

# Chronicle

NEWS AND INFORMATION FROM THE COLLEGE OF PSYCHOLOGISTS

Volume 8 • Number 2 • October 2006

## From the Chair of the Board

I appreciate this opportunity to share some thoughts with fellow registrants as the end of my second year as Chair of the Board approaches.

First I would like to encourage registrants to put their names forward to run for election to serve on the Board. Lee Cohene, Ph.D., R.Psych. has served on the Board for the past three years and has agreed to allow his name to stand for re-election. Robert Colby, MS, R.Psych. is finishing his sixth consecutive year on the Board which is the maximum allowable under the current College Bylaws. Robert chaired the Board for two years and has served as Chair of the Registration, Patient Relations and BCPA Liaison committees. We are grateful for his wisdom and experience and the many hours he has contributed to our profession over the years.

Enclosed with this *Chronicle* is the "Call for Nominations" form and a copy of the Bylaws related to Board elections. Nominations must be received in the College office by October 18, 2006.

I am delighted to announce that our Registrar was nominated for and granted status of Fellow of the Canadian Psychological Association this past spring. The nomination was made by the Board of Directors in recognition of her outstanding contributions to the regulation of the psychology profession in B.C.

We were disappointed to learn of the Government's decision to defer removal of the exemptions of the Psychologists Regulation regarding school psychology practitioners. The text of the letter received from (former) Deputy Minister Penny Ballem and the Board's responses are posted on the College website. The Board has been clear in expressing to government concern regarding public protection and other issues raised by this decision.

As I reflect on the events over the past two years as Board Chair, and the two years which preceded during which I served as Chair of the Registration Committee, I am struck by one central theme – the professionalism and calibre of the staff of the College and my colleagues on the Board and College committees. Regardless of the nature of the specific event the work of the College has proceeded, guided by the policies and procedures which have been put in place over the nearly seven years we have been regulated under the *Health Professions Act*. These policies and procedures are the assurance that all applicants and registrants are treated equally under

the provisions of the governing legislation and in accordance with the principles of fairness and administrative law. One of the key elements of the *Health Professions Act* is the requirement of public representation on all College committees and the Board. These public members are appointed with the responsibility of ensuring that the College takes its public protection mandate seriously. The discussions and interaction between the professional and public members on each Committee and the Board ensures that each decision is informed by relevant professional issues as well as the public interest.

Since the College came under the *Health Professions Act*, the College has made decisions on over 412 complaints and has granted registration to over 275 individuals. There have been no judicial reviews or other challenges to any decisions made by a College Committee or the Board since coming under the *Health Professions Act*.

The College was very pleased with the response to the information sessions held around the province earlier this year. Registrants asked many good questions and the Board appreciates the opportunity to respond and to provide information and converse with registrants around the province. Thank you to registrants who attended the meetings in Vancouver, Victoria, Kelowna, Nelson, and Nanaimo. An information meeting is scheduled to be held in Vancouver on November 16<sup>th</sup> at 7 pm at the Arbutus Club. Information meetings in other locations will be announced as they are scheduled. I would like to repeat our commitment to providing an information session to any group of ten or so registrants in a particular geographic or work setting. Contact the Registrar if you are interested in setting up such a meeting.

I do not think that any of us could have imagined the challenges that we have asked our staff and committees to deal with over the past few years. We must take note of the toll of the work on those who contribute their time and expertise to the College and find meaningful ways to express to them the appreciation of the vast majority of registrants for the professionalism of the College. For my part, I am honoured to have worked with our staff and the Board and look forward to continued involvement with the College.

Respectfully submitted,  
*Michael F. Elterman*, MBA, Ph.D., R.Psych.  
Chair of the Board

### IN THIS ISSUE

#### UPDATES FROM:

The Chair	1
Registration Committee	2
Patient Relations Committee	2
Inquiry Committee	3
Legislation Committee	3
Quality Assurance Committee	3
The Registrar	4
Professional Practice Issues: "Top Ten Causes of Unprofessional Conduct"	4
Information Meeting	6
Renewal Policies	7

#### Enclosed with this issue:

Call for Nominations  
Draft Practice Advisory #4  
Patient Relations Brochure



College of Psychologists  
of British Columbia

### BOARD MEMBERS

Lee Cohene, R. Psych.  
Robert Colby, R. Psych.  
Vice-Chair  
Michael Elterman, R. Psych.  
Chair  
Daniel Fontaine,  
Public Member  
Marguerite Ford,  
Public Member  
Henry Harder, R. Psych.  
Michael Joschko, R. Psych.  
Wayne Morson,  
Public Member  
Derek Swain, R. Psych.

# From the Registration Committee

I would like to take this opportunity to express gratitude and appreciation for the efforts of several Committee members completing their 6<sup>th</sup> year on the Registration Committee. Anne Marie Jones, Marvin McDonald and Cheryl Washburn have made many important contributions to the application and registration policies and procedures that have been developed and implemented over the past six years. Sitting on the Registration Committee involves a significant time commitment, both in terms of the meetings themselves, which have lasted up to a full day in length, and to the volume of materials to be reviewed prior to meetings. In addition, teleconferences and subcommittee work often involve many additional hours on a monthly basis. Anne Marie, Marvin and Cheryl have been very generous with their time and expertise and they will be missed on the Committee. Other registrants interested in serving on the Registration Committee should submit a letter of interest and a current CV to the Registrar. All names will then be brought forward to the Registration Committee for consideration, as per the policy on committee appointments.

One of the main tasks currently being tackled by the Committee is the post-degree year of supervised experience for new applicants. As announced previously, the Committee has approved implementation of this requirement in principle. The Committee has recently approved a working plan for the gradual implementation of the new requirement. This working plan consists of several phases, the first of which involves the submission, at the point of application, of information about how the applicant's professional work will be supervised during the application period. Implementation date for this phase will be announced in the new year. It is important to note that this first phase does not introduce any new supervision requirements. As non-registrants, applicants are required to be supervised in their provision of psychological services. The process followed by the Committee includes the following major guidelines: that the requirement be consistent with that of other jurisdictions, and that the requirement not impose unreasonable additional time or expense for applicants.

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

# Registration Renewal

Registration renewal notices will be mailed out by the College in November. If you have not received your notice by November 25, please contact the College.

Registrants are reminded that renewal fees must be paid by December 31, 2006. Under Section 21(3)(b) of the *Health Professions Act*, "The registrar must cancel the registration of a registrant in the register if the registrant has failed to pay a fee for renewal of registration or another fee within the required time."

See the renewal document included in this *Chronicle* for a summary of policies relating to renewal.

# From the Patient Relations Committee

Enclosed with this edition of the *Chronicle* is a brochure entitled *Preventing professional misconduct: A brochure for Registrants*. This brochure is intended as a reminder to registrants of the slippery slope of boundary violations. Please let the office know if you require additional copies for your office.

Respectfully submitted,  
Daniel Fontaine, Public Member  
Chair, Patient Relations Committee

## New Registrants

We welcome the following individuals who have become registered since January 1, 2006.

01674	Tenant, Mary Agatha	01695	Arkininstall, Kim Michelle
01675	Zakrzewski, Martin Joseph	01696	Maedel, Teal Gay
01676	Crowell, Timothy Andrew	01697	Shiell, Janet Lillian
01677	Patterson, Michelle Louise	01698	Booy, Annalize Wilhelmina
01678	Paré, Timothy Joseph	01699	Lake, R. Paola
01679	Elchami, Mazen Samir	01700	Wang, Tina C.
01680	Ainsworth, Cheryl Anne	01701	Chapman, Alexander Lawrence
01681	Arato-Bollivar, Juliette Suzanne	01702	Olson, Gregory Scott
01682	Baess, Edward Peter	01703	Arvay, Marla Jean
01683	Nader, Rami	01704	Ashton, Valerie Lynn
01684	Wade, Spencer Fredric	01705	Cave, Douglas Grant
01685	Wagner, Shannon Lynn	01706	Goldstein, Charlene Ruth
01686	Lieban, Irene	01707	Lapierre, Marie-France
01687	Eamon, Karen Charlotte	01708	McCallum, Gregory Edward
01688	Alexander, Diana Elizabeth	01709	Mclsaac, Susan Mary
01689	Bodnarchuk, Mark Anton	01710	Robson, Ann Lavaun
01690	Popadiuk, Natalee E.	01711	Scales, Michael
01691	Burke, Heather Christine	01712	Setton-Markus, Judith
01692	Crawford, Linda Jean	01713	Wagner, John Robert
01693	Lipinski, Thomas Frank	01714	Westwood, Marvin James
01694	Willoughby, Todd Vincent		

## Information Meeting

The College will be holding an information meeting on Thursday, November 16, 2006 at 7:00 p.m., in the Strathcona Room at the Arbutus Club, 2001 Nanton, Vancouver, B.C.

# From the Inquiry Committee

## Complaint Update

To date the College has investigated over 450 complaints under the *Health Professions Act*. As of September 18, 2006, 412 of these files were closed. In total, 60% of these complaints were dismissed for lack of evidence or otherwise not proceeded on (e.g., no jurisdiction). The remaining 40% were resolved through alternate means, registrant-initiated practice changes, or terms agreed upon in a letter of undertaking. In closing these complaints, the Inquiry Committee has accrued considerable experience and expertise in the review and investigation of complaints.

## Role of the Psychologist as an Expert witness.

The Inquiry Committee has handled some recent complaints regarding psychologists in a role of expert before the courts. The allegations have been serious and have ranged from deliberate provision of misinformation to the courts, to the withholding of information and bias in presentation of opinions. The testimony of psychologists is often in the public domain and allegations about one psychologist expert may influence opinions about psychologists in this role more generally. In addition to the growing literature on the role of psychologists as an expert witness, it is worthwhile to review some fundamental principles outlined by the judge in a 1993 case (the "Ikarian Reefer" case, Great Britain, Mr. Justice Cresswell {1993} FSR 563) that is often cited as having engendered significant changes in the use of expert witnesses. The case involved a Panamanian vessel that ran aground. The insurers argued that the vessel was the subject of arson by the owners, and in this regard they relied on expert evidence. The principles outlined by Justice Cresswell in this case are as relevant and valuable now as they were then, and are as follows:

"1. Expert evidence presented to the court should be, and should be seen to be, the independent product of the expert

uninfluenced as to form or content by the exigencies of litigation.

2. An expert witness should provide independent assistance to the court by way of objective unbiased opinion in relation to matters within his expertise. An expert witness in the High Court should never assume the role of an advocate.

3. An expert witness should state the facts or assumptions upon which his opinion is based. He should not omit to consider material facts which could detract from his concluded opinion.

4. An expert witness should make it clear when a particular question or issue falls outside his expertise.

5. If an expert's opinion is not properly researched because he considers that insufficient data are available, then this must be stated with an indication that the opinion is no more than provisional. In cases where an expert witness who has prepared a report could not assert that the report contained the truth, the whole truth and nothing but the truth without some qualification, that qualification should be stated in the report.

6. If, after exchange of reports, an expert witness changes his view on a material matter having read the other side's expert's report or for any other reason, such a change of view should be communicated (through legal representatives) to the other side without delay and when appropriate to the court.

7. Where expert evidence refers to photographs, plans, calculations, analyses, measurements, survey reports or other similar documents, these must be provided to the opposite party at the same time as the exchange of reports."

Respectfully submitted,  
*Henry Harder, Ed.D., R.Psych.*  
Chair, Inquiry Committee

# From the Legislation Committee

A draft Practice Advisory on record keeping in publicly funded and/or multidisciplinary settings was circulated with the last issue of the *Chronicle*. One person provided feedback to this draft. Given the importance of this issue to registrants who work in settings where files containing psychological assessment materials may not be under the registrant's control, a consultation meeting is being arranged with registrants who work in

such settings. If you are interested in coming to such a meeting, please call the Registrar. Information about the meeting will also be sent out to all registrants who list a publicly funded/or multi-disciplinary setting as their register address.

Respectfully submitted,  
*Lee Cohene, Ph.D., R.Psych.*  
Chair, Legislation Committee

## NOTICE

On the 16th June 2006 a Citation and Notice of Hearing was issued against Dr. Hans Veiel under section 37 of the *Health Professions Act*. The hearing date was set for 24th July 2006. On 19th July 2006 Dr. Hans Veiel notified the College of his resignation as a registrant of the College effective immediately.

# From the Quality Assurance Committee

The review ("audit") of compliance with the Continuing Competency Program for the 2005 year clearly illustrated the impressive job registrants have done in embracing continuing competency efforts as part of their professional practice, and their understanding of the specific categories of the new program.

Registrants with questions about the program are referred to the FAQ section of the website where many of the questions previously received by the Committee are answered. If your question is not there, please submit it in writing to the College. If the response is likely to be useful to other registrants, the response sent to the registrant will be added to the FAQ section.

One of the current projects being undertaken by the Committee is a major initiative on retirement planning, including preparation of a package of materials and a workshop involving professional aspects of retirement planning, professional wills and file storage issues. In addition, the Committee has recommended to the Board that the College begin phasing in a requirement whereby registrants identify to the College a colleague who has agreed to manage and take custody of a registrant's clinical files in the event of registrant's sudden or unexpected incapacitation. Further information on this proposed requirement will be provided in the coming months.

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

# From the Registrar

## Draft Practice Advisory #4.

Some months ago a first draft of this advisory was circulated to registrants for comments and feedback. About 10 registrants provided their comments. This feedback has been integrated into the new draft. Given the importance of the issues covered by this advisory, a second draft is included with this Chronicle for circulation. All feedback received by November 1, 2006 will be reviewed by the Board. It is anticipated that the final approved advisory will be issued shortly thereafter.

## Practice Advisories Under Development.

The College has the following practice advisories under active development: Informed Consent with Children, Consent Issues with File Review and Court-Ordered Assessments, and Record Keeping in Publicly-Funded and/or Multidisciplinary Settings.

## Changes to the Code of Conduct.

The Board has passed two recent resolutions which make typographical and numbering

corrections to the *Code of Conduct* for submission to the Government. A copy of these resolutions may be found on the College website: [www.collegeofpsychologists.bc.ca/legislation/bylaws.cfm](http://www.collegeofpsychologists.bc.ca/legislation/bylaws.cfm)

We are working with the Office of the Information and Protection of Privacy Commission on the development of guidelines for file security and actions to take in the event of a security breach. An increasing number of registrants have faced these issues in their own private practices as well as in the institutional setting. The College is interested in helping registrants to prevent such occurrences and providing a course of action should a breach occur.

We continue to participate actively in national and international meetings with other psychology regulators. On the national level, discussions continue among the regulators with regard to forming a national body of psychology regulators, similar to the organizations which exist for other professions.

This would enable the regulatory bodies to communicate efficiently to government or other institutions when there are issues of consensus and unanimity. Among the issues reviewed by the regulators were: review of the information available to the public across the different jurisdictions, demographic data routinely obtained by the different regulatory bodies, registration of psychologists employed in Federal Corrections, and issues related to retirement and practice records. We attended the ASPPB meeting in Florida last April entitled: "Protecting the Public: Challenges in Assessing Competence". We will be participating at the upcoming October ASPPB meeting in San Diego "Evolving Approaches to Assessing Competence" and presenting a paper on Canadian perspectives on reporting disciplinary actions.

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

## Professional Practice Issues: Top Ten Causes of Unprofessional Conduct

As part of the College's efforts to keep registrants informed on ways to prevent complaints and enhance practice, we are pleased to share with you an article by James T. Casey. We are appreciative to Mr. Casey, the College of Dietitians of Alberta and the College of Alberta Psychologists for allowing us to reprint the article for our registrants. We hope you find it informative and helpful in your professional practice.

### THE TOP TEN CAUSES OF UNPROFESSIONAL CONDUCT

By James Casey, Q.C., Field LLP

*This article is based on a workshop presented by James T. Casey, Q.C. for the College of Dietitians of Alberta and is reprinted with the permission of James T. Casey and the College of Dietitians of Alberta.*

Based on my experience over the years with hundreds of unprofessional conduct cases in a broad range of professions, the following is my unscientific list of the top ten causes of unprofessional conduct. In no particular order:

#### 1. Failure to maintain currency of professional knowledge and competence:

- Professions and the health care system evolve. Professionals must keep pace with the change.

- There are many complaints of unskilled practice about professionals who once were very competent but who have not maintained their competence.
- "That's how we did it when I was trained 20 years ago", is not a valid defence.

#### What you can do:

- Maintaining competence on an ongoing basis is a central tenet of professionalism.
- Maintain a current knowledge base.
- Continuing Competence Programs are ideal tools. Use them.
- Take advantage of continuing education opportunities.
- Be familiar with your employer's policies and procedures.
- Understand the standards of practice for your profession.
- Be active in professional organizations; read professional publications.

#### 2. Failure to seek assistance or make appropriate referrals.

- Professionals may encounter difficult situations for which they do not have the necessary skills. Unprofessional conduct may occur where the professional "ploughs ahead" without getting assistance.

#### What you can do:

- Recognize that we all have limitations.
- Realize that seeking assistance is not a form of

- weakness; it is a sign of professional strength.
- Where necessary seek assistance from trusted colleagues or from your supervisor. Don't be afraid to ask a colleague for a second opinion. Where appropriate, refer the patient to someone with the necessary skills.

#### 3. Difficulties in a professional's personal life affect their work-life.

- We rarely have "water-tight compartments" in our lives. Our work can affect our personal and home-life and difficulties in our personal and home-life can negatively affect our work.
- Personal difficulties might be related to problems with marriages, relationships, children, finances, or depression.
- It is common for serious personal difficulties being experienced by a professional to "spill-over" into the workplace giving rise to a risk of unprofessional conduct.

#### What you can do:

- If you are experiencing serious difficulties in your personal or home-life, then realize the potential for the "spill-over effect."
- Also realize that you might not be the most objective person with respect to whether your work is being adversely affected.
- If you are having difficulties coping with problems in your personal life and there begins to be a "spill-over" to work, then get help. Seek out family, friends, trusted colleagues. Consider taking some time

*continued on page 5*



off work. Consider counselling through Employee Assistance Programs.

#### 4. Alcohol and drug addictions

- Alcohol and drug addictions are the root cause of some of the most serious cases of unprofessional conduct.

##### **What you can do:**

- Keep yourself well.
- Realize that addiction to prescription drugs is a danger for health care professionals because of easy accessibility.
- Many professionals with substance abuse problems have destroyed their entire professional career because they have either refused to seek help or sought help too late.
- Get help. Seek counselling. Contact Employee Assistance programs.
- There are addiction recovery programs in Alberta specially designed for health care professionals.

*"All professionals make mistakes. However, we need to ensure we learn from our mistakes."*

#### 5. Poor communication

- Many unprofessional conduct complaints are caused by poor communication between the professional and the patient or between a professional and their colleagues.

##### **What you can do:**

- Appreciate that part of being a true professional is being a good communicator.
- Ask yourself: Are you a really good listener? Could you be a better communicator? Would it be useful to take an effective communication course?
- Realize that effective communication is at the heart of the "informed consent" process.
- Consider how your remarks are perceived by others. Avoid cavalier or "smart-aleck" comments in the presence of patients. These types of comments tend to startle and alarm patients and may prompt a complaint. Many comments that are appropriate when made only in the presence of colleagues are not appropriate in the presence of patients. "Don't wash your dirty laundry in public."
- You care about your patients. Do your patients understand that you care? Do your actions and your verbal and non-verbal communication demonstrate that you care? Retain professional distance and demeanour but demonstrate to your patients that you do care. How would you want to be treated if the situation was reversed and you were the patient? What would you expect if the patient was one

of your family members? Very few patients file unprofessional conduct complaints about health professionals who they perceived to be caring. Patients who leave a health care facility feeling, "No one cared about me", are more likely to file complaints.

#### 6. Failure to appropriately address patient concerns.

- A patient or a family member with a concern about a patient's care or a professional's conduct will typically first approach the professional or a manager about their concerns. Many unprofessional conduct complaints are filed because the person felt that their concerns were not taken seriously by the institution or the professional.

##### **What you can do:**

- Take all concerns and complaints seriously. "Actively listen" to the person making the complaint.
- Be careful of labelling a patient as a "whiner" or a "complainer". Patients, and their families, can often be difficult and sometimes unreasonable. However we must remember that the patient and their family are often under significant emotional and physical stress in an environment which they do not fully understand. An individual who feels that a professional or an institution has been dismissive about their concerns is much more likely to file a formal professional conduct complaint.
- Understand the power of the "15 second apology" acknowledging the feelings of the person complaining. Example: "I am so sorry that all of this has resulted in you being distressed about your daughter's care. I will advise my manager of your concerns." You can often effectively address a person's concerns without getting into a long debate about who was wrong or right.
- Persons who feel their complaint was taken seriously and effectively addressed rarely file a complaint of unprofessional conduct with a regulatory college. For most people, filing such a complaint is a last resort when they perceive that nothing else has worked.

#### 7. Environmental Factors

- Various environmental factors can be a contributing cause to a professional engaging in unprofessional conduct. For example, there may be excessive work demands, a lack of mentoring and supervision, or inappropriate workplace practices. A professional may also be assigned tasks by their employer which the professional is not completely competent to perform due to inexperience or lack of training in a particular area.

##### **What you can do:**

- Remember that regardless of the environment, it is the professional's personal obligation to ensure that their own work meets professional standards. If you have failed to maintain professional standards, a defence of "that's how we all do it at work" is unlikely to be successful.
- If you have concerns about the environment's effect on your ability to practice in a professional manner, seek advice from trusted colleagues. Raise the issue with your supervisor. If you do not obtain any assistance from your supervisor, seek the advice of your professional organization.

#### 8. Personality conflicts escalate to unprofessional conduct.

- It is not unusual for the roots of unprofessional conduct to be in a personality conflict between a professional and a colleague, between a professional and his or her supervisor, or between a professional and a patient. A serious personality conflict can cause a professional to lose their objectivity and a minor dispute which should have been resolvable may escalate to a major confrontation.

##### **What you can do:**

- Understand that there will always be colleagues, supervisors, and patients with whom it is difficult to get along. However, this does not alleviate you of the central obligation of maintaining a professional demeanour and professional interactions. If you are experiencing a personality conflict, ask yourself honestly whether it is affecting the quality of your work. Are your interactions still meeting professional standards?
- If you are experiencing a personality conflict with a colleague, deal with the issue privately and not in the presence of patients.
- If there is a serious personality conflict with a patient, consider arranging for the patient's care to be provided by a different person. If you have been assigned to provide exclusive care to the patient, then you should obtain the patient's consent to the transfer.

#### 9. Complacency about professional standards

- Some professionals with a great deal of experience become complacent about professional standards and begin to develop "sloppy" practices.

##### **What you can do:**

- Remember that a commitment to professionalism is a life-long commitment. Professional standards apply as much to

continued on page 6

a new graduate as a professional with 30 years experience.

- Regularly work on refreshing your understanding of professional standards.
- Don't count on your experience and seniority to help you get away with sloppy practices.

#### **10. Professional Documentation**

A failure to adequately chart or document causes significant problems for professionals. If you have acted professionally and appropriately, then proper documentation will be your best defence.

Many unprofessional conduct complaints are referred to a hearing because of significant disagreements about what actually

happened. If a case comes down to, "He said, she said," then you are at a risk. Appropriate documentation can objectively demonstrate what really happened.

#### **What you can do:**

Follow professional charting and documentation practices.

Understand and follow your employer's documentation practices with respect to critical incidents, patient complaints, etc.

Document in accordance with professional standards: write legibly, write accurately, record concisely, record events chronologically, record information immediately or ASAP, ensure all documentation is dated and

signed or initialled, write in ink, use uniform terminology and correct errors in documentation openly and honestly.

When you know that concerns are being raised by a patient or family member, ensure that every step you take is adequately documented.

*Professionalism is not about perfectionism. All professionals make mistakes. However, we all need to ensure that we learn from our mistakes. By being alert to some of the root causes of unprofessional conduct we can do our very best in ensuring that we act as "true professionals".*

## NOTICE TO REGISTRANTS OF AN INFORMATION MEETING

The College of Psychologists of British Columbia is pleased to announce that an Information Meeting will be held  
**Thursday, November 16th, 2006, 7:00 pm**  
**Strathcona Room, The Arbutus Club**  
**2001 Nanton, Vancouver, B.C.**

If you are planning to attend, please RSVP  
by fax to (604) 736-6133, or by telephone to (604) 736-6164 and push 307  
as soon as the auto-attendant picks up.

## Upcoming Workshops *Save the dates ...*

We are pleased to announce that Dr. Tom Nagy will present two workshops on various aspects of ethical practice on **March 9 and 10, 2007**. Dr. Nagy, author of the book *Ethics in Plain English: An Illustrative Casebook for Psychologists*, is a psychologist in private practice in California where he provides psychological services as well as ethics consultation to psychologists, attorneys and educators. An assistant clinical professor at Stanford University, he is the recipient of numerous awards for his contributions to the profession, and has served on university, state and national ethics committees. Details about the workshops will be provided in the new year.

(Attendance at the workshops will also count towards requirements for applicants under the extraordinary provisions.)

## ANNUAL REGISTRATION RENEWAL POLICIES (Renewal Deadline – DECEMBER 31, 2006)

### A. General Requirements

<b>1. Due Date</b>	Each registrant of the College must 1) pay to the College an annual renewal fee and 2) submit the completed renewal form on or before December 31 of each year. This applies to all registrants regardless of placement on the Full or Limited Register.
<b>2. Mailing of Materials to the College</b>	Registrants are personally responsible to ensure that the renewal fee and completed renewal form arrive at the College by December 31. Registrants are encouraged to take institutional financial processing and mailing procedures into account in ensuring that materials arrive at the College by the due date.
<b>3. Reinstatement</b>	<p>As per the <i>Health Professions Act</i>, s 21 (4), "A board may, on grounds the board considers sufficient, cause the registration of a former registrant to be restored to the register on payment to the board of (a) any fees or other sums in arrears an owing by the former registrant to the board, and (b) any reinstatement fee required by the bylaws."</p> <p>As per Bylaw 54(1), "A former registrant whose registration was cancelled under section 21(3) of the Act may be reinstated by the board under section 21(4) of the Act if the former registrant submits</p> <p>a. a signed and completed application for reinstatement in Schedule H,  b. all documents, fees, and information required for renewal of registration in section 53(3), and  c. a reinstatement fee in an amount equal to 35% of the registrant's annual registration renewal fee.</p> <p>(2) The board may waive all or any part of the reinstatement fee referred to in subsection (1) (c) if the board is satisfied that imposition of the fee would cause undue financial hardship for the former registrant."</p>
<b>4. Possible Disciplinary Action</b>	Individuals who practice psychology after they have been removed from the Register will be considered to have violated the <i>Code of Conduct</i> and the <i>Psychologists Regulation</i> .
<b>5. Annual Certificate</b>	As per Bylaw 53(8), "a registrant must prominently display his or her current annual certificate in the premises routinely used by the registrant to practice psychology." Receipt and annual certificate(s) will be mailed to those who have completed their renewal.

### B. Fees

<b>1. No Late Payments</b>	As per the <i>Health Professions Act</i> , s. 21(3)(b), "The registrar must cancel the registration of a registrant in the register if the registrant has failed to pay a fee for renewal of registration or another fee within the required time." Registrants who submit their payments after December 31 will be removed from the register (see Reinstatement and Possible Disciplinary Action).
<b>2. Amount Due</b>	The full amount (\$1200) is due on or before December 31. There are no payment plans. Cheques may be post-dated no later than December 31, 2006. Cheques dated after December 31, 2006 will not be accepted.
<b>3. Returned Cheques</b>	Registrants whose cheques are returned by the bank for any reason will be considered to have not paid their renewal fee. In addition, an administrative fee of \$50.00 will be charged.

### C. Renewal Form, Attestation, and Supporting Documents

<b>1. Quality Assurance Program</b>	REMINDER: DO NOT SEND ANY DOCUMENTS TO THE COLLEGE AT THIS TIME. Registrants will be required to sign an attestation regarding their compliance with the Quality Assurance Program. After renewal, a random sample of registrants will be asked to supply documentation.
-------------------------------------	--

<b>2. Insurance</b>	As per Bylaw 61, "All registrants must maintain or be included in coverage under professional liability insurance in an amount not less than \$1,000,00 per occurrence." Registrants are required to sign an attestation that they have insurance in compliance with bylaw 61.
<b>3. Limited Register</b>	<p>a) <b>Limited Register – Out of Province.</b> Registrants placing themselves on the Limited Register – Out of Province must submit documentation of their registration/ licensure to practice psychology by a regulatory body in the other jurisdiction.</p> <p>b) <b>Limited Register – Non-Practicing.</b> Registrants placing themselves on the Limited Register – Non-Practicing must indicate the reason for placement in this category. For medical or parental leave, documentation is required.</p> <p>c) <b>Limited Register – Retired.</b> Registrants placing themselves in this category are declaring that they do not plan to return to practice.</p>
<b>D. Making Changes at Renewal</b>	
<b>1. Change of Register Address</b>	Registrants are reminded that Bylaw 50(3) states "If there is a change in the information on the full register or limited register respecting a registrant, the registrant must, within 30 days of the effective date of change, provide the registrar with new information." Please do so promptly to avoid a processing fee. As per the <i>Health Professions Act</i> , 21(2), "The registrar must maintain a register and must enter in it the name and address of every person granted registration under section 20." Please note that under the <i>Health Professions Act</i> , 54(1), "If a notice or other document is to be delivered to a person under this Act, the regulations or the bylaws, it is deemed to have been received by the person 7 days after the date on which it was mailed if it was sent by registered mail, . . . in the case of a document to be delivered to a registrant, to the last address for the registrant recorded in the register referred to in section 21(2). . ." A legal address is required (i.e., no post office boxes except for rural addresses in which case both a land address and post office box are required).
<b>2. Change of Address where Records are Kept or Change of Directory Address</b>	Registrants should indicate such changes in the space provided on the renewal form.
<b>3. Change of Name</b>	Registrants who have changed their name over the past year are required to review the Name Act and the requirements of the BC Vital Statistics Agency, and provide the appropriate documentation to support a legal name change. See the following document available on the College website for the name change policy: <a href="http://www.collegeofpsychologists.bc.ca/documents/ACF886.pdf">http://www.collegeofpsychologists.bc.ca/documents/ACF886.pdf</a>
<b>4. Change of Registration Categories</b>	Registrants moving to the Limited Register - Out of Province or Limited Register - Non-Practicing must provide the supporting documentation as above. Registrants who were on the Limited Register - Non-Practicing due to medical reasons must submit documentation attesting to their readiness to resume the practice of psychology if they are planning to move to the Full Register.
<b>5. Change of Credentials</b>	Registrants who are currently registered at the masters' level and wish their registration status to reflect a recently acquired doctorate degree must make a written request to have the doctorate reviewed by the Registration Committee. The request must include an original transcript sent directly to the College by the degree-granting institution. The doctorate degree will be reviewed according to current registration criteria (available on the College website under Applications).
<b>6. Change of Area of Practice</b>	At renewal, registrants sign an attestation declaring their competence in one or two areas of practice. The self-declared areas of practice will be listed on the renewal form. Any changes or additions will be reviewed by the Registration Committee and registrants may be asked to submit documentation to support the change.



College of Psychologists of British Columbia

Suite 404, 1755 West Broadway, Vancouver, BC V6J 4S5

Telephone: (604) 736-6164 (800) 665-0979 (BC only) Facsimile: (604) 736-6133 [www.collegeofpsychologists.bc.ca](http://www.collegeofpsychologists.bc.ca)