
Chronicle

NEWS AND INFORMATION FROM THE COLLEGE OF PSYCHOLOGISTS

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Comments from the Chair

During my past 4 years as a member of the CPBC Board of Directors I have participated in many discussions with registrants and heard many reports from staff. A frequent topic has been some portion of the complaints process. During these discussions I have experienced people's anxiety, apprehensions and misapprehensions about the complaint process. So, I thought I'd share a few thoughts with you in this forum regarding this process.

For those of you who may recall past issues of the Chronicle or Annual Reports - none of this information is new as these processes have been in place for several years and statistical summaries in support of this information have been provided to you on a regular basis. However, I think it's worth repeating.

Here are some basic facts and figures -

Almost 20% of our registrants have had at least one complaint. This percentage is relatively high compared to other jurisdictions. It also suggests that an individual registrant should not be too surprised if he or she is the respondent (the registrant named in the complaint) to a complaint. It is a fairly common occurrence.

Two-thirds of all complaints are either dismissed or are not proceeded with. This means that of all complaints that are investigated the Inquiry Committee decides that for two-thirds of those complaints:

1. there is insufficient evidence of an ethical violation, or
2. the respondent has already taken steps to address the concerns and incorporated those steps into his or her practice, or
3. there is no jurisdiction to investigate the matter.

Almost all of the remaining complaints are resolved voluntarily.

With two-thirds of all complaints dismissed or not proceeded upon, that leaves the remaining one-third. The majority of these complaints are resolved through discussions with the registrant. What kind of resolutions? These range from an agreement to seek consultation or supervision for a specific number of sessions to agreeing to make certain changes in one's practice - for example, to agree to take a full history or to review the literature on informed consent. Most serious complaints, which are relatively few in number - such as sexual misconduct or other serious breaches of the code of conduct, have also been resolved through the voluntary agreement and participation of the registrant. In such circumstances, registrants have agreed to extended supervision and restrictions on practice.

There have been no discipline hearings in over four years. The Board is very proud of the fact that the Inquiry Committee, with the skill and expertise of our legal counsel and staff, has resolved even very serious matters without going to a discipline hearing.

What does all this mean? It suggests that if you get a complaint - you should ensure that your practice records are in order and then be prepared to be responsive to any requests from the Inquiry Committee with a view to firstly providing a full written response to the allegations in the complaint in order that the Inquiry Committee is as fully informed as possible concerning your position or views on the issues. If the Inquiry Committee requests your agreement to undertake certain actions to resolve the complaint then it is open to you to attempt to negotiate a fair resolution of the complaint. The Inquiry Committee has instituted "without prejudice" meetings with respondents to attempt to facilitate consensual resolution of complaints consistent with the *Health Professions Act*. The statistics (these can be found in the Annual Reports of the College) which summarize the actions of the Inquiry Committee since the

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of British Columbia

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Notice to Registrants of Annual General Meeting

Please be advised that the AGM of the College will be held at the Oakridge Auditorium at the Oakridge Shopping Centre (41st and Cambie) on May 14, 2004 from 2-4 p.m. Light refreshments will be served. Parking is free. The Auditorium is located on the west side of the mall, facing towards Oak Street.

A quorum is needed in order for this meeting to be an official AGM under the bylaws. If a quorum is not obtained, the meeting becomes an information/update meeting.

The College will send out a notice closer to the time of the meeting with an RSVP procedure.

College came under the *Health Professions Act* should be very reassuring to well-intentioned and competent practitioners.

But what about the “worst-case scenario”? What if, for example, the evidence of your alleged breach of the code of conduct is clear and convincing? Well, from the review of the over two hundred complaints that have been closed during my time on the Board it is clear that in most cases respondents have consented to action to remedy or otherwise address the situation. These undertakings have ranged from writing a paper or a restriction on practice or practice supervision. However, I stress

that this occurs only for a small proportion of complaints. Moreover, there is a clear process in place for the lifting of any restrictions and the respondent has the opportunity to make written submissions to the inquiry committee concerning any recommendations made concerning him or her from a supervisor that may affect his or her rights to practice. A negotiated consensual resolution of a complaint is surely preferable to the cost and stress of a formal hearing before the discipline committee.

Nevertheless, we are noticing a trend that more and more respondents to complaints

appear to be seeking legal consultation, even on what appear to be relatively less serious complaint allegations. Registrants are clearly entitled to seek legal advice. My experience on the Board suggests that registrants who are familiar with how the College is disposed to resolving complaints and who are informed by the *Chronicle*, the Annual Reports and the Code of Conduct of the College are better placed to make informed decisions about the best way to respond in the event that a complaint is filed against them.

Respectfully submitted,
Henry G. Harder, Ed.D., R.Psych.
Chair

Report from the Registrar

A number of amendments have been made to the *Health Professions Act* by the *Health Professions Amendment Act, 2003* portions of which came into effect on December 12, 2003. Among the changes are the following: streamlining of the bylaw approval process; increased flexibility in the inquiry and discipline processes, including the ability of the Board to authorize the registrar to resolve some types of complaints; enhanced statutory authority for settlement agreements as an alternative to formal disciplinary hearings; the ability to delegate inquiry or disciplinary committee functions to other committees; provision to establish a tariff of costs for investigations and hearings; and a requirement that a quality assurance program be established in the bylaws and that assessors be appointed for such a program. We have posted a link to this Act on our website <http://www.healthservices.gov.bc.ca/leg/index.html>. On December 11, 2003 Sections 1, 2, 4, 5, 8 to 10, 16, 31 to 33 and 39 to 41 of the *Health Professions Amendment Act* were brought into force.

Registrants interested in the process of amending the *Health Professions Act* should review the comprehensive submissions made by the College of Psychologists during 2002 and 2003. Copies may be found at <http://www.collegeofpsychologists.bc.ca/documents/bc.ca> under the “legislative” heading.

The amended Act introduces some interesting changes to the complaint process. The process currently specified by the Act is

as follows: A person may make a complaint by delivering the complaint in writing to the registrar. The registrar then assesses the complaint and refers it to the inquiry committee with any recommendations (s. 32). Under the amendments made by the *Health Professions Amendment Act, 2003*, section 32(3) permits the board to authorize the registrar to deal with certain complaints without referring them to the inquiry committee. This includes complaints which the registrar determines to be trivial, frivolous, vexatious, or made in bad faith, or complaints which allege conduct which would not be a matter subject to investigation by the inquiry committee. In addition, the registrar, if authorized by the board, may deal with complaints on allegations that, if proven, would not constitute a “serious matter” as defined in Section 26. Acting under the authority of section 32(3), the registrar may dismiss a complaint, or make a request that the registrant do any of the things which an inquiry committee could request of a registrant under section 36(1), without referring the matter to the inquiry committee. The registrar must report to the inquiry committee, and the committee can require that the matter be referred to it (sections 32(4) and (5)). While these changes are in effect in terms of our governing legislation, they are not and will not be in effect for this College until such time as the board develops bylaws delegating this authority - if it so chooses.

It remains the case that the inquiry committee may commence an investigation

upon receipt of a referral by the registrar (s. 32) or on its own motion (s. 33). The amendments also provide for complaints to be received from the quality assurance committee in regard to the matters set out in section 26.2(3), or from persons having a duty to report dangerous practice, sexual misconduct, or hospitalization for psychiatric care or addiction treatment (sections 32.1 to 32.5).

The *Health Professions Amendment Act, 2003* amends the Act to provide that the discipline committee may award costs to the college or the respondent, based on a tariff of costs established by bylaw (s. 39(4) to (6)). Costs may also be included in a consent order, for the costs of the inquiry (s.37.1(1)(c)). Prior to these amendments, costs could only be sought for hearings.

Another interesting addition is in Section 32 of the Act with regard to registrants responsibilities in reporting other registrants of a regulatory college who is believed to be: (a) not competent to practice the designated health profession, or (b) suffering from a physical or mental ailment, an emotional disturbance or an addiction to alcohol or drugs that impairs his or her ability to practice the designated health profession.

For example, Section 32.2, a new section, deals with our responsibilities to report concerns about a registrant of any regulatory college:

32.2 (1)A registrant must report in

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writing to the registrar of an other person's college if the registrant, on reasonable and probable grounds, believes that the continued practise of a designated health profession by the other person might constitute a danger to the public.

- (2) If a person (a) terminates the employment of an other person, (b) revokes, suspends or imposes restrictions on the privileges of an other person, or (c) dissolves a partnership or association with an other person based on a belief described in subsection (1), the person must report this in writing to the registrar of the other person's college.
- (3) If a person intended to act as described in subsection (2) (a), (b) or (c) but the other person resigned, relinquished their privileges or dissolved the partnership or association before the person acted, the person must report this in writing to the registrar of that other person's college.

(4) On receiving a report under subsection (1), (2) or (3), the registrar must

- (a) act under section 32 (2) as though the registrar had received a complaint under section 32 (1), or
 - (b) with the prior approval of the inquiry committee, enter into an agreement with the other person (i) to set limits or conditions on the practice of the designated health profession by the other person, or (ii) to suspend the registration of the other person in order that continued practice by the other person does not constitute a danger to the public.
- (5) Subject to the registrar's approval, the other person, if ordered under this section to cease or restrict practice as a registrant of the college, may employ another registrant of the college to carry on the practice.

Immunity provisions are in place for registrants acting under these new sections

related to reporting their concerns under this section.

It has been brought to the College's attention that certain registrants believe and have stated that the College's Code of Conduct [2002] does not apply to some of their professional activities. For example, certain registrants have indicated that the Code does not apply to them when acting as an expert witness and providing testimony or an opinion to the Court. This assumption is not correct. As clearly stated in standard 2.1 [scope] of the Code of Conduct, "This Code applies to all registrants providing psychological services in any context or circumstances."

This provision includes professional services provided to lawyers and in Court.

Respectfully submitted,

Andrea M. Kowaz, Ph.D., R.Psych.
Registrar

From the Complaint Department

The College will continue to provide summary information on complaints and complaint resolutions to registrants. The College is of the opinion that the more informed you are about typical complaint resolutions and the nature of complaints being dealt with by the inquiry committee and the College staff, the better you will be able to make informed decisions, should you be the subject of a complaint.

Here are some illustrative case examples drawn from the 43 complaint files closed in 2003.

A registrant assessed an individual's competence to drive, following a request from the Superintendent of Motor Vehicles. The complaint concerned the individual's distress in the manner in which he perceived the registrant interacted with him and what he perceived to be the registrant's selective attention. The relevant sections of the Code of Conduct were determined by the inquiry committee as: standard 3.12 [accuracy], standard 7.7 [unprofessional behaviour],

and standard 3.3 [limits on practice]. After requesting and reviewing a copy of the registrant's clinical records, the inquiry committee enquired about the registrant's response to the allegations in addition to a question related to sensitivity to age-related clinical issues. The registrant responded to the questions and the responses satisfied the committee. The complaint was closed in eight months. Subsequently the complainant appealed the decision of the inquiry committee to not take this matter to a hearing. The board refused (i.e. denied) the appeal.

A registrant attempted to conduct a mediation session with a woman and her brothers with regard to decisions related to the care of their father. After the sessions, and the perception on the part of the woman of an undesirable outcome from the sessions, the woman complained to the College alleging bias on the part of the psychologist. The sections of the Code of Conduct relevant to the

complaint are: standard 3.11 [objectivity of opinions and interventions], standard 4.7 [avoiding misunderstandings], standard 5.1 [obligation], and standard 5.13 [multiple clients]. The inquiry committee reviewed the documents provided by the complainant and the registrant's clinical records, and asked the psychologist a number of questions. These questions included asking about how the issue of the purpose of the session had been addressed, informed consent, and the appropriateness of this form of mediation given the woman's interpersonal style and personality characteristics. The respondent provided a detailed and thorough response to the inquiry committee that included relaying what he had learned from this experience and changes that he has since incorporated into his practice. The committee accepted the registrant's response. This complaint took five months to close. The decision was not appealed to the board.

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A woman and her husband attended couples counselling with a registrant. The woman complained about her experience of certain of the techniques used by the registrant during their sessions which she and her husband found to be indicative of a lack of caring and concern. The relevant sections of Code of Conduct for this complaint are: standard 5.1 [obligation], standard 5.33 [avoiding harm], and standard 7.7 [unprofessional behaviour]. The inquiry committee obtained and reviewed the registrant's clinical records and then asked the registrant about his therapeutic techniques and his response to the complainant's concerns. The registrant responded with a description of his treatment philosophy and techniques and expressed his regret that the client had perceived the therapy experience as described. The registrant agreed to provide a letter of regret to the client, which he did and the file was closed. This complaint took six months to investigate.

A complaint was received about an assessment of a woman who claimed that she was sexually abused by her father. The woman later retracted this allegation. The woman's father complained to the College that he had been diagnosed as "a child abuser" by the registrant without having been assessed or consulted in any fashion by the registrant. The inquiry committee decided, given the serious nature of the allegations, to conduct a practice inspection and obtain a sample of other clinical files from the registrant. The files were reviewed by the committee and concerns were identified. The relevant standards that were in effect at the time of the complaint were: standard 1 and standard 1.f [responsibility] of the Ethical Standards of Psychologists [1985]. The committee then decided to open a complaint on its own motion, and to ask the registrant to respond to the concerns on the files obtained during the inspection, in addition to continuing its investigation of the first complaint. After negotiations with the registrant's legal counsel, an agreement was reached and the registrant signed a letter of undertaking agreeing to the complete supervision of his practice. These two complaints took 21 and 17 months to investigate, respectively.

A young woman complained to the College that she had requested a copy of her clinical records from a registrant she had seen some time earlier and that the registrant informed her that he could not locate the records.

She expressed feeling distressed about the registrant's conduct to the registrant, who encouraged her to file a complaint with the College. The relevant standards of the Code of Conduct are: standard 7.7 [unprofessional behaviour], standard 13.1 [length of record retention], standard 13.2 [legal requirements], and standard 13.3 [minor's records]. The inquiry committee asked the registrant about his file storage practices and the steps he took to locate the file. The committee was satisfied with his response and the file was closed after two months. The complainant appealed to the board and the board refused the appeal.

PRACTICE ISSUES: **Multicultural Competence**

We draw your attention to a recent article in the journal *Professional Psychology: Research and Practice* (2004, Vol.35, No. 1, 3-9 on Multicultural Competence by Richard B. Stuart. The title of the article is "Twelve Practical Suggestions for Achieving Multicultural competence". The 12 suggestions are quoted in full below:

1. Develop skill in discovering each person's unique cultural outlook.
2. Acknowledge and control personal biases by articulating your worldview and evaluating its sources and validity.
3. Develop sensitivity to cultural differences without overemphasizing them.
4. Uncouple theory from culture.
5. Develop a sufficiently complex set of cultural categories.
6. Critically evaluate the methods used to collect culturally relevant data before applying the findings in psychological services.
7. Develop a means of determining a person's acceptance of relevant cultural themes.
8. Develop a means of determining the salience of ethnic identity for each client.
9. Match any psychological tests to client characteristics.
10. Contextualize all assessments.
11. Consider clients' ethnic and world views in selecting therapists, intervention goals, and methods.

12. Respect clients' beliefs, but attempt to change them when necessary.

The author concludes the article: "In summary, culturally competent psychological services require self-reflection, a critically evaluative use of the literature, thoughtful accumulation of personal practice wisdom, and above all, a great sensitivity to the uniqueness of each client."

THE WORLD IS TOO MUCH WITH US: **Managing organizational and interprofessional ethical dilemmas.**

Michael C. King and Alexandra Kinkaide

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PLEASE NOTE: While these are quite similar to the CPBC Code of Conduct, registrants should note that the references in the article to the Code of Conduct and Code of Ethics refer to the College of Alberta Psychologists documents.

A psychologist working for a school board is directed by her supervisor (who is not a psychologist) to co-sign "psychological assessment" reports prepared by Resource Teachers, even though she has never seen the student and has had no contact with the teachers. When the psychologist indicates to the supervisor that such a practice is contrary to the ethical standards of psychologists, she is advised that the policies and practices of the organization where she works take precedence over any professional standards.

A psychologist working on a multidisciplinary mental health team learns that one of his professional colleagues (who is not a psychologist) is providing cognitive behavioural therapy to clients with various anxiety and depressive disorders. The psychologist knows that his colleague has no formal training in CBT and incidental comments by patients whom they are both working with suggest that the colleague is engaging in some questionable practices. When the psychologist discussed his concerns with his colleague, her response was, essentially, "take a hike". The team leaders, a nurse and psychiatrist, advise the psychologist in so many words that the matter is none of his business and suggest that he is not being a team player.

From the Complaint Department continued from page 4

A psychologist works in an adult mental health program in a Regional Health Authority. Because of staff cutbacks affecting psychology, she is advised that she will now be responsible not only for services to mental health patients but also for doing neuropsychological assessments and cognitive rehabilitation of patients in the hospital's brain injury rehab program. The psychologist advises that she has never had any training in neuropsychology and is not competent to provide services of that sort. Her supervisor, although sympathetic, indicates that patient care demands are such that everyone has to learn to be multi-skilled and to "do more with less", and advises that she should be able to pick up enough through reading and practice to provide the required services.

The ecology of professional psychology practice is becoming increasingly complex. Registered psychologists are accountable to the professional standards of the College, including *the Code of Conduct* and the *Code of Ethics*, along with the various guidelines and standards that flow from those documents. Many psychologists work in institutional settings, often on multidisciplinary teams, where they are subject to other provincial laws, organizational policies, and local unit, clinic, or program standards. They may be administratively and sometimes clinically accountable to professionals from other disciplines or to professional managers who know little about the formal standards for the practice of Psychology.

Psychologists in private sector practice are not immune to these complexities. Many provide psychological services that are reimbursed wholly or in part by third parties, such as insurance companies, employee and family assistance programs, or government departments. They are accountable to various organizational policies and procedures that may occasionally conflict with what they believe are their professional obligations as psychologists. Others offer services to the legal community or provide services on contract to various public or private agencies. In all these circumstances, psychologists find themselves amid a welter of confusing, occasionally conflicting practice demands. Navigating these shoals is a constantly demanding occupation. What does it mean to adhere to professional standards in the face of such complex demands? Moreover, how does one manage to act ethically in the occasionally unethical – or at least questionably ethical – place?

Example 1

The dilemma presented in the first example above centres on the meaning of signing or co-signing a professional document. A psychologist who signs or cosigns a professional document accepts responsibility for the contents of the document, their accuracy and appropriateness. This is the case whether one cosigns documents for students or whether one co-signs with other professionals with whom one has collaborated. If the psychologist has been involved in acquiring the information on which the document is based and has been able to evaluate the quality of the information on which the opinions in the document are based and the opinions themselves, the psychologist's signature may represent an appropriate endorsement of the professional opinions expressed. Without that involvement or the chance for scrutiny of the opinions, the psychologist's signature may constitute at least some misrepresentation of his or her professional actions, if not outright fraud. At a very pragmatic level, a psychologist's endorsement of a professional opinion that he or she had no hand in creating may expose the psychologist to legal or disciplinary sanctions should the opinion turn out to be wrong or damaging.

An organization may certainly *assert* that its policies and procedures override a professional's ethical obligations (although this is more likely to represent the overzealous opinion of a member of the organization). Nevertheless, psychologists may not exempt themselves from their professional responsibilities through a claim of *force majeure* in response. As it often does, the *Code of Ethics* challenges the psychologist in this circumstance to declare such conflicts openly and to work toward a solution that is in the best interests of the parties involved and that respects their ethical duties. Where no satisfactory resolution is possible, psychologists have to make their best ethical and professional judgement and then be prepared to accept the consequences of their actions.

Example 2

This instance turns on the psychologist's obligation to act when he or she learns of the potentially harmful professional activities of another, whether another psychologist or a member of another profession. Sections II.40 and II.41 of the *Code of Ethics* direct psychologists to "act to stop or offset the consequences of harmful activities carried

out by another psychologist or member of another discipline. . . ." and distinguish between those professional actions that are harmful and those that may be seriously harmful. In each case, the *Code* challenges the psychologist to act, not simply to be concerned. These sections further specify the conditions under which the psychologist is expected to act: when he or she has *objective* information, rather than rumour or opinion, about the risk of harm from the others' actions, and when the information comes to the psychologist outside the boundaries of a confidential professional relationship. The *Companion Manual* also provides an important exegesis on this theme, noting that the psychologist's actions have to aim at offsetting or correcting harm, not simply at settling an interpersonal score with the other professional. Malicious complaints or complaints intended primarily to vex another professional are themselves unethical and may expose the complainant to risk of liability either through the professional disciplinary process or through the civil courts.

Example 3

If there is a central theme that runs through all of the *Code of Conduct* and the *Code of Ethics for Psychologists*, it is this: Know your stuff, and do only what you know how to do. In the more elegant language of the *Code*: Psychologists. . . offer or carry out . . . only those activities for which they have established their competence to carry them out to the benefit of others.(II.6) We expect psychologists to have a firm understanding of the boundaries of their skills and knowledge, and to pursue additional training when they wish to expand those boundaries. No one is omni-competent (despite what one might infer from inspection of various Yellow Pages ads). We expect to continue our professional development throughout our careers as the knowledge base in Psychology evolves. This invariably means that, at times, we will find ourselves pushing the envelope of our practice capacities, learning new methods, and encountering new populations. This is as it should be and the psychologist's duty in these instances is to ensure that clients

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Inquiry Committee Report

The volume of work before the Inquiry Committee remains very high. At present the committee is actively investigating 75 complaints and there are fourteen decision reports being written.

Already 10 new complaints have been received in 2004. Other issues under review by the Inquiry Committee include draft practice advisories with regard to release of test data, record security and clarity of records. (See article in this Chronicle on upcoming practice advisories).

The Committee is also discussing ways of ensuring that registrants have reliable and clear information upon which to make informed decisions about their participation in and attitude towards complaint resolution.

New FAQs on Complaint Issues:

Do you need legal representation if you get a complaint?

Registrants are entitled and encouraged to seek legal consultation wherever

appropriate. Some insurance providers require that you seek legal consultation early on in the investigation process as a condition of insurance coverage should the matter go to a hearing. As you decide what to do, review the percentage of cases that go forward to a hearing as reported in the Annual Report. So far, under the *Health Professions Act* - that percentage is zero (0%). This doesn't mean that hearings won't occur in the future. There are a number of very serious complaints currently under review and a citation for a hearing has been issued by the Inquiry Committee. But it does mean that unless the complaint involves very serious misconduct, there is an overwhelming likelihood that you will be able to work with the Inquiry Committee to achieve a successful resolution of any concerns.

What should I do if I get a call from the Registrar?

If you are the respondent in a complaint and you get a phone call from the Registrar

or Deputy Registrar, what does it mean? All registrants who are the respondents in complaints are invited, in the first notification letter sent out by the College, to call the Registrar to ask any questions they might have. Many registrants have taken advantage of this opportunity and most find the information very helpful and stress-reducing. At a later point in the complaint investigation you may be invited to resolve matters on an informal basis, that is you may well get a call from the Registrar asking you to attend a without prejudice meeting (equivalent to an "off the record" discussion) or to have a without prejudice discussion. This is the route to follow in order to resolve the complaint in a voluntary manner. There is nothing to be lost from participating in such discussions as nothing said in such interactions may be used in any other College proceeding.

Respectfully submitted,

Marguerite Ford
Chair, Inquiry Committee

BCPA Liaison Committee Report

As a result of several meetings with representatives of BCPA, the Board recently struck a committee to facilitate communication between the College Board and the Board of the BCPA. The new BCPA Liaison Committee is intended to ensure regular and coordinated contact between the College Board and the BCPA Board on matters that relate to the College's mandate. An initial task of the Committee, in conjunction with BCPA, has been to develop a letter of understanding to guide discussions. A draft letter has been forwarded to BCPA for review. Key elements of the draft, which has been approved by both boards in principle, include: recognition that appropriate consultation and cooperation is in the interest of the profession of psychology and the public in British Columbia; that there is a clear distinction between the roles and mandates of the College (regulation) and the Association (advocacy) and that this distinction will be honoured and maintained without exception; that representatives of the College and the Association will meet at a minimum on a quarterly basis, the purpose of which is to keep each other informed of ongoing issues, projects and concerns with

other consultation to be ongoing as the need arises; that, on request, the College will provide brief consultation regarding compliance with governing legislation and consistency with College Bylaws and the Code of Conduct as time and resources allow and that the College will, when appropriate, invite submissions from BCPA on matters that have been identified by the College as issues of public concern that may affect the profession.

Respectfully submitted,

Robert L. Colby, M.S., R.Psych.
Chair, BCPA Liaison Committee

NOTICE

Effective February 1, 2004 the registration of Dr. Brian Ferris in the College of Psychologists has been suspended for a period of 3 months for professional misconduct involving a sexual relationship with a former client. As such he is not entitled to practice psychology or use the title "psychologist", or a title, description or words that incorporates the word "psychology", "psychological" or "psychologist", or any abbreviation thereof, in any manner or any term that implies training, experience or expertise as a psychologist during the period of his suspension.

Effective October 8, 2003 Mr. George Reilly resigned from the College. This means, as per the Psychologist's Regulation under the Health Professions Act, that he is no longer entitled to practice psychology or use the title "psychologist", or a title, description or words that incorporates the word "psychology", "psychological" or "psychologist", or any abbreviation thereof, in any manner or any term that implies training, experience or expertise as a psychologist.

Report of the Legislation Committee

What Registrants need to know about the New PIPA Legislation.

On January 1, 2004, private psychology practitioners offices, medical diagnostic facilities, and non-hospital medical/surgical facilities in British Columbia became subject to privacy legislation, either through the provincial *Personal Information Protection Act* (known as PIPA), or through the federal *Personal Information Protection and Electronic Documents Act* (known as PIPEDA). (See our article in the previous Chronicle). Both statutes establish information practices in private organizations, which can be an individual, an agency, or a non-profit society. Most private psychology practitioners in B.C. will fall under PIPA; however, organizations or individuals who transfer personal information across provincial borders for business purposes will likely need to comply with PIPEDA rather than the provincial legislation.

The information below is provided to help registrants understand the legal issues and obligations that arise from the new legislation. No information provided in this article should be presumed to replace the Code of Conduct or to substitute for independent legal advice. Registrants whose practice falls under the new privacy legislation are encouraged to obtain and carefully review the new statute. If you have a particular question or concern about how the new legislation affects your practice, you should seek specific advice from your lawyer.

What is the new legislation and who does it apply to?

The purpose of the new privacy legislation is to ensure that the collection, use or disclosure of personal information about an individual does not occur without that individual's consent unless the information falls within specific exceptions. It also gives an individual the right to review and ask for corrections to his or her personal information. PIPA applies to personal information collected, used, or disclosed in connection with activities conducted by commercial organizations, including corporations and partnerships. It does not apply to public organizations such as the College, which continue to be governed under the *Freedom of Information and Protection of Privacy Act* (FIPPA) in matters of personal information. If you are unsure whether your organization is covered by PIPA or FIPPA, you should seek clarification

from the organization.

The new privacy legislation will not likely have a significant impact on a registrant's basic professional practices as psychologists have always been obligated to maintain strict confidentiality regarding patient information through ethical codes and standards. However, the new legislation introduces a number of specific rules, procedures, and deadlines around the management of personal information that registrants will need to be aware of and in compliance with in their dealings with patients. Registrants should also note that PIPA applies to the collection, use, disclosure, and care of personal information of non-patients such as employees and volunteers.

PIPA establishes rules for: collection, storage, protection and destruction of personal information; disclosure of personal information in terms of when and to whom it may be disclosed and for what purpose, access to and, if necessary, correction of, personal information. For the purposes of the legislation, "personal information" essentially means any information about an identifiable individual other than that typically found on a business card – including employment application forms, personal preferences, demographic information, residential contact information, and, of course, clinical information.

Each private psychology practice must appoint a privacy officer to help patients understand what is happening with their information, and to be responsible for PIPA compliance. The privacy officer must understand what kind of information is covered under this legislation, how to collect information, what information to disclose and to whom it can be disclosed, when consent from the patient is required and when it is not, and other issues. In addition, office staff who deal with patients must be trained in how to implement the organization's privacy policy.

The legislation also introduces a set of specific procedures and deadlines around access to records and requests for corrections. For example, your office must provide access to personal information within 30 days of receiving a request by the individual, unless the time period is otherwise extended under PIPA. The legislation permits you to charge a "minimal" fee for this access. It may be advisable to set a policy for the fees now and inform current and potential patients

of your policy. A formal process for complaints about fees for accessing records or to express concerns about how personal patient information has been collected, used, or disclosed to a third party is also specified in the legislation.

What should I do?

There are a series of steps that registrants can take which will facilitate compliance with the new legislation.

1. Identify the "privacy officer". In a one person private practice, the privacy officer would be the registrant.

2. Familiarize yourself with the Act. It is available at www.legis.gov.bc.ca/37th4th/3rd_read/gov38-3.htm.

3. Ask yourself the following set of questions with regard to handing personal information.

What personal information do I collect and how do I currently manage it?

Does my current information handling practices meet PIPA obligations?

Compliance with the Code of Conduct likely means that significant changes to one's practice will not be needed for patient personal information. Pay close attention to the handling of the most sensitive personal information collected or of the information most vulnerable to improper use or disclosure. Pay particular attention to the general vulnerability of computer-stored, computer-generated information.

4. Implement any necessary procedural changes; revise or develop forms and contracts.

You are responsible for personal information in your custody as well as under your control. This includes personal information that you have transferred for processing (for example, to a test scoring service) or information that a third party may have collected on your behalf. To ensure that this personal information is properly protected, your contracts with third parties should clearly require the third parties to comply with PIPA and any policies you have developed to properly manage personal information. Contracts should specify the purpose for which the third party is allowed to use the personal information and prohibit any other use or disclosure.

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5. Develop a privacy policy and a procedure for handling complaints. The legislation requires you to prepare and follow a privacy policy, which has to be available for review by patients and employees. Ensure that your policy includes provisions for the following: physical, technological and organizational security measures, procedures for the proper collection and disposal of personal information; how notice will be given to patients with regard to reasons for collecting information about them; procedures for obtaining and recording consent and the withdrawal of consent; and measures for safeguarding the privacy of your employees' personal information. PIPA requires you to create a process for handling privacy complaints.

6. Train staff. Every one of your employees, associates, contractors, partners, or agents who collect, use, or disclose personal information will need to understand what they must do to comply with PIPA's privacy principles and your practice's privacy policy. Staff should also sign a confidentiality agreement.

Principles for protecting patient information in psychology practice

PIPA is based on ten basic principles which translate to useful practice guidelines for the psychology practitioner. The items below are adapted from the Brochure entitled : PIPA Implementation Tool 4, available on the website of the Ministry of Management Services. (http://www.msar.gov.bc.ca/foi_pop/Privacy/Tools/PIPA_Tool_4.htm). The issues are described in terms of the registrant's responsibility. In a multi-person office in which a staff member has been delegated the responsibility of the "privacy officer", the responsibility may be delegated to that individual.

Principle 1: Accountability. The registrant's privacy officer is responsible for the personal information under the registrant's control. Key functions of the privacy officer include developing and implementing policies and procedures to protect personal information; training and communicating to employees about privacy policies, procedures, and confidentiality agreements; responding to inquiries and complaints; and overseeing privacy practices. In a one- person private practice, it would be the registrant him or herself who would serve as the privacy officer.

Principle 2: Identifying purpose. Before collecting personal information,

registrants should advise patients why they are collecting it and how it will be used. Registrants should therefore assess their existing information collection practices to define and document purposes for which personal health information is collected. If it is not possible to identify the purpose, the practice should be to stop collecting the data.

Principle 3: Consent. Registrants' offices are required to obtain patients' consent to collect, use, or disclose personal information, unless they can satisfy one of the limited exceptions to obtaining consent. Consent may be implied or expressly given; it may be given either verbally or in writing. To validly consent, patients must have a reasonable understanding of what information will be collected, who will have access to it, how it will be used, and to whom it may be disclosed. Patients should be able to withdraw consent at any time, subject to legal or contractual reasons and reasonable notice.

Principle 4: Limit collection. Registrants should only collect the minimum personal information necessary to fulfill stated goals. Information must be collected by fair and lawful means.

Principle 5: Limiting use, disclosure, and retention. Registrants must use and disclose personal information in accordance with the purposes given to the patient. New uses and disclosures require new consent. Information should be kept only for as long as necessary to meet the original purposes, or as required by the College of Psychologists of BC.

Principle 6: Accuracy. Patient information must be kept accurate and complete as necessary to fulfill stated purposes.

Principle 7: Safeguards. Registrants must safeguard personal information to protect against security risks such as loss, theft, unauthorized disclosure, copying, use, or alteration. Technological safeguards include the use of passwords and encryption. Security measures include the use of security clearances and limiting access on a "need-to-know" basis. Security safeguards appropriate to the sensitivity of the information are to be used, regardless of the medium in which patient information is stored.

Principle 8: Openness. Registrants should inform patients about the personal information they hold, the purposes for

which it is used, the persons to whom it is disclosed, and how an individual may access it.

Principle 9: Individual access. Patients are entitled to access their personal information to ensure its accuracy and completeness, and to identify to whom it was disclosed, subject to certain exceptions. Registrants may charge a minimal fee for such access.

Principle 10: Challenging compliance. Patients can challenge a practice's compliance with these principles through the practice's required complaints process and by making a complaint to the College of Psychologists of B.C. and, failing a satisfactory resolution, the Office of the Information and Privacy Commissioner of British Columbia.

The information provided in this article does not remove the registrant's obligation of compliance with the Code of Conduct but is intended to be useful to registrants in private practice to assist in compliance with the new legislation. Registrants can find more information on PIPA on the Ministry of Management Services website at www.msar.gov.bc.ca/FOI_POP/.

New Practice Advisories under development: Clarity, security and release of records

There are a number of other important related considerations as you review your practice for compliance with the new privacy legislation. The considerations outlined below are under review for inclusion in upcoming Practice Advisories under development by the Inquiry Committee:

1. Clarity of Records.

Patient records should be written as soon as possible after a contact with a patient or third party has occurred.

Patient records should be legible, clear and in a manner that they cannot be erased; all changes or additions should be dated, and signed in such a way that the original entry can still be read clearly.

Patient records should be accurately dated, timed, and signed, with the name of the author being printed alongside the first entry.

Patient records should be readable on any photocopies.

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Patient records should be clear, unambiguous, and written in terms that the patient can understand. Abbreviations, if used, should follow common conventions.

Patient records should be consecutive.

2. Security of Records.

Records should be kept in rooms with locked doors and cabinets

Records should not be left unattended at fax machines or copiers.

Records should be kept on-site wherever possible. When records must be taken off-site, they should be kept secure at all times.

All computers, including laptops, desktops, and handheld, etc. should be password protected.

Data should be encrypted wherever possible.

Paper records should be:

- formally booked out from the normal filing system;
- tracked if transferred, with a note made or sent to the filing location of the transfer;
- returned to the filing location as soon as possible after completion of treatment or other contact;
- stored securely within the clinic or office; arranged so that the record can be found easily if needed urgently.
- stored closed when not in use so that contents are not seen accidentally.
- inaccessible to members of the public and not left even for short periods where they might be looked at by unauthorized persons.
- held in secure storage with clear labeling.

Individuals handling electronic records should:

- Log-out of computer systems or applications when not in use (whether leaving for the day or a few minutes).
- Not leave a terminal unattended and logged-in.
- Keep computers away from public view and access.
- Not share user IDs or passwords with other people. If other staff members have a need to access records, appropriate

access should be organized for them. This must not be by using others' user IDs or passwords.

- Change passwords at regular intervals to prevent anyone else using them.
- Ideally, passwords should never be written down. If a written record is required, the record should be kept in a secured place away from the device that is password protected.
- Revoke user IDs and passwords as soon as authorized users resign or are dismissed.
- Always clear the screen of a previous patient's information before seeing another.
- Use a password-protected log-out to prevent casual viewing of patient information by others.
- Install firewall software where Internet access to computer systems exists.
- Use audit trails to track when a record is accessed, by whom, and whether the accessing individual has the necessary authorization.
- Ensure THAT data backup intervals and methods, and disaster recovery plans, are in place and periodically reviewed.

Personal information is contained on much more than patient charts or electronic medical records, computer screens, conversations, phone calls, e-mails, faxes, photocopiers, courier deliveries, and other media all need safeguarding.

3. Release of Records.

Registrants are often asked to disclose test materials, particularly in the context of litigation.

Several provisions in the Code of Conduct address the issue of disclosure of confidential documents and materials. Code of Conduct 11.15 in particular requires registrants to make reasonable efforts to maintain the integrity and security of tests. One of the most frequent questions registrants ask of the College is "What do I do if I have been asked to respond to a court order requiring the provision of test materials"?

The practice advisory under review by the Inquiry Committee includes the following elements:

1. Determining whether or not this is a formal request (i.e. a court order) or a request anticipating the issuing of a court

order.

2. Outlining registrants' responsibilities. These include: a) describing the confidential nature of the documents; b) prohibiting the parties from making copies of the documents except for purposes of the legal proceedings, c) requiring that all persons who receive copies of the documentation be bound by the Court Order; d) require that the raw test data not be disclosed to or discussed with any person who is not competent to use or analyse the data, and if there is a dispute as to whether or not any such person is competent the data may be disclosed to the College which shall determine whether such person is competent; e) requiring the Court Registry to not disclose the documents unless in accordance with the terms of the court order, and requiring the return of all copies of the documents to the registrant by the party who obtained the Order upon completion of those proceedings and the expiration of any appeal periods.

While this matter remains under active review, the key elements of the draft advisory centre on the obligations of the registrant to advise legal counsel in writing of the nature of the documents, the relevant provisions of the Code of Conduct and the terms of the Advisory. This would be an advisable course of action in response to any request for confidential information.

Complaint Department

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are protected and served capably while we are growing our skills. The boundaries of professional competence surround three elements: populations, problems, and methods. If we encounter a substantial change in any one of these elements in our practice, we should consider the possibility that we need to expand our skills appropriately to deal with those new practice elements. Ultimately, however, psychologists must resist demands or temptations to step beyond those practice areas where they have proven themselves capable, regardless of the institutional, financial, or personal pressures to do so.

Quality Assurance Committee Report

CONTINUING COMPETENCY – SOMETHING NEW AND SOMETHING OLD

As of January 1, 2004 all Registered Psychologists in British Columbia are required to maintain a log outlining their continuing competency activities for the year. This is part of the Continuing Competency Program established by the Quality Assurance Committee and approved by the Board to promote high standards of practice among registrants. Although the requirement to log our continuing competency activities according to a prescribed categorization is new, maintaining our competency as psychologists is old and has been a requirement for all psychologists since they were registered - for example, see the CPBC Code of Conduct sections 3.5 (Maintaining competency), 3.6 (Professional knowledge), 3.7 (Regulatory knowledge), 3.20 (New competencies), 3.23 (Training for special situations), and 3.25 (Demonstration of Knowledge), etc.

Bylaw 17(3) of the College states that the Quality Assurance Committee must "recommend to the board for approval a continuing competency program to promote high standards of practice among registrants". In accordance with this bylaw, the Board of the College approved the continuing competency program put forth by the Quality Assurance Committee to commence on January 1, 2004.

The Continuing Competency Program has been well received by registrants, and has led to considerable discussion amongst registrants about how their continuing competency activities will be assessed by the College. Although the exact details and mechanisms have yet to be worked out by the Quality Assurance Committee, and approved by the Board, the intent is to follow the steps listed in the CPBC Continuing Competency Program, viz., :

* Registrants are to enter a record of their continuing competency activities on the Log Sheet provided for this purpose;

* Registrants are to keep copies of proof of attendance at conferences and workshops and records of continuing competency activities and the completed continuing competency form provided by the College for at least two years;

* An attestation that the continuing competency requirements have been met is required for renewal of registration; and

* A random selection of Registrants will be requested in writing to submit their completed log sheet beginning in 2005.

The intent of the Continuing Competency Program is for registrants to continue to upgrade their learning in the field of psychology in practical and meaningful ways that are relevant to their practice. The Quality Assurance Committee has developed two key criteria for the evaluation of continuing competency activities - these criteria can also be used by Registrants in their self-assessment of their continuing competency activities:

1. Is specific activity relevant to enhancing the competency of the Registrant to practice psychology (i.e., can the Registrant answer affirmatively the question "Did you learn something useful?").

2. Can the Registrant articulate what they learned relevant to improving their practice or enhancing their competency in a way that is clear and convincing to a group of their peers.

The position taken by the Quality Assurance Committee is that the onus is on the registrant to be able to articulate to the satisfaction of a group of peers that learning has occurred. The activity or setting per se, is less important than the learning acquired by the registrant.

The Quality Assurance Committee welcomes questions and comments from Registrants. A number of Registrants have already written the College with questions related to the Continuing Competency Program. Each question has been reviewed by the Quality Assurance Committee, and this will continue to be what is done when questions are received by the College. All questions from Registrants will be acknowledged as "received", and where the question raises a new "wrinkle" or issue not previously considered, the committee's responses will be posted on the CPBC website in the form of FAQs - this approach has been taken to (1) minimize the effort and expense involved in individual detailed replies and (2) provide to all Registrants information gleaned from considering the issues raised by a single registrant.

The following FAQs will soon appear on the website:

FAQs FOR QUALITY ASSURANCE COMMITTEE

1. Does "activity X" count towards section "Y" of the Continuing Competency Program?

A registrant is teaching a course or providing a workshop for the first time. The registrant has determined that they have learned something new in preparation and can describe what specifically was learned and how it relates to their practice of psychology. The case for credit on the same course or workshop the following year would be less compelling.

A registrant is providing supervision on a difficult case and needs to review current literature in a specific sub-area of practice in which they are already competent. The registrant has determined that the literature review should be considered for continuing competency credits. However, for typical cases providing supervision within one's area of competence is unlikely to be seen as providing a learning experience for the Registrant.

2. How do I get the 5 hours credit required for Ethics?

The required 5 hours explicitly on ethics can be obtained via direct participatory, formal programs, self study, and/or structured interactive activities. The requirement is for 5 hours on ethics. A Registrant could meet this requirement, for example, entirely through self-study.

3. Can an APA approved continuing education correspondence course be considered equivalent to an APA approved on-line course?

The Quality Assurance Committee considers that these experiences are equivalent.

4. Can an in-person course be considered equivalent to an on-line course?

In-person courses and APA sponsored/approved on-line courses are both considered to be direct participatory formal programs.

5. How can I meet the requirements when I live in a rural area?

The Quality Assurance Committee is of the opinion that registrants who live in

Something new continued on page 9

more isolated locations will benefit from availing themselves of opportunities to interact with other psychologists and mental health professionals. Only 12 of the 35 hours per year are required to be met via in-person contact with others. There are no requirements that these in-person contact hours need to be solely with other psychologists.

6. How can I find out where there are workshops, courses, study groups, presentations, etc.?

The College does not keep a list of such items. Registrants are encouraged to check with BCPA and other professional organizations relevant to their area of practice.

7. What do I need to do to meet the requirements?

Registrants are encouraged to keep documentation of their continuing competency activities throughout the year (e.g., receipts for workshops, hours spent in different activities). The requirement is for registrants to (1) document the hours spent in the different activities required, (2) sign an attestation of having met the requirements of the Continuing Competency Program at renewal for 2005, (3) keep the documentation for a maximum of two years in case the registrant is asked to submit the documentation to the College. Not all registrants will be required to submit proof of their continuing competency activities - only a small random selection of registrants will be asked to do so.

8. What if I thought I was in compliance, but I have misunderstood?

The Quality Assurance Committee expects the development of the particulars of the Continuing Competency Program to be an

iterative process over the initial few years of its existence. Registrants are expected to meet the spirit of the program by (1) documenting their continuing competency activities and (2) by being able to articulate their rationale for including certain activities as part of their continuing competency program. After the committee reviews the sample of documentation subsequent to renewal for 2005, additional direction and/or clarification will be provided to registrants. The committee continues to appreciate feedback - responses to new questions will be posted as frequently asked questions on the website and in the *Chronicle*.

9. Can I get credit for reading the CPBC Code of Conduct and the Chronicle?

As per the Code of Conduct, Registrants are responsible for reading all information that the College disseminates. Registrants can get credit for keeping up to date via self-study activities.

10. Does this program really apply to me? I am a very senior psychologist and provide supervision, teaching, and consultation to others.

Continuing competency has been an ongoing requirement of the CPBC Code of Conduct, as well as of previous ethics codes and standards. The Continuing Competency Program is a requirement for all registrants. The Quality Assurance Committee is of the view that all registrants can benefit from upgrading their knowledge, and in interacting with, and receiving feedback from, their colleagues.

Respectfully submitted.

*Michael Joschko, Ph.D.,
Registered Psychologist
Chair, Quality Assurance Committee*

Notice to Registrants

Please take note of the following public document in the Supreme Court of British Columbia, Pursuant to section 52 of the Health Professions Act, R.S. B.C. 1996, chapter 183 between the College of Psychologists of British Columbia and Jon Schwabach. This is an Order before the Honourable Mr. Justice Wong on Friday, December 19, 2003 and reads as follows:

The Court Orders that:

1. The Respondent, unless and until such time as he becomes a registrant of the College of Psychologists of British Columbia, be prohibited and enjoined from:

(a) practicing psychology

(b) using the title "psychologist", or a title, description, or words that incorporates the word "psychology", "psychological" or "psychologist", or any abbreviation thereof, in any manner or any terms that expresses or implies training, experience or expertise as a psychologist.

(c) using a name, title, description or abbreviation in any manner that expresses or implies that he or she is a registrant or associated with the College of Psychologists of British Columbia;

(d) publicizing in any manner that he is a registrant of the College of Psychologists of British Columbia.

This order was sought when a former registrant persisted in identifying himself in published advertising as a "psychologist".

Finance Committee Report

We are pleased to report that the College finished the 2003 year within the set budget and we were able to carry forward into the 2004 budget the monies saved from having successfully resolved a matter that had been scheduled to go forward to a hearing. The 2004 budget had been predicated

on this outcome. We were pleased that we were able to stay within budgetary projections while incurring unanticipated expenditures. For example, we recently managed two major staffing transitions that had not been anticipated in the 2003 budget and are pleased that these matters

were handled while staying within budget projections. A full report of the 2003 year will be included in the 2003 annual report which will be circulated prior to the AGM on May 14, 2004.

*Derek Swain, Ed.D., R.Psych.
Chair, Finance Committee*

Registration Committee Report

I am pleased to provide registrants with an update on registration matters.

Applications

Currently College staff are busy processing 187 applications for registration, about 100 of which are extraordinary applicants who applied under the extraordinary period provisions last January - May, 2003. The staff is processing these extraordinary, regular and reciprocal applications in an efficient manner. At a meeting of the Committee some months ago the members of the Committee had a first hand look at application files as part of our review of criteria for acceptability of graduate degrees and coursework for the extraordinary applicants. The amount of work and detail involved in the file review process is impressive, time-consuming, and very necessary.

Renewal

With regard to registration renewal we are encouraged that more registrants are taking personal responsibility to ensure that their renewal forms are complete and returned to the College on time, accompanied by a cheque for the correct amount. For those registrants working in large organizations, there may be other individuals or departments (or sometimes it is only the Post Office that seems to increase the delay) that are involved in the processing of the documents to be sent to the College. We remind registrants that they are personally responsible to ensure that the renewal form and payment are received on time. We acted on the feedback we received during

renewal for 2003 that we should remind registrants that their material was due. This year's feedback included questions about why we were spending money to remind registrants that their material was due.

Relations with Government and Training Programs

The Registration Committee has made recent submissions to government with regard to the Degree Authorization Act as well as with regard to the issue of psychodiagnosis and psychodiagnostic testing as reserved actions. Members of the committee also met recently with representatives from the various graduate training programs in forensic psychology at SFU and UBC. The discussion was useful in clarifying expectations in terms of whether or not graduates from these programs would be expected to meet eligibility requirements for registering with the College. The Registration Committee remains committed to continuing dialogue with training programs in the province as the need arises.

New Members

We are pleased that Marion Ehrenberg and Amy Janeck are joining the Committee and I would like to extend the gratitude of the College to Dale Brooks and Colleen Haney who recently completed their terms on the Committee.

Oral Examiners

I am pleased to summarize the policy of the committee with regard to the vetting and appointment of oral examiners. The process

is as follows: Names of interested registrants are brought forward to the Registration Committee and/or the Registrar; Names are reviewed by the Chair and Registrar with regard to the following qualifications: registration for a minimum of two years, no current limitations on practice, ability to represent the College at the direction of the Registration Committee, area of practice consistent with needs required on oral examiner list; Names of registrants vetted by the Committee. Requirements include submitting a CV, completing an oral examiner workshop (2001 or later); and signing the oral examiner undertaking. The term of appointment as of February 18, 2004, is three years. Time commitment varies by oral examiner. Oral exams are scheduled throughout the year according to the progression of applicants. Each exam takes approximately three hours (1 hour to review file, 1-1.5 hours for the exam, .5 -1 hour for scoring and recommendations). The examiner decides how often to be involved in exams. Once an exam has been scheduled with particular examiners, attendance and punctuality a necessity to ensure the College's responsibilities to the applicant have been met. The Health Professions Act, s. 24 provides immunity to those acting on behalf of the College in good faith and the College Board has indemnified oral examiners, and a small honoraria is given per exam.

Respectfully submitted,

Michael F. Elterman, Ph.D., R.Psych.
Chair, Registration Committee

Patient Relations Committee

The Health Professions Act specifies that regulatory bodies must have a Patient Relations Committee for the specific purpose of establishing a patient relations program to seek to prevent professional misconduct of a sexual nature. The duties of this committee include: recommending to the Board specific procedures for handling complaints of professional misconduct of a sexual nature and for informing the public about the process of bringing their concerns

to the College; monitoring and periodically evaluating the operation of procedures established; developing and coordinating educational programs dealing with professional misconduct of a sexual nature for registrants and the public as required; establishing a patient relations program to prevent professional misconduct of a sexual nature; including professional misconduct of a sexual nature, and recommending to the board standards and guidelines for the

conduct of registrants with their patients.

This Committee has developed a pamphlet for registrants and a pamphlet for members of the public. Both documents are currently under review by the Board and Inquiry Committee.

Respectfully submitted

Robert L. Colby, R.Psych.
Chair



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