

Chronicle

NEWS AND INFORMATION FROM THE COLLEGE OF PSYCHOLOGISTS

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Report from the Chair of the Board

HAVING A SAY IN THE REGULATION OF THE PROFESSION OF PSYCHOLOGY

The Board is pleased to report that in addition to the information meeting held in Vancouver on December 15, 2005, a well-attended information meeting was held in Victoria on January 24, 2006. Further meetings will be held in Kelowna on February 23, 2006 and in Nelson on March 13, 2006, and scheduling is in progress for a meeting in Nanaimo. These meetings provide an opportunity for the Registrar and members of the Board to meet with registrants for an exchange of information and to respond to questions. The opportunity for such meetings is extended to any group of registrants in a particular work site or locale.

In this report I will review some of the cornerstones of psychology regulation in British Columbia as well as provide information regarding general meetings, registrant resolutions, and a recent change to the College Bylaws. Throughout, I will highlight how registrants can effectively have a "say" in the regulation of the profession.

Self-Regulation: In Canada, most professions have been granted the privilege of self-regulation. Self-regulation means that the government has delegated the responsibility for public protection to the profession itself. Government participates in this process with the appointment of three public members to the Board, and the requirement that each statutory committee of the College include the same one-third public representation. The professional members of the Board are, as you are aware, elected by registrants. The College's mandate, obligations and authority are legislated by government through the *Health Professions Act*, not chosen by group consensus.

Code of Conduct and Practice Advisories: One of the greatest benefits of this privilege is the empowerment of the profession to determine the standards of behavior expected of registrants. Professional codes are either aspirational or prescriptive. Our *Code of Conduct* is not aspirational, but rather tells us what we should and should not do. When the Bylaws of the College were approved by government on February 19, 2002, the letter sent to registrants with the official copies of the Bylaws and *Code* stated: "It is anticipated that the *Code of Conduct* in particular will undergo continued

development". Since that time, seven Practice Advisories have been enacted, with an additional two (including the one enclosed with this edition of the *Chronicle*) under review. Several more are under development. Each practice advisory reflects the efforts and initiative of one or more registrants who brought attention to an important issue not sufficiently clarified or addressed in the Code.

Purpose and Conduct of General Meetings: The College Bylaws provide for two types of general meetings: Annual and Special. This *Chronicle* contains the announcement of the upcoming Annual General Meeting of the College. The Board is obligated by Bylaw to report the following at an Annual General Meeting: the audited financial statements of the College for the previous fiscal year, including a copy of the auditor's report, if any; the report of the Board; and the annual report of the Registrar. In addition, the Board is interested in topics of particular interest to registrants, and welcomes the submission of agenda items for inclusion at the meeting.

The Board may convene a Special General Meeting at its discretion, and must convene a Special General Meeting within 45 days of receipt by the Registrar of a request for such a meeting signed by at least 10% of all full registrants. Notice of a Special General Meeting, including the general nature of the meeting and any resolutions to be considered at the meeting, must be provided to registrants at least 30 days before the date of the meeting.

What are resolutions? Resolutions from the Board or registrants can be presented at either an Annual General Meeting or a Special General Meeting. Under the *Health Professions Act*, resolutions made by registrants are motions to recommend a particular action on the part of the Board. They do not direct the Board to action as if registrants were the "owners" of the College. This is in contrast to the situation of a membership organization, where resolutions can compel action and typically reflect the interests and wishes of the membership. The regulatory framework within which the College functions is designed to ensure primary accountability to the public. Each of the Colleges under the


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Enclosed with this issue:

Draft Practice Advisory #9
Replacement pages for Bylaws and HPA



College of Psychologists
of British Columbia

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From the Chair of the Board continued from page 1

Health Professions Act has procedures and requirements for the circulation and passage of resolutions from registrants. The College of Psychologists Bylaws require 45 days notice if a resolution is to be presented at an Annual General Meeting, and 21 days notice for a resolution to be placed on the agenda of a Special General Meeting. Lawful resolutions may also be made from the floor at either type of general meeting.

All resolutions put forward under the *Health Professions Act* must be lawful. That is, the resolution must not propose any action or consideration that in any way contravenes or contradicts a provision of the Health Professions Act, the College Bylaws, or the *Code of Conduct*. The Board will consider recommendations contained in any lawful resolution put forward by registrants in accordance with the procedures described in the Bylaws. The Board will also continue its practice of considering any written submission from one or more registrants on regulatory or professional practice issues.

Below is an example, for the purposes of illustration, of a resolution related to a professional practice issue. Professional practice resolutions can lend weight to Board submissions to government, as demonstration of concern about the issue, by registrants, in the public interest.

Bylaw Changes: Some sections of the Bylaws were initially couched in language carried over from the *Society's Act* which governed many of the professional/societal groups now regulated under the *Health Professions Act*. To bring these sections of the Bylaws more in line with the regulatory framework of the *Health Professions Act*, the Board submitted a Bylaw change to

government in mid-December 2005 for deposit with the Minister of Health Services. The Bylaw change: a) increases from 20 to 20% the number of full registrant signatures required to obligate the College to circulate a resolution to all registrants; and b) makes clear that all resolutions made under the *Health Professions Act* have the status of non-binding recommendations or advice to the Board.

The Bylaw change does not restrict the Board's discretion in circulating resolutions; that is, the Board may decide to circulate any resolution or agenda item from any registrant regardless of the number of signatures obtained. However, the Board is of the view that the signature of more than 20 full registrants is a reasonable requirement to compel the expense of circulating a resolution to the entire register. Any lawful resolution may still be presented from the floor at any Annual or Special General Meeting. In clarifying the status of resolutions, the Board wished to ensure that expectations of impact through this avenue are consistent with the intent of the *Health Professions Act*.

How are Bylaw changes, Practice Advisories, and relevant new legislation communicated to registrants? All Bylaw changes are posted to the College website as soon as they are in effect. Draft and approved Practice Advisories, as well as changes to the *Health Professions Act* and updates on other relevant legislation, are also posted on the College website. Bylaw changes, Practice Advisories, and *Health Professions Act* amendments are additionally communicated to registrants through the *Chronicle* and distributed for inclusion in registrants' purple binders.

Why can't the College respond to questions or comments on the BCPA listserve? There is an FAQ on this topic on the College website which is reprinted here for your convenience:

B15. How come the College doesn't respond to postings on the BCPA listserve? *There are multiple reasons. College committee members, board members and staff members are prohibited from responding by the Health Professions Act: Section 53 of the Health Professions Act specifies this restriction: 53 (1) Subject to the Ombudsman Act, a person must preserve confidentiality with respect to all matters or things that come to the person's knowledge while exercising a power or performing a duty or function under this Act, the regulations or the bylaws unless the disclosure is (a) necessary to exercise the power or to perform the duty or function, or (b) authorized as being in the public interest by the board of the college in relation to which the power, duty or function is exercised or performed. The list serve is not sponsored by the College. The College communicates with registrants on a regular basis through several means: direct written correspondence on any matter before the College, publications distributed to all registrants such as the Chronicle and the Annual Report, information letters to registrants from the Board Chair and from Committees, and the College website. The policy of the College is that all registrants must have equal access to regulatory information such as policies and procedures of the College. Registrants are reminded to review the FAQ section of the website which is updated on a regular basis. Each time a new issue or question is raised by a registrant to the College and the issue and answer are relevant to other registrants, the question and answer are posted.*

Having a Say: Constructive feedback and comment is welcome on any aspect of College functioning. You will increase the likelihood of having an impact if your views are informed by the statutory obligations of the College, and any College or other publications on the topic of interest. Participation by sitting on the Board, involvement in committees, serving the College as an oral examiner or supervisor, sharing your views in writing with the College, attending Special or Annual General Meetings, and attending information meetings are productive and effective ways of expressing your views.

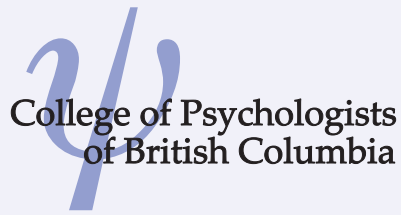
Michael Elterman, M.B.A., Ph.D., R.Psych.
Chair

Sample resolution: As government moves to implement the "reserved action" model of regulating the health professions and overlap in scope of practice becomes of increasing concern, public protection issues arise regarding the assessment of autism. The establishment of ministerial policies in the area of autism assessment have caused concern among registrants about public protection. Registrants of the College of Psychologists play a critical and primary role in the assessment of autism and related disorders. Assessment of autism and related disorders requires, at a minimum, education, training and experience in developmental psychology, assessment, psychodiagnosis, educational psychology, psychometrics and psychopathology.

Whereas the object of the College of Psychologists of British Columbia is to further the standards of psychology practice and to protect the public interest;

Be it resolved that the College of Psychologists of British Columbia explore and define clear expectations for specialized psychology competencies and practices for the assessment of autism and related disorders; and

Be it resolved that the College of Psychologists of British Columbia collaborate with key stakeholders in developing standards for the assessment of autism and related disorders in British Columbia.



NOTICE TO REGISTRANTS OF ANNUAL GENERAL MEETING

The College of Psychologists of British Columbia
is pleased to announce that the Annual General Meeting
will be held:

Date: Tuesday, May 2, 2006

Time: 4:30 p.m. (Socializing)
5:00 p.m. (Meeting)

Place: Chan Auditorium
Children's Hospital
4480 Oak Street
Vancouver, B.C.

Registrants will be advised of additional sites to be included
in the video-conference at a later date.

If there are 10 or more psychologists interested in
attending this event in your area, please let the College know
and we will make arrangements for your participation.

From the Registrar

Announcement of Annual General Meeting: The College of Psychologists of British Columbia will hold its Annual General Meeting at the Chan Auditorium (Children's Hospital) on May 2, 2006 at 4:30 p.m. The meeting provides an opportunity for the Board to report to registrants and for registrants to submit items for discussion that are of interest to psychologists and psychological associates related to the legislated mandate of the College.

Changes to the Health Professions Act (section 32.2 and 32.3 and 32.4): Section 32.2 and 32.4 were brought into force on July 1, 2005 and Section 32.3 was brought into force on October 1, 2005. These three sections of the Act are related to the duty to report a registrant of a College regulated under the *Health Professions Act* where there exist "reasonable and probable grounds" to believe: that the continued practice of the registrant might constitute a danger to the public (32.2); that the registrant is hospitalized for psychiatric care or treatment, addiction to alcohol or drugs (32.3(1)); or that the registrant is engaged in sexual misconduct (32.4). These changes therefore extend the reporting requirements described in section 7.18 of the *Code of Conduct* to include the report of a registrant of any College regulated under the *Health Professions Act* as noted above. The College is engaged in discussions with other health regulatory bodies to establish a basic understanding of how this obligation is to be operationalized. The College will provide additional clarity to registrants on this issue as information becomes available.

Changes to College Bylaws: Since the approval and enactment of the Bylaws in February 2002 by Order in Council #162, a handful of changes have been made, each of which has been posted on the College website. These changes have included corrections of mistakes, such as the term of office of Board members, and more substantive changes regarding mobility applications. As noted in the report from the Chair, a recent resolution of the Board deposited with the Minister in mid-December made changes to sections 31(1) and 31(4). Replacement pages are included with this mailing for the Bylaws and for the *Health Professions Act*.

Questions for the College: The College receives letters from registrants on a variety of subjects on a regular basis. Each letter receives a written response. When the questions asked are likely to be of interest to other registrants, an FAQ is written and posted on the College website. Registrants are invited to submit questions for any new areas not covered by the more than 100 FAQs already posted.

Involvement with Provincial, National and International Organizations. The College has just been invited to participate in a two-day conference in Toronto to discuss regulation in Canada sponsored by the Conference Board of Canada with support from Health Canada. The College continues to participate in twice yearly meetings with the Canadian Provincial Associations in Psychology (CPAP), the Association of State and Provincial Psychology Boards (ASPPB), and the annual meeting of the Canadian Register of Health Service Providers in Psychology (CRHSPP). In addition, the College regularly attends local meetings with the Health Regulatory Organizations (HRO) which is comprised of the registrars of all provincial health regulatory bodies, and the Executive Directors and Registrars of Professional Associations of British Columbia, which is an organization that represents joint interests of provincial professional associations and regulatory bodies.

Hearing and Notice: It is worth repeating that every decision made by any College committee is informed by basic principles of administrative law and natural justice. No decision is made having to do with an applicant's or a registrant's rights unless and until the applicant or registrant as been given proper notice that a decision is going to be made, in what regard, and provided with the opportunity to make a submission on their own behalf.

Index: An index of College publications posted on the website was circulated to all registrants, and is itself also available on the College website. The index was compiled to facilitate registrants' access to materials on the College website. The index will be updated on an annual basis.

Annual Certificates of Registration: Annual Certificates are currently being mailed to registrants. The first certificate is provided at no charge. Additional certificates are available for \$25.

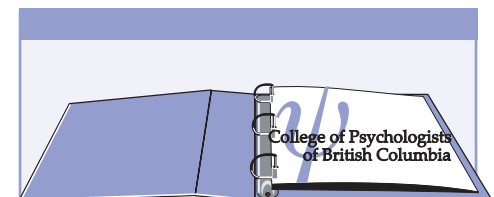
Draft Practice Advisory #9: Included with this Chronicle is Draft Practice Advisory #9 which is entitled "Record Keeping in Publicly Funded and/or Multidisciplinary Settings. This draft arose from discussions with a group of registrants representing various settings in the province where the issues of multiple practitioner access to shared files and related matters are ongoing concerns. Many thanks to Lee Cohene, Chair of the Legislation Committee, Dolores Escudero, Elizabeth Huntsman, Suja Srikaneswaran, Joyce Ternes and everyone else who contributed to the development of this practice advisory.

The College Register: A total of 24 psychological associates are now registered with the College, 6 of whom are on the Full Register. There are currently 1007 registrants listed on the College Register.

We welcome the following individuals who have been placed on the Register since January 1, 2006.

- 01660 de Faye, Barbara Joan
- 01661 Ferns, Jennifer
- 01662 Gal, Marlo
- 01663 Grobman, Grant Allan
- 01664 Harwood, Catherine Rose
- 01665 Wallace, Gordon Charles Marcus
- 01666 Sloat, Sharolyn G.
- 01667 McConnell, Kamie Joy
- 01668 Paris, Faye Ann
- 01669 Browne, Christina Mary
- 01670 Hashizume, Laurie Gay
- 01671 Ghafari, Saeed
- 01672 Ternowski, Daryl Ray
- 01673 Yamamoto, Aiko

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



The College welcomes feedback and comments on Draft Practice Advisory #9 enclosed with this *Chronicle*.

Please provide this information to the College by March 30, 2006.

Sections 32.2, 32.3 and 32.4 of the *Health Professions Act* came into force on July 1, 2005.

A copy of the Unofficial Consolidated version of the *Health Professions Act* current to October 1, 2005 is available under the Downloads section of the College website www.collegeofpsychologists.bc.ca and replacement pages are included with this *Chronicle* for insert into your purple binder.

Registration Committee Report

The Registration Committee is pleased that all applications are proceeding in an efficient manner. As will be detailed in the 2005 Annual Report, a total of 68 new registrants completed the application process in 2005. The length of time to complete the application process has stabilized for all categories of registration.

Regular Applications: Currently, applicants applying for registration through the regular (as opposed to reciprocal or mobility) track are becoming registered within about 7 months. A key variable that impacts on length of time to registration is the time it takes an individual to study for, schedule, and pass the required examinations.

Mobility and Reciprocity: Mobility and reciprocity provisions have been in place for several years now. The College has received a significant number of applications under these provisions and has a streamlined application process in place such that the typical mobility

or reciprocal applicant is registered within 3-4 months of the initial application. The College is interested in hearing from registrants about their experiences in applying to other jurisdictions as a mobility or reciprocal applicant. Reciprocal registration is available to psychologists who are registered/licensed with psychology regulatory bodies in Canada. The Registration Committee also accepts applications from psychologists who have a Certificate of Professional Standing (CPQ) awarded by the Association of State and Provincial Psychology Boards or who are currently listed with the National Register of Health Service Providers in Psychology.

Extraordinary Applicants: Extraordinary applicants have started to make their way on to the Limited Register. Out of the initial group of approximately 100 applicants, 26 have been registered to date. Information will be circulated shortly regarding plans for facilitating the completion of supervised practice requirements for these registrants.

Post Degree Year of Supervised Experience / Provisional Registration:

The Registration Committee continues to investigate the introduction of a post-degree year of supervised experience to bring BC in line with other jurisdictions in North America. One practical implication of this requirement is that applicants would be granted provisional registration at an early stage of the application process, and complete certain registration requirements while on the provisional register. Examinations for registration (EPPP, Written Jurisprudence Examination, Oral Examination), for example, would be completed as a provisional registrant. Prior to the implementation of this provisional year, extensive consultations will be held with all stakeholders such as students, training programs and internship/practica settings.

Robert Colby, M.S., R.Psych.
Chair, Registration Committee

Welcome to New Registrants 2005

01591	Marlin, Richard Gordon	01614	Nadeau, Jeanne	01637	Wallden, Erin Dunn
01592	Darcangelo, Shauna Marie	01615	Swart, Marelize	01638	Levine, Richard
01593	Soni, Jagdish Kumari	01616	Kaplan, Charles Howard	01639	Leithead, Joanne B.
01594	LeBlanc-Streiff, Jeanne Marie	01617	Kline, Robert G.	01640	Naumann, Carol Ellen
01595	Iarocci, Grace	01618	MacKinnon-McQuarrie, Maureen Anne	01641	King, Christie Marie
01596	Young, Arlene Ruth	01619	Schwartz, Noa	01642	Mawson, Diana Louise
01597	Chan, Anthony Sai-Cheung	01620	Eugster, Sandra Lee	01643	Cochrane, Robert Matthew
01598	Illsley, Staci Dion	01621	Lautzenhiser, Lauren McGuinness	01644	Knudsen, Erin V.
01599	Regev, Michal	01622	Smith, Robert Edmund	01645	Hansen, Peggy Theresa
01601	Hervé, Hugues Fabien Marie	01623	Wildeman, Kevin Dwayne	01646	Pierce, Lorne Everett
01602	Arnold, Sharon Lynne	01624	Dunning, Donna June	01647	Rungta, Susan Ann
01603	Dietrich, Anne Marie	01625	Katz, Brian	01648	Bellerose, Satya
01604	Thomas, Norman Wilberforce	01626	O'Brien, Karina Marie	01649	Misfeldt Bell, Deborah Elisabeth
01605	Welder, Andrea Natasha	01628	Brotto Fontana, Lori Anne	01650	Cooper, Barry Samuel
01606	Thinda, Sundeep Singh	01629	Gill, Eamonn Terence	01651	Nash, Karen Marie
01607	Rostad, Faith Gayleen	01630	Vincent, Doris Shirley	01652	Scott, Carolyn Pearl
01608	Badyal, Pindy Palvinder	01631	Tourigny, Joel Andrew	01653	Smitton, John Alan
01609	Hill, Cathryn Rae	01632	Munteanu, Mircea Alexandru	01654	Burt, Grant
01610	Roche, James Joseph	01633	Walker, Lynne Catherine	01655	MacDonald, Lyle
01611	Ballou, Jeffrey Forbes	01634	Gayton, Jane Elizabeth	01656	Reeh, Harriet Elizabeth
01612	Beale, Judith E.	01635	Walters, Jean Elizabeth	01657	Erskine, Richard G.
01613	Lopes, Evandro Herrmann	01636	Wong, Wai Cheong Wallace	01658	Rocha, Elizabete Margarido
				01659	Van Vuuren, Magdalena Sophia Jansen

Quality Assurance Committee Report

The accountability or audit component of the Continuing Competency Program is now underway for the year 2005. Registrants whose registration number was randomly drawn for the audit at the December 9, 2005 meeting of the Quality Assurance Committee have been notified to submit their completed log of continuing competency activities. The submitted log sheets (blinded with respect to the name of the registrant) will be reviewed at the next meetings of the Committee. The results of the audit will be communicated to the selected registrants as soon as possible. The feedback letter will contain the Committee's requests, if any, for clarification or additional information. The Committee appreciates the time that a number of registrants have taken to provide their perspective and comments on the program.

The College was pleased to offer a full day of telephone consultation to respond to questions from registrants who were selected for the Continuing Competency audit on Thursday, February 16, 2006. Almost 10% of selected registrants took advantage of this consultation. Most questions had to do with reporting activities beyond the 35 hour requirement.

The Committee was very pleased with the excellent turnout at the November, 2005 workshop on retirement planning. Projects currently under consideration by the Committee include a review of best practices in connection with retirement, ongoing discussions about reasonable and responsible consequences for non-compliance with the Continuing Competency Program, and updating of the sample practice forms that are posted on the College website.

Registrants are encouraged to review the FAQs on the website, particularly Section H which contains many questions and answers on the Continuing Competency Program. Below are selected questions reprinted here for your convenience:

H19. How can I ensure that I am meeting the requirements when the program is continuing to be developed? *The committee has described the program as evolving, with information provided to registrants as soon as it is available. The general principle that guides the committee and should guide registrants is "Can I articulate that I have acquired new knowledge relevant to improving my practice of psychology?" In the absence of more detailed guidelines that are in the process of being developed, registrants should make their own decisions about activities they wish to include as meeting the above principle.*

H20. Keeping track of my continuing competency activities on a form and then submitting it to the College makes me feel that my professionalism is being questioned. I generally take part in many more activities than listed on the form. *The documentation required is to ensure that all registrants are aware of the requirements of the program, and that the College can be accountable in its administration of the program (e.g., that the program is delivered equally to all registrants). The committee would appreciate any constructive suggestions in how to better administer the program.*

H25. What is the research evidence to support the outcome of enhanced competence of psychologists as a result of a continuing competency program such as the one implemented by the Quality Assurance Committee? *The literature on continuing education has been reviewed extensively by the Quality Assurance Committee which provided the foundation for the development of the program. The committee continues to remain apprised of the literature and programs in other jurisdictions. The program developed by the Committee is designed to ensure that the College is in compliance with legal requirements as per the Health Professions Act. [See Health Professions Act, 16(2)(e); 19(n); 26.1(1).] The intent of the program is to enhance and maintain the competence of registrants in meeting this legal requirement.*

H27. How is the audit conducted? *The process is described in detail in the Chronicle (Winter 2004, Vol. 6, No. 1B; Spring 2005, Vol. 7, No. 1). as well as in other mailings and letters from the College to registrants.*

H28. What is the percentage of registrants selected for the audit who were under Inquiry Committee investigation? *At the random selection for the audit of the 2004 year (January/February 2005), 3 of the total of 99 registrants who were randomly selected had open complaints (3/99 = 3%). A total of 21 registrants (21/963 = 2.2%) had at least one open complaint (total open complaints at time of random selection = 49) at the time of the random selection.*

H29. If a registrant is under Inquiry Committee investigation, can they also be subject to a QAC audit as part of the investigation? *These are completely independent events. The Quality Assurance Committee does not have knowledge of which registrants have matters before any other College Committee and audited registrants are not identified by name but by special audit ID number.*

H33. How does the notification process work if I am chosen for the audit? *In most cases, the registrant will be quickly notified that they are in full compliance. In some cases, clarification is required with regard to the nature of particular activities. This is more likely for activities which fall outside the line of fairly mainstream psychology activities. Even in this instance however, most questions of the committee are easily answered by registrants. Based on the experience of the past year, there will be a handful or less of registrants who are not in compliance and these issues will be dealt with on a case by case basis. Examples of noncompliance from last year include claiming more hours than the documented length of a program (e.g., 5 hours for an information meeting that lasted 1 hour) and not responding to requests to provide clarification.*

H34. How does this program compare with the traditional CE model? *The committee decided on a program based on maximizing the "locus of control" within the registrant. Registrants get to decide which programs to complete with the simple stipulation that in order for a program to count, the registrant must be able to articulate what they learned from that program that is relevant to their practice of psychology. Comparison of this approach to the more common model of CE credits, such that each bathroom break must be documented in order to receive the CE certificate at the end of a presentation, seems much more burdensome and heavy handed. The audit is the mechanism we have chosen to satisfy the legal requirement of ascertaining adherence, given the complete reliance on self-report and self-selection of activities.*

Michael Joschko, Ph.D., R.Psych.
Chair, Quality Assurance Committee

Inquiry Committee Report

As of February 15, 2006, there were 37 open complaints involving 25 registrants. A total of 44 complaints were received in the year 2005, a figure close to the 46 complaints received in 2004. Details regarding the complaints reviewed by the Inquiry Committee in 2005 will be presented in the Annual Report later this spring.

Two challenging issues that face registrants and the Inquiry Committee are discussed below: the reporting of fellow registrants under section 7.18 of the *Code of Conduct*, and the receipt and disposition of “frivolous” or “vexatious” complaints.

Lodging a complaint under Section 7.18 of the Code of Conduct: Since the approval of the *Code of Conduct* in 2002, registrants have been required to report concerns about the behavior of fellow registrants to the College for investigation. As noted in the Chair’s report, newly enacted provisions of the *Health Professions Act* increase the reporting obligations of registrants for the future. Several recent complaints have been made by conscientious registrants who have taken seriously their obligation under section 7.18 of the *Code* to report another registrant.

Section 7.18 provides that the threshold for reporting exists where there are “reasonable and probable grounds” to believe that the registrant has breached the *Code of Conduct*. The common legal definitions of the terms “reasonable and probable” emphasize the existence of information (known facts and circumstances of a trustworthy nature) that are sufficient to warrant a prudent person’s belief that a behavior, such as a breach of the *Code of Conduct*, has occurred.

Once the matter has been reported to the College, it will proceed before the Inquiry Committee in the same manner as other complaints. As the complainant, you will be informed of the conclusions of the Committee at the end of its investigation.

“Frivolous” or “vexatious” complaints: Registrants sometimes ask why “frivolous” or “vexatious” complaints are not immediately dismissed by the Inquiry Committee, and several FAQ’s on the College website speak to this issue. The Inquiry Committee is required under the *Health Professions Act* to investigate all complaints. The Committee is well aware that in some if not many situations, a complainant may have a secondary motive for filing a complaint, such as to discredit a professional who has written an unfavourable report that may impact on the complainant’s rights in some way. However, it cannot be fairly determined that a complaint is frivolous or vexatious without review of the complaint documents submitted by the complainant.

As provided in the *Health Professions Act*, each complaint is brought to the Inquiry Committee with an assessment of the complaint from

the Registrar and recommendation, if any, for its disposition provided by the complainant. Complaints that are blatantly vexatious are so identified at this early stage. Decisions regarding the investigation and resolution of each complaint are made by the entire Committee, which ensures that the decision is made objectively with the opportunity for discussion and dissent.

Below are selected FAQ’s on the complaint process that are posted on the College website. We encourage all registrants to be informed about the College’s complaint investigation process.

C3. What should I do if I get a complaint? *The College has prepared a brochure that provides information for registrants who are the subject of a complaint. If you do not receive it in the mail with notification of the complaint, please request one and we will send it to you. Past Chronicles and Annual Reports have spelled out the complaint investigation process. It will be helpful if you are familiar with the typical stages of complaint investigation. The most important thing to do is to ensure that all your records on the matter are retained.*

C4. How can I avoid complaints? *There are many things registrants can do. A large number of complaints can be avoided if issues of informed consent, limits of confidentiality, clarification of third party involvement and discussion of risks and benefits are a routine part of clinical practice. These issues have been highlighted in past chronicles.*

C7. What is the typical outcome of a complaint investigation? *Most complaints (approximately 2/3) are dismissed because there is insufficient evidence of an ethical violation. Among the complaints in which the Inquiry Committee identifies concerns, most are resolved through the voluntary participation of the registrant in addressing these concerns. A very small proportion of complaints require formal disciplinary action.*

C8. Who can I talk to while I am being investigated? *Registrants are invited to call the College if they have any questions related to the process of a complaint investigation.*

C9. How can the Inquiry Committee open a complaint on its own? *The Health Professions Act provides explicit authority to the Inquiry Committee to do so and principles of administrative law and natural justice set the parameters for doing so.*

C10. How are complaints managed that are made during legal proceedings? *Some complainants are involved in multiple pursuits regarding their concerns, including litigation and the Inquiry Committee is well aware of this. A policy has been in place for several years whereby the Inquiry Committee may request consent of the respondent to place a complaint matter on hold pending the outcome of another investigation or proceeding.*

C11. When is information about a complaint disclosed to the respondent? *This question touches on the balance between timely (e.g., immediate) notification that a complaint has been received and the process of reviewing the complaint to determine the specific allegations (often complainants are unclear and clarification is necessary). This review includes a thorough reading of relevant clinical records or other documentation, and identification of standards of the Code that pertain to the allegations by the Inquiry Committee, a process which can take some months depending on the volume and complexity of complaints.*

C12. What is the length of time of an investigation? *The average time from complaint receipt to closure is presented in the Annual Reports. Typically, time to closure is between 6 months to 18 months depending on the complexity of the complaint.*

C14. What recourse do I have if I am dissatisfied with how a complaint against me was handled? *The best time to raise such concerns is as soon as you are aware of the dissatisfaction. Respectful correspondence during a complaint investigation and questions about process or procedure are appropriate. Feedback to the Inquiry Committee upon completion of the complaint investigation and expiry of the review request period is also welcome.*

G6. Is the College making it more difficult for registrants to practice psychology in high risk areas like custody and access? *The objective data do not support any difference in investigation length or outcome with regard to custody and access as compared with other areas of complaints. [See Annual Reports] This area, as with many others, requires a high level of experience and training. Clearly written and comprehensive consent forms and early attention to assessment parameters are prudent practice. As with other specialized areas of practice, complaints are more likely when the outcome of the assessment has a bearing on the individual’s rights. Some complaints in this area are lodged against registrants who do not practice in this area, but have been drawn into custody and access issues, beyond their competence, because of other involvements. Several years ago there were some complaint resolutions with registrants who had multiple complaints in this area in which the registrant agreed to a permanent restriction on practice in this area. Each of these registrants have subsequently been invited to revisit these undertakings and some have done so. Current practice of the Inquiry Committee is to indicate the steps necessary for having a limitation removed and letting the registrant decide by their own actions if the restriction will be permanent or temporary.*

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