



College of Psychologists of British Columbia

Annual Report 2009

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www.collegeofpsychologists.bc.ca

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INTRODUCTION TO THE COLLEGE OF PSYCHOLOGISTS OF B.C. 2009 ANNUAL REPORT

MANDATE

To regulate the profession of psychology in the public interest in accordance with the Health Professions Act of British Columbia by setting the standards for competent and ethical practice, promoting excellence and taking action when standards are not met.

This 2009 Annual Report provides a summary of the College's regulatory activities for the 2009 year, including reports on the processing of applications for registration from Canadian and international applicants, the investigation of complaints from the public of British Columbia about services received from a Registrant of the College, and activities to enhance the competency and level of practice of Psychologists.

Readers of this report are also encouraged to visit the College's website for copies of the Annual Reports of previous years, the Chronicle publication, and other information and resources about the regulation of the profession of Psychology in British Columbia.

www.collegeofpsychologists.bc.ca

The College is committed to meeting its public protection mandate with professionalism, objectivity, transparency, accountability, stakeholder involvement/participation, and clear communication. The College is especially pleased to provide in this report information about efforts in the 2009 year to increase policies and activities to enhance 1) mobility in psychology across the country, 2) the accessibility of its website and application processes to foreign trained applicants, and 3) accountability to the new Health Professions Review Board. Questions about this report or other College publications or activities are invited in writing to the College.

**2009 BOARD, STAFF, COMMITTEE MEMBERS, SUPERVISORS,
ORAL EXAMINERS AND NEW REGISTRANTS**

BOARD

Rebecca England, Ph.D., R.Psych., Chair of the Board, Finance Committee
John Carter, Ed.D., R.Psych., Chair, Finance Committee
Lee Cohene, Ph.D., R.Psych., Chair, Quality Assurance Committee
Daniel Fontaine, Public Member, Chair, Patient Relations and Discipline Committees
Marguerite Ford, Public Member, Vice Chair of the Board, Inquiry Committee
Henry Harder, Ed.D., R.Psych. (From December 15, 2009)
Russell King, Psy.D., R.Psych., Chair, Inquiry Committee
Leora Kuttner, Ph.D., R.Psych., Quality Assurance Committee
Wayne Morson, Public Member, Chair, Registration Committee and Finance Committees
Valerie Whiffen, Ph.D., R. Psych., Registration Committee (until December 15, 2009)

STAFF MEMBERS AS AT DECEMBER 31, 2009

Andrea M. Kowaz, Ph.D., R.Psych., Registrar
Lysandra Bumstead, M.A., Project Analyst
Naomi Clarke, Registration Coordinator
Lucas M. Cupps, Director of Investigations
Amy S. Janeck, Ph.D., R.Psych., Deputy Registrar
Susan D. Turnbull, Ph.D. R.Psych, Deputy Registrar
Susan D. Wynn, Registrar's Assistant

DISCIPLINE COMMITTEE

Wayne Morson, Public Member, Chair
Michael Fellman, Public Member
Henry Hightower, Public Member
Stacy Sprague, Ph.D., R.Psych.
Bruce Clark, Public Member
Daniel Fontaine, Public Member
Ingrid Söchting, Ph.D., R.Psych.
Lynn Superstein-Raber, Ph.D., R.Psych
Cheryl Washburn, Ph.D., R.Psych.

INQUIRY COMMITTEE

Russell King, Ed.D., R.Psych., Chair
Anthony Dugbartey, Ph.D., R.Psych.
Lindsay Jack, Ph.D., R.Psych.
Donna Paproski, Ph.D., R.Psych.
Kirk Beck, Ph.D., R.Psych.
Marguerite Ford, Public Member
Marlene Moretti, Ph.D., R.Psych.
Judy Thau, Public Member
Francesca Zumpano, Public Member

QUALITY ASSURANCE COMMITTEE

Lee Cohene, Ph.D., R.Psych., Chair
Chris Gibbins, Ph.D., R.Psych.
Leora Kuttner, Ph.D., R.Psych.
Michal Regev, Ph.D., R.Psych.
Santa Aloj, Public Member
Sandy James, Public Member
Kathy Montgomery, Ph.D., R.Psych.
Runa Steenhuis, Ph.D., R.Psych.

REGISTRATION COMMITTEE

Wayne Morson, Public Member, Chair
Michael Elterman, Ph.D., R.Psych.
Sandy Gardner, Ph.D., R.Psych.
Robert Ley, Ph.D., R.Psych.
Marion Ehrenberg, Ph.D., R.Psych.
Michael Fellman, Public Member
Henry Hightower, Public Member
Cheryl Washburn, Ph.D., R.Psych.
Valerie Whiffen, Ph.D., R.Psych.

PATIENT RELATIONS COMMITTEE

Daniel Fontaine, Public Member, Chair Rebecca England, Ph.D., R.Psych. Lee Cohene, Ph.D., R.Psych.

FINANCE COMMITTEE

John Carter, Ed.D., R.Psych., Chair
Daniel Fontaine, Public Member
Rebecca England, Ph.D., R.Psych.
Wayne Morson, Public Member

REGULATORY SUPERVISORS APPOINTED THROUGH DECEMBER 31, 2009

Lynn Alden, Ph.D., R.Psych.	Victoria Alfonso, Ph.D., R.Psych.	Elizabeth Bannerman, Ph.D., R.Psych.
Susan Baum, Ph.D., R.Psych.	Michael Boissevain, Ph.D., R.Psych.	Cheryl Lynn Bradley, Ph.D., R.Psych.
Robert Carey, Ph.D., R.Psych.	Sarah Cockell, Ph.D., R.Psych.	Catherine Costigan, Ph.D., R.Psych.
Joanne Crandall, Ph.D., R.Psych.	Patricia (Trish) Crawford, Ph.D., R.Psych.	Susan Cross, Ph.D., R.Psych.
Maureen Godfrey, Ph.D., R.Psych.	Lynda Grant, Ph.D., R.Psych.	Joy Green, M.A., R.Psych.
Lee Grimmer, Ph.D., R.Psych.	Simon Hearn, Ph.D., R.Psych.	Michael Joschko, Ph.D., R.Psych.
Krystyna Kinowski, Ph.D., R.Psych.	Rita Knodel, Ph.D., R.Psych.	William Koch, Ph.D., R.Psych.
Mary Korpach, Ph.D., R.Psych.	Stephen Lustig, Ph.D., R.Psych.	Barbara Madani, M.A.Sc., R.Psych.
Todd Mason, Ph.D., R.Psych.	Laurel Lee Mayo, Ph.D., R.Psych.	Jennifer McIvor, Psy.D., R.Psych.
Deborah McTaggart, Ph.D., R.Psych.	Alison Miller, Ph.D., R.Psych.	Laura Mills, Ph.D., R.Psych.
Bruce Monkhouse, Ph.D., R.Psych.	Tavi Nicholson, Ph.D., R.Psych.	Martin Phillips-Hing, Ph.D., R.Psych.
Lyne M. Piché, Ph.D., R.Psych.	Ann Pirolli, Ph.D., R.Psych.	Donald Read, Ph.D., R.Psych.
Anneliese Robens, Ed.D., R.Psych.	Michal Regev, Ph.D., R.Psych.	James Roche, Ph.D., R.Psych.
Susanne Schibler, Ph.D., R.Psych.	Noa Schwartz, Ph.D., R.Psych.	John Spencer, Ph.D., R.Psych.
Sujatha Srikameswaran, Ph.D., R.Psych.	Harilaos Stefanakis, Ph.D., R.Psych.	Janet Strayer, Ph.D., R. Psych.
Paul Sungaila, Ph.D., R.Psych.	Lynn Superstein-Raber, Ph.D., R.Psych.	Karen Tallman, Ph.D., R.Psych.
Allan Thornton, Ph.D., R.Psych.	Janice Thompson, Ph.D., R.Psych.	Rene Weideman, Ph.D., R.Psych.

ORAL EXAMINERS APPOINTED THROUGH DECEMBER 31, 2009

Victoria Alfonso, Ph.D., R.Psych.	Verna-Jean Amell, Ph.D., R.Psych.	Randall Atkinson, Ph.D., R.Psych.
Mark Bailey, Ph.D., R.Psych.	Susan Baum, Ph.D., R.Psych.	Barbara Beach, Ph.D., R.Psych.
Carole Bishop, Ph.D., R.Psych.	Susan Blake, Ph.D., R.Psych.	Michael Boissevain, Ph.D., R.Psych.
Geoffrey Carr, Ph.D., R.Psych.	Robert Colby, M.A., R.Psych.	Michael Coles, Ph.D., R.Psych.
Constance Coniglio, Ed.D., R.Psych.	Evelyn Corker, M.A., R.Psych.	Joanne Crandall, Ph.D., R.Psych.
Patricia (Trish) Crawford, Ph.D., R.Psych.	David Eveleigh, Ph.D., R.Psych.	Jean Laura Ferri, Ph.D. R.Psych.
Mervyn Gilbert, Ph.D., R.Psych.	Maureen Godfrey, Ph.D., R.Psych.	Brian Grady, Ph.D., R.Psych.
Joy Green, M.A., R.Psych.	Susan Hackett, Ph.D., R.Psych.	Jordan Hanley, Ph.D., R.Psych.
Simon Hearn, Ph.D., R.Psych.	John Higenbottam, Ph.D., R.Psych.	Grace Hopp, Ph.D., R.Psych
Charlotte Johnston, Ph.D., R.Psych.	David Katz, Ph.D., R.Psych.	Margaret Kendrick, Ph.D., R.Psych.
Brenda Knight, M.A., R.Psych.	Brenda Kosaka, Ph.D., R.Psych.	Randall Kropp, Ph.D., R.Psych.
Ulrich Lanius, Ph.D., R.Psych.	Ronald Laye, Ph.D., R.Psych.	Phillipa Lewington, Ph.D., R.Psych.
Wolfgang Linden, Ph.D., R.Psych.	Anne MacGregor, Ed.D., R.Psych.	Barbara Madani, M.A.Sc., R.Psych.
Jane McEwan, Ph.D., R.Psych.	Deborah McTaggart, Ph.D., R.Psych.	Gregory Meloche, Ph.D., R.Psych.
Nancy Meyer, Ph.D., R.Psych.	Laura Mills, Ph.D., R.Psych.	Jennifer Newman, Ph.D., R.Psych.
Martin Phillips-Hing, Ph.D., R.Psych.	Lyne Piché, Ph.D., R.Psych.	Donald Ramer, Ph.D., R.Psych.
Anneliese Robens, Ed.D., R.Psych.	Barbara Rosen, Ph.D., R.Psych.	Deborah Samsom, Ph.D., R.Psych.
Ronald Samuda, Ph.D., R.Psych.	Susanne Schibler, Ph.D., R.Psych.	Myron Grant Schimpf, Ph.D., R.Psych.
Noa Schwartz, Ph.D., R.Psych.	Heather Scott, Ph.D., R.Psych.	Whitney Sedgwick, Ph.D., R.Psych.
Kathleen Simas, Ph.D., R.Psych.	Cecelia Louise Smith, M.Sc., R.Psych.	Meagan Smith, Ph.D., R.Psych.
Ingrid Söchting, Ph.D., R.Psych.	Sujatha Srikameswaran, Ph.D., R.Psych.	Runa Steenhuis, Ph.D., R.Psych.
Harilaos Stefanakis, Ph.D., R.Psych.	Rhona Steinberg, Ph.D., R.Psych.	Janet Strayer, Ph.D., R.Psych.
Paul Sungaila, Ph.D., R.Psych.	Lynn Superstein-Raber, Ph.D., R.Psych.	Paul Swingle, Ph.D., R.Psych.
Karen Tallman, Ph.D., R.Psych.	Joyce Ternes, Ph.D., R.Psych.	Inna Vlashev, Ph.D., R.Psych.
Larry Waterman, Ph.D., R.Psych.	Rene Weideman, Ph.D., R.Psych.	Malcolm Weinstein, Ph.D., R.Psych.
Maureen Whittal, Ph.D., R.Psych.	Ursula Wild, Ph.D., R.Psych.	Marshall Wilensky, Ph.D., R.Psych.
Rosemary Wilkinson, Ph.D., R.Psych.	Sheila Woody, Ph.D., R.Psych.	Arianna Yakirov, Ph.D., R.Psych.

NEW REGISTRANTS - 2009

Melis Alkin, Psy.D., R.Psych.
Betty (A.E.) Andersen, M.A., R.Psych. Assoc.
Dona Elizabeth Billingsley, M.Ed., R.Psych. Assoc.
Carmen Frances Caelian, Ph.D., R.Psych.
Jesse Yip Chor Chan, M.A., R.Psych. Assoc.
Colin Bryce Comfort, Ph.D., R.Psych.
Sandra J. Cook, Ph.D., R.Psych.
Nicole Michelle Dorfan, Ph.D., R.Psych.
Renee-Louise M.L. Franche, Ph.D., R.Psych.
Karina Yolanda Fuentes, Ph.D., R.Psych.
Cheryl Darlene Guest, Ph.D., R.Psych.
Richard Lawrence Harrison, Ph.D., R.Psych.
Eugene William Hewchuk, Ph.D., R.Psych.
Maria Iaquinta, Ph.D., R.Psych.
Sandy A. Klar, Ph.D., R.Psych.
JoAnn Elizabeth Leavey, Ed.D., R.Psych.
Toupey Maree Luft, Ph.D., R.Psych.
Stephen Francis Maunula, M.Sc., R.Psych. Assoc.
Patrick Myers, Ph.D., R.Psych.
Luis Enrique Oliver, Ph.D., R.Psych.
Nancy Gail Prober, Psy.D., R.Psych.
Gillian Amanda Reynolds, Ph.D., R.Psych.
Judith Gail G. Schachter, Ph.D., R.Psych.
Noah David Silverberg, Ph.D., R.Psych.
Holly Jean Smith, Ph.D., R.Psych.
Barry Daniel Spriggs, M. Ed., R.Psych. Assoc.
Lisa Strickland-Clark, D.Clin.Psych., R.Psych.
Kathleen Ting, Ph.D., R.Psych.
Sara Jay White, Ph.D., R.Psych.

Deborah Margaret Amaral, Ph.D., R.Psych.
Jeremy Charles Anderson, Ph.D., R.Psych.
Kristin Elaine Marie Buhr, Ph.D., R.Psych.
Rosalind E. H. Catchpole, Ph.D., R.Psych.
Kenneth Dwight Cole, Ph.D., R.Psych.
Susan Anne Connelly, M.A., R.Psych. Assoc.
Daniel Raymond Dalton, Ph.D., R.Psych.
Ann-Louise Elizabeth Ellwood, Ph.D., R.Psych.
Roger Andreas Frie, Psy.D., R.Psych.
Joseph Richard Greene, M.Sc., R.Psych. Assoc.
Gina Louise Harrison, Ph.D., R.Psych.
Brian Ernest Heisel, Ph.D., R.Psych.
Pamela Elizabeth Hiramata, Ph.D., R.Psych.
Roy Mitchell Josephson, M.A., R.Psych. Assoc.
Vanessa R. Lapointe, Ph.D., R.Psych.
Marjolaine Michele Limbos, Ph.D., R.Psych.
Judith Marcy Magrill, Ph.D., R.Psych.
Jennifer Leah Mazur, Ph.D., R.Psych.
Rachel Nobel, Ph.D., R.Psych.
Inamarie Oppermann, M.A., R.Psych. Assoc.
Elizabeth Anne Pybus, M.Sc., R.Psych. Assoc.
David Allen Rose, Ph.D., R.Psych.
Susan Siklos, Ph.D., R.Psych.
Claire Surinder Sira, Ph.D., R.Psych.
Penny Lynn Sneddon, Ph.D., R.Psych.
Leonard Dean Stanley, Ph.D., R.Psych.
Dan Thachuk, M.Ed., R.Psych. Assoc.
Jennifer Louise Turner, M.Sc., R.Psych. Assoc.
Robert Zanatta, Ph.D., R.Psych.

REPORT FROM THE CHAIR

It was my pleasure to serve as Chair of the Board for the 2009 year and I am pleased to provide a report on College activities for January through December, 2009.

Information Meetings The Board held general information meetings in Vancouver on November 19, 2009, Victoria on December 2, 2009, and Nanaimo on December 3, 2009. A number of additional meetings were also held at registrant request during the year, including at: Adult Forensic Psychiatric Services; Maples Adolescent Treatment Centre; the University of British Columbia (on two occasions, for both the clinical and the counselling/school psychology programs); Simon Fraser University clinical program; WorkSafeBC; St. Paul's Hospital; Vancouver General Hospital (for psychology interns); the Correctional Service of Canada; Children's Hospital; with non-accredited training programs (including City University and the Adler School); and the Ministry for Children and Families Internship Consortium. The College also met with the Consultants to School Psychology Internship Consortium, and held a Foreign Trained Psychology Professionals Pre-Application Information Meeting. Given the importance for registrants to be informed and to participate in discussions regarding the regulation of the profession in British Columbia, the Board continues to remind registrants that it is willing to provide "individualized" information sessions to groups of registrants in particular work or geographic locations.

Annual General Meeting The Annual General Meeting was held in Vancouver on May 28, 2009. A video link was provided to Victoria, and registrants were also able to review the meeting via a webcast link posted to the College website. The continuing competency workshop presented by College counsel Lisa Fong was entitled: "*Reporting Requirements for Psychologists*". The AGM and workshop were made available to registrants after the AGM via the College website.

Board Elections A Call for Nominations was distributed to registrants in the Fall of 2009, to fill two elected positions on the Board. Nominations were received for two individuals. Acclaimed for three year terms were Michael Elterman, R.Psych. and Hendre Viljoen, R.Psych., with terms commencing January 1, 2010. Henry Harder, R.Psych. was appointed to the Board to fill a vacancy left by the resignation of Valerie Whiffen, R.Psych. in December, 2009. I would like to encourage registrants to becoming involved in the College and to consider running for the Board when such calls for nominations are sent out. A special thank you to all of the outgoing Board members of 2009: Lee Cohene, R.Psych., Marguerite Ford, and Valerie Whiffen, R.Psych.

Reviews of Committee Decisions One review of an Inquiry Committee decision on a complaint matter was heard by the Board in 2009. This review was requested by a complainant under the provisions of the previous version of the *Health Professions Act*. The Board upheld the decision of the Inquiry Committee based on a careful review of the process followed by the Committee and the documents before the Inquiry Committee when making its decision. As of March 16, 2009, changes to the *Health Professions Act* were enacted and the powers of review were transferred to the newly created Health Professions Review Board (HPRB).

Health Professions Review Board As of December 31, 2009 the College had 3 Inquiry matters and 2 Registration matters before the HPRB, with no decisions handed down in any of these cases. One additional Inquiry Committee decision appeal was opened and withdrawn by the complainant in 2009.

College Workshops College counsel Lisa Fong presented a workshop on "*Reporting Requirements for Psychologists*" immediately after the Annual General Meeting on May 28, 2009. Orientation workshops for new applicants and special information sessions for foreign applicants were also held during the 2009 year.

Strategic Planning The Board reviews the Strategic Plan on an ongoing basis. A copy is available on the website.

Participation with Local, National, and International Organizations The College has remained an active participant in the Health Regulatory Organizations (HRO), the Executive Directors and Regulators of the Health Professions, and the Association of Canadian Psychology Regulatory Organizations (ACPRO) (including proposing a plan for ACPRO to undertake a review of process for evaluating applicants for registration of Canadian jurisdictions, provided for under the Agreement on Internal Trade). The College remained an active member of the Association of State and Provincial Psychology Boards (ASPPB), and participated in ASPPB meetings in April in Boston, and in Coeur d'Alene in October. At the meeting in Coeur d'Alene, the Registrar was named an ASPPB Fellow in recognition of her contributions to the regulation of the profession.

Legal Consultation The College's use of legal services is divided into several main categories: A. Routine legal consultations for Inquiry and Registration Committees; B. General legal counsel (Board legal consultation, legal matters such as lawsuits against the College); C. Legal consultation on Freedom of Information requests; and D. Special legal

consultation on discipline matters, including preparation for, and the conducting of, extraordinary hearings of the Inquiry Committee, Discipline Committee hearings, and legal consultation for hearing panels. These various types of consultation are obtained through the services of a number of different individuals, as needed.

Code of Conduct and Practice Advisories The *Code of Conduct* that was first enacted in February 2002 was replaced on January 1, 2009 by a revised version. The 2009 *Code of Conduct* achieved: 1. Increased clarity and consistency of language; 2. Inclusion of identified evolving issues; 3. Integration of those aspects of Practice Advisories that rose to the level of *Code* standards in setting the conduct expected of registrants; and 4. Incorporation where possible of registrant comments and feedback since introduction of the previous *Code*. Work on Practice Advisories remains ongoing.

Legislative Changes The Board devoted considerable attention to changes that were enacted in 2009 to the legislation that governs the College, the *Health Professions Act*. Communication with registrants via the *Chronicle*, mail outs, information meetings, the AGM, and the website, and with the various College committees, was a focus of the Board to ensure that registrants were aware of the scope and nature of these changes. Public notification practices have been modified to ensure compliance with the revised requirements of the *Act*, and procedures have been adapted to respond to new timeline requirements for resolving complaints. The College participated in government-sponsored information sessions and also met with the Ministry for Labour and Mobility in an effort to prepare for the effects of the *Agreement on Internal Trade* (AIT) and the *Trade, Investment and Labour Mobility Act* (TILMA). The College remains committed to responding to issues pertaining to mobility to Canadian and foreign-trained applicants.

Other Activities The College was very active in developing the procedures required to become an inaugural participant in B.C.'s Community Healthcare and Resource Directory (CHARD) Agreement. The CHARD becomes operational in early 2010, and will assist family physicians in making referrals to other health care practitioners, including psychologists. The College provided evidence in a B.C. Supreme Court case regarding scope of practice of registrants under the *Health Professions Act* and the *Psychologists Regulation*. In response to registrant concerns, the College initiated a complaint against a registrant of the College of Physicians and Surgeons of Saskatchewan who appeared to be disclosing psychological test materials in a fashion that could undermine the reliability and validity of certain psychological tests. The College has been active in preparing to address government imperatives for collaborative health care, and attended a workshop on interprofessional practice in regulation. The College also attended a workshop for health profession regulators on boundaries, ethics, and professionalism. The College has been developing policies to enhance communication with individuals making complaints against registrants, is continuing to develop policies responsive to the challenges of an aging registrant population (including the new requirement for 2010 to name a professional executor), and provided a briefing paper on reporting requirements under the *Health Professions Act* to the other Health Colleges.

In closing, I am pleased to report that a very high volume of College work was handled professionally, competently, and within budget. It was a pleasure and privilege to serve as the Chair of the Board for 2009, and I am pleased to welcome my successor, Michael Elterman, who was elected by the Board to the Chair position as of January 1, 2010.

Respectfully submitted,
Rebecca England, Ph.D., R.Psych., Chair of the Board 2009

DISCIPLINE COMMITTEE REPORT

There were no hearings of the Discipline Committee in 2009. Two outstanding matters from 2007 were resolved during 2009 without requiring a convening of the Discipline panel.

Respectfully submitted,
Daniel Fontaine, Chair, Discipline Committee 2009

PATIENT RELATIONS COMMITTEE REPORT

As per the *Health Professions Act*, the objectives of this Committee include: recommending to the Board specific procedures for handling complaints of professional misconduct of a sexual nature; informing the public about the process of bringing their concerns to the College; monitoring and periodically evaluating the operation of procedures established; developing and coordinating educational programs dealing with professional misconduct of a sexual nature for registrants and the public as required; establishing a patient relations program to prevent professional misconduct of a sexual nature; and recommending to the Board standards and guidelines for the conduct of registrants and their patients.

Respectfully submitted,
Daniel Fontaine, Chair, Patient Relations Committee 2009

INQUIRY COMMITTEE REPORT

The Inquiry Committee (IC) dealt with a total of 68 complaints that were open for at least some part of 2009 and were at various stages of investigation at any given point in time during the year. As of December 31, 2009, 52 of these cases had been closed, 1 had been determined not to be a complaint, and the remaining 15 files remained open and actively before the IC. Four of these 15 files had only recently been received and were under preliminary review, 10 were at various stages of investigation, and 1 was suspended pursuant to s.50.56 of the *Health Professions Act* for exceeding new statutory requirements to complete an investigation within a specific time frame. Files closed during 2009 are summarized in Table 1 below, along with the nature of the decisions of the Inquiry Committee in closing the complaint files. Please review the Registrar’s report for a comprehensive description and breakdown of 2009 complaint investigations and resolutions.

Table 1: Files Closed during 2009 (N=52)

Closing Reason	Number	%*
Letter of Undertaking or Consent Agreement	22	41.5
Resolved	5	9.4
Insufficient Evidence	11	20.8
Decision Not to Proceed (opened in error, no jurisdiction, withdrawn, vexatious or frivolous)	14	26.4
Referred to Discipline Committee	0	-
Other (Imposed limitation on practice)	1	1.9
Total	53	100

* Percentages in this and subsequent tables may contain rounding errors.

In addition to investigating complaints, the Committee spent considerable effort considering changes enacted to the *Health Professions Act*, and ensuring the development of policies and procedures was responsive to these changes. In particular, the Committee and staff worked diligently to ensure that wherever possible the new timeline requirements of the *Health Professions Act* were being met.

The Inquiry Committee consists of very hardworking and dedicated professional and public members who work in consultation and cooperation with a very competent staff team consisting of the Registrar, Deputy Registrar, and Director of Investigations. It was my pleasure to serve as Chair for the 2009 year.

Respectfully submitted,
 Russell King, Psy.D., R. Psych. Chair, Inquiry Committee 2009

REGISTRATION COMMITTEE REPORT

Mobility and Access to the Profession The College had a major focus on labour mobility and access to the profession for the 2009 year. The *Agreement on Internal Trade* (AIT), which came into effect in 1995 and was recently amended, is a federal document which is intended to increase mobility for professionals fully licensed in another Canadian jurisdiction. The *Labour Mobility Act*, which is the corresponding provincial legislation, was enacted during 2009 and specifies that any worker certified for an occupation by a regulatory authority in another province or territory must be recognized as qualified to practice that occupation by all other provinces and territories. The Committee expects that this will be a significant focus for the College in the coming years and to that end, has endorsed the pursuit of funding to review the *Mutual Recognition Agreement* (MRA) and the ways in which core competencies are being assessed in jurisdictions across the nation. If funding is successful, the review will further enhance the government’s labour mobility goals by ensuring that appropriate standards for entry into the profession are maintained by all Canadian jurisdictions.

Foreign Qualifications Recognition The College has also focused on labour mobility for foreign trained psychology practitioners. The College has participated in numerous government sponsored workshops and stakeholders’ meetings

on this topic. The Registration Committee endorsed funding to support a research project on the topic of foreign credentials and the regulation of psychology outside of the US and Canada.

The College continued to see an increase in foreign trained applicants throughout the year. In response to this and the many pre-applicant queries the College received from foreign trained psychology practitioners, the College began to sponsor information sessions specifically oriented towards foreign trained psychology professionals. The first meeting was held in November and was very well attended with more than 7 countries represented amongst the pool of attendees. The College plans to continue this practice of holding meetings for this purpose.

Training in Psychology The Registration Committee continued to support College outreach to various training programs in psychology and related disciplines. The Committee believes this type of outreach results in greater appreciation of how training connects with registration, protection of the public and ways it can impact the integrity of the profession. A list of meetings held by the College is included in the Chair's report.

I have enjoyed chairing this committee and working with the professional and public members of the Registration Committee who spend freely of their time in reviewing all registration matters requiring policy development and decision-making. I also take this opportunity to thank our staff for their work in implementing these important policies and decisions and competently managing the ever-growing work volume. In addition, the ongoing volunteer time and experience of oral examiners in providing oral examinations to new applicants is much appreciated. Our growing group of regulatory supervisors and registrants who are providing supervision to applicants should also be acknowledged. All of these contributions combine to enhance the regulation of the psychology profession.

Respectfully submitted,
Wayne Morson, Chair, Registration Committee 2009

QUALITY ASSURANCE COMMITTEE REPORT

In addition to the annual review of the Continuing Competency Program, the Committee was actively engaged in important initiatives. Below is a summary of the Committee's work in 2009.

Continuing Competency Program Review The review for the 2009 year was completed by the Committee by March, 2009. A small number of registrants was found not to be in compliance with the requirements, and the Committee followed up with these registrants. The document "Continuing Competency Program Requirements" was updated in June of 2009. This document summarizes the policies and requirements of the Continuing Competency Program and is available on the College website.

Designation of another registrant to take care of one's practice records in the event of unexpected incapacity or death This requirement commenced with renewal for the 2010 calendar year (rescheduled from 2009), and involved listing the designated registrant on the renewal form. For the 2008 and 2009 renewals, registrants were encouraged, but not yet required, to designate another registrant. The Committee's reasoning in establishing this requirement included awareness of the aging demographic of the College and the recommendations of a task force established by the Committee to assist in this matter.

Workshop The Committee was pleased to organize a workshop on "*Reporting Requirements for Psychologists*," which was presented by College counsel Lisa Fong immediately after the Annual General Meeting on May 28, 2009.

Other activities The Committee was active this year in considering a number of important topics, including continuing competency requirements in other jurisdictions, proactive strategies for responding to an aging registrant population, supporting efforts of staff in providing office hours to assist registrants in meeting the requirement to name a professional executor, updating of FAQs, record storage issues, and increasing the College's emphasis on quality assurance by including and endorsing the idea of introducing a practice support service for 2010. Finally, the Committee was also actively involved in the College's ongoing review of the impact of new provincial legislation, particularly with respect to quality assurance.

Respectfully Submitted,
Lee Cohene, Ph.D., R.Psych., 2009 Committee Chair.

FINANCE COMMITTEE REPORT

The College continues to stay within budget projections and has maintained stable renewal fees for the past 5 years with no anticipated fee increases for 2010.

Table 2: Comparative Expenses

Year	Wages and Benefits		Routine Statutory Expenses		Hearings (incl. preparation)		General Operating Expenses		Total Expenses	
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
2004	521,791	41	288,686	23	74,816	6	391,336	30	1,276,629	100
2005	554,704	48	128,899	11	70,563	6	403,717	35	1,157,883	100
2006	565,346	46	201,542	17	50,113	4	402,896	33	1,219,897	100
2007	571,315	44	210,917	16	101,350	8	414,650	32	1,298,232	100
2008	634,602	44	267,106	19	46,627	3	494,783	34	1,443,118	100
2009	632,320	50	167,881	13	38,842	3	421,937	34	1,260,140	100

Review of the above table shows a significant decrease in total expenses from 2008, much of which is reflected in the lower amount of routine statutory expenses. It is expected that some of this decrease is due to the timing of expenses (e.g. cost for Health Professions Review Board matters is on the rise - but as many matters were ongoing as of December 2009, these costs will appear in 2010).

Respectfully submitted,
John Carter, Ed.D., R.Psych., Chair, Finance Committee 2009

REGISTRAR'S REPORT

Below is the Registrar's Report on the activities of the College for the year 2009. This report is divided into three main sections:

- I. **Registration/Application Matters** This section provides a description of the College Register for 2009 and the status of applications for registration, as well as a summary of activities of the College in this area.
- II. **Complaint and Investigative Matters** The second section provides a descriptive and statistical analysis of complaint and other investigative matters.
- III. **Administrative Matters** The third section summarizes administrative activities related to external relationships and our obligations under the *Ombudsman Act* and the *Freedom of Information and Protection of Privacy Act*.

I. REGISTRATION/APPLICATION MATTERS

This section reviews activities at the College related to the College Register during 2009, and the status of applications for registration. It is divided into 4 sections as follows:

1) The College Register 2009; 2) Summary of Application Activity; 3) Area of Practice; and 4) Examinations.

1. The College Register 2009

As of December 31, 2009, the College Register listed a total of 1153 registrants. Three (3) registrants cancelled their registration within the 2009 calendar year, 1 registrant resigned, 2 registrants passed away, and 2 individuals held temporary registration.

Table 3: The College Register as of December 31, 2009

Register Status on December 31	2004	2005	2006	2007	2008	2009
Full Register	924	933	932	974	988	1013
Suspended			1	0	1	0
Resigned						1
Limitations as per Inquiry Committee (IC)	15	13	11	11	13	11
Limitations as per IC / Non-Practicing				1	0	1
Limitations as per IC/ Out of Province	1			0	0	0
Limitations by Category - Out-of-Province	29	28	27	22	27	26
Limitations by Category - Non-Practicing	11	18	23	15	16	18
Limitations by Category- Retired	13	14	23	26	34	38
Limitations as per Registration Committee (RC)	5	22	57	53	42	37
Limitations as per RC/ Non-Practicing						2
Status Pending	1	2		0	0	1
Temporary Registration	3	2	1	2	1	2
Cancelled Prior to End of Year				3	10	3
Total	1002	1032	1075	1107	1132	1153

As shown in the table which follows, a total of 60 (including 2 temporary registrants) new registrants were added to the Register in 2009.

Table 4: New Registrants by Class of Registration

	Regular	Reciprocal	Mobility	Extraordinary	Temporary	Total
Psychologists	30	13	2	1	2	48
Psychological Associates	0	12	0	0	0	12
Total	30	25	2	1	2	60

2. Summary of Application Activity

Table 5 below summarizes the application activities at the College during the 2009 year, along with comparison data from the previous year. As shown in the table, a total of 56 applications were received during the 2009 year. Of these, 63% (n=35) were regular applications. Twenty-nine percent (n=16) were reciprocal applications from another Canadian jurisdiction, and 4% (n=2) were mobility applications from jurisdictions in the United States, and 5% (n=3) were applicants for temporary registration. Two applications were withdrawn and one application was reviewed but did not meet entry requirements.

Table 5: Application Activity Summary 2008-2009

Activity	2008					2009				
	Reg	Temp	Recip	Mobil	Total	Reg	Temp	Recip	Mobil	Total
# applications received	17	1	38	6	62	35	3	16	2	56
# applications withdrawn	0	0	1	0	1	0	0	2	0	2
# applications not meeting requirements	1	0	0	0	1	1	0	0	0	1

3. Area of Practice: Applicants and Registrants

Applicants declare one area of practice in psychology on the application form. This area is expected to be the broad area of practice which best describes the individual's training and competence. Table 6 below represents the area of practice declared by new applicants in 2009. Eighty percent (80%) of applicants selected the areas of Clinical or Counseling..

Table 6: Area of Practice for New Applicants in 2009

Area of Practice	Reg	Recip	Mobil	Temp	Total
Clinical Psychology	24	7	2	2	35
Counseling Psychology	6	4	0	0	10
Neuropsychology	2	0	0	1	3
School Psychology	3	3	0	0	6
Health Psychology	0	1	0	0	1
Forensic/Corrections Psychology	0	1	0	0	1
Total					56

Note: The areas of Clinical and Counseling are defined by the College as broad areas encompassing many sub-areas, while the areas of Forensic/Corrections, Health, School, Rehabilitation, Industrial/Organizational and Neuropsychology are seen as more narrowly defined areas of practice, sometimes including exclusive practice in a particular setting.

At renewal all registrants confirm their primary area of practice. The Register indicated the following breakdown for the self-declared primary area of practice indicated by registrants as of December 31, 2009. These data exclude retired and temporary registrants as well as those who died, resigned or were cancelled before the year end:

Table 7: Self-Declared Primary Area of Practice for Registrants as at December 31, 2009

Self-Declared Primary Area of Practice	Number of Registrants	%
Clinical Psychology	624	56
Counseling Psychology	233	21
Neuropsychology	67	6
School Psychology	71	6
Health Psychology	6	1
Rehabilitation Psychology	15	2
Research/Academic Psychology	24	2
Forensic/Corrections Psychology	47	4
Industrial/Organizational Psychology	22	2
Total	1109	100

4. Examinations

All regular applicants complete three examinations as part of the application process: the Examination for Professional Practice in Psychology (EPPP), the Oral Exam (OE) and the Written Jurisprudence Examination (WJE). Reciprocal and mobility applicants are required to successfully complete the WJE. Table 8 below summarizes examination results for 2009.

Table 8: Examination Results

	2004	2005	2006	2007	2008	2009
Number of applicants who wrote EPPP	22	16	31	35	37	30
Number of Oral examinations	34	25	26	39	41	32
Number of WJE examinations	68	117	47	36	62	53

The EPPP was taken 33 times (by 30 applicants) in 2009. Of the four applicants who failed, three re-took the examination in 2009 and achieved a passing score. The minimum passing score is 140/200 (raw score) or 500/800 (scaled score). As in past years, the WJE examination was held at the College offices on a monthly basis. It was administered to 53 applicants in 2009. All applicants passed. For one applicant, this was the second sitting of the exam. The College also conducts the Oral Examination on site. In 2009, 32 examinations took place; all were first sittings of the exam. Of the examinees, 2 failed and elected to take the exam a second time. Seven (7) of the examinees were placed on the register with limitations on their practice. The remainder passed the exam and were added to the register with no limitations on practice.

II. COMPLAINT AND INVESTIGATIVE MATTERS

This section contains information about complaints received in the year 2009 and a report on all complaints closed during 2009. Included are descriptions of complaint characteristics and a sampling of complaints received during the year.

1. Complaint file status as at December 31, 2009
2. Descriptive complaint summary
3. Investigations opened by the Inquiry Committee
4. Length of time to close complaint files
5. Closing reasons for complaints closed in 2009 and comparison with previous years
6. Components of the complaint investigative process
7. Letters of Undertaking/Consent Agreements
8. Summary of a sample of complaints in 2009
9. Complaints per year and number of registrants with complaints

1. Complaint file status as at December 31, 2009

Since the College of Psychologists came under the *Health Professions Act* in January 2000, a total of 503 new complaints has been received, including the 42 new complaints that were received during the 2009 year. The College received approximately the same number of complaints in 2009 (42) as in 2008 (41).

- A. Complaints received in 2009 (n=42): Twenty-six (26) of the complaints received in 2009 were also closed in 2009, and an additional file was determined not to be a complaint, leaving a total of 15 complaints received in 2009 remaining open on December 31, 2009.
- B. Complaints received in 2008 that remained open for at least part of 2009 (n=23): All twenty-three (23) of the files remaining open from 2008 were closed in 2009. These 23 closed files originating from 2008 are included in the data on files closed in 2009 presented elsewhere in this report.
- C. Complaints received prior to 2008 and still open in 2009 (n=3): Two files opened in 2005 and one file opened in 2007 were closed in 2009. Citations had been issued in the case of both 2005 files, but they were ultimately resolved without a hearing.

Table 9: Complaint File Status as at Dec. 31, 2009 for All Complaints Received under the *Health Professions Act*

Status	Year Complaint Received							
	2000-2007		2008		2009		Total	
	#	%	#	%	#	%	#	%
Under Initial Review					4	9.5	4	9.5
33(4)					1	2.4	1	2.4
33(5)					5	11.9	5	11.9
Without Prejudice Mtg					1	2.4	1	2.4
Letter of Undertaking					3	7.1	3	7.1
Suspended per HPA*					1	2.4	1	2.4
Total # open files	0	0	0	0	15	36	15	3
Total # closed files	420	100	41	100	27	64	488	97
Total	420	100	41	100	42	100	503	100

* A new category for 2009 reflecting new *Health Professions Act* requirements to suspend an investigation if timeline requirements are not met.

2. Descriptive Complaint Summary

Below are four descriptive variables (primary allegation, complaint context, area of practice, and complainant type) on which all complaints are tracked:

a. Primary Allegation Table 10 contains a breakdown of complaint investigations according to the primary allegation made by the complainant as it relates to the *Code of Conduct*. The most frequent primary allegation for complaints opened in 2009 was assessment procedures (n=18, 42.9%). This is consistent with all complaints received since the College came under the *Health Professions Act*; assessment procedures is the primary allegation in the largest number of cases overall (n=185, 36.9%). Professionalism was the next most frequent primary allegation in 2009 (n=6, 14.3%), and third highest overall (n=62, 12.4%). General standards for competency was the third most frequent allegation in 2009 (n=3, 7.1%), and second highest overall (n=69, 13.7%). Many of the cases in which competency is the primary allegation involve an assessment situation of some kind.

b. Complaint Context Table 11 reports on the context within which complaints occurred. As has consistently been the case in the past, in 2009 a substantial proportion (n=22; 52.4%) of complaint concerns arose in the context of an assessment, such as a custody and access proceeding or a correctional assessment.

Table 10: Code Section of Primary Allegation in Complaints Received 2000-2009

Primary Allegation (Code of Conduct Section)	Year Complaint Received							
	2000-2007		2008		2009		Total	
	#	%	#	%	#	%	#	%
General Stds for Competency (CC 3.0)	58	13.8	8	19.5	3	7.1	69	13.7
Informed Consent (CC 4.0)	20	4.8	1	2.4	2	4.8	23	4.9
Relationships-Clients (CC 5.0)	52	12.4	1	2.4	1	2.4	54	10.8
Relationships-Work (CC 5.0)	7	1.7	1	2.4			8	1.6
Relationships-Dual Roles (CC 5.0)	16	3.8	4	9.8	2	4.8	22	4.4
Confidentiality (CC 6.0)	16	3.8	2	4.9	5	11.9	23	4.6
Professionalism (CC 7.0)	52	12.4	4	9.8	6	14.3	62	12.4
Provision of Services (CC 8.0)	13	3.1	1	2.4	3	7.1	17	3.4
Representation of Services/Credentials (CC 9.0)	2	0.5					2	0.4
Advertising/Public Statements (CC10.0)	8	1.9	2	4.9	1	2.4	11	2.2
Assessment Procedures (CC 11.0)	154	36.8	13	31.7	18	42.9	185	36.9
Fees (CC 12.0)	9	2.1					9	1.8
Maintenance of Records (CC 13.0)	1	0.2					1	0.2
Security/Access to Record (CC 14.0)	5	1.2					5	1.0
Compliance with Law (CC 18.0)	2	0.5	2	4.9			4	0.8
Application (CC 2.0)	2	0.5					2	0.4
No Standard Applicable	2	0.5	2	4.9	1	2.4	5	1.0
Total	419*	100	41	100	42	100	502	100

*Total is less than 420 because one complaint was opened in error and no primary allegation was recorded.

Table 11: Complaint Context for Complaints Received 2000-2009

Complaint Context	Year Complaint Received							
	2000-2007		2008		2009		Total	
	#	%	#	%	#	%	#	%
Assessment	242	57.6	21	51.2	22	52.4	285	56.7
Consultation	6	1.4	1	2.4	1	2.4	8	1.6
Intervention	97	23.1	12	29.3	15	35.7	124	24.7
Regulatory Compliance	19	4.5	1	2.4	1	2.4	21	4.2
Other	56	13.3	6	14.6	3	7.1	65	12.9
Total	420	100	41	100	42	100	503	100

c. Area of Practice Table 12 below presents information on the area of practice within which complaints occurred. In 2009, 33.3% (n=14) of the complaints received were in the custody and access sub-area within clinical psychology, and an equal number (n=14, 33.3%) were in the broader clinical psychology area.

Table 12: Complaint - Area of Practice in Complaints Received 2000-2009

Complaint Area of Practice	Year Complaint Received							
	2000-2007		2008		2009		Total	
	#	%	#	%	#	%	#	%
Clinical Psychology	199	47.4	7	17.1	14	33.3	220	43.7
Custody and Access	107	25.5	14	34.1	14	33.3	135	26.8
Counselling Psychology	36	8.6	3	7.3	5	11.9	44	8.7
Forensic /Corrections	36	8.6	5	12.2	3	7.1	44	8.7
Industrial /Organizational	2	0.5					2	0.4
Neuropsychology	17	4.0	4	9.8	1	2.4	22	4.4
Rehabilitation Psychology	8	1.9			2	4.8	10	2.0
Research /Academic	4	1.0					4	0.8
School Psychology	6	1.4	2	4.9			8	1.6
N/A	5	1.2	6	14.6	3	7.1	14	2.8
Total	420	100	41	100	42	100	503	100

d. Complainant Type As indicated in Table 13 below, 50% (n=21) of the complaints received in 2009 were filed directly by clients of respondents. These files are referred to as “public complaints” in subsequent tables. The Inquiry Committee opened an additional 5 files (11.9%) on its own motion based on information provided to it (these files are referred to as “IC motion” in subsequent tables). The category of “Colleague” is now reserved for those cases in which the complainant is not also involved with the recipient of services (for example, a registrant who makes a complaint after becoming concerned about a colleague’s conduct after observing him/her in a shared work environment). Previously these files had been categorized in the “Client - 3rd Party” category.

Table 13: Complainant Type in Complaints Received 2000-2009

	Complainant Type	Year Complaint Received							
		2000-2007		2008		2009		Total	
		#	%	#	%	#	%	#	%
P U B L I C	Client - 3 rd Party	125*	29.8	2**	4.9	7	16.7	134	26.6
	Client - Direct	95	22.6	16	39.0	21	50.0	132	26.2
	Client Relative	57	13.6	8	19.5	6	14.3	71	14.1
	Colleague***	61	14.5	5	12.2	2	4.8	68	13.5
	Other	35	8.3	2	4.9	1	2.4	38	7.6
IC	Inquiry Committee	47	11.2	8	19.5	5	11.9	60	11.9
	Total	420	100	41	100	42	100	503	100

*This total includes 13 cases in which the complainant was another registrant.

**This total includes 1 case in which the complainant was another registrant.

***As of 2007, this category reserved for colleagues not also involved as a third party with service recipient.

3. Investigations Opened by the Inquiry Committee

Under the *Health Professions Act*, the Inquiry Committee can open an investigation on its own motion when there are public protection concerns or when an investigation of allegations made by a complainant provides evidence which on its face suggests a new area of concern. Most frequently, investigations initiated by the Committee arise in the following circumstances: failure to comply with regulatory obligations in connection with another complaint; receipt of information generally available to the public; information obtained through an inspection of a registrant's practice records; or through information provided to the College that is deemed of sufficient concern to initiate an investigation. In 2009, 5 complaint investigations were opened by the Inquiry Committee. One of these files was opened to investigate issues of compliance with regulatory obligations, two were opened in response to additional concerns arising during the course of investigations into complaint matters, one was opened in response to information available in the public domain, and one was opened in response to an investigation into a potential public protection matter regarding an initially unidentified registrant that was brought to the Committee's attention.

4. Length of Time to Close Files

For complaints closed in 2009 (n=53), the number of months required to investigate and close a file ranged from 1 to 42 months. Excluding two (2) outlier files involving two different registrants in which protracted legal negotiations were involved, the average time to closure was 6.02 months. Table 14 below contains the average length of time to close complaint files for 2007, 2008 and 2009.

Table 14: Average Time (in Months) to Close Files for Complaints Closed 2007-2009

Year Complaint Closed:	2007	2008	2009
Average Length of Time to Close File	6.45 months n = 40	8.1 months n = 41*	6.02 months n = 51**

*Excluding 8 files involving 3 respondents in which protracted legal negotiations resulted in unusually long closure times

** Excluding 2 files involving 2 respondents in which protracted legal negotiations resulted in unusually long closure times

5. Complaint File Closing Reasons

Slightly more than one-third of the complaints closed in 2009 were dismissed because of insufficient evidence of a breach of the *Code of Conduct*, withdrawn, or not proceeded on for administrative reasons. For complaints received and closed in 2009, 51% were resolved by means of an undertaking or agreement with the respondent, or by some action offered by the respondent that satisfied the Committee's concerns in the matter.

Table 15: Closing Reasons for Complaints Closed 2007-2009

Closing Category	Closing Reason	Year Complaint File Closed							
		2007		2008		2009		Totals	
		#	%	#	%	#	%	#	%
Dismissed-lack of evidence or otherwise not proceeded upon	Decision Not to Proceed	6	15	7	14.3	14	26.4	27	19.0
	Withdrawn/opened in error	3	7.5					3	2.1
	Insufficient Evidence	13	32.5	12	24.5	11	20.8	36	25.4
	Subtotal	22	55	19	38.8	25	47.2	66	46.5
Voluntary Resolution	Letter of undertaking or resolution agreement	12	30	28	57.1	22*	41.5	62	43.7
	Resolved	6	15	1	2.0	5	9.4	12	8.5
	Subtotal	18	45	29	59.2	27	50.9	74	52.1
Resigned/Cancelled	Resigned/Cancelled Referred to Registration or Discipline Committee			1	2.0	1	1.9	2	1.4
Total		40	100	49	100	53	100	142	100

*Including one respondent who signed an undertaking and resigned.

6. Components of the Complaint Investigation Process

Components of the complaint investigation process include without prejudice meetings, extraordinary hearings, and citations and discipline hearings, described below.

a. Without Prejudice Meetings The term “without prejudice” is used to indicate that nothing that occurs in a without prejudice meeting or correspondence may be used in other proceedings. Without prejudice meetings provide an informal and effective means for resolving complaint matters, with some limited exceptions. A handful of without prejudice meetings were held in 2009. Additionally, a number of without prejudice telephone conversations occurred, and several without prejudice letters with proposals for complaint resolution were sent. By way of example, a without prejudice meeting between the Inquiry Committee and a respondent occurred in the context of a complaint involving treatment services provided to multiple family members. The complainants in this matter were concerned regarding issues pertaining to confidentiality and service provision. Subsequent to the meeting, the respondent agreed to enter into consultation with a peer to improve office practices.

b. Extraordinary Hearings Sometimes concerns arise which necessitate immediate action on the part of the Inquiry Committee, such as issues with sufficient public protection concerns that the Committee believes an immediate restriction on practice or license suspension may be warranted. There is no testing of evidence at an extraordinary hearing. Rather, a decision is made on whether the available evidence, on its face, supports action by the Inquiry Committee. Any extraordinary action or agreement is an interim measure, designed to address immediate public protection concerns, while the complaint investigation continues and/or pending a full hearing of the Discipline Committee. Extraordinary actions or agreements, therefore, do not represent final resolutions of the complaint issues. No extraordinary hearings were held in 2009, although one registrant agreed to an Undertaking and Consent to cease practice, pending an investigation, rather than to be the subject of an extraordinary hearing.

c. Discipline Hearings & Citations In contrast to an extraordinary hearing, a discipline hearing is the equivalent of a full trial on all issues, and a finding of fact is made at the end of the hearing. No Discipline Committee hearings were held in 2009. Citations for a hearing of the Discipline Committee on two files involving 2 registrants that were issued in 2007 were resolved prior to proceeding to a hearing during 2009.

7. Letters of Undertaking/Consent Agreements

Table 16 provides a summary of Letters of Undertaking/Consent Agreements signed with registrants during the year 2009 as a means of bringing a complaint file to a close. A total of 15 such agreements were signed in 2009 relating to 22 complaint files. The terms of such agreements are determined on a case by case basis and all are signed on a voluntary basis. In a number of the more serious complaints below, a hearing of the Discipline Committee would have been held had such a resolution not been achieved.

Table 16. Summary of Terms of Letters of Undertaking/Consent Agreements in 2009 (n=22)

	#	Primary Allegation by <i>Code of Conduct</i> Section	Terms
1	1 file	07 - Professionalism	Letter of clarification to complainant
2	5 files	03 - Competence	Supervision
3	1 file	05 - Prohibited relationship/contact (non-sexual)	Assessment followed by peer consultation
4	3 files	07 - Professionalism x2; 03 - Competency	Assessment followed by supervision
5	1 file	11 - Assessment Procedures	Change to office practices
6	1 file	11 - Assessment Procedures	Change to report writing practices
7	2 files	04 - Consent; 06 - Confidentiality	Change to office practices
8	1 files	03 - Competency	Supervision
9	1 file	05 - Prohibited relationship/contact (sexual)	Resignation and conditions for reapplication
10	1 file	11 - Assessment Procedures	Change to report writing practices
11	1 file	11 - Assessment Procedures	Supervision
12	1 file	06 - Confidentiality	Supervision
13	1 file	00 - N/A	Compliance with medical treatment
14	1 file	03 - Competence	Change to report writing practices
15	1 file	11 - Assessment Procedures	Change to information recording practices

8. Samples of Complaints Open During 2009

Below is a brief review of the main allegations raised in a sample of complaints open during 2009, along with a description of the process and outcome of the complaint investigation.

One case arose in the context of a new therapeutic relationship. The complainant had approached the respondent seeking services and later made a complaint regarding the respondent's office staff. The complainant also expressed concern about a comment the respondent had made to her in therapy, expressed her concern to the respondent and noted the respondent's failure to call her to discuss her concerns. The Inquiry Committee carefully reviewed the complaint, and determined that the complaint did not contain allegations that, if admitted or proven, would constitute matters subject to investigation by the Inquiry Committee under Section 33(4) of the *Health Professions Act*. The Committee summarily dismissed the complaint and did not proceed to investigate the matters further.

A second example is a complaint made by a parent who was party to a custody and access assessment conducted by the respondent. The complainant alleged that the respondent was biased, used inappropriate assessment procedures, produced a report that contained errors, and expressed opinions on issues beyond competence. The Inquiry Committee requested the practice record in this case and reviewed the documentation provided to it by the complainant and the respondent. The Committee provided the respondent with an opportunity to provide information consistent with Section 33(5) of the *Health Professions Act*. After a careful review of all of the evidence, the Committee determined that there was insufficient evidence to substantiate any of the allegations in this case, and disposed of the complaint under Section 33(6)(a) of the *Act*.

A third case involved a complaint made by the parent of a child being seen for treatment by the respondent. The complainant alleged that the respondent was refusing to provide information about a child's counselling sessions, and was ignoring a court order requiring that information be provided. The Inquiry Committee obtained the relevant practice records and posed a number of questions to the respondent under Section 33(5) of the *Act*. The Committee also held a without prejudice meeting with the respondent. The Committee considered all of the evidence and carefully weighed the respondent's need to consider both clinical issues and the parent's right to information, and determined that the circumstances and the public interest warranted steps being taken. The Committee proposed, and the respondent agreed, to undertake a review of information sharing practices, service agreements, informed consent processes, and documentation practices, and to ensure that legal obligations were being met.

In a fourth situation, a colleague made a complaint at the end of 2008 alleging that a registrant was believed to have become romantically and sexually involved with a client. The Inquiry Committee immediately commenced an investigation and moved in this case to hold an extraordinary hearing pursuant to Section 35(1) of the *Health Professions Act* in response to immediate public protection concerns. The extraordinary hearing was settled by the registrant entering into an agreement that the registrant would not practice psychology or provide psychological services until the complaint was resolved. The matter continued to be under investigation in 2009. The Committee asked the respondent to provide information pursuant to Section 33(5) of the *Act*, and took legal action to obtain evidence required for the investigation. The respondent resigned from the College, and the Committee continued to investigate. They found evidence supportive of the allegations. The Committee sought, and the respondent agreed, to an admission of particular facts, to not apply for re-registration with the College for a set period, and to conditions in the event of re-registration.

As a final example, the Inquiry Committee opened an investigation on its own motion after repeated unsuccessful attempts to obtain a registrant's authorization for a criminal record check under the *Criminal Records Review Act*. The Inquiry Committee acted as per Section 33(2) of the *Health Professions Act* to investigate the matter and imposed a limitation on the respondent's registration, pending provision of authorization for a criminal record check.

9. Complaints per Year and Number of Registrants with Complaints

Table 17 describes the number of registrants about whom complaints have been received since the College was granted responsibility for regulating the profession in 1993. In 2009, 42 complaints were received with regard to 32 different registrants. Thus some registrants were named in more than one complaint file.

Since January 2000, 211 registrants have had at least one complaint as shown in Table 18. Twelve of these individuals resigned as a means of resolving matters with the College or in response to complaints received. Approximately 15% of current registrants have had at least one complaint filed under the *Health Professions Act*. This table makes a distinction, as discussed in Section 2d above, between complaints received from members of the public (public complaints) and files that are opened by motion of the Inquiry Committee (Motion of IC).

Table 17: # of Complaints per year from 1993 - 2009 and # of Registrants with Complaints

Year	# complaints (with named registrant)	# Registrants
1993	30	21
1994	26	22
1995	44	35
1996	38	30
1997	45	39
1998	47	32
1999	53	37
2000	64	48
2001	59	42
2002	54	38
2003	53	42
2004	46	31
2005	44	35
2006	50	42
2007	50	37
2008	41	31
2009	42	32
Total	745	_*

*Column total not calculated, as some registrants appear in multiple years.

Table 18: Number of Complaints since January 2000 Per Registrant

# of Complaints	# Named Registrants	Total complaints	Public complaints	Motion of IC
1	119	119	111	8
2	43	86	77	9
3	13	39	32	7
4	10	40	32	8
5	10	50	47	3
6	1	6	4	2
7	4	28	20	8
8	1	8	3	5
9	0	0	0	0
10	2	20	17	3
11	2	22	20	2
12	0	0	0	0
13	3	39	39	0
14	1	14	14	0
15	1	15	11	4
18	1	18	18	0
Total	211	504*	445	59

*Total does not equal 503: one complaint did not name a respondent and was opened in error and is thus excluded, and two complaints named two registrants within a single complaint and were tabulated as separate complaints for purposes of calculating total complaints per individual registrant for this table.

III. ADMINISTRATIVE MATTERS

1. Ombudsman Investigations. There was one Ombudsman investigation during 2009 and the matter was completely resolved by way of a brief information exchange.

2. Requests under the *Freedom of Information and Protection of Privacy Act*. For 2009, there were a number of straightforward requests made under the FOIPPA.

3. Relationships with Other Regulatory Bodies in Psychology The College remained actively involved with the other Canadian regulatory bodies through our involvement in the Association of Canadian Psychology Regulatory Organizations (ACPRO). The Registrar served during 2009 as vice-chair of this organization.

4. Acknowledgments. The members of the College Board and Committees are extremely generous with their time and expertise and devote many hours to the careful consideration of policy development and thoughtful decision-making. The combination of an excellent staff and a growing community of professionals and public members on the Board and College committees greatly enhances our ability to regulate our profession in the public interest.

Respectfully submitted,

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

**MINUTES OF THE ANNUAL GENERAL MEETING FOR THE 2008 YEAR
May 28, 2009**

Agenda The table of contents in the Annual Report was approved as the agenda for the May 28, 2009 meeting.

Minutes The Minutes of the 2008 Annual General Meeting held on May 22, 2008 were approved.

Board and Committee Reports. Rebecca England, Ph.D., R.Psych., chaired the AGM. The Board chair for 2008, Michael Joschko, Ph.D., R.Psych., presented the Chair's Report for the 2008 year. He commented in particular on the high level of participation of registrants with the College as oral examiners, regulatory supervisors, and as committee and Board members. Committee chairs in attendance or their designates provided their respective committee reports, as per the 2008 Annual Report. Questions were fielded from Vancouver and Victoria.

Once the technical glitches were identified and fixed, registrants throughout the province were able to watch the AGM and the Continuing Competency Presentation online and submit questions via email. Questions not able to be responded to at the meeting received a subsequent written response from the College.

Special Recognition. The Board Chair for 2009 introduced the members of the 2009 Board in attendance and committee chairs recognized the members of their respective committees.

Registrants recognized for six years of service on a Board or Committee were:

Derek Swain, Ed.D., R.Psych., Board, Finance Committee
Joseph Zaide, Ph.D., R.Psych., Inquiry Committee,
Michael Joschko, Ph.D., R.Psych., Board, Quality Assurance Committee
Michael Elterman, Ph.D., R.Psych., Board, Registration Committee
Hendre Viljoen, Ph.D., R.Psych., Inquiry Committee

The following public members were also recognized for six years of service to the College:

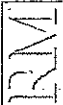
Marguerite Ford, Board, Inquiry Committee
Julia Haas, Quality Assurance Committee
Jill Hightower, Inquiry Committee

In addition, Ms. Alexis Thuillier was recognized for completing three years on the Inquiry Committee.

Two registrants were given special recognition for service to the College as follows:

Brenda Kosaka, Ph.D., R.Psych. (Representing the College at meetings with the Office of the Public Trustee),
Patricia McFarland, Ph.D., R.Psych. (Representing the College at meetings with the Office of the Superintendent of Motor Vehicles).

In addition, the following registrants were recognized for their service as oral examiners, and having completed more than 20 oral examinations: Verna Amell, Ph.D., R.Psych., Anneliese Robens, Ph.D., R.Psych., John Carter, Ed.D., R.Psych., and Michael Coles, Ph.D., R.Psych..



The Raber Mattuck Group
Chartered Accountants

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COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA
STATEMENT OF FINANCIAL POSITION

AS AT DECEMBER 31, 2009

	2009	2008
ASSETS		
CURRENT ASSETS		
Cash	\$ 1,351,848	\$ 1,270,877
Cash - restricted (Note 5)	600,000	600,000
Prepaid expenses	2,818	3,929
	1,954,666	1,874,806
CAPITAL ASSETS (Note 3)	44,760	44,455
	\$ 2,029,446	\$ 1,919,061
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 51,088	\$ 88,149
Employee remittances payable	777	13,807
Deferred revenue (Note 4)	1,112,400	1,156,875
	1,164,265	1,258,831
NET ASSETS		
CAPITAL ASSET FUND (Note 6)	44,760	44,455
INTERNALLY RESTRICTED		
General Contingency Fund (Note 5)	600,000	600,000
UNRESTRICTED	220,401	15,775
	865,161	660,230
	\$ 2,029,446	\$ 1,919,061

Approved by the Board

J. J. Moore Director
Jul. Elkerman Director

The accompanying notes are an integral part of these financial statements.

The Raber Mattuck Group

AUDITORS' REPORT

To the Registrants of
College of Psychologists of British Columbia

We have audited the statement of financial position of the College of Psychologists of British Columbia as at December 31, 2009 and the statement of operations and changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the College's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. These standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Raber Mattuck
CHARTERED ACCOUNTANTS

Vancouver, British Columbia
April 26, 2010

* a partnership of professional corporations

COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA
STATEMENT OF CHANGES IN NET ASSETS

FOR THE YEAR ENDED DECEMBER 31, 2009

	General Contingency Fund 2009 (Note 5)	Capital Asset Fund 2009 (Note 5)	Unrestricted 2009	Total 2009	Total 2008
NET ASSETS, beginning of year	\$ 600,000	\$ 44,455	\$ 13,775	\$ 660,230	\$ 676,759
Excess of Receipts Over Expenditures (Expenditures over Receipts)	-	325	204,828	204,851	(15,628)
Interfund transfers	-	-	-	-	-
NET ASSETS, end of year	600,000	44,780	220,401	865,181	660,230

The accompanying notes are an integral part of these financial statements.

The Raber Mattuck Group

COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA
STATEMENT OF OPERATIONS

FOR THE YEAR ENDED DECEMBER 31, 2009

	2009	2008
RECEIPTS		
Registration fees	\$ 1,302,452	\$ 1,273,588
Application and exam fees	68,025	94,650
Interest	30,478	42,872
Supervision cost recovery	2,063	3,374
Other income, cost recovery, and grants	46,280	29,350
	1,449,298	1,484,852
EXPENDITURES		
Administration	723,223	761,609
Audit	5,114	5,141
Board	90,391	95,667
Committees (meetings, travel and honoraria)	63,884	76,065
External relations (dues)	5,270	6,089
Extraordinary Hearings	33,505	22,367
Discipline Hearings (including Preparation)	5,337	24,260
Operations	137,393	139,544
Registrar / Applicant services	20,837	61,814
Statutory functions (COI, investigations, routine legal consultation)	153,383	267,106
	1,244,317	1,500,120
EXCESS OF RECEIPTS OVER EXPENDITURES (EXPENDITURES OVER RECEIPTS)	\$ 204,981	\$ (15,628)

The accompanying notes are an integral part of these financial statements.

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COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA
STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED DECEMBER 31, 2009

COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA
NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2009

	2009	2008
CASH FLOWS FROM OPERATING ACTIVITIES		
Excess of receipts over expenditures (expenditures over receipts)	\$ 204,861	\$ (16,528)
Adjustments for:		
Amortization	12,250	11,665
Prepaid expense	1,111	16,888
Accounts payable	(37,061)	55,339
Employee remittances payable	(13,030)	1,530
Deferred revenue	(44,475)	47,400
	123,746	117,332
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of capital assets	(12,676)	(12,686)
NET INCREASE (DECREASE) IN CASH	111,171	104,707
CASH, beginning of year	1,870,677	1,765,970
CASH, end of year	\$ 1,981,848	\$ 1,870,677

The College of Psychologists of British Columbia is the regulatory body for the profession of psychology in British Columbia. The College's role is to protect the public's interest by regulating and setting standards for the practice of psychology and monitoring the practice of psychology practitioners. The practice of psychology in B.C. is regulated under the Health Professions Act (HPA), the Psychologists Regulation, the Bylaws and the Code of Conduct.

The College is a not-for-profit organization under the Income Tax Act, and as such is exempt from income and capital taxes.

1. SIGNIFICANT ACCOUNTING POLICIES:

a) Basis of presentation

The financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles.

b) Revenue recognition

Registration, application, and exam fees received during the year are recorded as revenue in the period to which they relate and the related expenses are incurred. Where a portion of a fee or other contribution relates to a future period, it is deferred and recognized in that subsequent period.

Revenues and expenditures for general activities and administration are reported in the General Fund. The General Fund was established in 2006 and is typically an amount equal to 50% of the College's annual budget.

c) Measurement uncertainty

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Management reviews all significant estimates affecting its financial statements on a recurring basis and records the effect of any necessary adjustments. Management believes that the estimates used in preparing its financial statements are reasonable and prudent; however, actual results could differ from these estimates.

The accompanying notes are an integral part of these financial statements.

The Raber Mattuck Group

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DECEMBER 31, 2009

1. SIGNIFICANT ACCOUNTING POLICIES (continued):

d) Property and equipment

Purchased property and equipment are recorded at cost. Amortization is provided on a declining balance basis at the following rates:

- Office furniture and equipment - 20% declining balance
- Computer equipment and software - 30% declining balance
- Leasehold improvements - 5 years straight line

In the year of acquisition, only one-half of the normal amortization is recorded.

Amortization expense is reported in the Capital Asset Fund.

e) Financial instruments

The College has designated all non-derivative financial assets and liabilities as held for trading.

- The College initially records all non-derivative financial assets and liabilities at fair value.
- Assets and liabilities classified as held for trading are measured at fair value and changes in fair value are recognized in the statement of operations.
- Receivables are measured at amortized cost using the effective interest rate method.

Assets and liabilities classified as available for sale are measured at fair value and changes in fair value are recorded in the statement of changes in net assets until the financial instruments are re-recognized or other than temporarily impaired at which time the amounts are recorded in the statement of operations. The College has not classified any assets or liabilities as available for sale.

f) New accounting pronouncements

(i) Assessing going concern

Effective April 1, 2008, the College implemented the Canadian Institute of Chartered Accountants ("CICA") Handbook Section 1400, General Standards of Financial Statement Presentation, which includes requirements for management to assess and disclose an entity's ability to continue as a going concern. College's ability to continue as a going concern based on the assumption that the current registration levels are maintained, if there are significant declines in registration, expenditures will be adjusted to match revenue as appropriate.

The Raber Mattuck Group

DECEMBER 31, 2009

1. SIGNIFICANT ACCOUNTING POLICIES (continued):

(ii) Capital disclosures

Effective April 1, 2008, the College adopted Handbook Section 1535, Capital Disclosures. Under this new standard, the College is required to disclose both qualitative and quantitative information that enables users of the financial statements to evaluate the College's objectives, policies, and processes for managing capital. It also includes disclosure regarding what the College regards as capital, whether the College has complied with any external requirements and in the event of non-compliance, the consequences of not complying with these capital requirements.

g) Future accounting pronouncements

The CICA has decided to transition Canadian GAAP for publicly accountable entities to International Financial Reporting Standards (IFRS) effective January 1, 2011. The College is classified as a not-for-profit organization and currently is not required to adopt IFRS. The Accounting Standards Board (AcSB) and Public Sector Accounting Board (PSAB) have jointly issued an invitation to Comment to invite feedback on the future of financial reporting by not-for-profit organizations. In addition, PSAB has issued an invitation to comment on the future financial reporting of government organizations. The College is in the process of reviewing the impact of these documents on its reporting framework and financial statements.

2. FINANCIAL INSTRUMENTS:

The College's financial instruments include cash, term deposits, and accounts payable and accrued liabilities. It is management's opinion that the College is not exposed to significant interest, currency or credit risks arising from these financial instruments. The fair values of these instruments approximate their carrying values.

The Raber Mattuck Group

COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA
NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2009

3. PROPERTY AND EQUIPMENT:

	2009	2008
	Cost	Accumulated Amortization
Office furniture and equipment	\$ 109,793	\$ 86,811
Computer equipment	119,073	88,275
Leasehold improvements	40,706	40,706
	\$ 269,572	\$ 224,792
		\$ 44,780
		\$ 44,455

4. DEFERRED REVENUE:

The College has received funds in advance of their year-end which are designated for expenditures with specific restriction to be incurred during the forthcoming fiscal year.

These funds received represent deferred revenue and relate to membership fees for the 2010 calendar year received in advance. These deferred fees will be recorded as revenue in the statement of operations when the related expenses are incurred.

	2009	2008
Deferred contributions, beginning of year	\$ 1,156,875	\$ 1,109,475
Less amount recognized as revenue in the year	(1,156,875)	(1,109,475)
Add amount received for future periods	1,112,400	1,156,875
Deferred contributions, end of year	\$ 1,112,400	\$ 1,156,875

5. GENERAL CONTINGENCY FUND:

The General Contingency Fund was established to provide for a reserve in case of law suits, hearings and other matters that may require significant expenditure. It is the intention of the College to maintain this fund at 50% of its operating budget. In the current year this fund has been maintained at \$600,000.

Expenditures from the General Contingency Fund are subject to approval by the College of Psychologists of British Columbia Board of Directors.

The Raber Mattuck Group

COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA
NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2009

6. CAPITAL ASSET FUND:

The Capital Asset Fund was established to provide for a reserve for furniture and equipment purchases. It is the intention of the College to maintain this fund at the current year carrying value of the capital assets. In the current year the fund has been maintained at \$44,780.

	2009	2008
Capital Asset Fund, beginning of year	\$ 44,455	\$ 43,435
Less amount amortized	(12,250)	(11,665)
Add asset purchases during the year	12,575	12,665
Capital Asset Fund, end of year	\$ 44,780	\$ 44,455

Expenditures from the Capital Asset Fund are subject to approval by the College of Psychologists of British Columbia Board of Directors.

7. CONTINGENCIES:

The nature of the College's activities is such that there will be litigation pending or in progress at any time. With respect to claims at December 31, 2009, management is of the opinion that it has valid defenses and appropriate insurance coverage in place, or if there is unfunded risk, such claims are not expected to have a material effect on the College's financial position.

Outstanding contingencies are reviewed on an ongoing basis and are provided for based on management's best estimate of the ultimate settlement.

8. CAPITAL MANAGEMENT:

The College receives its principal source of capital through registration fees provided annually by new and existing members. The College defines capital to be net assets. The College's objective when managing capital is to fund its operations and capital asset additions.

The College is not subject to debt covenants or any other capital requirements with respect to operating funds.

The Raber Mattuck Group

