

Chronicle

NEWS AND INFORMATION FROM THE COLLEGE OF PSYCHOLOGISTS

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Comments from the Chair of the Board

This issue of the Chronicle provides me with the first opportunity to introduce myself to registrants in my role as Chair of the Board. After two years as Chair of the Registration Committee, I am looking forward to chairing our discussions on the broad range of issues currently before the College. Many of these issues draw from the decisions and policies put forth over the past two years on the Registration Committee and I am confident that my experiences on that committee will serve me well. Among the key issues before the Board are: ongoing discussions with government about issues relating to the intended removal of exemptions and the regulation of previously "exempted" practitioners, and the registration process for the over 100 applicants who applied for registration under the provisions of the "extraordinary application period". This is consistent with preparing for anticipated changes to the Psychologists Regulation under the *Health Professions Act* in line with the "reserved action" approach of government as reported in the 2001 Safe Choices report of the Health Professions Council. Also on the table are the College's submission on the regulation of psychodiagnostic testing, and other important regulatory issues.

The College is actively engaged in discussions with various groups of registrants regarding particular practice issues and the interaction between specific standards of the *Code of Conduct* and particular work settings. For example, ongoing discussions have been held with registrants working in the WCB and Corrections settings related to file reviews, and with registrants working in multidisciplinary settings with regard to files accessed by other professionals and shared files. The Board was pleased to receive thoughtful feedback on the draft Practice advisory #4 which was circulated late in 2004 and will be issued shortly in final, approved format. The consultation/feedback process is an important one and I'd like to take this opportunity to thank those registrants who took the time to send in their thoughtful comments and suggestions.

The Board was pleased with the large turnout of registrants at the workshop on "Avoiding Complaints" which was jointly sponsored by the College and BCPA with the Registrar, Andrea Kowaz, R. Psych., and former Chair of the

Inquiry Committee, Larry Waterman, R. Psych., as presenters. I draw your attention to the availability of the workshop materials on the website for those of you who were unable to attend or who wish to review the materials. In addition, the "Question and Answer" document provides a written response to each of the more than 80 questions which were asked during the workshop itself. While some of these answers were provided at the workshop, there was insufficient time to respond to all questions. It is hoped that registrants will find this information relevant and useful.

Here are the links to these documents:

1. Workshop summary materials: <http://www.collegeofpsychologists.bc.ca/documents/ak2.pdf>
2. Workshop "Questions and Answers": <http://www.collegeofpsychologists.bc.ca/documents/questions%20and%20answers.pdf>

I'd like to thank the Registrar and her staff and Dr. Waterman for taking the time to prepare the workshop and workshop materials.

The College continues its commitment to providing practice enhancement experiences to registrants with a number of important upcoming events including the workshop being co-sponsored with the Clinical Psychology Centre at Simon Fraser University on April 2, 2005 with Gary Schoener. The College is also providing an in-house workshop for those registrants providing regulatory supervision for registrants on the Limited Register, also in conjunction with the Clinical Psychology Centre. The upcoming AGM is being designed with the intent of meeting criteria for one hour of the 35 required for the Continuing Competency Program.

I also urge registrants to carefully review this issue of the *Chronicle*. It contains important information from the Quality Assurance Committee as they steer the Continuing Competency Program through its early years; an important "Letter to Registrants" from Rodney Hancock at McFarlan Rowlands Insurance; interesting insights and "tips" on avoiding complaints, comments on specific sections of the *Code of Conduct*, and much more. See you at the AGM on May 9, 2005.

Michael Elterman, MBA, Ph.D., R. Psych.

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of British Columbia

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From the *Complaints* Department

1. *Lessons from Complaint Reviews*

The Inquiry Committee spends at least one full day per month in complaint investigations, without prejudice meetings with registrants named in complaints, and follow-up on letters of agreement signed by registrants as part of voluntary resolutions on complaint matters, in addition to teleconferencing and ongoing consultations with the Registrar and staff. This activity is done under the provisions of the *Health Professions Act*. The committee is ever mindful of the “lessons learned” from the review process. This article provides suggestions for enhanced practice based on some recent cases.

A. *Beware of the “offhanded” remark*

The Inquiry Committee reviewed a number of recent complaints in which the central issue was one of offhand or casual comments that were made in a corridor or other informal setting to another psychologist, other professional, or lawyer, and then reported in legal or other proceedings as the psychologist’s stated opinion on a matter. Lesson learned: Offhand comments will not necessarily be viewed as such by those involved, particularly when stated in contentious or adversarial circumstances such as custody and access or other forensic assessments.

B. *Parental Consent and Child Assessments/Therapy: Is One Enough?*

The question often posed is as follows: “If parents have joint custody, is it enough to get the consent of only one parent in providing therapy or assessment to a child?” The answer to this question draws on the *Code of Conduct*, provincial legislation, case law and common sense. One prevailing view from experienced practitioners in this area is that if parents have joint custody then the case would be treated by the courts as if each parent is able to provide consent for therapy or assessment. From an ethical perspective however, the wisest course of action would be to obtain consent from both parents *where clinically appropriate*. One strategy used successfully by some registrants is to request copies of all relevant legal documentation (divorce decree, custody and access agreements/orders) to review prior to providing treatment.

C. *Which law do I have to follow?*

Review of some recent complaints suggests that some registrants are unaware that the obligations established by the *Health*

Professions Act and *College Bylaws*, which include the *Code of Conduct* pertain in addition to any other obligations from other legislation. The *Code of Conduct* applies to registrants wherever the psychological services are being provided. While registrants might have additional obligations under other laws, the *Code of Conduct* still pertains.

D. *When do I need to report a fellow registrant?*

The issue of reporting possible *Code* violations has come up in some recent complaint investigations. It was also a question at the October 2004 complaint workshop. Standards 7.18 and 7.19 of the *Code of Conduct* are as follows:

7.18 *Report of Code violations*

A registrant who has reasonable and probable grounds to believe that there has been a violation of this Code by another registrant must inform the College in writing.

7.19 *Context of Code violations*

When the grounds referred to in clause 7.18 are obtained in the context of a professional relationship, the registrant must make reasonable efforts to obtain the consent of the client to report the violation but, in any event, must report it if they believe it to be in the best interest of the client or necessary for public protection.

The key decision in facing the obligation of reporting to the College is the issue of “reasonable and probable grounds to believe” that the *Code* has been violated. Seriousness is not a criterion in this decision.

Can you simply approach a colleague and discuss the issue when there are concerns that he or she may be violating the code of ethics? This was a provision in the former 1982 APA Ethics Code that was adopted by the College and in use until February 2002. It is not a standard of the *Code of Conduct*.

E. *File Reviews – Where are the Boundaries?*

In certain practice settings, such as insurance companies and forensic institutions, the psychologist is asked to submit a professional opinion based on a review of archival data alone, without meeting or assessing the individual directly.

A number of complaints have been received at the College in recent years from individuals who were either unaware that their file was or would be subject to such a review, or who were unhappy with the views expressed by a psychologist in this circumstance.

Although not an exhaustive list, the following standards apply:

4.1 *No services without informed consent:*

A registrant must not perform psychological services without informed consent.

4.2 *Elements of informed consent:*

Although the required elements for informed consent may vary depending upon the particular circumstances, a registrant must ensure that the following general elements are satisfied when seeking informed consent:

(a) *the client has the capacity to consent;*

(b) *the client has been informed of significant information concerning the psychological services;*

(c) *the client has freely and without undue influence expressed consent; and*

(d) *the consent has been appropriately documented in the client records or in the registrant’s practice records, as appropriate.*

The *Code of Conduct* is also clear that the rendering of a formal professional opinion requires direct contact with the individual who is being assessed, particularly where an individual’s rights may be affected by the assessment, per standards 3.15 and 11.26, which are as follows:

3.15 *Basis for Opinion*

A registrant giving a formal professional opinion about a client must do so only after direct and sufficient professional contact with or a formal assessment of that client.

11.26 *Direct examination of individual:*

A registrant must not provide a report or give testimony respecting the psychological characteristics of an individual unless the registrant has first conducted a direct, in-

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person examination of the individual which is adequate to support the registrant's statements or conclusions.

Most frequently, a request to review archival clinical information means reviewing reports and/or treatment notes made by other clinicians and staff. Standard 11.40 of the *Code of Conduct* applies to situations in which a psychologist is requested to review another's report without having direct contact with the individual concerned. Standard 11.40 is as follows:

11.40 Review of Other's Report:

When reviewing assessments prepared by other registrants or other professionals, a registrant must

(a) limit their comments to aspects pertaining to the methods, procedures and process of the assessment employed by the registrant or other professional,

(b) not state any conclusions, diagnoses or recommendations specific to the individuals assessed in the original report unless they have directly assessed them, and

(c) restrict their comments to the sufficiency of the conclusions, recommendations or diagnoses in the original report with such comments based upon and limited to the data presented by or referred to by the registrant or other professional.

A clear statement about the limitations of the review and any opinions made by the psychologist would be an important component of a file review assessment. Standards 3.17 and 11.10 speak to this issue:

3.17 Limitations on Opinions:

A registrant must report any limitations regarding the certainty of their opinions, including any limitations respecting diagnoses, judgements, or predictions that can be made about groups and individuals.

11.10 Significant reservations in interpretations.

A registrant must indicate any significant reservations they have about the accuracy or limitations of their interpretations in any assessment report.

The College is aware that in a number of settings, institutional demands may place pressure on psychologists to draw various conclusions about an individual using archival data alone, and that other

professions may provide a different amount of latitude to its registrants. The College continues its efforts to work with psychologists in such settings to ensure that psychological services are used appropriately and in compliance with the *Code of Conduct*.

2. How Should I Respond if I am Named in a Complaint?

Most registrants do not look forward to the prospect of receiving notification that they have been named in a complaint to the College. The October workshop on "Avoiding Complaints" included a lot of useful information. The College website contains the summary documents and questions and answers from this workshop. Registrants are strongly encouraged to read these materials along with the *Chronicle* and Annual Reports. Preparing yourself with accurate and reliable information is a key component to reduce anxiety and apprehension about the complaint investigation process. All of these materials are available on the website.

For example, did you know that the overwhelming majority of complaints are either resolved (e.g., the registrant agrees that making adjustments or changes to an aspect of his or her practice is necessary) or dismissed (e.g., the Inquiry Committee reviews the complaint and decides there is insufficient evidence of an ethical violation and thus no basis to proceed further). The College is of the view that knowledge of information such as this will be useful to the individual registrant facing a complaint and the decisions to be faced.

3. Will a complaint cost me money?

The answer of course is "it depends". The more serious the allegations are, the greater the likelihood that some cost may be incurred. Bear in mind that you may not know the seriousness of the allegations until the Inquiry Committee has done a preliminary investigation. If the committee has identified concerns, you will be sent a letter under section 33(5) of the *Health Professions Act*. Some complaints are dismissed before this point. "Without prejudice" meetings, which are meetings typically intended for the members of the committee and the registrant only, are a preferred means of complaint resolution and are used wherever appropriate. Such meetings provide the opportunity for "off the record" open exchanges intended to

achieve resolution to complaint matters on a collegial basis. Recently, the Inquiry Committee invited a registrant to such a meeting. The complaint involved relatively minor concerns related to professional identification. The registrant refused to attend the meeting without his lawyer present. Typically, if a registrant has legal representation, so too will the Inquiry Committee. This raises the direct costs to the registrant in terms of legal fees, and raises the cost to the College as well (which of course is reflected in legal fees paid by the College). Many registrants are not familiar with the lawyer/client relationship and seem puzzled by the basic fact that the lawyer receives instructions from the client, not the other way around. Registrants may want to ask the lawyer if he or she is well informed about the College's policies and procedures and the extent to which the College has used alternate resolution methods to successfully resolve complaints.

Another possible cost to the registrant is that of a fine. In instances where the conduct of the registrant in responding to a complaint, such as ignoring letters from the College and missing deadlines has prolonged the investigation process, the Inquiry Committee may assess a fine as part of the complaint resolution or ask for payment towards the costs incurred by the Inquiry Committee in its investigation.

As presented at the workshop, here are some key suggestions in terms of "How to Respond to Notification of a Complaint":

- Avoid panic
- Write down your questions
- Become informed about the complaint process
- Call the College about procedural questions
- Maintain professionalism when responding
- Maintain objectivity
- Make available all supporting documentation
- Admit mistakes when they happen
- Notify malpractice insurance carrier

From the Registrar

A. Motor Vehicle Act

Registrants should be aware that Section 230 of the Motor Vehicle Act (MVA) has been repealed, and has been replaced by the following:

Report of psychologist, optometrist and medical practitioner

230 (1) This section applies to every legally qualified and registered psychologist, optometrist and medical practitioner who has a patient 16 years of age or older who

(a) in the opinion of the psychologist, optometrist or medical practitioner has a medical condition that makes it dangerous to the patient or to the public for the patient to drive a motor vehicle, and

(b) continues to drive a motor vehicle after being warned of the danger by the psychologist, optometrist or medical practitioner.

(2) Every psychologist, optometrist and medical practitioner referred to in subsection (1) must report to the superintendent the name, address and medical condition of a patient referred to in subsection (1).

(3) No action for damages lies or may be brought against a psychologist, an optometrist or a medical practitioner for making a report under this section, unless the psychologist, optometrist or medical practitioner made the report falsely and maliciously.

Registrants will note that the major change reflected here is the legal protection for the registrant who makes a report under this section, unless such report is made falsely or maliciously.

This legislation should be read carefully. The obligation is not to report every patient who has a medical condition that makes it dangerous to the patient, or to the public, for the patient to drive. It is only when the patient continues to drive a motor vehicle after having been warned of the danger that reporting becomes mandatory. The College is involved in discussions with physicians, optometrists and the Superintendent of Motor Vehicles about how to coordinate such reporting, perhaps through the patient's primary physician. For example, a psychologist may be aware that a patient has a condition that may make it dangerous to the patient or to the public for the patient to drive a motor vehicle, and yet the "medical condition" per se is not within our scope of practice. One approach to resolving this would be for the psychologist to inform the primary care physician of the concern,

leaving it to the primary care physician to address that concern at their discretion.

B. Summary of Feedback on Practice Advisory #4

Seven individuals and groups provided feedback to Draft Practice Advisory #4. The Board has this feedback under review and will be issuing the final approved version soon. The Board expresses its appreciation to those registrants who provided a response. Some of the issues raised are as follows:

- clarification was requested regarding the definition of "raw data"
- request that the intent of Point 4 be made more explicit
- suggestion that the advisory appears to rely on "the good will of the Court and the legal counsel" and that while psychologists may request that the legal counsel and the Court comply with the Advisory, there is no way to ensure that this takes place.
- recommendation that the Advisory be generally amended to reflect the differences in different specific pieces of legislation.
- questions regarding relationship of obligations under FIPPA and other legislation (such as WCB Act)

C. Liability Program Update from McFarlan Rowlands Insurance

For Registrants who have their liability insurance through McFarlan Rowlands, here is a summary of updated information from Rodney Hancock delivered at the recent CPAP (Council of Provincial Associations of Psychology) meeting in Ottawa at the end of January with regard to the performance of the CPA/CPAP sponsored Professional Insurance Program administered by McFarlan Rowlands. (See also letter to Registrants from Rodney Hancock enclosed with this *Chronicle*.) The College will also contact Koch B&Y and provide them the opportunity to make a similar report in the next *Chronicle*:

Three insurance coverages are provided (bundled) together in a single policy (malpractice liability, general liability and disciplinary hearing liability). Eligible members who participate in the program are issued certificates of insurance that attach their names to the master policy and provide coverage for the limits chosen. This means that any claims by individual members are treated in the context of the entire policy. That is, the premium for this program is group-rated and the insurer considers claims performance of the entire

policy when determining premium levels. Thus, unlike personal automobile insurance where one claim may have a dramatic impact on price and availability of coverage, this is not the case with professional insurance at McFarlan Rowlands. The obligation of the insurance holder is to report all claims to the insurance provider promptly and to also notify immediately when notification of the initiation of a civil suit or a complaint is made to the regulatory body. Prompt notification is essential as the insurance company may deny coverage if claims are not reported as soon as possible. Once you have notified McFarlan Rowlands, your broker, you have fulfilled your obligation under the policy. A change has been made in the retirement part of the insurance coverage. The payment plan for this coverage has been amended such that eligible members will now pay 125% of the expiring premium. This is a one-time payment that provides coverage for as long as the psychologist is retired. This means that the retired psychologist has continuous protection without renewing coverage each year. He further informed the group that premiums for this year will be the same as last term. Please contact them with any questions.

D. Directory Update regarding testing and assessment:

It has come to the College's attention that some registrants continue to rely on information contained in the 1998 College Directory, which is quite out of date.

a) The Custody and Access Assessments Standard has not been in effect since the *Code of Conduct* came into effect in February 2002, and January 1, 2003, when Practice Advisory #3 came into effect.

b) The Guidelines for Educational and Psychological Testing (1994, 1998) used the A-B-C or three-level system which has not been used in the APA standards since 1974. When the *Code of Conduct* came into force these guidelines were no longer in effect. However, test publishers continue to use this system. The College recommends reviewing the *Code of Conduct* and the references listed below for guidance regarding test user qualifications.

References: American Educational Research Association, American Psychological Association, & National Council on Measurement in Education (1999). *Standards for educational and psychological testing*. Washington, DC: American Educational Research Association.; Naglieri, J. A., Drasgow, F., Schmit, M., Handler, L., Prifitera, A., Marolis, A., & Velasquez, R. (2004). Psychological testing on the internet: New problems, old issues. *American Psychologist*, *59*, 150-162.; Turner, S. M., DeMers, S.T., Fox, H.R., & Reed, G. M. (2001). APA's guidelines for test user qualifications: An executive summary. *American Psychologist*, *56*, 1099-1113.

TRANSFER OF PSYCHOLOGY FILE MATERIALS TO CLIENTS OR OTHERS

The Board continues to work towards finalizing Practice Advisory #4 regarding the release of confidential test materials. While not an exhaustive list, below are many of the *Code of Conduct* standards that apply to access of materials in psychology files, whether this be access by clients, their legal representatives, or others. The list was compiled as part of the background work in developing Practice Advisory #4.

ISSUE	RELEVANT CODE STATEMENTS
Confidentiality of the file materials	11.7 Confidential A registrant must treat all assessment results or interpretations regarding individuals as confidential information.
Possible harm to client or others from the release of the materials	6.12 Client access A registrant must provide access to and permit the reproduction and release of confidential information about a client to that client unless there is a significant likelihood that disclosure of the information would cause (a) a substantial adverse effect on the client's physical, mental or emotional health, or (b) harm to a third party.
Consent	6.2 No disclosure without consent Except as otherwise permitted in this Code, a registrant may only disclose confidential information about a client to a third party if the client has given written consent.
Security of tests	11.13 Test security A registrant must not reproduce or describe in popular publications, lectures, or public presentations psychological tests or other assessment devices in ways that might invalidate them. 11.15 Maintenance of integrity of tests A registrant must make reasonable efforts to maintain the integrity and security of tests and other assessment techniques consistent with law, contractual obligations, and in a manner that permits compliance with the requirements of this Code.
Copyright	11.15 Maintenance of integrity of tests A registrant must make reasonable efforts to maintain the integrity and security of tests and other assessment techniques consistent with law, contractual obligations, and in a manner that permits compliance with the requirements of this Code.
Legal requirements	6.11 Court order Despite any other provision of this Code, a registrant must comply with a court order requiring the release of confidential information. 18.6 Conflicts with legal system A registrant must be aware of the occasionally competing demands placed upon them by the standards in this Code and the requirements of the legal system, and must attempt to resolve these conflicts (a) by making known their obligations to comply with this Code, and (b) by taking steps to resolve the conflict in a responsible manner.
Transfer of file materials to qualified psychologist	11.24 Provision of raw results A registrant must provide, within a reasonable time, the original or raw results or data of a psychological assessment to a registrant or to a provider of psychological services in another jurisdiction when requested to do so by a client or the legal guardian or agent of a client.
Transfer of file materials to College of Psychologists of British Columbia	6.17 Provision of records to College A registrant is not in breach of the confidentiality obligation to their clients if the registrant provides their clinical records or other documents related to their practice to authorized persons in response to a request from the College in the course of an investigation of a complaint or a registration matter.
Transfer of file materials to others (e.g., the Ministry of Children and Family Development)	18.1 Legal compliance A registrant must (a) maintain a current working knowledge of, and (b) conduct themselves so that the psychological services provided by them or their supervisees comply with the laws applicable to the provision of psychological services and with the professional standards and policies of the College set out in this Code or in issued advisories or guidelines.

From the Registration Department

A. Area of Practice Self-Declaration

The College, consistent with other regulatory bodies in psychology across North America, does not offer speciality licenses. Registrants of the College are either registered psychologists, or registered psychological associates.

There are no uniformly agreed upon criteria with the necessary specificity for regulation that have been developed for a particular area of practice. The self-declaration of an area of practice means that the applicant or registrant is asserting that they have the appropriate training, education and experience in that area of psychology to be able to offer the wide range of activities and services in that area. It is the view of the College that competence to practice in an area or in providing a particular psychological service requires a combination of training, education, and experience. Acquiring a foundation in one or two of these components is insufficient for declaring competence – all three are required.

The College uses nine areas of practice of psychology: clinical, clinical neuropsychology, counselling, forensic/correctional, health, industrial/organizational, rehabilitation, research/academic, school. The areas of clinical and counselling psychology are considered broader than the remaining seven areas; activities in some of the other areas could be considered as part of the practice of clinical or counselling psychology.

The College requires that applicants select one area of practice for the purpose of file review and oral examination preparation. The Registration Committee has recently passed a motion requiring applicants to provide documentation via transcript or a letter from their training program director to support the area of practice selected on the application form.

Those declaring competence in clinical psychology are expected to be competent in testing and diagnosis. Since 2001, applicants who declared competence in another area of practice may or may not have also declared competence in testing and diagnosis. For example, registrants in counselling psychology may or may not declare competence in testing and/or diagnosis.

B. Making Changes or Additions to Area of Practice at Renewal

At renewal, registrants have the opportunity to inform the College of any additions or changes to their area of practice. The area(s) of practice listed on the renewal form are those listed as per file information. The College records a maximum of two areas of practice.

Any changes or additions to a previously declared area of practice need to be accompanied by an explanation of the change for review by the Registration Committee. The Registration Committee reviews these changes in light of other information on file for the registrant and will request additional information from the registrant to support a change or addition where insufficient documentation is currently on file. Accepted changes will be reflected in the registrant's file.

C. Ongoing projects related to Area of Practice

Here is a summary of some of the ongoing projects at the College related to area of practice: ongoing discussions regarding the submission to government regarding reserved actions of diagnosis and testing; consultation with training programs in counselling psychology regarding training in diagnosis and testing (related to submission to government, and regarding assessment of core competencies); ongoing consultation and discussion with other jurisdictions and accrediting bodies regarding respecialization criteria; continued discussion with other regulatory bodies in Canada regarding assessment of the core competencies at initial registration, particularly in assessment and evaluation; consultation with training programs, internship directors, accreditation bodies regarding entry criteria for internships in a particular area of practice; consultation with publicly funded registrants regarding competency issues related to diagnosis and testing.

D. Update on Mobility and Reciprocity

An increasing number of applications are received from psychology practitioners a) in other Canadian jurisdictions with whom the College has signed a reciprocity agreement (reciprocal applicants) and b) from applicants who hold a CPQ (Certificate of Professional Qualifications issued by the Association of State and Provincial Psychology Boards, ASPPB) or are registrants of the National Register of Health Service Providers in Psychology (mobility applicants).

The College routinely participates in discussions at the national and international level regarding mobility and reciprocity through attendance at ASPPB meetings and meetings of the Canadian Council of Associations in Psychology (CPAP). British Columbia has taken a leadership role in such discussions with regard to reciprocity and our Registrar is coordinating a project designed to standardize the reciprocal application form throughout the country. She presented a draft reciprocal application package at the January CPAP meeting which was very well received. As British Columbia appears to be a very popular “destination point” for psychologists in North America, the Board is very supportive of efforts which will ensure that the reciprocal application process is the same across the country and that B.C. registrants will be afforded the same opportunities as their colleagues throughout the country.

From the Quality Assurance Program

The committee is pleased to note that the Quality Assurance Program has created discussion and interest in a variety of continuing competency activities. As noted in the March 2004 *Chronicle* article, all questions from registrants received in writing at the College are acknowledged. Where the question raises a new issue not previously considered, the committee's responses are 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.

Recent Activities of the Quality Assurance Committee and Response to the Program

Results of the first audit

A random selection of 10% of all registrants on the Full and Limited Register was completed as per the October 2004 *Chronicle* article. A total of 996 registrants were registered as of December 31, 2004. A total of 99 were randomly selected for the audit. Ninety-three letters were sent to the registrants selected for the audit, requesting that their log sheets be mailed to the College by February 10, 2005. Fewer than 99 letters were sent was because some of the registrants selected for audit were exempt from the process. Of the exempted registrants, 2 of the registrants received full exemption based on their registration category, 3 registrants selected were no longer registrants at the time of mailing, 1 registrant will have log sheets reviewed by an alternate method.

A total of 69 log sheets were received by the requested date (74% return rate). Prior to review by the committee registrant names were removed from the log sheets, which were identified by a QAC file number. The log sheets were reviewed and the committee noted that the majority of audited registrants were in compliance with program.

There were a number of registrants who did not submit their log sheets within the given time. Some registrants informed the College that they had been out of town and therefore unable to collect and respond to their mail. The committee wishes to remind registrants that their register address is used by the College as per the *Health Professions Act* to communicate to registrants, and therefore that registrants who are planning to be away from their office for extended

periods are expected to make alternate arrangements to have their mail collected so that they can respond to communication from the College.

The committee directed the Registrar to write registrants who have not replied to correspondence from the College on this matter that their continued non-response will be referred to the Inquiry Committee for possible breach of the *Code of Conduct* (Standard 7.3 Response to College requests).

Exemptions from the Quality Assurance requirements

A total of 961 Form B attestations were received as part of the 2005 renewal process: 866 registrants declared they were in compliance with the continuing competency program, 40 registrants requested an exemption based on registration category (i.e., Limited Register - Out-of-Province, Limited Register - Non-Practicing, Limited Register - Retired), and 53 registrants who were in active practice requested an exemption or partial waiver for various reasons.

A review of all requests for partial exemptions and waivers was made. All requests were granted for the 2004 year (January to December 2004). A policy has been developed for the 2005 year for circulation to registrants for feedback (see below).

Policy Development

A) Partial Exemptions and Waivers

As noted above, the Quality Assurance Committee reviewed all requests for exemptions and waivers and developed the following policies for the 2005 year for circulation to registrants for feedback as depicted in the table below. Highlights of the proposed policies include:

1. Registrants in the Out-of-Province or Retired categories for the entire year may be granted a 100% exemption, with the proviso that they are required, as are all registrants, to be in compliance with the *Code of Conduct*.

2. Registrants who are not practicing psychology for a period of time during the year because of medical or parental leave may apply for partial exemptions as described in the accompanying proposed policy. Registrants are required to submit a letter from the attending physician and documentation confirming the length of time the registrant was not practicing.

B) Clarifications/Adjustments to the Requirement

1. It appears that some registrants are identifying employer-sponsored workshops as conferences or inservice activities. The committee has under review whether to remove inservice activities from the category of Structured Interactive Activities, and to consider these as Direct, Participatory, Formal Programs.

2. Some registrants working in the public sector included meetings with colleagues at work in the category of Structured Interactive Activities. Routine activities in a registrant's practice do not meet continuing competency requirements. This includes activities registrants complete as part of their employment.

3. The committee reminds registrants that the general requirement of the program is for the registrant to have learned something to enhance their practice in psychology. Therefore, providing presentations, teaching, or supervising others are not included in the proposed draft as acceptable Continuing Competency Program activities. Preparation time for these activities may be included (under "self study").

4. Conferences and workshops are not required to be CPA/APA sponsored or approved. A maximum of 6 of the 12 hours in Direct, Participatory, Formal Programs can be on-line courses but these must be CPA/APA sponsored or approved unless they are considered under the "self study" category.

Registrants are encouraged to review the draft policy below and make submissions regarding any areas of concern to the Quality Assurance Committee. The committee has appreciated the responsiveness of registrants to date in engaging in this ongoing consultation/implementation process.

Please provide written feedback to the Quality Assurance Committee at the College of Psychologists by May 31, 2005 in order to be considered by the committee.

		DRAFT QAC Proposed Policies	
	Hrs/Yr	Formal Description	
1. General Requirements		<p>Three key criteria:</p> <ol style="list-style-type: none"> 1. Is the specified activity relevant to enhancing the competency of the registrant to practice psychology? 2. Can the registrant articulate what they have learned relevant to improving their practice or enhancing competence in a way that is clear and convincing to a group of their peers? 3. General principle is the intent of acquiring new knowledge for the practice of psychology. 	<ol style="list-style-type: none"> 1. Registrants must be in compliance with the program for each year. There is no averaging over more than one year. 2. Registrants must be in compliance with the program categories of activities as noted. Additional hours in one category cannot be used to compensate for fewer hours in another category. 3. Activities completed to fulfill requirements because of placement on the Limited Register – Inquiry Committee or Limited Register - Registration Committee (e.g., reading, supervision, etc.) are considered remedial and cannot be used towards the continuing competency requirements. 4. Providing supervision, and/or providing a workshop or presentation, where the intent is to provide information or guidance to others, cannot be used towards the continuing competency requirements. However, some preparation time may be included under self study. 5. Continuing competency activities should be sufficiently evidence-based so as to be seen by a majority of registrants to enhance the registrant's practice of psychology within the scope of practice specified in the <i>Psychologists Regulation</i> under the <i>Health Professions Act</i>.
II. The Continuing Competency Program			
A. Direct Participatory, Formal Programs	12	<ul style="list-style-type: none"> • formal conference or workshop • CPA/APA approved on-line courses (maximum of 6 hours per year) • focus on enhancing and developing skills in the field 	<ol style="list-style-type: none"> 1. The QAC considers a CPA/APA approved correspondence course to be equivalent to a CPA/APA approved on-line course. 2. In-person courses and CPA/APA sponsored/approved on-line courses are both considered direct participatory formal programs. 3. Sponsors and full names of conferences, courses, workshops need to be identified on the log sheet. 4. CPA/APA approval is not required for formal conferences or workshops. 5. CPA/APA approval is required for on-line courses in this category. 6. The activity must be within the framework of the definition of psychology as per the <i>Psychologists Regulation</i>. 7. Presentations or workshops provided by you, where the intent is to provide information or guidance to others, cannot be used to fulfill the requirement in this category. 8. Hours documented need to reflect time spent attending educational activities.
B. Self Study	11	<ul style="list-style-type: none"> • reading <i>Code of Conduct</i>, bylaws, practice advisories, other publications of the College, professional journals and other relevant publications • review of one's practice of psychology with knowledge of the above documents to identify areas in need of improvement. 	<ol style="list-style-type: none"> 1. Details regarding specific journals and materials read are required on the log sheet. 2. Online research is acceptable if articles are obtained or read on-line. 3. Non CPA/APA on-line courses are eligible. 4. Preparation for presentations or workshops you give can be included in this category if the registrant learned something new and practice enhancing. 5. Listserve discussion groups are not acceptable.

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C. Structured Interactive Activities	12	<ul style="list-style-type: none"> • supervision groups • study groups • in-service presentations (<i>under review</i>) 	<ol style="list-style-type: none"> 1. Structured interactive activities are activities in which you have interacted with colleagues (e.g., peer supervision or study/training groups). 2. There are no requirements for structured activities to be in person (e.g., they could occur by phone). 3. Supervision, presentations or workshops you provide, where the intent is to provide information or guidance to others, cannot be used to fulfill requirement. 4. Regular/routine staff meetings are not acceptable in fulfilling this requirement. 5. To meet the requirements for this category, these activities need to be done with licensed mental health practitioners. 																
D. Ethics	(5)	<ul style="list-style-type: none"> • 5 hours of activities explicitly in Ethics 	<ol style="list-style-type: none"> 1. The required 5 hrs. can be obtained via direct participatory, formal programs, self study, and/or structured interactive activities. This requirement could be met entirely through self-study. 2. Registrants can not request a reduction in required ethics hours. 																
III. Exemptions																			
For registrants in the Out of Province or Retired Category			<p>Full Exemption will be granted for : a) registrants in the Out of Province category for the entire year. b) registrants in the Retired category for the entire year.</p>																
For active registrants on medical or parental leave during the course of the year.			<p>Reductions are granted with regard to total hours - not for a particular category. No reductions will be granted for amounts other than listed in the items below. The maximum reduction granted will be 86% (i.e., 100% minus 5 hours of ethics or 14%). Other reductions are only as listed below. The minimum reduction to be considered by the committee is 50%. Registrants unable to meet the program requirement for three months or less are expected to be able to be in compliance by the end of the year.</p> <p>Registrants may be granted a reduction based on the date of initial registration during the year as follows:</p> <table style="margin-left: 40px;"> <thead> <tr> <th>Date of Registration</th> <th>Reduction</th> </tr> </thead> <tbody> <tr> <td>April - June</td> <td>50%</td> </tr> <tr> <td>July - September</td> <td>75%</td> </tr> <tr> <td>October - December</td> <td>86%</td> </tr> </tbody> </table> <p>Registrants may be granted a reduction as below for medical or parental leave. Registrants are required to submit a letter from the attending physician and documentation confirming the length of time the registrant was not practicing.</p> <table style="margin-left: 40px;"> <thead> <tr> <th>Amount of Leave</th> <th>Reduction</th> </tr> </thead> <tbody> <tr> <td>4 - 6 months</td> <td>50%</td> </tr> <tr> <td>7 - 9 months</td> <td>75%</td> </tr> <tr> <td>10 - 12 months</td> <td>86%</td> </tr> </tbody> </table>	Date of Registration	Reduction	April - June	50%	July - September	75%	October - December	86%	Amount of Leave	Reduction	4 - 6 months	50%	7 - 9 months	75%	10 - 12 months	86%
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Psychologists and Medications

The following article is from the College of Alberta Psychologists July 2004 Monitor and addresses issues of the practice of psychology and medications. We reprint it here due to the similarity of issues faced by B.C. psychology practitioners in the hope you find it informative and useful.

Psychologists and Medications

Alberta psychologists cannot legally prescribe medications. Decisions about medications ultimately rest with a client's physician. However, the College of Alberta Psychologists recognizes that:

- Clients seeking mental health services are often taking medication and/or suffering from conditions that could be treated effectively with medication prescribed by a physician.
- Psychologists are frequently the first mental health care providers approached by clients who are either taking medication or may need to take medication.
- Psychologists may have extensive knowledge, training and experience in the applications of medications.

A psychologist may therefore discuss medications with a client when the topic is related to clinical concerns. For example, many psychological conditions can manifest in physical symptoms, and physical problems may contribute to psychological symptoms.

In assessing a client's progress in psychotherapy, psychologists have a primary responsibility for monitoring changes that may be attributable to the medications being taken. Further, clients who are in psychotherapy may develop symptoms (or experience exacerbations of symptoms) that can be effectively treated with medication.

Psychologists can enhance the likelihood of appropriate overall treatment for clients by developing consultative relationships with their clients' primary care physicians and/or psychiatrists. A psychologist may talk to a physician and/or psychiatrist about the appropriateness of the medications a client is taking [of course, with the client's consent] – particularly about medications and symptoms related to conditions for which the psychologist is providing treatment. The best interests of clients are served when psychologists work closely with the primary care physicians and psychiatrists who are prescribing medications for their clients.

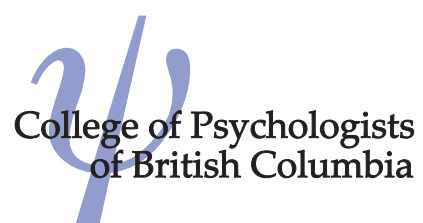
The bottom line: although a psychologist's responsibility can include involvement in limited aspects of a client's medications, the client's physician has the ultimate legal responsibility for diagnosing the need for and prescribing medications.

Note: This bulletin draws on wording from the California Board of Psychology's "Statement on Medication" published in its Board of Psychology Update, March 2002. Dr. Strong is a member of the Practice Review Committee. Reprinted with permission from the College of Alberta Psychologists Practice Bulletin, CAP Monitor, July 2004.

Annual General Meeting

May 9th, 2005

See notice enclosed with the Chronicle.



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