. Dr. Nina Josefowitz will attend as a representative from our College.

The Tenth Annual Barbara Wand Symposium was held on February 21 just prior to the OPA convention. The Symposium dealt with telehealth, supervision issues, and the advisory on neuropsychological assessments in personal injury cases. There was very positive feedback from the 165 attendees and the Planning Committee received many good suggestions for next year's Symposium. Many thanks to Dr. Nancy Eames who chaired the Planning Committee.

Three of our public members have been re-appointed for another one year term, and we are most pleased to welcome them back. They are Michael Giffen, Barbara Gray, and Peter Adams. Throughout their terms on Council they have giving unselfishly and have done an outstanding job. We are also pleased to have Jane Mortson, Gordon Rimmer and Mark Lawrence continuing as public members on Council. We thank all of them heartily for their involvement, unique perspectives, candor, and contributions to Council and to all of the committees on which they serve.

This marks the last of my reports as President. At the end of May, my second term on Council ends, and I have not sought re-election. I have thoroughly enjoyed my six years on the Council and have served on all but two statutory committees and on many ad hoc committees. I chaired the Complaints Committee for 4 years and was very honoured to be able to serve as President during this, my last, year. Serving on Council has been an exceptionally challenging and rewarding experience. I have learned a great deal and have worked with wonderful, capable, and very dedicated people. I can assure you that everyone on the College staff, on Council, and on all of the committees works very hard to ensure fairness, accessibility, thoroughness, progressiveness, and sensitivity in dealing with all of the issues and challenges that the College faces. I am most grateful for this experience, and I encourage each of you to consider becoming involved in some way with the work of the College. Thank you so much to everyone.

Judith Van Evra, Ph.D., C.Psych.
President

OBITUARY

DR. BRUCE QUARRINGTON

The College regrets to announce that Dr. Bruce Quarrington passed away on April 13, 2001 at his home, Barrett's Pond, Grafton, Ontario. Dr. Quarrington was Professor Emeritus at York University. He was a central figure in clinical psychology within the Department of Psychology and played a key role in the creation of the CPA/APA accredited program in Developmental-Clinical Psychology. He retired from the faculty at York University in 1988. Dr. Quarrington served on the Ontario Board of Examiners in Psychology (OBEP) from 1971 to 1976. He frequently served as an oral examiner and provided his considerable expertise as consultant to the Board, and later to the College of Psychologists of Ontario. Dr. Quarrington's contribution to the profession of psychology and his dedication to the regulation of the profession as well as his warmth and humour will long be remembered.



COUNCIL MEETING HIGHLIGHTS

March 30-31, 2001

A Vision for the Next 3 Years

The Strategic Planning Committee has developed updated Vision and Mission Statements, and identified "Key Success Factors" in achieving them. Gap analysis was used to identify those areas in which the present status differs most from mission achievement. Council unanimously voted to accept the document for circulation to the membership and look forward to reviewing member feedback at the June meeting.

The Possibility of Professional Corporations: Bill 152

Legislative amendments to the Regulated Health Professions Act (RHPA) and Ontario Business Corporations Act will soon allow members of health professions to incorporate.

The Ministry of Health and Long-Term Care and the Ministry of Finance are developing regulations that will apply to all members of regulated health professions wishing to incorporate. Individual Colleges must create by-laws for fees, and information reporting requirements. In this regard, proposed changes to the fees by-law (including application fees and annual Certificate of Authorization (COA) fees) will be brought before Council in June. A by-law requiring notification of the College of a change in shareholders (e.g., at COA renewal time) must also be developed.

Shareholders of the corporation must all be members of the same College. Individual responsibility will be emphasized, and professionals will remain accountable to their regulatory body. The duty to the patient must not be compromised. Once the Act is proclaimed, the regulations are in place, and the by-laws are passed, incorporation may take place.

An Agreement among Regulatory Bodies? The MRA

Under the Agreement on Internal Trade (AIT), the College has reached a tentative Mutual Recognition Agreement (MRA) with the other provinces to facilitate mobility for licensed psychologists and psychological associates. The MRA must still be formally approved and signed by all of the regulatory bodies involved.

Commencing in July 2003, applicants for licensure would be evaluated by all jurisdictions with respect to core competencies, according to agreed upon mechanisms. Fast-tracking and grandparenting provisions would be included for those psychologists meeting specific criteria: registration prior to 2003 with five consecutive years of experience immediately

preceding the date of application; holding a degree accredited by CPA or APA; and, listing with the Canadian Register of Health Service Providers in Psychology (CRHSPP) or the National Register of Health Service Providers in Psychology (NRHSPP). Masters level psychologists from other jurisdictions would be registered as psychological associates in Ontario. Psychological associates, registered in Ontario on the basis of the core competencies, would be eligible for registration in receiving jurisdictions with masters level registration.

Subsequent to July 2003, applicants not yet assessed for a core competency would be assessed for this competency by the receiving jurisdiction. Failure to meet standards would not preclude relocation; rather, a temporary license could be issued by the receiving jurisdiction for a period sufficient to complete all requirements. The College will continue to assess for jurisprudence knowledge.

A motion to accept this draft was carried. This penultimate draft agreement will be forwarded to the labour Mobility Coordinating Group and to legal counsel for review. It will then be translated into French and the final version of the agreement will be brought to Council in June. The official signing by all affirming parties will take place in Quebec City on June 24, 2001.

Rent Elsewhere or Renew?

Following consideration of the cost-effectiveness of purchasing a building for relocation of the College offices, the Executive Committee recommended that the Office Planning Committee focus instead on properties for lease. With the services of a real estate broker and an office designer the Committee has narrowed the list to three properties located at Yonge and College, Yonge and Eglinton, and Yonge north of Sheppard. The President and one Council member will inspect these properties, and an offer will be brought to Council for consideration in June. At that time, information on the potential for acquiring appropriate space at the current location will also be considered.

Advisory for Neuropsychological Assessments in Personal Injury Cases

In response to an increase in complaints regarding neuropsychological assessments in personal injury cases, a task force

was convened to develop an advisory for practitioners. The task force was asked to address methods for evaluating training and experience, the contents of neuropsychological assessments, and procedures to ensure objectivity in neuropsychological diagnoses in personal injury cases. The draft document was sent to practitioners who declared themselves as providing neuropsychological services, for feedback. Council moved unanimously to approve the document, with minor amendments, for circulation to the membership. It is intended for use as an Advisory with which professionals may evaluate their own practices given the existing standards of other bodies. The task force emphasized the evolving nature of the document and of the field itself, and suggested it be placed on a review schedule for periodic reassessment.

The Traveling Barbara Wand Symposium

The Barbara Wand Symposium, held in Toronto on February 21, was, although over-budget, evaluated by participants as a great success. Council discussed the need to explore ways to address budgetary concerns including an increase in registration fee to a more cost-recovery level. Council members identified the need to improve promotion of the Symposium to students, and possibly adding to the content to increase its relevance to graduate students. Council probed the potential of staging shorter presentations in centres outside Toronto. The Symposium Planning Committee will calculate costs and feasibility of conducting one such presentation, and report back to Council with suggestions.

Jurisprudence and Ethics Examination Fees to Increase

The Council reviewed the costs of the developing and maintaining the jurisprudence and ethics examination and the need to raise the administration fee. The discussion presented two views; one stressing the importance of recovering development and maintenance costs, the other arguing the need to create a quality product but within the current financial allocation. A motion to raise the fee to \$125 from the current \$100 effective June 1 was approved by a narrow margin.

Other News:

- The last paper and pencil administration of the EPPP will take place April 18, 2001; it was first administered in Ontario in 1967 to 4 candidates.
- Council approved the proposed budget for the fiscal year 2001-2002, presented by the Registrar.
- Council decided not to provide member registration numbers to the Insurance Bureau of Canada and the Financial Services Commission of Ontario. Consequently, these agencies are likely to develop unique systems of provider identification.
- The investment policy approved in December 2000 has

been drafted into bylaws and will be circulated to the membership before going into effect.

- The Winnipeg Conference for "Organizing Psychology in Canada" is scheduled for May 10-13 2001. Representation from all professional associations and regulatory bodies will provide opportunities to share resources and strategize.
- Bill 159, the Personal Health Information Privacy Act is likely to undergo substantial revision before being reintroduced at a future legislative session. It would regulate the collection, use, and disclosure of personal information, with a focus on high-technology sources.
- Could the College's Standards of Professional Conduct benefit from a reorganization to achieve greater clarity? The Client Relations Committee invites comments on the standards review process, with process approval targeted for June 2002.
- The Government Relations Committee has developed a quick response team to respond to Government requests for the College's position on pending legislation.

Michele Boivin
University of Toronto

Upcoming
COUNCIL MEETING

Friday June 1, 2001
& Saturday June 2, 2001



COLLEGE NOTICES

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO

ANNUAL MEMBERSHIP FEE

Annual registration fees are due on or before June 1. The College will shortly be mailing out the fees notice and practice update forms for the 2001–2002 registration year. While the College endeavours to ensure that each member receives his/her renewal notice, the College cannot be responsible for misdirected or undelivered mail. Each member is responsible to ensure his/her fee payment is made regardless of whether a notice was received. Therefore, if you do not receive your fee notice by May 15, please contact the College immediately.

In an effort to provide better service to our members, the College has introduced a 'payment by bank' option. A description of the payment methods follows:

Payment by Bank

Electronic Bill Payment (Telephone & Web banking only):

- a) The following banks will accept electronic payments made for The College of Psychologists of Ontario: **Bank of Montreal, Bank of Nova Scotia (BNS), Canadian Imperial bank of Commerce (CIBC), Royal Bank of Canada, and Toronto Dominion Bank (TD Access).** Please contact the respective banks for more information.
- b) If you are paying through your bank, please use the **eleven-digit Customer Number** on the top right corner of the invoice to make your payments.
- c) Please note that if you are making your payment through the bank, **you must still return the Practice Update Form** to the College in the envelope received in the renewal package.

By Mail

Payment may be made by mailing your cheque along with your completed Practice Update Form in the envelope received in the renewal package. Please make cheque payable to: *The College of Psychologists of Ontario*

In Person

Payment by cash or cheque can be made at the College offices at 1246 Yonge Street, Suite 201, Toronto, during regular business hours. Please make cheque payable to: *The College of Psychologists of Ontario*

A full description of the renewal process, fees and deadlines is provided in the instructions accompanying the renewal notice. Please read this carefully in reviewing your Practice Update Form and arranging for fee payment. §

Retired

Since the publication of the December 2000 Bulletin, **Dr. Laurent Isabelle** and **Dr. Richard D. Schneider** have requested their Certificates of Registration be changed from regular to retired status. The College would like to wish Dr. Isabelle well in her retirement and congratulate Dr. Schneider on his recent appointment to the bench of the Ontario Court of Justice.

Deceased

The College has learned with regret of the deaths of **Dr. Bruce Quarrington, Dr. Elsie Palter** and **Dr. Warren Robinson** and extends condolences to their family, friends and professional colleagues.

Reinstatements

The following individuals have reinstated their membership with the College:

Clark, Louise
Ferguson, H. Bruce
Foard, Thomas
Harris, Ricardo J.
Ross, Linda
Yazar, Reyhan

NOTICE OF PROPOSED BY-LAW AMENDMENT

21. Committee Composition By-Law

At the March 2001 meeting of Council a motion was passed regarding the composition of the Discipline Committee. It has been the Committee's experience that the limited number of members currently on the Committee can result in problems of conflict of interest in efforts to select members for Discipline Panels who have not had prior knowledge of either the member, or the case through some other College process. The effect of the motion is to increase the number of members appointed to the Committee thus providing a larger pool from which a Discipline panel can be drawn. This would allow for maximum flexibility in constituting Discipline Panels.

Currently, the by-law states that:

- 21.4** The Discipline Committee shall be composed of,
- (a) six members of the Council who are members of the College;
 - (b) four members of the Council appointed to the Council by the Lieutenant Governor in Council; and
 - (c) two members of the College who are not members of the Council.

The proposed by-law amendment would change each of these sections by adding the words "*at least*" at the beginning of each statement, to read:

- 21.4** The Discipline Committee shall be composed of,
- (a) at least six members of the Council who are members of the College;
 - (b) at least four members of the Council appointed to the Council by the Lieutenant Governor in Council; and
 - (c) at least two members of the College who are not members of the Council.

8. Signing Officers

At the March 2001 meeting of Council a motion was passed regarding the signing officers of the College. Currently the by-law reads:

The signing officers of the College are,

- 8.1** One of the Registrar or the Deputy Registrar plus one of the President, the Vice President, or one member

of Council for any amount;

- 8.2** Any two of the Registrar, the Deputy Registrar and the Director, Registration and Administration for amounts up to \$5,000;
- 8.3** A signing officer shall not sign a cheque made out to him/herself. Payroll is specifically exempt from this provision.

For greater clarity, the Council recommended that 8.1 be amended to read:

- 8.1** For any amount, either the Registrar or the Deputy Registrar plus one of the President, the Vice President, or one member of Council;

To clarify accountability for spending in the specific program areas, the Registrar has requested that the Director, Investigations and Hearings review all expenses associated with these College activities. To reflect this accountability in the signing authority while maintaining appropriate oversight, Council approved a proposed amendment to 8.2.

The new wording would read:

- 8.2** For amounts up to \$5,000, either the Registrar and the Deputy Registrar; or one of the Registrar or the Deputy Registrar plus either the Director, Registration and Administration or the Director, Investigations and Hearings;

The Council recognized there are three types of payments, related to the basic administration of the College, that routinely exceed \$5,000. Council approved a proposed amendment to authorize staff, as described in 8.2, to sign these specific cheques. This exemption is contained in the following proposed addition:

- 8.2.1** Notwithstanding the above, for amounts up to \$15,000, the signing officers identified in 8.2 shall also be authorized to sign all cheques for: (1) mandatory employer remittances to the Canada Customs and Revenue Agency including payroll deductions and employer contributions; (2) monthly rent or mortgage payments for College premises pursuant to a lease or purchase agreement approved by Council; and (3) monthly premium payments for employee benefits.

It is noted that (1) is directly consequential upon the

salaries paid to employees and that the salary ranges are subject to approval by the Council; (2) is directly consequential upon a decision of the Council respecting lease or purchase of specific premises; and, (3) is directly consequential upon the employee benefit policy approved by the Council. Therefore, necessary controls are in place with respect to the payments specified in 8.2.1.

9. Banking

Under the authority of Section 94 (1) (c), of the RHPA Code it is recommended that Section 9 of the by-laws be amended to incorporate the investment policy approved by Council in December 2000 and that the section be renamed "Banking and Finance". The proposed by-law would amend sections 9.4 – 9.7 to read:

9. BANKING AND FINANCE

9.4 Investment Philosophy

Funds of the College, not immediately required, may be invested in short-term instruments that do not present undue risk to principle. The primary objectives of such investments, in order of importance, shall be preservation of capital, maintenance of liquidity, and yield.

9.5 Responsibility/Authority to Invest

Investments are the responsibility of the Registrar/Executive Director. This responsibility includes the authority to monitor an investment advisor or fund manager, to move money into and out of investment funds that satisfy the college's investment philosophy and criteria, to establish appropriate accounts and to execute such documents as may be necessary.

9.5.1 Those authorized to approve transactions include the Registrar or Deputy Registrar in consultation with the Director of Registration and Administration. Those authorized to execute transactions include; the Registrar/Executive Director or the Deputy Registrar plus the Director, Registration and Administration or the Finance and Benefits administrator.

9.5.2 The Registrar/Executive Director shall be responsible for reporting the status of investments to the council and the Executive Committee on a quarterly basis.

9.6 Acceptable Investments

9.6.1 Debt obligations issued or guaranteed by the Government of Canada or managed pools of such instruments: The College may invest in individual instruments or a managed portfolio of Government of Canada guar-

anteed securities. The investments in the portfolio will have a maximum term to maturity of one year with an average term of 7 days to 90 days. All securities in the portfolio will be marketable.

9.6.2 Debt obligations issued or guaranteed by Canadian, provincial or territorial governments or by banks chartered in Canada, or managed pools of such instruments:

The College may invest in high quality debt obligations issued or guaranteed by Canadian, provincial or territorial governments, and Canadian chartered banks or in a managed fund of such securities. All investments will be with issuers who have a credit rating of R-1 Mid (Dominion bond Rating Service) or its equivalent. All investments in the fund will have a maximum term to maturity of one year and the average term of the fund will range from seven days to 90 days. All securities in the fund will be marketable. The fund will consist of a maximum of 40% of securities from any one issuer, other than Canadian Treasury Bills and a 25% limit on any one Schedule II Bank.

9.6.3 Short-term corporate paper or managed pools of such instruments:

The College may invest in individual instruments or in a managed fund that includes high quality short-term corporate paper and fully collateralized loans on call. All investments in the fund will be with issuers who have a credit rating of R-1 (Dominion Bond Rating Service) or its equivalent. Each investment in the fund will have a maximum term to maturity of one year. The average term of the entire fund will generally range from seven days to 90 days. All securities will be marketable. A maximum of 10% of the investments will be securities from any one issuer, other than government issuers.

9.7 Any security in which the College invests shall be placed, promptly after the investment is made, in the College's safety deposit box at the bank appointed under subsection 9(1).

9.7.1 Section 9.7 does not apply to securities in pooled funds of the type described in 9.6.1 and securities of the types mentioned in 9.6.2 and 9.6.3.

9.7.2 Securities and other documents shall be placed in or removed from the College's safety deposit box by one of the Registrar/Executive Director or Deputy Registrar and one of the President, the Vice-President or another member of the Executive Committee.

22. Professional Liability Insurance

The requirement for members to be covered by professional liability insurance became mandatory beginning in the 2000/2001 renewal year. Some members raised concerns with respect to this requirement as it related to their current activities. As a result, at the June 2000 meeting the Council agreed that the insurance requirement would not be enforced for members who did not provide direct services to individuals or families or conducted psychological research with individuals or families over the preceding year and were not going to provide such services during the current renewal year.

At the meeting of March 2000, Council approved a proposed amendment to the Professional Liability Insurance By-law to incorporate the above exemption by adding the following:

22.5.(4) Any member who attests that:

- (a) the member has provided no direct services to individuals or families, nor conducted psychological research with individuals or families within Ontario during the preceding registration year; and,
- (b) the member has provided no supervision to anyone in the provision of such services nor the conduct of such research in Ontario during the preceding registration year; and
- (c) the member will not be providing such services, conducting such research nor providing such supervision in the current registration year.

These by-law amendments will be brought to Council for approval at the meeting of June 1/2, 2001. Comments regarding the amendments may be made to the College, to the attention of Dr. Catherine Yarrow, Registrar.

Deadline for Last Phase of Transition Stream Entry to Registration

Individuals who graduated from the Institute for Child Study in 1994, 1995 or 1996 are able to submit an application for registration as a Psychological Associate and be considered under transition stream requirements. Please take note however, that Regulation 533/98, Registration specifies that the application must be submitted to the Registrar "on or before June 30, 2001".

Candidates for the title 'Psychological Associate' within this transition stream must have met all registration requirements by December 31, 2001. These include acceptable academic credentials, five years of acceptable work experience following graduate training, successful completion of the College's examinations (Examination for Professional Practice in Psychology (EPPP), Jurisprudence and Ethics Examination, and Oral Examination), and any additional training or experience required by the College.

One should allow at least 30 days from the time your application reaches the College for all supporting documents to arrive and for processing. Your application must receive initial approval before you can proceed to take the required examinations.

Beginning May 1, 2001, the EPPP will be administered by computer at a date of the candidate's choosing. Please see the College's web page at www.cpo.on.ca for further details on computer administration. For candidates planning on attending an Oral Examination at the December 2001 session, all EPPP scores must arrive at the College office no later than November 1, 2001.

The Jurisprudence and Ethics Examination will be administered on October 1, 2001. Sign-up for approved candidates must take place by August 15, 2001. Both the EPPP and the Jurisprudence and Ethics Examination must be passed prior to attendance at an Oral Examination.

Oral Examination sessions are planned for June 13, 14, and 15, 2001 and for December 12, 13, and 14, 2001.

1994, 1995 and 1996 graduates from the Institute for Child Study who do not complete the registration requirements by December 31, 2001, as indicated in the legislation, should be aware that the academic requirements for regular entry include a masters degree in psychology.



Changes to the Register

The College would like to congratulate and welcome the **50 new *Psychologist* members** and the **11 new *Psychological Associate* members** issued with Certificates Authorizing Autonomous Practice since December 1, 2000.

PSYCHOLOGISTS

Kay Caroline Abony-Bencze
Deborah Jean Affleck
Nicole Dianne Anderson
Deborah Azoulay
Scott Robert Bishop
Jacqueline Elizabeth Blackwell
Heather Joya Bromley Little
Sally Christensen
Rebecca I. Cohen
Laurie Yvonne Costaris
Carolina Cristi
Roberto Di Fazio
Raymond Francis Dlugos
Mary Barbara Donaghy
Steven Donaghy
François Dupont
Rhonda Naomi Goldman
Neil Frank Gottheil
Stephanie Lynn Greenham
Jean C. Grenier
Bertrand L. Guindon
Lori Haskell
Kate Henry
Elizabeth Ann Hubbard
Susan Maureen Hughes
Shelley Anne Jordan
Simone Wilhelmién Antoinette Theresia Kortstee
Michael Kuhne
Cécile Desneiges Ladouceur
Diane Edith LePage
Karen Beth MacLeod
Wanda Marie Malcolm
Judith Hélène Malette
Randi Elizabeth McCabe
Siobhan Lynda May McEwan
Jonathan K. Mills
Myriam Mongrain
Patricia Lynn Peters
Frances Annie Pettit
Catherine Frances Phillips
Claire Pizer
Martine Roberge

Francine Roussy
Irene Rukavina
Ian David Shulman
Robert Wayne Smith
Laura Jane Summerfeldt
Lisa Marie Sweet
Naomi Frankel Tal
Sara Zimmerman

PSYCHOLOGICAL ASSOCIATES

Carol Lynne Gustafson
Christine Joyce Hodgins
Rose Lucy Jardine
Zhu-hui Li
Josie Celia McKechnie
Laura Patricia Sarah Mahoney
Ericka Emma Mirc
Sadie Victoria O'Leary
Alan Christopher Rowntree
Kim Ann Surette
Karen Helen Wright

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.

Changes to the Register

The College would like to congratulate and welcome the **39 new *Psychologist* members** and the **8 new *Psychological Associate* members** issued with Certificates Authorizing Supervised Practice since December 1, 2000.

PSYCHOLOGISTS

Sara Aharon
 Vanessa Joy Andres-Lemay
 Lori Jo Bernstein
 Irene Bevc
 Geneviève Claudette Bouchard
 Laura Anne Chambers
 Lorraine Anne Champaigne
 Janette Marie Collier
 Stephanie Jane Cristina
 Linda Joy Cudmore
 Patricia Michelle Delmore-Ko
 Laura Joy Demchuk
 Lisa Maria Destun
 Andrea Louise Shaw Downie
 Nathalie Ann Garcin
 Suzanne Michelle Gilpin
 Normand Alfred Gingras
 Elizabeth Jane Hall
 Alicia Margaret Hendley
 Ann Marie Klinck
 Yvette Legrand
 Brian Eliot Levitt
 Brian John Patrick MacDonald
 Ann Jean McDermid
 Joelle Marie Mamuza
 Marc David Mandel
 Lynn Miller
 Andrea Antoinette Myrie-Nurse
 Elissa Diane Newby-Clark
 Mary-Lou Nolte
 Marie Julie Pelletier
 Luis Enrique Oliver
 Linda Ruth Reinstein
 Hélène Savard-McQuigge
 S. Elizabeth Stevens
 Diane Louise Warling
 Jeffrey Wong
 Christian André Wyss
 Michael Lee Zwiers

PSYCHOLOGICAL ASSOCIATES

Christina Armstrong Agrell
 Piyali Bagchee
 Lyla Rose Geraldine Caudle
 Jaya Gupta
 Patricia Marra Stapleton
 Zaharoula Kathy Stiliadis
 Joseph Trovato
 Linda Efthalia Tsaros

Discipline Proceeding

No discipline proceedings have been held since the publication of the last [Bulletin](#).



Call for Participation in Statutory and Non-Statutory Committees

Under the Regulated Health Professions Act, 1991, the College is required to have seven Statutory Committees: Executive, Registration, Complaints, Discipline, Fitness to Practice, Quality Assurance, and Client Relations. The Executive Committee is elected from the members of the College Council who in turn appoint the members of the six other Committees. The Committee composition includes both members of the Council, and members of the College who are not members of the Council. Both titles, *Psychologist* and *Psychological Associate*, must be represented on each of the six Committees. In addition to the Statutory Committees, the College has established a Communications Committee for which member participation is sought.

Members who are interested in serving on a Committee are asked to provide their name, registration title, preferred Committee (1st and 2nd choice may be given) and a brief statement of background and interest to the Registrar by May 18, 2001.

Registration

Meeting an average of one day per month, the Registration Committee reviews applications referred by the Registrar, to determine whether requirements for registration have been met, and to direct the Registrar respecting the issuance of certificates of registration and any terms, conditions or limitations to be imposed. The Committee also reviews and advises on policies and guidelines related to registration. Two members of the College are required.

Complaints

Meeting an average of one to two days per month, the Complaints Committee investigates complaints regarding the conduct or actions of members and renders a written decision within 120 days of receipt of a complaint. The Committee also reviews and advises on policies and guidelines related to investigations and resolutions. At least two positions will be available for members of the College.

Discipline

Meeting as needed, for hearings ranging from one to five days, including resumptions, the Discipline Committee hears allegations of professional misconduct or incompetence against members, referred by the Complaints Committee. At least two members of the College are required.

Fitness to Practice

The Fitness to Practice Committee meets as needed to hear matters relating to fitness to practice referred by the Executive Committee after receiving a report from the Registrar regarding possible incapacity. Two members of the College are required.

Quality Assurance

Meeting three to four times per year the Quality Assurance Committee is responsible for the continued development and implementation of the Quality Assurance Program under the regulation developed by the College for such a program. The Committee administers the Quality Assurance Program including the Peer Assisted Review process and advises on policies and guidelines related to Quality Assurance. Two members of the College are required.

Client Relations

Meeting two to three times per year with development work between meetings, the Committee advises the Council on the College's client relations program that includes measures for preventing or dealing with the sexual abuse of clients by members. The program covers educational requirements for members, guidelines for the conduct of members with their clients, training for College staff and the provision of information to the public. Two member of the College is required.

Communications

Meeting as required, this non-statutory Committee is responsible to develop and coordinate communication between the College and the members. The mandate includes overseeing the publication of the Bulletin, development of the College website and general responsibility for communication with the members. The Committee is interested in making the current communication vehicles as useful and effective as possible, and in looking for ways to expand and enhance communication between members and the College. Two or three members of the College are required.



Staffing Highlights

We are pleased to welcome **Ms. Lesia Mackanyn** who has recently joined the College staff. She has assumed the responsibilities of Administrative Assistant, Registration, a position previously held by **Ms. Renee Husain** who has moved to pursue other opportunities at the College of Physicians and Surgeons. We are very pleased to have Lesia with us at the College and wish Renee well in her work at the CPSO.

Electronic Delivery of the Bulletin

Over the next few months, the College will be testing the electronic delivery of the Bulletin to members with e-mail addresses and web access. The College is planning to move to electronic delivery, where possible, as both a cost saving measure and as a more efficient method of delivery.

In the near future, some members will receive an issue of the Bulletin electronically, together with a brief survey regarding convenience, ease of access and readability, etc. It is hoped that within a short period of time, where appropriate, many of the College communications will be delivered to members electronically.



Mission

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

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

PRESIDENT

Judith Van Evra, Ph.D.,C.Psych.

VICE-PRESIDENT

Nina Josefowitz, Ph.D.,C.Psych.

COUNCIL MEMBERS

Peter Adams

Jean-Martin Bouchard, M.Ps.,C.Psych.Assoc. *Ex Officio*

Mary Bradley, M.A.Sc., C.Psych.Assoc. *Ex Officio*

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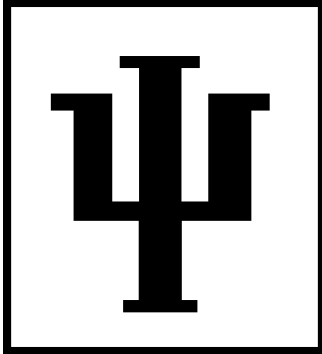
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The Bulletin is published quarterly. Subscriptions for members of the College are included in their registration fee. Others may subscribe at \$15 per year, or \$3.75 per single issue. The College will also try to fill requests for back issues of the Bulletin at the same price.

Please address all correspondence to:

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Les articles dans ce numéro de The Bulletin sont disponibles en français.



**THE COLLEGE OF
PSYCHOLOGISTS OF ONTARIO**

PROPOSED STRATEGIC PLAN

MARCH 2001



PROPOSED STRATEGIC PLAN

March 2001

In June 2000, the Council approved the creation of a Strategic Planning Steering Committee to elaborate a new Strategic Plan for the College. The proposed Strategic Plan and a description of its development are presented below. Members are encouraged to review these materials and provide comments to the College **by May 4, 2001**. The Strategic Planning Steering Committee will reconvene in early May to consider members' comments and to prepare final recommendations for the June meeting of the Council.

The Committee met on several occasions from late August 2000 to early March 2001. As part of the process, the committee reviewed a number of background documents. These included: the College's Strategic Plan for 1997-2000; the Health Professions Regulatory Advisory Council (HPRAC) consultants' reports on the College's complaints and discipline procedures for sexual abuse complaints; the HPRAC consultants' on the College's quality assurance program; materials produced by the Canadian psychology regulators on core competencies for the practice of psychology; and, the Psychology Act. In addition, the Committee reviewed notes on the strategic planning process and the concept of strategic management. Committee members also brought to the meetings a wealth of experience in professional practice and in professional regulation.

The College would like to thank the following persons who participated in the planning process:

Council Members

Judith Van Evra, Ph.D., C.Psych.
Nina Josefowitz, Ph.D., C.Psych.
Jean-Martin Bouchard, M.Ps., C.Psych. Assoc.
Peter Adams, Public Member

College Members

Carla Baetz, Dip.C.S., C.Psych.Assoc.
Howard Barbaree, Ph.D., C.Psych.
Maria Barrera, Ph.D., C.Psych.
Patricia Bowers, Ph.D., C.Psych.
Patricia DeFeudis, Ph.D., C.Psych.

Staff Members

Rick Morris, Ph.D., C.Psych.
Catherine Yarrow, Ph.D., C.Psych.

Attached you will find a copy of the proposed Strategic Plan for the College: the Vision Statement, the Mission

Statement and the key success factors for achieving the Mission.

The Process

In the Appendices you will find background information on the development of the Strategic Plan:

- On page 4 you will find a description of the business of the College. Two key elements were identified: providing service to the public and supporting and helping members. The major service provided to the public is public protection. All of the College's business is conducted in the public interest; the pie chart on page 5 is a subjective estimate of the contributions of various activities to servicing the public interest.
- On page 6 you will find a brief environmental analysis of suppliers to the College and consumers (or customers) of the College's services. Potential competitors whose services might substitute for those of the College's were also identified.
- On page 6 is a list of values considered to guide the College's activities.
- On page 7 is an analysis of the College's resources and whether or how they might be used to provide value to College activities.
- On page 8 are changes and issues associated with the practice of psychology as we enter the 21st century
- Finally, on page 8 is a list of current regulatory issues that impact on the College's activities.

After developing these background materials, committee members participated in a visioning exercise that resulted in the Vision Statement on Page 3. This is a statement of the ideal that guides the activities of the College.

Next came the development of the Mission Statement that succinctly describes the business of the College. This is followed by an elaboration of the means by which the College accomplishes its mission (page 3).

Finally, after conducting a gap analysis, the committee identified key success factors critical to achieving the Mission (page 3).

The College would welcome your comments on this proposed plan by May 5, 2001.

VISION

The College strives for excellence in the profession of psychology and for recognition of the role of the profession in Ontario. This is achieved through the collaboration of a strong and innovative community of capable professionals working to support and regulate practitioners in the public interest. Though a regulatory body, the College respects individuality and diversity, and is committed to respect, flexibility, and sensitivity, even in the face of adversity and conflict.

MISSION

To serve and protect the public interest: by promoting excellence in the profession, by ensuring that psychological services are safe and effective, and by advocating for accessibility to psychological services.

The College accomplishes its mission by:

Fostering the development of the profession and of individual members of the profession; regulating the profession; educating and informing the public; and intervening with government and other public and private stakeholders.

Fostering the Development of the Profession and of Individual Members of the Profession

- Working with relevant stakeholders in the continuing evolution of educational standards of future members of the profession to reflect developments in the profession and in the changing work environment.
- Establishing and maintaining a process which allows members of the profession to assess and improve the quality of their professional practice
- Fostering respect, flexibility and sensitivity in the professional community
- Fostering communication within the College community
- Facilitating the mobility of qualified professionals
- Educating psychological practitioners about professional ethics and standards of practice, the expectations of the public and government, and the nature and implications of legislation affecting the practice of psychology
- Working with relevant stakeholders to promoting continuing professional development and knowledge of current and changing practices

Regulating the Profession

- Establishing conditions for entry to practice
- Establishing criteria for continuing competence for the

profession of psychology

- Setting, monitoring, and enforcing ethical standards and standards of professional practice
- Establishing criteria for recognition of the qualifications of psychology professionals from other jurisdictions

Educating and Informing the Public

- Ensuring that members of the public are aware of their right to competent and safe psychological services
- Ensuring that members of the public are aware of the benefits of consulting regulated health professionals
- Increasing public awareness of the benefits and availability of psychological services

Intervening with Government and other Public and Private Stakeholders

- Intervening with government and other public and private sector groups regarding the unique contribution of psychology to public well-being and the need for access to psychological services
- Consulting with policy makers regarding proposed legislation and policy development and the potential impact on the practice of psychology in the public interest

KEY SUCCESS FACTORS

- **Forging links that promote regular dialogue with training programs (academic, internship, supervision settings) on current and emerging issues**

Raise and refine standards of training for:

- New Entrants
- Continuing Education
- Retraining, change of area of practice

Themes:

- Development of Profession
- Change of Work Environment
- Promotion of respectful tone in professional interactions
- Raise these issues at national level, CPAP, CPA, CCPPP

- **Developing an effective information delivery system**

Use media effectively to communicate with target



groups:

- public, government and members
- develop mechanisms to evaluate the effectiveness of the information delivery system
- **Ensuring preservation and accessibility of deliberations and outcomes of Council and Committees regarding policies, procedures to (new Council and Committee members)**

Any system used should be:

 - Trackable
 - Searchable
 - User friendly
- **Ensuring adequate and effective use of resources**
 - Finances
 - Staff
 - Technical
 - Space
 - Council members, committee members, other members of the College, students and volunteers
- **Participating in the development of mechanisms for communicating among the various interest groups within the College community:**
 - Psychologists and Psychological Associates
 - Members in different practice areas
- **Participating in the development of mechanisms for enhancing collaboration among various interest groups in College.**

APPENDIX

Strategic Planning Background Development August 29, 2000, October 31, 2000, January 11, 2001, March 8, 2001

BUSINESS - in which College is involved

1. Providing service to public

Prime role of College

Self Regulation

Promoting Psychology:

- (a) Recognition
- (b) Maintain access to adequate services:
 - Competent
 - Ethical
 - Quality Assurance
 - Fitness to Practice
 - Client Relations

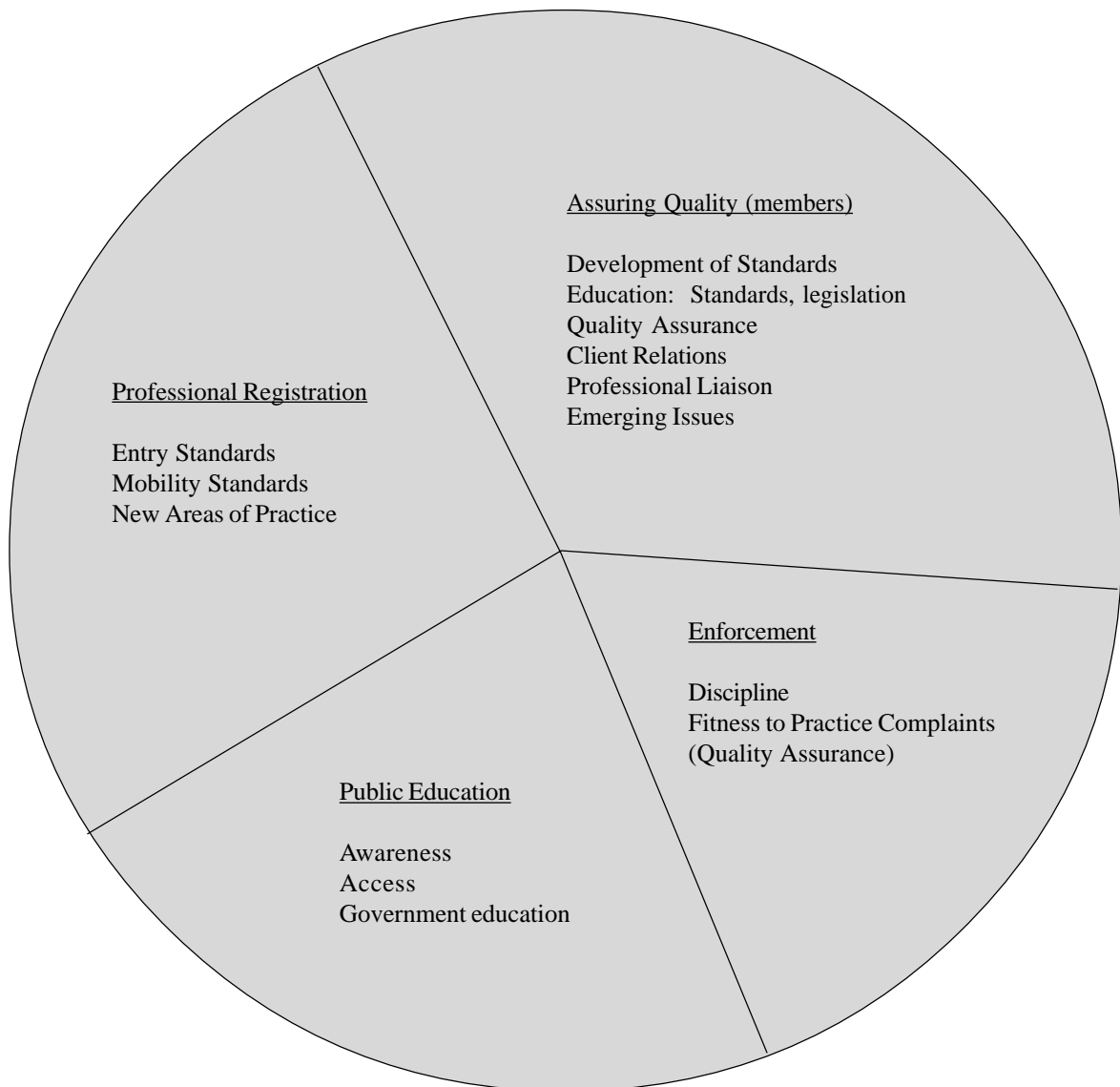
Service: Public protection

Ensuring that psychological services are adequate through:

- Standards – Entry , Conduct
- Enforcement of legislation
- Implementation of legislation
- Education: Public, Government
- Education; Services, Rights

- ##### 2. Supporting and helping members through: provision of services to members strengthening profession education/guidance (includes Client Relations)

THE PUBLIC INTEREST: SERVING THE PUBLIC AND SUPPORTING THE MEMBERS





EXTERNAL ANALYSIS

Suppliers (to College) of:

- **Potential Registrants**
Training Programs - Ontario, Canada, International
 - Private training programs
 - Online training programsOther Jurisdictions who have licensed or Registered members (reciprocity and mobility)
 - **Standards, Guidelines and Ethical Codes**
CPA
APA
Associations: OPA (C&A), OAPA, CAPDA, etc.
 - **Legislation**
Provincial Government
Federal Government
 - **Criteria and Methods to Evaluate Competence for Autonomous Practice**
ASPPB (Examination for Professional Practice of Psychology)
Other State and Provincial Regulatory Bodies and Associations
College Committees and Task Forces
- ### Public/Consumers of Psychological Services
- **Individual Consumers**
Consumers (and potential consumers) of Psychological Services
Members
Applicants
 - **Employers and Other (Third Party) Purchasers Of Services**
Institutions and Agencies
Purchasers Of Service (Insurers, WSIB, EAPs)
 - **Recipients of College Consultative Services**
Government
Other Regulators and Associations
Training programs
Special Interest Groups
 - **Other Jurisdictions**
Registrants (mobility and reciprocity)

Other Providers Of Related Services

- **Regulated Providers**
 - CPSO: Psychiatrists, MDs
 - CNO: Nurse Therapists
 - OCCSW: Social Workers
 - COTO: Occupational Therapists
 - OCT: Teachers
 - CASLPO: Speech Language Pathologists
- **Incorporated Practices**
- **Unregulated Providers**

INTERNAL ANALYSIS

VALUES

Guiding Values for the College: (What guides the College in decision-making?)

Standards of Practice Values

- High Standards for the Profession
- Objectivity/Fairness
- Respect
- Ethical Conduct
- Enhancement – continuous improvement
- Demonstrated Professionalism in all College activities

–

Relationship Values

- Positive relationships within the profession
- Clear, direct communication – user friendly
- Accessible to public and members
- Sensitive to diversity
- Transparency/openness
- Member participation

Management/Administration Values

- Efficiency/Cost Effectiveness
- Financial Stability and Prudence
- Demonstrated Professionalism in all College activities



RESOURCES

Reputation of College
 High Standards of Profession
 Best Practices /expertise for College
 Credibility of College and profession
 Value of Psychological Services to consumers

Council Members

Public members

Staff

Members of College:

- College Experience
- Professional Associations
- Leaders within Profession
- Diversity of Practice
- Cultural Diversity
- Knowledge/Experience

Income: Dues, Fees, Investment Income

Technology

ORGANI

Increased e
 expertise a

Add value

Add value

Adds value

Potential f

* Mechani

Benchmar

Use of e-m

Education

Teleconfer

registration

Internet/di

Analysis o



PRACTICE OF PSYCHOLOGY IN 21ST CENTURY

- **Employment and Workplace Environment**
Multiple part-time employment situations
Decrease in access to publicly funded services
Increase in changes of areas of practice due to changes in job opportunities
Decrease in job security
Increased mobility
Increased proportion of members in Private Practice
- **Delivery of Services**
 - Increased emphasis on labeling in school system
Increased monitoring of time, services (cost efficiency) by employers and payers
Increased emphasis on short term interventions
Areas of practice – increase in health psychology, neuropsychology, consultation
Impact of technology
- **Standards and Legislation**
Increased role of Jurisprudence in Practice
Increase salience and proliferation of standards
- **Consumer Characteristics**
Increased acceptance of psychological services
Increased assertiveness/sophistication of consumers
Increased awareness of mental health issues
Increased alternative modes of treatment
Increased emphasis on demonstrating outcomes
Increased expectation of provider responsiveness
- **Professional Training**
Decreased opportunities for structured internships
Increased supervised practice in private practice settings
Decreased opportunities for upgrade or train for new area of practice
Impact of technology – e.g. telehealth
Masters and Doctoral qualifications to practice
Is training to keep pace with changes in the professional areas of practice,
Increased focus on core competencies for practice
Decrease in supervisory placements as a comprehensive structured educational experience
Narrower training in supervised practica and internships
Increased need for training in neuropsychology, forensic, program evaluation
Future funding issues for training: are we training appropriate numbers of professionals
Increased need for continuing education to remain current (assessment and intervention tools and technique)

Level of formal training has increased

- Is there adequate general training at entry prior to moving to more specialization?

REGULATORY ISSUES

1. Registration issues in light of changes in work settings and supervised practice opportunities
2. Support for alternative forms of resolution with review as required
3. Responsibility of College re: ensuring continued competency – implications for QA practice reviews?
4. Clarification of jurisdictional issues for use of electronic media in psychological practice
5. Development of Standards and Guidelines in the use of electronic media in psychological practice
6. Increased legal challenges to College’s authority and decision-making
7. Continued vigilance to issues related to academic qualifications, core competencies, controlled acts
8. Increasing government intervention in professional self regulation
9. Awareness of emerging issues: e.g., prescription privileges, hospital admittance privileges, and incorporation
10. Impact of changes in legislation, government policy on bylaws, regulations, and standards
11. Increase standards, accountability, professionalism (role of College)
12. Relationships with training programs (Implementation - Need to collaborate (substantive communication) with training programs
13. Mobility and Trade Agreements

