



Chronicle

College of Psychologists of British Columbia

NEWS AND INFORMATION FROM THE COLLEGE OF PSYCHOLOGISTS

Volume 12 • Number 4 • Fall 2011

Letter from the Chair of the Board

Dear Registrants,

I am pleased to have the opportunity to share some thoughts with you in this issue of the *Chronicle* devoted to the topic of "Integrating Psychology into Primary Care: Regulatory Challenges". As I conclude a two year term as Chair of the College Board, I have had the opportunity to observe a number of significant changes regarding the regulation of our profession. I am proud of the way in which the College, and the Registration Committee in particular, has met the challenge of keeping up with public policy trends with regard to increasing access to psychological services through the proposal of establishing new limited classes of registration. This proposal, along with the proposed general bylaw changes, is working its way through the various stages of approval and will be posted for registrant and public comment in the coming months. I encourage all registrants to read through the proposal with care, and provide feedback and constructive comment at that time.

Another major challenge set out by trends in public policy and related changes to the governing legislation has to do with "collaborative care" – and the advantages and obligations of working collaboratively with other health professions, in particular – in the area of integrating psychology into primary care. All health colleges now have the legal objective of establishing "collaborative relations with other colleges established under the *Health Professions Act*, regional health boards designated under the *Health Authorities Act* and other entities in the Provincial health system, post-secondary education institutions and the government" as well as establishing "interprofessional collaborative practice

between its registrants and persons practicing another health profession".

For this reason, the College held the first of several "focus discussion groups" on this topic. On September 14, 2011, over thirty colleagues attended on the topic of the integration of psychology into primary healthcare in British Columbia and the regulatory challenges of the collaborative care model.

The College of Psychologists of British Columbia is committed to examining the role of psychologists in these new models to ensure the ongoing protection and safety of patients. While the current *Code of Conduct* does address the provision of psychological services as part of a professional team, it is timely to consult with select registrants (both practitioners and academics) who might have insight through their practice or study into the increasingly complex professional relationships these new models bring.

I encourage any colleague who has views on the regulation of this important new challenge for psychologists to submit your thoughts in writing to the College and to attend an upcoming discussion on the topic.

Another object of the College is to ensure the "ability of its registrants to respond and adapt to changes in practice environments, advances in technology and other emerging issues". Stay tuned as the Quality Assurance Committee is actively reviewing the development of a workshop on that topic.

There are two positions open on the Board for a three-year term. Both incumbents, Drs. Leora Kuttner and Russell King, have indicated that they will again stand for election. Election materials are included with this

Chronicle. All full registrants are encouraged to consider involvement in the College in this or other roles. Nominations for open positions on the Board will be accepted up to November 4, 2011.

Finally, registrants are reminded that the deadline for registration renewal is December 30, 2011, given that December 31 will fall on the weekend. A renewal notice is included in this edition, and your renewal package will be mailed to you around mid-November. Information about a new option of online renewal is included in this edition of the *Chronicle*. Registrants are strongly encouraged to participate in this inaugural year of online renewal. All registrants, using the regular or online option, are responsible for ensuring that a complete renewal package, including payment, is received at the College by the December 30, 2011 deadline, as December 31 will fall on the weekend this year. Those not meeting this requirement will be removed from the College register as per section 21(3) of the *Health Professions Act*.

On behalf of the Board, I encourage each of you to read the materials being sent to you by the College, to attend information meetings, to monitor the College website for announcements and information, and to provide your feedback regarding the important changes under consideration. We all need to put our heads together to meet the challenges that lay ahead.

Respectfully submitted,
Michael F. Elterman, M.B.A., Ph.D., R.Psych.

College Board

- John Carter, Ed.D., R.Psych.
- Michael F. Elterman, M.B.A., Ph.D., R.Psych.
- Michael Fellman – Public Member
- J. Dean Readman – Public Member
- Henry Harder, Ed.D., R.Psych.
- Jenelle Hynes – Public Member
- Russell King, Psy.D., R.Psych.
- Leora Kuttner, Ph.D., R.Psych.
- Hendre Viljoen, Ph.D., R.Psych.

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Integrating Psychology into Primary Care: Regulatory Challenges

With the release of the “Primary Health Care Charter: A Collaborative Approach” in 2007, the British Columbian government signalled a move toward a patient-centred approach that places high value on the integration of professional health services through coordinated teams. Since the introduction of the Charter, significant progress has been made in implementing the expressed principles. In 2008, the first twenty-five Integrated Health Networks were launched, providing coordinated health services to patients living with chronic diseases. In 2010, an investment of \$137 million was made to strengthen service delivery through an integrated model of primary and community care called Divisions of Family Practice. In these new models of practice, patients and their family physicians are encouraged to collaborate on an integrated health care plan with a dedicated team of appropriate health care professionals.

Psychologists must anticipate being a part of these integrated health care teams in the future.

In other provinces where similar initiatives have been launched, including Ontario and Alberta, psychologists are becoming recognized as an important part of Family Health Teams and Primary Health Networks. Here in British Columbia, the BC Psychological Association has had preliminary discussions with representatives of the Integrated Primary and Community Care Plan regarding the role of psychologists as collaborators within the newly established Divisions of Family Practice.

The arguments for an explicit inclusion of psychological services in this new model of care are strong. Anxiety, depressive, and addictive disorders are each associated with high levels of utilization of health care services, and numerous studies have shown psychological interventions at the first point of access in the system – primary care – will result in lower healthcare costs. Treating mood disorders can significantly affect the course of many illnesses, including cardiovascular disease, Alzheimer’s, chronic pain, diabetes, and cancer. The

knowledge that behaviours that negatively impact on health, including tobacco use, diet and activity patterns, sexual behaviour, and alcohol and drug use, are changeable through psychological interventions is important to government’s grappling with the prospect of mounting healthcare costs in increasingly tight fiscal circumstances.

Public awareness of the data supporting a higher reliance upon psychological interventions to improve health outcomes and address cost pressures is increasing, and this awareness is being felt in the political realm as well. During the recent BC Liberal leadership contest, for example, the role of psychologists in an integrated team approach was included in discussions about where the BC health system might go in the future.

It is prudent for the College of Psychologists of British Columbia to examine the role of psychologists in these new models to ensure the ongoing protection and safety of patients.

Integrating Psychology into Primary Health Care

The Empirical Literature: A Brief Review

Here are just a few highlights of the empirical research literature on the importance of psychology practice to integrated healthcare:

Importance of psychology in the management of chronic conditions:

Chronic physical health conditions are a known burden to the healthcare system. As one example, hypertension has been a leading medical diagnosis with healthcare visits for this problem increasing 50% since 1995. In 82% of cases, medications were prescribed (IMS Health Canada, 2002). It is important to note that in many instances the development of chronic health conditions is not inevitable. Hypertension is highly related to lifestyle issues, particularly obesity, sedentary lifestyle, stress, and alcohol consumption. Psychological interventions in lifestyle management have been found significantly to reduce and to control hypertension, yet in most cases, patients do not access these services (Hunsley, 2002).

Relevance of psychological interventions on behavioural change:

It is clear that numerous behaviours known to impact negatively on health are changeable, including tobacco and alcohol use, diet and activity patterns, sexual behaviour, and illicit drug use, to name a few. The psychological literature provides evidence demonstrating that psychological interventions are highly

effective in preventing and modifying these health damaging behaviours which are known contributors to disease, disability, and premature death (Andersen, 2002; Blumenthal, *et al.*, 2002; Dubbert, 2002; Gonder-Frederick, Cox & Ritterband, 2002; Kelly & Kalichman, 2002; Kiecolt-Glaser *et al.*, 2002; Niaura & Abrams, 2002; Turk & Okifuji, 2002).

Timely intervention:

Anxiety, depressive, and addictive disorders are each associated with high levels of utilization of primary, specialty, and emergency medical care (Ford, *et al.*, 2004; 2005; O’Toole, *et al.*, 2007), and these disorders are amongst the most well studied and treatable psychological disorders a physician will encounter (Chambless & Ollendick, 2001; Deacon & Abramowitz, 2004; Norton & Price, 2007). Depression has long been known as a cardiac risk factor (Frasure-Smith & Lesperance, 2005) and evidence suggests that mood disorders significantly affect the course of many other medical illnesses, including cerebrovascular disease, Alzheimer’s, chronic pain, diabetes, and cancer (Evans, *et al.*, 2005). A key study from the Health Enhancement Research Organization (HERO) in Birmingham, Alabama, demonstrated that primary care patients receiving psychological interventions needed fewer hospitalizations and emergency

room visits. Importantly, this study also found that health care costs increased dramatically when stress and depression went untreated. The study included over 46,000 workers at several major U.S. companies. Results revealed that medical costs were 70% higher among individuals with untreated depression and 46% higher among individuals reporting uncontrolled and untreated stress. In fact, depression and stress were the primary predictors of total health care costs (Goetzl *et al.*, 1998).

Reducing demands on the system:

In their review, Kaplan and Groessl (2002) identified 19 cost-effectiveness studies in behavioural medicine, concluding that psychological interventions reduce utilization of health care services. Active behavioural health treatment of patients with diagnosed mental health disorders and those who are presenting for medical treatment can off-set medical costs. It has been reported that, on average, savings resulting from implementing psychological interventions is estimated to be approximately 20%. Moreover, this dollar savings remains substantial even when the cost of providing the psychological services is accounted for (Chiles, Lambert, & Hatch, 1999).

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Importance of early introduction of psychological intervention:

Research findings provide a compelling demonstration of the value of psychological interventions at the first point of access in the system – primary care (Blount *et al.*, 2007). Patients seeking care for medically unexplained physical symptoms pose a major challenge at primary care sites. Escobar *et al.* (2007) demonstrated that a short term cognitive-behavioural intervention, delivered as part of these patients' primary care, significantly ameliorated the unexplained physical complaints. Another study (Abbass *et*

al., 2009) addressed the issue of emergency room visits by individuals with medically unexplained symptoms. Consistent with other findings, timely short term psychological therapy reduced both symptoms and the frequency of such emergency room visits.

The regulation of psychology must take these important facts into account in ensuring standards for collaborative service delivery. While advocacy efforts are appropriately in the hands of the professional association (BCPA) and the Canadian Psychological Association, the profession as a whole is uniquely positioned to assist with the government

objectives of appropriate access to healthcare and simultaneous cost containment.

Psychologists are extensively trained in evidence-based interventions for mental health conditions, and for addressing behavioural changes associated with improved physical health outcomes.

The College of Psychologists of British Columbia is committed to developing appropriate standards of conduct and a regulatory framework to ensure the safe and effective contribution of the profession to the health of British Columbians.

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Reminder:

Renewal materials will be mailed by the third week in November along with instructions for online renewal and payment.

Renewal deadline is December 30, 2011 as December 31 will fall on the weekend.

Please contact the College if you have not received your package by November 23, 2011.

Website and Online Directory

The College has now published the Directory of Registrants on the College website such that the public contact information, provided voluntarily by registrants for this purpose, is now easily accessible to the public.

In 2012 and as part of the new online renewal option, registrants will be able to make all address changes online.



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IMPORTANT ANNOUNCEMENT:



Online Renewal

This is the inaugural year for online renewal. All registrants are encouraged to take advantage of the online option. Although it is anticipated that the online renewal experience will be smooth and uneventful, special office hours will be established to guide registrants through the process if questions arise. As with anything new, we thank registrants for their patience as we introduce the online process. While registrants will have the option this year of submitting paper renewal materials, the College hopes to phase out that option where feasible for renewal 2013.

Instructions for renewing online will be included with your renewal package which will be mailed by the third week in November. If you have not received your renewal package by November 23rd, 2011, please contact the College office.

Update from the Quality Assurance Committee

Workshops:

The Quality Assurance Committee plans to focus its workshop development efforts on the most recent "objects" of the Colleges under the *Health Professions Act* having to do with collaborative care and new modes of service delivery. Specifically, Section 16 of the *Act* now requires that the regulated health Colleges promote and enhance the following:

(i) collaborative relations with other colleges established under this Act, regional health boards designated under the Health Authorities Act and other entities in the Provincial health system, post-secondary education institutions and the government;

(ii) interprofessional collaborative practice between its registrants and persons practising another health profession;

(iii) the ability of its registrants to respond and adapt to changes in practice environments, advances in technology and other emerging issues.

Stay tuned for information about upcoming workshops on these topics.

Revisions to the Code and Practice Advisories:

The Board of the College has approved a proposal of the Quality Assurance Committee to undertake revisions to the *Code of*

Conduct. The primary focus of the revisions is to integrate the Practice Advisories, both those enacted and those remaining in draft form, into the *Code of Conduct* as standards, where appropriate. The main rationale for this change is feedback from registrants indicating that several of the advisories were, in fact, cumbersome rather than helpful. In response, the current revision will attempt to integrate those aspects of the advisories that are appropriate to include as *Code* standards into the *Code* itself. Where appropriate, a checklist or template document will be developed and issued by the Practice Support Service. Once the first round of revisions is complete, the draft will go back to the Board to obtain approval to post the revisions online for registrant feedback and comment.

Renewal materials and payment due December 30, 2011 as December 31 will fall on the weekend. There is no fee increase for 2012.

Annual Registration Renewal Policies (Renewal Deadline: DECEMBER 30, 2011)

(Reminder: December 31 will fall on the weekend)

A. General Requirements (see Bylaw 53)

1. Due Date: The following is due at the College office on or before December 30 as December 31 will fall on the weekend:

- (1) registration renewal package including signed attestation (Form A) (online or paper) and all the information requested therein (including any updates to this information)
- (2) Continuing Competency Attestation (Form B) (online or paper),
- (3) renewal fee paid via cheque, online payment, or money order.

2. Reinstatement: The registrar must cancel the registration of a registrant who has failed to pay a renewal fee or another fee within the required time: see *Health Professions Act*, 21 (3). Registrants should also refer to Bylaw 53(3)(g) which requires payment of any "outstanding fees, levies or debts owed to the College".

3. Possible Disciplinary Action: Individuals who have been removed from the Register but continue to practice will be considered in violation of the *Psychologists Regulation* and the *Code of Conduct*.

4. Annual Certificate: Please see Bylaw 53(8). Registrants will receive an annual registration certificate by mail at the completion of renewal. Additional copies of certificates can be requested for a fee from the College office. Bylaw 53(8) requires that current certificates be prominently displayed.

B. Fees

1. No Late Payments: The College can accept cheques post-dated no later than December 30, as December 31 will fall on the weekend. Please see HPA s. 21(3)(b).

2. Amount Due: As noted above, Bylaw 53(3) paragraphs (g) and (h) require every registrant to deliver the amount of any outstanding fees, levies, or debts owed to the College, as well as applicable fees for renewal, in order to maintain registration. The full amount for renewal is due on or before December 30, as December 31 will fall on the weekend. The College does not accept or provide for payment plans.

3. Returned Cheques: 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. Registrants who fail to pay all fees owing by the deadline will have their registration cancelled as per HPA s.21(3)(b).

4. Paying Online: Registrants are invited to submit their renewal fees by using the online payment option of any of the following: Royal Bank of Canada, Scotiabank, Bank of Montreal, Toronto Dominion Bank/Canada Trust, HSBC, CIBC, or credit unions. Your invoice number is your four digit registration number. Follow the instructions of your online banking program, select the College of Psychologists of BC as your payee, and print off the receipt of your payment for inclusion with your renewal materials.

C. Professional Executor – Registrants are required to provide updated information regarding their professional executor, or to attest that information they previously supplied to the College remains unchanged.

D. Supporting Documents

1. Quality Assurance Committee Continuing Competency Program: Registrants requesting a partial exemption from the Program's requirements due to parental leave, medical reasons, or disability must submit a letter from a physician.

2. Out of Province: Registrants placing themselves in the Out of Province category must submit documentation of their registration/ licensure to practice psychology by a regulatory body in the other jurisdiction.

3. Non-Practicing: Registrants moving into the non-practicing category for medical reasons should provide a physician's note.

4. Moving to Active Practice: Registrants who were 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 Active Practice.

E. Changes/Additions to Information on the Renewal Form

1. Change of Register Address: Registrants should refer to HPA ss. 21(2) and 54(1), and Bylaw 50(3). An address for physical premises is required (i.e., post office boxes are not acceptable, except for rural addresses, in which case a registrant should provide both a land address and a post office box).

2. Change of Address where Records are Kept or Change of Directory Address: Registrants should indicate such changes in the space provided on the renewal form or online.

3. Change of Name: Registrants who have changed their legal name over the past year under the *Name Act* must provide the College with their full legal names for inclusion on the Register. The College may request supporting documentation. Registrants who have adopted new professional, business, or trade names, as a result of marriage or otherwise, must also provide these names the College, exactly as spelled or punctuated in actual use.

4. Change of Registration Category:

a) Registrants moving categories must provide supporting documentation as above in Section D.

b) Registrants wishing to remain in the Non-Practicing category beyond the current two-year limit should submit a written request to the College. All registrants who were 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 active practice.

c) Registrants seeking to move from the Retired category to active practice should make a written request to the Registration Committee. The Committee will review the registrant's length of time away from active practice, current competence, and fitness to practice in evaluating the request to resume active practice.

5. Change of Credentials: Registrants who are currently registered at the master's 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 "Applying for Registration").

6. Change of Area of Practice: Registrants should refer to Bylaw 52, and *Code of Conduct* Standard 3.3. Competence to practice in an area requires a combination of training, education, and experience. Requests to change or add an area of practice will be reviewed by the Registration Committee and registrants may be asked to submit documentation to support the change.

Integrating Psychology into Primary Care

Psychologists, and the practice of psychology, have recently been a topic of interest in the political arena with respect to health care reform and cost containment.

... [O]ur primary care system relies solely on doctors. We need to integrate other practitioners in to primary care. Patients with chronic diseases need assistance that goes beyond medicine. They need help with fitness, diet, complying with treatment, accessing service and many other things

We need to explore the role of psychologists in primary care. There are a number of studies showing that the timely use of psychologists can reduce primary, specialty and emergency medical care costs for a wide range of disorders....

These excerpts are part of the speech given by Dr. Moira Stilwell in her bid to become head of the provincial Liberal Party. The full text of her January 25, 2011 speech on HealthCare Reform in British Columbia can be found at www.moirastilwell.com.

No Fee Increase for 2012

The Board is pleased to announce that there is no anticipated fee increase for the 2012 year. Fees remain at \$1200.00 for active registration.

Questions about a company name?

The College frequently receives requests from registrants or their lawyers requesting approval for a company name.

Although Part 4 of the *Health Professions Act* deals with "Health Professions Corporations", it is important to recognize that the provisions of Part 4 have no application to the profession of psychology, and that the College has no authority to issue health profession corporation permits under Part 4, because the Minister of Health has decided not to enact any regulation under section 50(2)(a) making the provisions of Part 4 applicable to the profession of psychology under section 41.

The following concerns are, however, within the College's regulatory mandate under the *Act*, and are the primary considerations that guide the College's response to such requests:

1. that any use of a reserved title protected under the *Psychologists Regulation* is consistent with the requirements of section 12.1 of the *Act*; and
2. that registrants do not use corporate names in a way that would offend the College's advertising-related standards in Part 10 of the *Code of Conduct* (specifically, 10.1, 10.11, and 10.16).

In this context, when registrants inform us that non-registrants are part of the company they seek to incorporate (e.g., shareholders, directors, or employees), the College may express its reasonable concern about a non-registrant providing psychological services on behalf of a corporation that uses a reserved title in its corporate name, especially in circumstances where members of the public could be misled (expressly or implicitly) into thinking that the non-registrant is actually a

registrant of the College or associated with the College.

With regard to the second consideration, the College may also express its reasonable concern if it appears a company name may be inconsistent with the *Code of Conduct*. Included among the relevant *Code* standards are 10.1, 10.11, and 10.16:

10.1 Misleading information –

A registrant must not include false or misleading information in public statements concerning psychological services he or she offers.

10.11 No misrepresentation of registration –

A registrant must not permit, counselor assist those who are not registrants to, represent, promote or advertise him- or herself as a registrant.

10.16 No false or deceptive statements –

A registrant must not make public statements that are false, deceptive, misleading, or fraudulent, because of what he or she states, conveys, or suggests, or because of what he or she omits, concerning his or her research, practice, or other work activities or that of persons or organizations with which he or she is affiliated. As examples, and without limiting this standard, a registrant must not make false or deceptive statements concerning his or her



- (a) training, experience, or competence
- (b) academic degrees and credentials,
- (c) institutional or association affiliations,
- (d) fees,
- (e) scientific or clinical basis for, or results or degree of success of his or her psychological services, and
- (f) publications or research findings.

Registrants added to the register since the last *Chronicle*

Badali, Melanie Anne
Blackwell, Ekin
Brook, William Samuel
Carter, Alina Erin
Chen, Mandy (Yao-Min)
Eriksen, Shauna Grace
Forster, Erika Mireille
Graham, Matthew
Herbert, Katherine Ellen Dorothy
Howell, Teresa Mary

Hunt, Susan Caroline
Jones, Patricia Ann
Kavanagh, Kelly Ann
Langill, Michelle Anastasia
Macarthur, Yvette
McLewin, Lise Anique
Mead-Wescott, Larissa Araxe
Murray, Edward
Ng, Charlotte Yuk Yi
Peled, Maya

Rae-Seebach, Raazhan Darleen
Roberge, Paul Robert
Sehrbrock, Joachim
Spadafora, Alison
Steiger, Andree Rebecca
Thomas, Lindsey Anne
Todd, Karen Lee
Van Bruggen, Lisa Kareen
Wittenberg, Dana Rachael

 *In Memoriam* – Shepard, Robert Hugh 

**Renewal materials and payment due December 30, 2011 as December 31 will fall on the weekend.
There is no fee increase for 2012.**



Information Meetings

Please come to be informed about the status of the College's proposal regarding new classes of registration and regulatory challenges of collaborative care.

Vancouver:

November 17, 2011 – 6:00 to 8:00 p.m.

The Arbutus Club

2001 Nanton Avenue, Vancouver, BC

A light dinner will be available.

Victoria:

November 30, 2011 – 5:00 to 7:00 p.m.

Queen Alexandra Centre for Children's Health

2400 Arbutus Road, Victoria, BC

A light dinner will be available from 4:30 p.m.

Please RSVP if you plan to attend one of these meetings:

By Telephone: (604) 736-6164 or Toll-free in BC: (800) 665-0979
and press 307 when the auto-attendant picks up to leave a message.

By Fax: (604) 736-6133

Please note that these information meetings are for registrants only.

If you are interested in having an information session in your area (Groups of 10 registrants or more), please contact the College.

Correction

The title of minutes on page 20 of the Annual Report should read:
Minutes of the Annual General Meeting for the 2009 year - May 28, 2010

 **College of Psychologists of British Columbia**

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