

# Chronicle

NEWS AND INFORMATION FROM THE BOARD

Volume 3 • Number 2 • Fall 2000

## Special General Meeting set for November 9<sup>th</sup>, 2000



Since the Spring edition of the *Chronicle* events have swamped the College office. All of you received the draft bylaws and raised many concerns and questions. A petition was received with more than the required number of registrants requesting a Special General Meeting to discuss them with the Board. The SGM was held September 21, 2000 at the Vancouver Renaissance Hotel with four venues connected via telephone conferencing

- in Victoria and, at the request of psychologists, in Nanaimo, Kelowna and Prince George. There were a number of snags with the hookup. To all participants everywhere our apologies.

At the close of the SGM a motion was passed to hold another meeting to coincide with the BCPA annual convention. This has been set for Thursday, November 9, 2000

### IN THIS ISSUE...

- Report from the Chair of the Board
- Registrar's Report
- Special General Meeting on Bylaws
- Text of the Chair's Opening Remarks
- Call for Volunteers

*READ ALL ABOUT THEM INSIDE*

### WEBSITE AND E-MAIL

Although not yet fully "up-and-running" the College website can be found at: [www.collegeofpsychologists.bc.ca](http://www.collegeofpsychologists.bc.ca)

We can be reached by e-mail @ [cpbc@istar.ca](mailto:cpbc@istar.ca)

## Election 2000

As noted in the Spring *Chronicle*, as a consequence of coming under the *Health Professions Act*, and the government appointment of all directors as the first Board, election of officers for continuing terms were to be held in October/November. All elected board positions - two for a one year term, two for a two year term, and two for a three year term - will be filled in this election. Successful candidates will assume office January 1, 2001. The election is underway!

The College took advantage of the mailout in September (for the SGM) to solicit nominations. The Board approved the date of November 30, 2000 for the election with all ballots to be postmarked before midnight November 15, 2000. Accompanying this issue of the *Chronicle* is the list of candidates for the six Board positions, their biographical statements (each statement was prepared by the candidate) and ballot sheets. Remember, you may vote for one candidate for each of the six positions.

### BOARD MEMBERS

#### Chair

Verna Amell, R.Psych

#### Vice Chair

Stephen Flamer, R.Psych

#### Secretary/Treasurer

Anastasia Mirras, R.Psych

#### Inquiry Committee Chair

Marvin McDonald, R.Psych

Barbara Passmore, Lay Member

#### Registration Committee Chair

Stephen Flamer, R.Psych

Art Kube, Lay Member

#### Quality Assurance

##### Committee Chair

Bill Borgen, R.Psych

#### Patient Relations Committee Chair

Brenda Kosaka, R.Psych

## Report from the Chair of the Board

As you are aware there will be an election in November for a new Board. Many of the previous directors are not standing for election, some have served several years during very demanding and difficult transitions for the College. I am grateful to the dedication, sincerity, and comradeship of all the Board members who have joined me in steering the College for the past six years. I would like to take this opportunity to inform you of some of the significant projects that

the Board has embarked on, which will need strong representation from public minded directors to see fruition. These include:

- Submission of the Bylaws to government, with revisions incorporated from the Registrants
- Reciprocity and mutual recognition

*continued on page 2*

# Report from the Chair *continued on from page 1*

- agreements with other jurisdictions on standards of entry for their Psychologists, to meet AIT requirements
- Continued development and refinement of proposed categories of Registrants, including discussions with: Ministry of Health, Ministry of Education, Ministry of Corrections, unions, health employers, School Psychologists, Registered Clinical Counsellors, Marriage and Family Therapists, University training sites (please see the Nov 99 Chronicle for background issues)
  - Within Registration there are many areas to be improved, including a written jurisprudence exam, standardized oral exams, and possible standards of entry for master level applicants, and ethical workshops for Institutional Psychologists
  - Development of policies and procedures for the College, many new financial policies have already been developed this year, including a proposed gradual implementation of honorariums for volunteer committee members, and board members
  - Continued improvements on record retention and file maintenance, Dr Kowaz has made a significant contribution to implementing these changes and the computer upgrade has been significant also in this regard
  - The quality assurance committee self assessment tool is under initial review and will need some refinement before distribution to all the registrants
  - The declaration of competency form will need further refinement so that we can meet the requirement to delegate the reserved activity of diagnosis under the scope of practice, which is permitted under the HPA
  - The introduction of a website for dissemination of College information, this will need further development

Some of the accomplishments of the Board this year have included significant re-organization of the staff, selection of a Registrar, commitment to a Deputy Registrar position, and an organizational review which critiqued the functioning of the board and the staff, and made recommendations for more effective functioning under a policy governance

model. It would be wise for these recommendations to be followed by the next Board, to continue to improve the operations of the College. A strategic plan will be prepared in December to assist the new board in its transition

The processing of complaints by the Inquiry Committee and Registrar under the HPA has already undergone changes, including earlier legal consultation and the use of alternate means of complaint resolution

Please consider these matters carefully as you select your next Board. I am looking forward to meeting with many of you again at the November 9 meeting where we will discuss the Bylaws and other matters of importance to the College. Please also consider attending the BCPA conference where a panel on AIT will explain those issues. Finally, thank you to all the registrants who have acknowledged the hard work of the Board and spoken personally to me. It is most appreciated and warmly received.

Au Revoir,  
*VERNA-JEAN AMELL, Chair of the Board*

## Registrar's Report

I appreciate this opportunity to report to the registrants as the Registrar of the College. I was asked to take this position on an interim basis on January 4<sup>th</sup>, 2000 and after a search by the Board, was hired as Registrar/CEO of the College effective September 23, 2000. My comments about activities in the College cover the past 9 ½ months.

### STATUTORY MATTERS

From the outset, in the process of managing the large number of open complaint files, I was focussed on implementing a file tracking process and set of consistent procedures for communicating with respondents and

complainants as we worked our way through the backlog and received new complaints. This remains a dynamic process. It includes significant contributions from the Inquiry Committee and College counsel. I'd like to mention just a few of the specific and substantive changes which were implemented at the outset to address concerns about due process and fairness. These include notification of respondents upon receipt of a complaint (as opposed to past practice where complaints were reviewed before notification), efforts to provide quarterly updates on file status to complainants and respondents, and careful tracking and recording of interactions with complainants and respondents. Early notification of

respondents does have a double-edge. On the one hand it ensures that respondents are properly notified and advised to retain all relevant files. On the other hand, it means notification of the respondent before the file has been completely reviewed for evidence of any violation of ethical standards, bylaws or the legislation. Note that under the Health Professions Act, all complaints must be investigated.

The paragraphs below provide a description of the status of complaints facing the College. From January 4 to date the College office has been dealing with 141 formal complaints, 96 of which were active when I took on the interim position. An additional two files pertain to

one respondent with serious criminal charges pending who has long since fled the province. In addition, we have responded to approximately 400 other inquiries about complaints and the complaint process. With every new complaint received, a discussion is held with the complainant to make sure they are informed about the process of filing a complaint and the range of possible outcomes if it is determined that there is evidence of an ethical violation. All complaints are prioritized in terms of seriousness of the allegations and protection of the public.

To date we have been able to close a total of 56 files. Of these, it was decided by the Inquiry Committee not to proceed in 36 instances (e.g. the committee decided there was no ethical violation, insufficient information was available to evaluate the complaint, the complainant withdrew the complaint). All cases were evaluated to ensure that there were no overriding public protection concerns. In 20 cases the complaint was resolved through a voluntary agreement between the College and the respondent (a Letter of Undertaking) or through informal resolution.

Currently there are 85 open complaint files. There are 48 cases under active review. This means that the complaints have been brought to the Inquiry Committee and are at some stage of being evaluated. Of the remaining 37 files, 6 are in the final stages of being closed, 8 files are the subject of an informal negotiation, in 3 cases letters of undertaking have been drafted and are awaiting response from respondents, a citation is to be issued to one respondent for whom there are 10 complaints, and another 19 files belonging to three different (10, 5 and 4 respectively) respondents are in beginning stages of a negotiated resolution. There is one additional complaint file on which a citation for a hearing is being prepared.



#### TO SUMMARIZE:

- Total number of complaints processed since Jan. 4, 2000: **141**
- Total number of open complaint files on Jan. 4, 2000: **96**
- Total number of new complaints received since Jan. 4, 2000: **43**
- Total number of files closed since Jan. 4, 2000: **56**
  - Files closed - decision not to proceed:* **36**
  - Files closed - informal or voluntary resolution:* **20**
- Total number of files remaining open as of Oct. 15: **85**
  - Files under active review:* **48**
  - Files in which closing in progress: **6**
  - Files involved in informal negotiation: **8**
  - Files in which letter of undertaking drafted and awaiting response from respondent: **3**
  - Files in which a citation is being prepared: **1**
  - *Files in which formal negotiation is underway:* **19**

In terms of area of practice, custody and access is still the area receiving the highest percentage of complaints. It should be remembered that while many complaints are received in this area there is a wide variety of issues raised by these complaints including incompetence, bias, inaccuracy and lack of completeness. We are currently revising the way in which complaints are categorized in order to better capture this variance.

## EXAMPLES OF COMPLAINTS

Examples of complaints in which the Inquiry Committee decided not to proceed range from a complaint about the behaviour of a psychologist in a social relationship to a case of some seriousness (allegations of incompetent practice) in which the respondent was not notified of the complaint in a proper and timely manner. Examples of complaints in which letters of undertakings have been signed include a case of lost file boxes, a complaint of dual relationships and breach of confidentiality in which the respondent acknowledged a mistake had been made, and complaints where the respondent was practicing outside areas of competence. Examples of cases in which informal resolution has been achieved include billing disputes and uncompleted reports.

## PRACTICE ADVISORIES

The Inquiry Committee is currently drafting practice advisories in a number of important practice areas. Once approved by the Board, these advisories will be issued to registrants. A recent Supreme Court of B.C. ruling upheld the status of such advisories to be at the level of published ethical standards.

## REGULATORY ISSUES

There are two major projects underway at the College with regard to regulatory issues. The first is that the Register of the College is being completely revised and updated. This is the reason for the update sheet included in a recent mailout. It is essential that the College have your current address and complete contact information and that you clearly indicate which of the information provided you would like to be made available to the public upon request. If you have not sent in this information, you will be receiving a friendly reminder shortly. This has been a very time-consuming and exacting process and we very much appreciate your cooperation in ensuring that we have accurate and up-to-date information on your practice. We anticipate that once the Register Update is complete, we will be able to expediently compile and print the new directory, a task now scheduled for early in the new year.

A second major project has to do with the process of registration. This project involves a review of the current application process, evaluation of problem areas and development of a proposal to smooth out the wrinkles and ensure a fair and timely processing of applications.

## ETHICAL ADVICE AND THE COLLEGE

This issue has engendered much discussion since the College made it clear that there is a conflict in providing ethical guidance to registrants facing specific situations in their practice. When thinking through your opinion on this important issue, please bear the following in mind: if a registrant has a question with practice applications that would affect the practice of our profession, they may make a request that the Inquiry Committee address that issue. In turn the Inquiry Committee would address the question through issuing a practice advisory.

***The College continues to provide resources and clarification to the many callers who ask about the meaning or interpretation of ethical standards and guidelines.*** A significant proportion of callers, including those the most distressed to hear that the College is unable to provide advice, are calling when they have received a formal or informal request for their records. Some of these requests are legal questions about what options are available to the practitioner. The College does have on file recent Supreme Court decisions relevant to these issues and it is hoped that these will soon be posted on the College website. ***We responded to every caller who identified that they were experiencing a crisis situation and have attempted in each case to provide appropriate suggestions about other resources and general approach.*** In addition, through the development of practice advisories and an extended summary of resolved complaints, we are actively working on creating useful ways of providing ethical support to registrants.



## ADMINISTRATIVE MATTERS

This is an opportunity to express my gratitude and amazement at the dedication, hard work and expertise of the office staff. Judy Clausen, Lyn Hellyar, Vicki Huxtable and our part-time student, Jessica Archibald have performed miracles over the past months in meeting deadlines and dealing with an ever-rising pile of projects and tasks. Arrangements and mail-outs for special general meetings, compilation of the draft bylaws, the implementation of the website and e-mail, a new registrar, new approaches, new computer software, a new database for complaint tracking, registration applications, revising the Register are but a few of the tasks this team has successfully mastered. The support and expertise of our college counsel, Mr Anthony Tobin and the Deputy Registrar, Dr Carol Solyom were integral to the accomplishments of the past 9 months.

## REGISTRATION COMMITTEE REPORT

The Registration Committee is in the process of reviewing and restructuring procedures involved in evaluating applicants' materials, in order to make the process more efficient and streamlined. Also continuing is clarification of the application of guidelines for supervision and course requirement expectations, and a review of oral exam and appeal procedures. In anticipation of future changes in both registration categories and examination procedures (e.g., jurisprudence exam), information from other jurisdictions will be gathered to serve as reference material.

### **SPECIAL GENERAL MEETING ON BYLAWS - SEPTEMBER 21, 2000**

## RESPONSE OF THE CHAIR TO QUERIES

As many of you will recall, there were some important and significant matters discussed in the meeting, which flowed from the distribution of the proposed Bylaws. The most important matter was the information pertaining to the change from being governed by the Psychologists

Act to being governed by the Health Professions Act in December 1999. In a Special Supplement to this Chronicle you will find additional critical information which will assist in understanding this change. In particular are the opening comments from the Chair made at the SGM, excerpts from the review of our legislation by the Health Professions Council (HPC), a reprint of the open letter to Registrants from the summer 98 Chronicle, Board minutes, and correspondence with the Ministry of Health.

In this article I will focus primarily on the question "Under what authority did the Board request the repeal of the Psychologists Act?"

To properly respond we must first review the obligations of the Board, the requirements of the Psychologists Act, the role of Registrants in a self-governing College or profession, and the role of government.

There has been and continues to be confusion amongst the Registrants, regarding the distinction between the Society Act, the Psychologists Act, and the respective functions of the College and the BC Psychological Association. In 1977 the government created the Psychologists Act for the explicit purpose of establishing a self-regulating profession which would set standards of entry, and practice, and ensure adequate discipline of members for the protection of the public. The 1977 Bylaws and Rules did not always meet the new requirements of this Act (as they were previously established under the Society Act). The Board was required to act under the obligations of the Psychologists Act. The Board was and continues to be, obliged to manage the affairs of the College in the interests of protection of the public. Where a conflict or constraint exists, (even with existing Bylaws) the Board must attempt to resolve this. This does not require prior approval of the registrants. Past Boards have sought numerous legal opinions on the constraints caused by the conflicts between the Psychologists Act and the Bylaws. Revisions of the Bylaws were drafted, approved by its registrants, and sent to government for approval (as far back as 1988, and again in 1997). The Board could not effect any changes to its

Act or Bylaws without explicit approval of government. Such approval was not received.

In 1991 the BCPA was constituted separately, under the Society Act so that it could serve to promote the profession with Bylaws that were not in conflict with or constrained by the requirements and provisions of the Psychologists Act. This was also in favor with government at the time, which was promoting separation of regulatory and societal functions of professional groups.

In establishing the Health Professions Council, government was on the path to reviewing all governing acts pertaining to health professions. The response of the College was to completely redraft the Psychologists Act so that it would conform in most ways to the superior HPA, explain that not all registrants practiced in the health professions, and explain that the government has persisted in maintaining exemptions to our act (without consultation to the College), allowing persons without approved credentials or standards to use the title Psychologist. The response from government was to thank us for our efforts, explain that it was highly unlikely that a new Psychologists Act would be entertained, and to defer the issue of exemptions for the HPC to review.

In July 1998 we received the review from the HPC which recommended repeal of the Psychologists Act and placement under the HPA. The Board and the executive from BCPA met and wrote acknowledgment that we agreed with the

review, with the exception noted regarding continued exemptions (see the document in the special insert). An open letter to all registrants was sent in the summer of 98 Chronicle. Copies of the review were available from the office and on the HPC website. (There was a lack of correspondence from Registrants on these matters, and small numbers at previous AGM's and SGM's.)

The College continued to have difficulty managing the complaint process in a timely manner for a variety of reasons, but significantly the constraints imposed by the Act and Bylaws. We met with Ministry of Health representatives to discuss this, and were told that it could be quite awhile before the recommendations of the HPC were acted upon. At this point the Board had to consider, based on many years of previous attempts, what was the likelihood that the government would reject the HPC recommendation, and what was the benefit to the College to function effectively for the protection of the public, and for better cost containment in discipline matters, of coming under the HP Act?

**The authority for the Board to consider this and to make a decision, was vested in the Psychologists Act under Management by the Board. There was no anticipation in the Bylaws to require a vote of registrants on changing the Act, previous communications to ALL registrants and discussions at several AGM's regarding the HP Act, had already taken place without significant**

**opposition. The opposition which had been communicated to government, was not considered sufficient by the Ministry of Health, to retain the Psychologists Act or to write a new Psychologists Act. The Board then wrote to the Ministry of Health to request that the recommendations of the HPC be followed and that the Psychologists Act be repealed.** The government is ultimately responsible for changing the Act, which they did, repealing the Psychologists Act in 1999. (Please see the AGM Chronicle of November 1999.)

The Board is still required to obtain the approval of the Registrants for changes to Bylaws, and that is why the Bylaws have been distributed to everyone for review. At the present time we are functioning with the committees and structure recommended by the HPA but have also to conform to the previous Bylaws until the new Bylaws come into force. This creates an even more untenable situation. And once again we are having to seek legal opinion when the Bylaws conflict with the obligations and requirements of the HPA.

The Board has acted reasonably in the best interests of both the public and the profession in these matters and we regret that it is not until these new Bylaws have been received, that these matters have come sharply into focus for many of you. We have an opportunity now to create Bylaws that properly meet the requirements of a self-regulating profession, let us not mis-step.

## Text of the Chair's Opening Remarks

*[Edited for clarity with headings added - changes to delivered text are in italics]*

### INTRODUCTION

In your package you will have a page that says notes for the special general meeting and you can follow along with me. These are the background issues. Someone said how did we get here, well, this is part of how we got here. There are a number of issues which have been impacting on the profession of psychology and in particular on the regulation of psychology over a

number of years. These have also been written about in the Chronicle over a period of time and there has been communication to registrants and at previous general meetings we have also had some discussion, so that I hope that most people have tried to keep up as best as they could. It is complicated, and it is challenging, and has been so for the Board, as well

### WHERE THE BYLAWS FIT

What I want people to understand in the broad perspective is that we have, first of all, for the regulation of the practice, legislation and acts that govern the requirements of the College in carrying out these Acts. Previously we had a Psychologists Act. That was our regulation. Now we have the Health Professions Act and I will speak to how

that came about as well. Now, from the Act, the Act stipulates what we must do and what we are required to do under law. Within that, every college has an obligation and a requirement to set bylaws particular to their own profession and how they see the implementation of the requirements under the Act. So, superseding the bylaws is the Act itself. Many of you have raised some questions on inquiry and discipline and there is a reason that not all of those matters are outlined in the bylaws, because they are already stipulated in the Act.

From the bylaws is derived another aspect, the third aspect or the third tier if you like. This is where the College must set procedures and policies for how it will then carry out what is stated in the bylaws. So, for example, on the area of registration there appears to be somewhat minimal information regarding the classes of registration in the bylaws but there is much more work that would need to be done to set the stage, in terms of the policies and procedures, for the College. For example, the types of examinations that would be set, the educational standards, etc., and that is so for any college. So when you review the bylaws, you need to look at it in concert with what is stated in the Act, what we are obligated to do, and then what the College will develop in terms of procedures and policies for implementation.

## HEALTH PROFESSIONS ACT LEGISLATION

Now, several years ago the British Columbia government introduced the Health Professions Act legislation. This was done for a number of reasons. For one, there was a burgeoning number of health professions. In the previous structure in the legislature there were singular acts speaking to each profession so, for example, there was a Physicians Act and there was a Psychologists Act and there were some other acts. Now a concern that the legislators had was when they wanted to make an amendment or an adjustment pertaining to a health profession, it became quite cumbersome to be consistent across professions with a number of different acts. So they proposed the Health Professions Act. This

has been happening all across the country. Every province, now, in Canada, has health professions act legislation. Many of them, like us, are new and they are doing reviews. Now the provincial government also had concerns regarding the health professions and protection of the public and so their proposal was that anyone offering a health service to the public would need to be a regulated professional. This was done so there was some accountability for the public, if they received a poor health service, they had recourse to go to a College to be properly handled. Part of this was a groundswell from the public itself. If you remember a few years back, there were some particularly heinous sexual misconduct cases which, in fact, were with a regulated group, the physicians and surgeons, and there was a cry for patient relations committees, for rehabilitation of professionals and for proper response to the public's concerns that it was not going to be just an old boys network. So this was part of the thrust coming from government itself.

## HEALTH PROFESSIONS COUNCIL ROLE

The government then formed a Health Professions Council. This is a body headed by Mr. Irv Epstein to review a number of matters. The first matter they were asked to review was other legislative acts that governed health professions. So they were asked to review prior legislation of numerous health professions and consider whether they would be served being designated under the Health Professions Act. So because we had a Psychologists Act, our act was also up for review by the Health Professions Council, as has been every other single act, including the Physicians and Surgeons. They, as well, went through an intensive scrutiny and review by the Health Professions Council. Now, in the review, one of the things that was also considered is how good was the previous act in serving its college or its profession and had amendments been permitted to keep it up to date over a period of time. And, as many of you will know who have been in the College for a number of years, we have found our old Psychologists Act quite cumbersome and constraining at times and we have submitted extensive revisions and

requests for revisions to government, which have not been proceeded with and, in fact, at the time that the Health Professions Act came into being, we were told that no, in particular, they would not review and revise the old act because there was new legislation and we were being reviewed. Now if any of you have very carefully read the old Psychologists Act and looked through the Health Professions Act, you can see that the Health Professions Act is a much superior form of legislation, more broadly represents what we do in regulating our profession and is a much better and easier piece of legislation to work with.

The other thing that the Health Professions Council was asked to do, which was much more daunting and has taken them 8 years to complete, has been the review of what is called the scope of practice for a profession. So it is one thing to come under the Act, to say that this is the legislative act that tells you what you are required to do in order to protect the public, but then it is up to each college in its independence and with its profession, to determine what kind of practice that profession will have, and what is the scope of that practice. The obligation of the Health Professions Council is to review the scopes of practice for a profession, look at what are called shared scopes of practice so, for example, a number of professions would all do some form of counselling or support or intervention or treatment and so that might be considered shared scope. They are also to look at what was called reserved activities. Reserved activities are those which are intended primarily for one professional group because of particular expertise, knowledge or risk to the public. One of the activities which comes under a reserved activity is diagnosis. Now this also may be shared with some other professions, but not necessarily with all professions and so it is also up to the Health Professions Council to make a determination based on submissions by the profession itself about whether it made sense for them to have a reserved activity. The other thing they looked at was whether the submissions from the particular profession indicated that they had standards for maintaining competency and also standards for entry to the profession. So, for example, several years ago when the Health Professions

Council looked at counselling, it was a very broad range of counselling groups that presented. It was held over two full days just to hear all the submissions, there were lots of concerns brought forward directly from the public who had been receiving counselling from people (advertising in the Common Ground and other such vehicles) and one of the things that was difficult for the Health Professions Council to see at those hearings, at least, was that there was a common standard for entry to what was counselling. They determined that it was not a profession but that it was actually an activity. So that was the first decision coming out of the Health Professions Council on the aspect of counselling.

### THE COLLEGE ATTEMPTS TO RESOLVE DIFFICULTIES WITH THE PSYCHOLOGISTS ACT

Also at that time, as I mentioned earlier, the College was trying to function under the old Psychologists Act and the old bylaws. They were submitted to government with revisions and amendments and that was refused saying you are coming under review. So then we were watching every month we would get the list from the Health Professions Council about who was next and who is coming up next to be placed under the act, and for review for the scope of practice. We could see from previous hearings that we had attended (and myself and other board members attended every hearing of the Health Professions Council, including Occupational Therapy, Physical Medicine, Nursing, a number of them), and the writing was clear on the wall. Everybody would fit really well under the Health Professions Act. Now the one exception was the physicians and surgeons because they have a very excellent piece of legislation. They have had their act for quite a number of years. They have made revisions and have had amendments made and it has been kept up to date and it serves them very well, so their act is one of the stronger pieces of legislation. Now it still was up for critique by the Health Professions Council and it is in their report and submissions so that nothing is decided upon just at this time. *[The final report is expected to be submitted to government before Dec 2000]*

Now given what was occurring and the awkwardness of working under old bylaws which were often in conflict even with our own Act, we requested to the government to come under the Health Professions Act and not wait for the final review.

[The Health Professions Council submitted their review to the College in July 1998, they recommended that the Psychologists Act be repealed and that the College should be governed by the HPA. The Board and the BCPA reviewed the recommendation. In the summer Chronicle an open letter to all registrants explained what had been recommended and that a complete copy of the report was available from the Board office. We wrote a reply indicating we were satisfied with the report and indicating areas of continued concern, particularly regarding exemptions to the Act. In November '98 we met with the Assistant Deputy Minister of Health and the legislative assistant regarding the expected implementation of the recommendations from the HPC. We were told it could take years, but if it was in the interest of the College, and the protection of the public, we could request implementation at a sooner date.]

So the College requested this (in a letter November 30, 1998) and in December 1999 it was granted and we were placed under the Health Professions Act. We now have the Health Professions Act governing us and we are at the point where we need to prepare bylaws to operate properly under that act, and that is why we are meeting today. It is to review with you what has been proposed in the bylaws, to determine how to regulate the profession properly for the purpose of protecting the public, and also what properly meets the acceptable standards of entry for the profession and competency.

### THE INFLUENCE OF OTHER PROFESSIONS REVIEW ON OUR COLLEGE

As I mentioned earlier, in reviewing counselling as a really broad-based submission at the hearings, the Health Professions Council did not recommend

that they be designated as a College of Counselling. Subsequent to that there was a Task Group on Counselling formed. It was formed by the Registered Clinical Counsellors, Marriage and Family Therapists, Vocational Counsellors, Ministers and Priests, and Academic College/University Counsellors. So that is the counselling group. You can see why it is kind of a mix. So they formed a task group on counselling. At that time when it was said that there would not be a College of Counselling, a number of people who were within that professional mix had concerns, because one of the reasons for the new health legislation and the protection of public and the scope of practice, is that there is actually teeth in this legislation, that if someone is not regulated, does not belong to a college and goes out and practices your profession, they can be charged. So many people were concerned that they were going to be denied a livelihood without a place to call home. If they were not going to have a College of Counselling, where would they go? We had a number of groups come to the College to request meetings and discussions with us. These included the Association of School Psychologists, the Marriage and Family Therapists, the Registered Clinical Counsellors and the Ministry of Health. We had, over a period of time, a number of meetings and discussions with them. One of the approaches from the Ministry of Health, was to hire a consultant, to look at how do we address this broad and large and varied group of counsellors. They came to the College of Psychologists and said, Would you like to regulate everybody? and we said, No, I don't think so. So then they said, well, what accommodations could we make? So at that time that was part of our discussions with the different groups. In our discussions with the Marriage and Family Therapists, clearly some of them are registered psychologists and many of them have standards that are well set in terms of their supervision requirements, the years of preparation and entry to their profession. So we were looking at a number of things. We were looking at does a group already have a standard of entry, is it easily measurable and identifiable, are there competency issues, and then what would be the concerns regarding ethical or misconduct issues, in order to accommodate or regulate them.

With the School Psychologists Association, many of them are Masters-trained school psychologists. Some of them are also registered psychologists and several of them are here in the room tonight, I am happy to say. Now with the School Psychologists Association they had another reason for wanting to belong to the College, and that was if you have been following the news, the downsizing of student services and central supervision of specialized services in the schools. We now have vice principals telling a school psychologist what they can say to a parent, so they were quite concerned about meeting proper ethical obligations and professional requirements of functioning as a psychologist within a system that was no longer properly supporting that professional directive. So that was another reason we were looking at including them.

With the Registered Clinical Counsellors when we met with them, they have a very large group, over a 1,000 members. In discussions with Jim Brown and George Bryce, who is their legal counsel, and with the Task Group on Counselling, it became apparent that probably 300 to 400 of those folks have Masters degrees where they are primarily in the area of psychology, counselling or clinical counselling, who would be interested in being regulated by the College of Psychologists. So that was the interest within the province. Those folks have not been regulated by any other group.

## **AGREEMENT ON INTERNAL TRADE**

We took all this into consideration and looked at a number of factors, one of them at the same time was the movement with the Agreement on Internal Trade. We are all familiar with NAFTA (the North America Free Trade Agreement). Initially that pertained only to trade and commerce. Well, it eventually transitioned into including professions not just trade and commerce, so that now, for example, nurses could go from Canada to the States. With the transition to also including professions, Ottawa, in its wisdom, set up a panel of AIT negotiators. There is one in each province. In the province of B.C. his name is Stuart Clark. He actually is the Coordinator for the

national group. They meet with their counterparts in each province and look at legislation governing professions. They look at a number of issues. For the last two and a half years, the Council of Provincial Associations of Psychologists, a national group that meets twice a year has had discussions regarding how to meet the obligations of the AIT. The council is formed of every regulatory body in the provinces and territories. There are a couple of places that do not yet have a separate regulatory body from their association body. We have had meetings with them about how to comply, and I use the word comply, with the Agreement on Internal Trade, because that is what it is. This is government, they have made an agreement and we are to carry it out. We have been given permission to decide how best to carry it out, but we have been told we will carry it out, and we will do it by July 2001. So if people do not think there is pressure to bear, then they are being naive, because there is, and if the professions themselves cannot come to an agreeable understanding of how to reach reciprocity, remove barriers to mobility and accommodate persons from other jurisdictions, then they will impose an agreement.

## **DETERMINING COMPETENCIES FOR THE PROFESSION**

Now, I must say that in the meetings in Ottawa, which is of course where we go to all get together, there has been some lively discussions there as well, because currently British Columbia is the only province which requires or allows entry to the profession of psychology at the doctoral level only. Every other province has accommodated Masters-level registrants and under their own Health Professions Act changed their standard of entry to include Masters-level. Now some of them have done it with a different title, many of you are probably familiar with Ontario, who have chosen the title Psychological Associate. They have now had, I believe, their five year review under the Health Professions Act in the Province of Ontario, and within the College they have had a review and there are a lot of problems with the title of Psychological Associate. Now one of the things that comes through the Health Professions Act and through the scope of practice,

and the reserved activities, is that each college also has the ability to determine the competency and what is the practice of those registrants. The majority of jurisdictions are doing that through self-declaration, which is not unfamiliar to you. (In fact the competency declaration form proposed in BC was a significant aid to the CPAP group in its determinations.) We have all been obligated to practice ethically in the area in which we are trained. Now we add the additional requirement that you declare, and this is like a legal statement, what your area of competency is and where you will practice. For new registrants when they make that declaration, they can then be examined in that, so that if someone intends to do diagnosis then they need to support with their documentation and their education and training, that they have been trained to do diagnosis, that they have had the supervision to do it, and that they are prepared to do diagnosis with certain populations, so that would be part of their declaration. With folks who are already currently registered, they would again just make a declaration that this is where practice, and I do want access to the reserved activity. Because the College of Psychologists has been recommended to have the reserved activity of diagnosis, and I use the word recommended because this is where the Health Professions Council review comes in, they are making recommendations which they are forwarding to government. They have no power, just like us, nobody has power, but the government has power, so the government will decide which of their recommendations to approve and then set into motion. We were very pleased to see that the Health Professions Council in reviewing the profession of psychology did recommend the activity of diagnosis. We have had excellent support from the College of Physicians and Surgeons, because any of the proposals done by the Health Professions Council were distributed in writing to absolutely every other health group in the province to review. And so we had excellent support from Physicians and Surgeons that, yes, psychologists are trained and expert and prepared for diagnosis. That was well supported. When we made our submissions and I went with Jean Stewart from the B.C. Psychological Association, to the hearings last winter, we also asked



for an extension to include the restricted use of Level C Diagnostic Tests because, of course, those are critical in diagnosis and we have all had stories about people who are using them while lacking proper training in the profession. So that was heard quite well and it was fortunate that it came on right after the presentation from a public person regarding difficulties with school psychology and diagnosis in the school system, and the fact that a public person, a parent for example, cannot complain about the conduct of a school psychologist or a report or diagnosis. Only teachers (and all the school psychologists, in particular in the Vancouver system, have to be teachers) can report or complain about another professional. So Mr Epstein heard this, and then heard us talking about the recommendation to also include diagnostic tests as a reserved activity. It was well received. I have not seen what he has written yet, because that was going into the whole of the complete report. So that was another thing that we have done with respect to recognizing the skills of our registrants.

## GETTING STANDARDS OF ENTRY TO THE PROFESSION

In the discussions on the Agreement on Internal Trade with the other regulatory groups there are a number of thrusts that are coming from that. First of all let us get out of this M.A.P.H.D. argument because it went back and forth, back and forth, back and forth, and Alberta in particular has over 2,000 registrants, many of whom are Masters-level registrants and their argument is "look, our complaints are not any higher than your complaints" in terms of numbers. Typically, B.C. and Ontario have about 40 complaints a year and Alberta is running about 55 with a much larger constituency. So the argument that goes to the federal negotiators for AIT is what is the big deal, they practice the profession, they are doing it ethically and not harming the public. They get to call themselves a psychologist in Alberta, why can't they come to B.C. and do the same thing? So what the group in Ottawa decided was that it would help if we established what was seen as the core competency to be a psychologist. Never mind the Ph.D. and

M.A. bit, but what do you need for core competency.

Now there are some draft documents on that, and we have circulated those with our Registration Committee to be looking at, and if we get approval from CPAP we can even probably circulate them much more broadly to all the registrants, but basically it covers things like psychological testing and evaluation, research, courses in biological sciences, psychometrics a range of things that are typical in the preparation. Then also within the core competency is supervision and practicums, training in ethics and professional issues. Also, what became clear was that in Quebec in particular, (they have 6,000 registrants and for years they have been in the majority masters-level training) the Order of Psychology in Quebec, did a survey of their members saying "are you ready to be a psychologist when you come out with your Masters Degree?" and the majority of them said "no, we are not. We are not ready for the kinds of tasks we are being asked to do, for the kinds of questions we are being asked to cover, both from organizations, and from hospitals." So the Order of Psychology in Quebec was able to get support of their whole group to say that they needed doctoral level as a standard of entry for the profession. Now, many of their current members want to upgrade. So what they have done is that they have also organized with the universities in Quebec, in particular the University of Montreal, to develop a Psy.D. program, a doctorate in psychology. This was presented at the CPAP meetings. Alberta took it up as well and George Lucki has organized through the Faculty of Education at the U of A, that they would also have a Psy.D. program, and have it as a distance learning opportunity, again for people to upgrade. So this is something that is in terms of the model view. Now the Canadian Psychology Association is also one of the members of the CPAP meetings and they are having discussions with their academic colleagues about the transition to having a Psy.D. program as the ultimate standard of entry for the profession of psychology and this would mean eventually phasing out of Masters Degree training. Now you can see that this is a long term proposal.

## MOBILITY ACROSS PROVINCES

In the short term, we are obligated under the Agreement on Internal Trade to come to some kind of accommodation with our other provincial jurisdictions so that is what the negotiations are about. How do we accommodate them, and what reciprocity can we have? So that if folks from B.C. want to now move to another jurisdiction, to Ontario for example, you don't have to go through an extensive application process, because you have been a practicing psychologist with a good track record.

Typically we want people to have been practicing for five years without any complaints, then in every jurisdiction in the country you can move and get a fairly quick entry to be recognized as a registered psychologist. Now the thorny one of course is then okay, if we are going to accommodate Masters psychologists from Alberta, how do we let them come in and practice as psychologists and yet say no to school psychologists, therapists and other counselling practitioners who have not had any opportunity to enter into the College, because of our education standards. So this was part of the background material that the College was dealing with. To try to address this, and that is where in the bylaws we have proposed a number of options.

## REGISTRATION CATEGORIES

One category is basically a 30 day ticket. We have actually had, particularly in the area of family court, psychologists for the parents move back to Alberta, so they have one psychologist from Alberta, wanting to come to give testimony where the case is being heard in B.C., and they have written to us to indicate they are doing this. Now this way they can get a 30 day registration and come over and do that. The other class of registration that you see, of course, is the one that is proposed for the Masters-level, which would be calling it by a different title, because we had a lot of discussions about that and we took input also from the Registration Committee and also just from the tenor of discussions that are held across the country that people want to maintain that there is a standard of entry for the title psychologist and the

recognition of who a psychologist is, and psychologists that do diagnosis. So we proposed practitioner in psychology, people who are practicing the scope of practice of psychology, but not titled psychologist. Now those folks, similar to in Ontario, psychological associates, can still obtain the reserved activity of diagnosis if they demonstrate that they have had the education, the training and

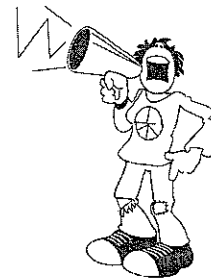
the preparation to do so. Now, the AIT meetings are still continuing. We have one on November 4. Dr. Kowaz and I will be going to that meeting and so I will be very pleased to present input from the meeting held today to inform the group about our proposals. We were asked, as were all the jurisdictions asked by their negotiators, to make changes in the legislation to allow and accommodate for

these mobility/reciprocity agreements. That is why we are to propose them in our bylaws and not wait and try to make amendments to a bylaw later, and that was a specific directive, so if people are wondering why it is already proposed, that is why. That is a lot I hope you get it. Thank you for listening patiently and I will respond further to this later and we will hear now from Justin O'Mahony

## Call for Volunteers

The College has registered the interests of those psychologists who responded to our call for volunteers. Many thanks to all of you. Because of the ongoing uncertainties until our draft bylaws are approved, you may not yet have been contacted by a committee. Please be patient. We do and will need your services in all the areas previously cited:

- developing a website for the College
- development of policy manuals
- administrative tribunals
- development of written professional standards
- development of registration standards, exams and policies



If you have not advised us of your interests, please do so.

### Website and e-mail

The College is developing a website and an e-mail system. For those of you who have not previously submitted it, we would appreciate receiving from you, your e-mail address. Please fill out this tear off portion of the page and send it back to us – snail mail for now.

Name: \_\_\_\_\_

Registration No. \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please sign, date and return to:**

College of Psychologists of British Columbia  
Suite 404, 1755 West Broadway, Vancouver, B.C. V6J 4S5  
Telephone: 604-736-6164; 1-800-665-0979; Facsimile: 604-736-6133

- NOTES -

inc

C

C

# College of Psychologists

O F B R I T I S H C O L U M B I A

Suite 404, 1755 West Broadway, Vancouver, BC V6J 4S5  
Telephone: 604 736 6164 1 800 665 0979 (BC only) Facsimile: 604 736 6133

*Responsible for the administration of the Health Professions Act for Psychologists*