

COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA

ANNUAL REPORT - 2005

PRESENTED AT THE ANNUAL GENERAL MEETING

MAY 2, 2006

4:30 P.M. TO 5:00 P.M. (REFRESHMENTS)

5:00 P.M. TO 6:30 P.M. (MEETING)

VANCOUVER
Chan Centre Auditorium
BC Children's & Women's
Hospital
4480 Oak Street
Vancouver, B.C.

KELOWNA
Boardroom
Kelowna General Hospital
2268 Pandosy Street
Kelowna, B.C.

NANAIMO
Room G244
Nanaimo Regional
General Hospital
1800 Dufferin Crescent
Nanaimo, B.C.

PRINCE GEORGE
Room 5-121
University of Northern
British Columbia
3333 University Way
Prince George, B.C.

VICTORIA
Auditorium
Queen Alexandra Centre
for Children's Health
2400 Arbutus Road
Victoria, B.C.

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BOARD, STAFF, COMMITTEE MEMBERS, SUPERVISORS AND NEW REGISTRANTS FOR THE 2005 YEAR

BOARD

Michael Elterman, M.B.A., Ph.D., R.Psych., Chair of the Board
Robert Colby, M.S., R.Psych., Vice Chair, Board; Chair, Registration Committee
Lee Cohene, Ph.D., R.Psych., Chair, Legislation Committee
Henry Harder, Ed.D., R.Psych., Chair, Inquiry Committee
Michael Joschko, Ph.D., R.Psych., Chair, Quality Assurance Committee
Derek Swain, Ed.D., R.Psych., Chair, Finance Committee; Chair, Discipline Committee
Daniel Fontaine, Public Member, Chair, Patient Relations Committee
Marguerite Ford, Public Member
Wayne Morson, Public Member

STAFF MEMBERS

Andrea Kowaz, Ph.D., R.Psych., Registrar
Colleen Wilkie, Ph.D., R.Psych., Deputy Registrar
Avigail Cohen, Office Assistant
Gina Rowan, Registration Coordinator

Cheryl Bradley, Ph.D., R.Psych., Deputy Registrar
Judy Clausen, Registrar's Assistant
Wendy Lou Harris, Inquiry Coordinator

LEGAL COUNSEL

Anthony G. V. Tobin, LL.B., M.Ad.Ed., FCIarb.

DISCIPLINE COMMITTEE

Derek Swain, Ed.D., R.Psych., Chair
Bruce Clark, Public Member
Henry Hightower, Public Member
Lynn Superstein-Raber, Ph.D., R.Psych

Rosemary Alvaro, Ph.D., R.Psych.
Daniel Fontaine, Public Member
Janet Strayer, Ph.D., R.Psych.

INQUIRY COMMITTEE

Henry Harder, Ed.D., R.Psych., Chair
Linda Chorney, Ph.D., R.Psych. (until 07/05)
Pippa Lewington, Ph.D., R.Psych.
Alexis Thuillier, Public Member (from 11/05)

Kirk Beck, Ph.D., R.Psych. (from 05/05)
Yaya De Andrade, Ph.D., R.Psych.
Shirley Louth, Ph.D., R.Psych. (until 04/05)
Hendre Viljoen, Ph.D., R.Psych.

Elsie Cheung, Ph.D., R.Psych. (until 07/05)
Marguerite Ford, Public Member
Barbara Passmore, Public Member (until 05/05)
Joseph Zaide, Ph.D., R.Psych. (from 07/05)

QUALITY ASSURANCE COMMITTEE

Leigh Bowie, Ph.D., R.Psych.
Leora Kuttner, Ph.D., R.Psych.
Karen Tee, Ph.D., R.Psych.

Michael Joschko, Ph.D., R.Psych., Chair
Julia Hass, Public Member

REGISTRATION COMMITTEE

Catherine Costigan, Ph.D., R.Psych. (from 07/05)
Anne Marie Jones, Ph.D., R.Psych.
Marvin McDonald, Ph.D., R.Psych.
Cheryl Washburn, Ph.D., R.Psych.

Robert Colby, M.S., R.Psych., Chair
Amy Janeck, Ph.D., R.Psych.
Diane Luckow, Public Member
Barbara Passmore, Public Member (until 05/05)

PATIENT RELATIONS COMMITTEE

Robert Colby, M.S., R.Psych.

Daniel Fontaine, Public Member, Chair

ORAL EXAMINERS

Verna Amell, Ph.D., R.Psych.
Susan Baum, Ph.D., R.Psych.
Douglas Boer, Ph.D., R.Psych.
John Carter, Ed.D., R.Psych.
Kenneth Craig, Ph.D., R.Psych.
Jacqueline Douglas, Ph.D., R.Psych.
Brian Grady, Ph.D., R.Psych.
Grace Hopp, Ph.D., R.Psych.
Brenda Knight, M.A., R.Psych.
Ulrich Lanius, Ph.D., R.Psych.
Anne MacGregor, Ph.D., R.Psych.
Deborah McTaggart, Ph.D., R.Psych.
Jennifer Newman, Ph.D., R.Psych.
Donald Ramer, Ph.D., R.Psych.
Barbara Rosen, Ph.D., R.Psych.
Heather Scott, Ph.D., R.Psych.
Cecelia Smith, M.Sc., R.Psych.
Harilaos Stefanakis, Ph.D., R.Psych.
Paul Swingle, Ph.D., R.Psych.
Jean Toth, Ph.D., R.Psych.
Malcolm Weinstein, Ph.D., R.Psych.
Marshall Wilensky, Ph.D., R.Psych.

Victoria Alfonso, Ph.D., R.Psych.
Mark Bailey, Ph.D., R.Psych.
Carole Bishop, Ph.D., R.Psych.
Geoffrey Carr, Ph.D., R.Psych.
Evelyn Corker, M.A., R.Psych.
Trish Crawford, Ph.D., R.Psych.
Meryn Gilbert, Ph.D., R.Psych.
Jordan Hanley, Ph.D., R.Psych.
Margaret Kendrick, Ph.D., R.Psych.
Randall Kropp, Ph.D., R.Psych.
Wolfgang Linden, Ph.D., R.Psych.
Jane McEwan, Ph.D., R.Psych.
Nancy Meyer, Psy.D., R.Psych.
Martin Phillips-Hing, Ph.D., R.Psych.
Anneliese Robens, Ed.D., R.Psych.
Myron Schimpf, Ph.D., R.Psych.
Kathleen Simas, Ph.D., R.Psych.
Ingrid Söchtling, Ph.D., R.Psych.
Lynn Superstein-Raber, Ph.D., R.Psych.
Joyce Ternes, Ph.D., R.Psych.
Larry Waterman, Ph.D., R.Psych.
Ursula Wild, Ph.D., R.Psych.
Sheila Woody, Ph.D., R.Psych.

Chris Gibbins, Ph.D., R.Psych.
Joan Pinkus, Ph.D., R.Psych.

Marion Ehrenberg, Ph.D., R.Psych. (until 06/05)
Robert Ley, Ph.D., R.Psych.
Wayne Morson, Public Member

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

Randall Atkinson, Ph.D., R.Psych.
Barbara Beach, Ph.D., R.Psych.
Michael Boissevain, Ph.D., R.Psych.
Michael Coles, Ph.D., R.Psych.
Joanne Crandall, Ph.D., R.Psych.
David Eveleigh, Ph.D., R.Psych.
Susan Hackett, Ph.D., R.Psych.
Charlotte Johnston, Ph.D., R.Psych.
Brenda Kosaka, Ph.D., R.Psych.
Ronald Laye, Ph.D., R.Psych.
Barbara Madani, M.A.Sc., R.Psych.
Gregory Meloche, Ph.D., R.Psych.
Donna Paproski, Ph.D., R.Psych.
Erica Reznick, Ph.D., R.Psych.
Deborah Samsom, Ph.D., R.Psych.
Ruth Sigal, Ph.D., R.Psych.
Meagan Smith, Ph.D., R.Psych.
Paul Sungaila, Ph.D., R.Psych.
Karen Tallman, Ph.D., R.Psych.
Inna Vlashev, Ph.D., R.Psych.
Maureen Whittal, Ph.D., R.Psych.
Rosemary Wilkinson, Ph.D., R.Psych.

SUPERVISORS

Lynn Alden, Ph.D., R.Psych.
Michael Boissevain, Ph.D., R.Psych.
Joanne Crandall, Ph.D., R.Psych.
Lee Grimmer, Ph.D., R.Psych.
Leora Kuttner, Ph.D., R.Psych.
Lyne Piché, Ph.D., R.Psych.
Suzanne Schibler, Ph.D., R.Psych.
Karen Tallman, Ph.D., R.Psych.

Elizabeth Bannerman, Ph.D., R.Psych.
Sarah Cockell, Ph.D., R.Psych.
Trish Crawford, Ph.D., R.Psych.
Simon Hearn, Ph.D., R.Psych.
Marlene Moretti, Ph.D., R.Psych.
Donald Read, Ph.D., R.Psych.
Sujatha Srikameswaran, Ph.D., R.Psych.
Rene Weideman, Ph.D., R.Psych.

Susan Baum, Ph.D., R.Psych.
Kenneth Craig, Ph.D., R.Psych.
Anthony Dugbartey, Ph.D., R.Psych.
Mary Korpach, Ph.D., R.Psych.
Martin Phillips-Hing, Ph.D., R.Psych.
Anneliese Robens, Ed.D., R.Psych.
Lynn Superstein-Raber, Ph.D., R.Psych.
Michelle Worth, Ph.D., R.Psych.

NEW REGISTRANTS - 2005

Sharon Arnold, Ph.D., R.Psych.
Judith Beale, M.A., R.Psych. Assoc.
Grant Burt, Ph.D., R.Psych.
Barry Cooper, Ph.D., R.Psych.
Donna Dunning, M.Ed., R.Psych. Assoc.
Jane Gayton, Ph.D., R.Psych.
Hugues Hervé, Ph.D., R.Psych.
Staci Illsley, Ph.D., R.Psych.
Christie King, Ph.D., R.Psych.
Lauren Lautzenhiser, Ph.D., R.Psych.
Richard Levine, Ph.D., R.Psych.
M. Mackinnon-McQuarne, M.A., R.Psych. Assoc.
Deborah Misfeldt Bell, Ph.D., R.Psych.
Karen Nash, M.Ed., R.Psych. Assoc.
Lorne Pierce, M.A., R.Psych. Assoc.
James Roche, Ph.D., R.Psych.
Noa Schwartz, Ph.D., R.Psych.
Alan Smitton, Ph.D., R.Psych.
Sundeep Thinda, Psy.D., R.Psych.
Sophia Van Vuuren, M.A., R.Psych. Assoc.
Erin Wallden, Ph.D., R.Psych.
Kevin Wildeman, M.A., R.Psych. Assoc.

Pindy Badyal, Ph.D., R.Psych.
Satya Bellerose, Ph.D., R.Psych.
Anthony Chan, Ph.D., R.Psych.
Shauna Darcangelo, Ph.D., R.Psych.
Richard Erskine, Ph.D., R.Psych.
Eamonn Gill, Ph.D., R.Psych.
Cathryn Hill, M.A., R.Psych. Assoc.
Charles Kaplan, Ph.D., R.Psych.
Robert Kline, Ph.D., R.Psych.
Jeanne LeBlanc-Streiff, Ph.D., R.Psych.
Evandro Lopes, Ph.D., R.Psych.
Richard Marlin, Ph.D., R.Psych.
Mircea Munteanu, Ph.D., R.Psych.
Carol Naumann, Ph.D., R.Psych.
Harriet Reeh, M.Sc., R.Psych. Assoc.
Faith Rostad, Ph.D., R.Psych.
Carolyn Scott, M.A., R.Psych. Assoc.
Jagdish Soni, Ph.D., R.Psych.
Norman Thomas, Ph.D., R.Psych.
Doris Vincent, M.Ed., R.Psych. Assoc.
Jean Walters, Ph.D., R.Psych.
Wai Cheong Wong, Ph.D., R.Psych.

Jeffrey Ballou, M.Ed., R.Psych. Assoc.
Lori Brotto Fontana, Ph.D., R.Psych.
Robert Cochrane, M.Sc., R.Psych. Assoc.
Anne Dietrich, Ph.D., R.Psych.
Sandra Eugster, Ph.D., R.Psych.
Peggy Hansen, M.A., R.Psych. Assoc.
Grace Iarocci, Ph.D., R.Psych.
Brian Katz, Ph.D., R.Psych.
Erin Knudsen, Ph.D., R.Psych.
Joanne Leithead, M.Ed., R.Psych. Assoc.
Lyle MacDonald, M.A., R.Psych. Assoc.
Diana Mawson, Ph.D., R.Psych.
Jeanne Nadeau, Ph.D., R.Psych.
Karina O'Brien, Ph.D., R.Psych.
Elizabeth Rocha, Ph.D., R.Psych.
Susan Rungta, M.A., R.Psych. Assoc.
Robert Smith, Ph.D., R.Psych.
Marelize Swart, Ph.D., R.Psych.
Joel Tourigny, Ph.D., R.Psych.
Lynne Walker, M.Ed., R.Psych. Assoc.
Andrea Welder, Ph.D., R.Psych.
Arlene Young, Ph.D., R.Psych.

REPORT FROM THE CHAIR

The Board of the College is proud of the achievements of the past six years since coming under the Health Professions Act and, on behalf of the Board, I wish to express gratitude to the scores of registrants whose contributions as committee members, oral examiners, regulatory supervisors and as informed and involved registrants who have made these achievements possible.

Information Meetings: The Board held an information meeting in Vancouver on December 15, 2005 which was attended by 44 registrants, as well as public members of the Board and various College committees. Among the materials presented was an annotated index of information from the College previously made available to registrants through Annual Reports, Chronicles, and letters from the College Board and Committees. The Board extended offers to provide “individualized” information sessions to groups of registrants in particular work or geographic locations, given the importance for registrants to be informed about College activities and decisions, and to participate in discussions regarding the regulation of the profession in British Columbia.

Barbara Passmore Boardroom: The Board decided to dedicate the Boardroom of the College in memory of Barbara Passmore, who served the College for almost six years as a public member. Barbara sat on the Inquiry Committee and the Board for a number of years, and also briefly served on the Registration Committee. She died in May 2005. On September 16, 2005 a small dedication ceremony was held with the Board, the staff, and close friends and family of Barbara.

Board Elections: A Call for Nominations was distributed to registrants in August 2005, to fill three elected positions on the Board. Nominations were received for Michael Elterman, Michael Joschko and Derek Swain. These three individual were reelected to the Board by acclamation.

Annual Evaluation of Registrar: The objectives which provide the criteria for the annual evaluation of the Registrar include: to bring the College in line with the national and international standards (both substantive and procedural) for professional regulation; to enhance the profile, standing and credibility of the College with government; to develop and maintain an effective system for document control, management, filing and storage; to maintain the efficient and timely management of complaints and applications for registration; to ensure regular and effective communication with registrants about regulatory issues affecting them; to enhance the decision-making competencies of the Inquiry, Registration, Discipline and Quality Assurance Committees; to maintain the efficient resourcing and staffing of the College; and to ensure data integrity, security, control and management. The Board understands this evaluation to be a mutual one. The Board is obligated to provide sufficient resources and support to the Registrar, who has done an impressive job of implementing the policies and procedures that are currently in place. The volume of work handled by the College office under the Registrar’s administration remains consistently high, as is the satisfaction of the Board with the performance of the Registrar and her staff.

Reviews of Inquiry Committee Decisions: A total of six reviews of decisions made by the Inquiry Committee on complaint matters were heard by the Board in 2005. In each instance the Board upheld the decision of the Inquiry Committee, based on a review of the documents before the Inquiry Committee in making its decision.

College Workshops: The College’s involvement in organizing and sponsoring workshops continued throughout 2005. Gary Schoener, a recognized expert in supervision and ethical decision-making in North America provided two workshops in BC. The first workshop, on April 1, 2005, was sponsored by the College and was on the topic of regulatory supervision. Thirty-six registrants attended this workshop, most of whom are now on the list of

registrants approved to provide supervision for the College. The second workshop, held the following day, April 2, 2005, was entitled *Ethics, Boundaries and Practice*. Another highlight of the 2005 year was the workshop on *Psychologist Incapacitation, Death or Retirement: Ethical, Legal, Clinical, Collegial, Familial and Personal Considerations*, presented by Tom McGee, which was held on November 12, 2005.

Participation with ASPPB: The Registrar gave a paper at the ASPPB meeting in Portland Oregon in April 2005 on the assessment of fitness to practice as part of the application process and a workshop on competency assessment during the application process at the ASPPB meeting in Philadelphia in October 2005. She has been asked to Chair the ASPPB committee on Model Regulations and Legislation. The College responded to ASPPB's invitation to provide feedback with regard to the designation of post-doctoral programs in psychopharmacology.

Complaint Resolution: Registrants are encouraged to keep themselves informed and to attend to the important information contained in this Annual Report. The information presented on complaint resolution documents the emphasis the College has placed on resolving complaints through alternate and voluntary means. The College is committed to a fair and transparent process; one which both serves the mandate of public protection and enhances the reputation of the profession.

Legal Representation: We continue to rely primarily on Anthony Tobin as legal counsel. Mr. Tobin continues to provide the College with his considerable expertise and advice. We are also appreciative of the efforts of other legal counsel on whom we rely for particular areas, such as Jeffrey Hayes, who ably advises us on requests received under the *Freedom of Information and Protection of Privacy Act* and other matters from time-to-time.

Practice Advisories: During the 2005 year the following draft and final practice advisories were approved by the Board for distribution to registrants:

- Practice Advisory 4 Release of Psychology Records **(Draft)**
- Practice Advisory 7 Termination of Services
- Practice Advisory 8 Informed Consent **(Draft)**

Bylaw Changes : The Board submitted a Bylaw change to government in mid-December 2005 for deposit with the Minister of Health Services. The Bylaw change: a) increases from 20 to 20% the number of full registrant signatures required to obligate the College to circulate a resolution to all registrants; and b) makes clear that all resolutions made under the *Health Professions Act* have the status of non-binding recommendations or advice to the Board. The Bylaw change does not restrict the Board's discretion in circulating resolutions; that is, the Board may decide to circulate any resolution or agenda item from any registrant regardless of the number of signatures obtained. However, the Board is of the view that the signature of more than 20 full registrants is a reasonable requirement to compel the expense of circulating a resolution to the entire register. Any lawful resolution may still be presented from the floor at any Annual or Special General Meeting. In clarifying the status of resolutions, the Board wished to ensure that expectations of impact through this avenue are consistent with the intent of the *Health Professions Act*.

In closing: I was very proud to be part of the College Board for the 2005 year as we navigated our way through challenges and accrued significant achievements. The generosity of my fellow Board members with regards to their time, their availability, their expertise, and their experience is notable, and it was my privilege to serve as the Chair of the Board for 2005.

Respectfully submitted,

Michael Elterman, M.B.A., Ph.D., R.Psych.,
Chair of the Board 2005

INQUIRY COMMITTEE REPORT

It was my pleasure to serve as Chair of the Inquiry Committee for the 2005 year. The work of this Committee is very difficult. The principles which guide the work of the Committee are the basic principles of administrative fairness. The work of this Committee is essential to the mandate of the College. This Committee has made decisions on 285 of the 320 complaints received under the *Health Professions Act* during the period January 1, 2000 to December 31, 2005. The total of 320 received complaints represents 144 individual named registrants, each of whom had received one or more complaints during the January 1, 2000 to December 31, 2005 time frame. Thirty-five (35) complaints remained open as at December 31, 2005. All of the 285 closed complaints have been resolved without the need for a hearing of the Discipline Committee, notwithstanding the readiness of this Committee to proceed on citations where the alleged misconduct warrants. During 2005, one citation for a hearing was issued, covering two complaint files. These files were eventually resolved through a letter of undertaking. Summaries of these and other consensual resolutions of complaint matters may be found in the Registrar's Report. As of December 31, 2005, the Inquiry Committee had over 7000 pages of documentation under review.

Files closed during 2005 are summarized in the table below along with the nature of the decision of the Inquiry Committee in closing the complaint file.

Table 1: Files Closed during 2005 (N=48)

Closing Reason	Number	%*
Letter of Undertaking or Consent Agreement	26	54
Resolved	4	9
Insufficient Evidence	15	31
Decision Not to Proceed	3	6
Total	48	100

** percentages in this and subsequent tables may contain rounding errors*

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 Inquiry Coordinator. It has been a pleasure to serve as Chair for the 2005 year.

Respectfully submitted,

Henry Harder, Ed.D., R.Psych.
Chair, Inquiry Committee 2005

PATIENT RELATIONS COMMITTEE REPORT

As per the *Health Professions Act*, the College of Psychologists is obliged to have a Patient Relations Committee for the specific purpose of establishing a patient relations program to seek to prevent professional misconduct of a sexual nature. For review, the duties 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; recommending to the Board standards and guidelines for the conduct of registrants and their patients. This Committee developed two pamphlets, one for registrants and a pamphlet for members of the public. Both documents are available on the College website.

Respectfully submitted,

Danielle Fontaine, Chair,
Patient Relations Committee 2005

REGISTRATION COMMITTEE REPORT

Registration Committee 2005 Summary: The Registration Committee met ten times during the 2005 year continuing its work in the areas of policy development and the evaluation of 217 new applicants for registration. A summary of major activities and policy decisions of the Committee is included in this report.

Reserved Actions and Exemptions: In January of 2005, Drs. Elterman and Kowaz met with Mr. Beckett, Acting Director of the Office of Professional Regulation regarding psychological testing and diagnosis as reserved actions. He commented that the College's submission on the topic was excellent, and this matter remains under review by the Ministry. Dialogue with the Office of Professional Regulation and officials from the Ministry of Education regarding the possible regulation of school practitioners was ongoing in 2005.

Extraordinary Applicants: The Oral Examination for extraordinary applicants was divided into two parts, with Part A consisting of a basic examination of ethical conduct. Part B of the Oral Examination is equivalent to the Oral Examination taken by regular applicants. The first sitting of the Part A examination was in February 2005.

Mandatory Applicant Orientation Workshop: The first mandatory applicant orientation workshop was held in 2005, implementing the Registration Committee policy of requiring this workshop for all regular applicants.

Challenges Ahead: Major topics in the coming years for the Committee include: the complicated issue of distance education and the evaluation of distance education programs; implementation of the Committee's decision to introduce provisional registration (i.e. a period of supervised practice and placement on the limited register) at an early point in the application process; further work on issues related to area of practice; retirement planning; and continued policy development with regard to the retired category of registration.

Respectfully submitted,

Robert Colby, MS, R.Psych.,
Chair, Registration Committee 2005

QUALITY ASSURANCE COMMITTEE REPORT

Here are several of the key issues regarding the Continuing Competency Program:

1. The program was designed to support and emphasize the basis of our self-regulation as a profession: self-declaration of areas of competence and self-determination of the areas of focus for ongoing education and training.
The Committee is not contemplating mandatory competency examinations post-registration, nor prescribing specific mandatory continuing education courses or topics.
2. The program was designed to assure accountability and, at the same time, flexibility and choice for registrants in selecting their continuing competency activities.
This is based on the principle that registrants are responsible for documenting how the activities they have chosen contribute to their continuing competency, especially for those activities closer to the outer lines of traditional psychology practice, where the title of the workshop or course does not clearly appear to describe an area of psychological practice. The Committee will not be pre-approving continuing education activities or offering "credits" for specific courses or workshops. The determination of the relevance, content, or quality of the continuing education activity is to be left to the judgment of the individual psychologist, with the understanding that the individual psychologist, if necessary, will be able to articulate to a group of peers (1) the relevance of the content of the activity to the registrant's practice of psychology and (2) how the activity meets the requirements of the program.
3. The need for consequences for non-compliance is an important issue, but one that is relevant for only a very small number of registrants who flagrantly disavow adherence to the program.

The Committee does not anticipate consequences for registrants who, in good faith, work collaboratively and professionally with the Committee to resolve issues with respect to their specific circumstances.

The audit for activities completed during 2004 resulted in 45% of the log sheets assessed as being in full compliance with the program, with a majority of registrants receiving feedback on clearly ineligible activities or insufficient hours. In addition, a total of 22 log sheets were received after the deadline. Detailed feedback was provided to registrants on the continuing competency program following the 2004 audit. This appears to have been helpful, as the 2005 audit resulted in only two registrants receiving feedback about the eligibility of their log sheet entries. One registrant was asked to provide additional information to the Committee.

Respectfully submitted,

Michael Joschko, Ph.D., R.Psych.

Chair, Quality Assurance Committee 2005

LEGISLATION COMMITTEE REPORT

The Committee is committed to ongoing meetings and discussion with registrants, and institutions employing registrants, such as government, hospitals, and the like, to develop psychology file maintenance practices that are in conformance with the *Code of Conduct*. A draft Practice Advisory for circulation to registrants was developed through a consultation process with registrants working in such institutional settings. It is anticipated that this advisory will be finalized in 2006.

Sections of the *Health Professions Amendment Act* were implemented in 2005, most significantly the sections obligating registrants to report on registrants of Colleges regulated under the *Health Professions Act* with regard to competency to practice. Our College staff are consulting with other Colleges regarding concerns about how this requirement might reasonably be operationalized.

Respectfully submitted,

Lee Cohene, Ph.D., R.Psych.

Chair, Legislation Committee 2005

LIAISON MEETINGS WITH BCPA

Meeting with representatives from BCPA continued on a quarterly basis throughout the 2005 year with the Chair and Registrar representing the College in minuted meetings with BCPA. Among the issues discussed were the following: title issues and BCPA membership categories, referral service issues, and jointly sponsoring professional development workshops.

Respectfully submitted,

Michael Elterman, M.B.A., Ph.D., R.Psych.,
Board Chair 2005, CPBC/BCPA Committee 2005

FINANCE COMMITTEE REPORT

Readers of this Annual Report will note the tremendous amount of work handled by our staff, with just slightly over 6 FTE positions. The 2005 year budget included a new provision to fund 50% of non-taxable benefits for staff. We completed the year within budgeted projections and total expenditures were down almost \$120,000 over the previous year. Hearing costs represent the expense to the College of various stages of preparation for five potential hearings of the Discipline Committee in 2005, representing 23 complaint files. Twenty of these files were in the end successfully resolved without the costly next step of the hearing itself. Costs for full Discipline Committee hearings are in the \$100,000 range.

Year	Wages and Benefits		Statutory Expenses (Routine) (Legal Bills, Investigation)		Hearings (Extraordinary and Discipline - Including Preparation)		Other Expenses (Including Committee Meetings and Travel, Board Expenses, rent, etc.)		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

Respectfully submitted,

Derek Swain, Ed.D., R.Psych.,
Chair, Finance Committee 2005

REGISTRAR'S REPORT

To follow is the Registrar's Report on the activities of the College for the year 2005. This report is divided into three main sections:

- I. Registration/Application Matters: This section provides a description of the College Register for 2005 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 and Freedom of Information and Protection of Privacy Acts*.

I. REGISTRATION/APPLICATION MATTERS

This section reviews activities at the College to do with status of the College Register for 2005 and the status of applications for registration. It is divided into 8 sections as follows:

1. the College Register 2005;
2. summary of application activity;
3. status of application files;
4. area of practice of applicants and registrants;
5. examinations;
6. statistics summarizing length of application process;
7. registrant status issues; and
8. title issue investigations under the *Psychologists Regulation*.

1. The College Register 2005

The College Register shows a total of 1,032 registrants, including two individuals who had temporary registration status during the 2005 year.

Table 3: The College Register 2005 as at December 31, 2005

Register Status	2001	2002	2003	2004	2005
Full Register	873	863	889	924	933
Limited Register- Inquiry Committee		15	14	15	13
Limited Register- Inquiry Committee/ Non-Practicing		1	1		
Limited Register- Inquiry Committee/ Out of Province				1	
Limited Register - Out-of-Province	57	58	43	29	28
Limited Register - Non-Practicing	51	61	17	11	18
Limited Register- Retired	19	17	15	13	14
Limited Register- Registration Committee		1	2	5	22
Category Pending as at Dec. 31,2005			1	1	2
Temporary Registration		1	2	3	2
Total	1000	1017	984	1002	1032

A total of 69 new registrants (including 18 psychological associates) were added to the Register in 2005, as shown in Table 4 below:

Table 4: New Registrants by Class of Registration

	Regular	Reciprocal	Mobility	Extraordinary	Temporary	Total
Psychologists	24	11	9	5	2	51
Psychological Associates	0	4	0	14	0	18
TOTAL	24	15	9	19	2	69

Table 5 below shows the breakdown of the 69 individuals registered in 2005 according to application type and placement on the Full or Limited Register. As shown in this table, the majority of reciprocal applicants were placed on the Full Register with no limitations. The one reciprocal applicant on the Limited Register was placed in the Out-of-Province Category.

Limitations for the extraordinary applicants flowed from policies set by the Registration Committee as conditions of application under the extraordinary provisions. All individuals who applied under the extraordinary provisions are required to attend four workshops set by the College, as well as successfully complete the Examination for the Professional Practice in Psychology (EPPP) or the National Association of School Psychologists (NASP) professional examination and the College's oral examination prior to placement on the Full Register. Additional limitations were set after a careful review of each applicant's credentials and experience for internship equivalence. These included a requirement for six months of group supervision while on the Limited Register for approximately one-third of the applicants; about another third must also complete a subsequent six months of individual supervision prior to placement on the Full Register.

Limitations for applicants in other categories were determined on the basis of performance in the eight areas of the oral examination.

Table 5: New Registrants on Full and Limited Register by Application Type

	Regular	Reciprocal	Mobility	Extraordinary	Temporary	Total
Full Register						
Psychologists	22	11	8	0	2	43
Psychological Associates	0	3	0	0	0	3
Total on Full Register	22	14	8	0	2	46
Limited Register						
Psychologists	2	0	1	5	0	8
Psychological Associates	0	1	0	14	0	15
Total on Limited Register	2	1	1	19	0	23
Total	24	15	9	19	2	69

2. Summary of Application Activity

The table below summarizes the application activities at the College during the 2005 year, along with comparison data for 2001, 2002, 2003 and 2004. As shown in the table, there were a total of 45 applications received during the 2005 year, spread out among the categories of regular, temporary, reciprocal, and mobility.

Table 6: Application Activity Summary 2001-2005

Activity	2001					2002					2003					2004					2005				
	Reg	Temp	Recip	Mobil**	Extra	Total	Reg	Temp	Recip	Mobil**	Extra	Total	Reg	Temp	Recip	Mobil**	Extra	Total	Reg	Temp	Recip	Mobil**	Extra	Total	
# of applications received	26	53	163*	26	3	10	3	3	10	0	42	26	2	12	5	0	0	45	26	2	12	5	0	45	
# of applications withdrawn	1	0	0	3						2	5	0	0	0	0	0	2	2	0	0	0	0	2	2	
# of applications not eligible	2	0	9	2						2	4	0	0	0	0	0	2	0	0	0	0	0	0	0	
# of applicants disqualified						2					2	0	0	0	0	0		1	0	0	0	0	1	1	

* 106 of these were extraordinary applicants under the Extraordinary Application Period

** As of June 17, 2004 with the approval of bylaw revisions, reciprocal and mobility applicants are differentiated, with reciprocal applicants being those applying from another Canadian regulatory body, and mobility applicants typically applying from the United States.

3. Status of Application Files

The table below depicts the status of all applications on December 31, 2005. As shown in the table, there was a total of 132 open applications at various stages of the application process on that date.

Table 7: Status of Applications as at December 31, 2005

Application Stage	2005					Total
	Regular	Reciprocal	Mobility	Extraordinary	Total	
Initial review	10	2		3		15
Under review for credentials/consistency	9	1		11		21
EPPP	21	N/A	N/A	--		21
Written Jurisprudence Exam	2	8	1	16		27
Oral Examination	5	N/A	N/A	43		48
Total Open Files as at 12/31/05	47	11	1	73	1	132

--*Extraordinary applicants complete the EPPP examination or approved equivalent while on the Limited Register rather than during the application process.

4. Area of Practice: Applicants and Registrants

An applicant is required to indicate 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. The table below depicts the area of practice indicated by new applicants in 2005.

Table 8: Area of Practice* for New Applicants in 2005

Area of Practice	Regular	Reciprocal	Mobility	Temporary	Total
Clinical Psychology	15	5	3	2	25
Counselling Psychology	5	4			9
Clinical Neuropsychology	3		1		4
School Psychology	1	1	1		3
Rehabilitation Psychology	1				1
Forensic/Corrections Psychology		2			2
Undeclared as at December 2005	1				
Total	26	12	5	2	44

* Research/Academic is not intended as a declared area of practice for applicants. The areas of Clinical and Counselling are defined by the College as broad areas encompassing many sub areas, while the areas of Forensic/Corrections, Health, School, Rehabilitation, Industrial/Organizational and Clinical Neuropsychology are seen as more narrowly defined areas of practice, sometimes including exclusive practice in a particular setting.

The Register indicated the following breakdown for the self-declared primary area of practice indicated by Registrants on December 31, 2005, excluding retired registrants (n=13) and three temporary registrants (n=3):

Table 9: Self-Declared Primary Area of Practice for Registrants as at December 31, 2005

Self-Declared Primary Area of Practice	Number of Registrants	%
Clinical Psychology	574	56
Counselling Psychology	216	21
Clinical Neuropsychology	58	6
School Psychology	51	5
Health Psychology	5	1
Rehabilitation Psychology	13	1
Research/Academic Psychology	30	3
Forensic/Corrections Psychology	42	4
Industrial/Organizational Psychology	27	3
Total	1016	100

5. Examinations

There are three examinations to be completed by regular applicants: the EPPP, the oral exam (OE) and the written jurisprudence examination (WJE). Reciprocal applicants are required to successfully complete the WJE only. Table 10 below summarizes examination results for 2005. Extraordinary applicants have also begun to complete required examinations, beginning with Part A of the Oral Examination, which is comprised of 10 questions on ethical conduct and understanding of regulation.

Table 10: Examination Results

	2001	2002	2003	2004	2005
Number of applicants who wrote EPPP	48	9	16	22	16
Number of Oral examinations (Regular)	44	13	15	34	25
Number of WJE examinations	0	21	19	68	117
Part A of Oral examination (Extraordinary)	n/a	n/a	n/a	n/a	39

The EPPP exam was taken 16 times in 2005 with one failure. The scaled score range for applicants who passed was 516-729 out of 800. This is the first year that exam results are transmitted via the internet, resulting in a much shorter length of time in reporting exam results to applicants.

The WJE examination is held at the College offices on a monthly basis. It was administered 117 times in 2005 to a total of 99 applicants; some of whom took the exam more than once.

The Oral Examination is also administered by the College in-house. In 2005, 25 examinations took place, 3 of which were a second attempt. Typically, individuals who fail one or two areas on the examination agree to complete a brief period of supervision (3-6 months) which targets the identified areas. There are clear policies regarding passing criteria for the Part A examination, notably that all questions must be successfully completed either through rewriting failed sections or remedial work.

6. Length of Time from Application to Registration

For straightforward regular applications, the time to complete all aspects of the application process is 6-7 months. For mobility and reciprocal applications, a 3-4 month time frame is typical. Delays in the application process are incurred when: an applicant does not respond promptly to questions regarding qualifications or course work at the file review stage; a referee does not respond in a timely way to the College's request for the reference; an applicant fails to successfully complete a required examination on first attempt. Additional time is also required for applicants whose credentials are unusual or atypical, and for foreign applicants for whom a review of the foreign credentials for Canadian equivalency is needed prior to proceeding with a review of the application file.

7. Registrant Status Issues

A significant amount of activity occurred between registration categories, and on and off the Register during the course of the year. Policies and procedures continue to be developed and refined in this area.

8. Investigation of Title Issues under the *Psychologists Regulation*

The year 2005 saw an increase in the workload of the Committee as an expanding number of potential violations of title use were brought to the Committee's attention by members of the public and professionals. Title use and protection is an issue for other professions in British Columbia, and for psychologists across Canada.

Six investigations into alleged violations of the *Psychologist's Regulation* were opened by the Registration Committee in 2005, one of which was with regard to a former registrant.

II. COMPLAINT AND INVESTIGATIVE MATTERS

The College continues its efforts to document and describe the complaint process to registrants and the public. This section will review eight areas of complaint tracking.

1. Complaint file status as at December 31, 2005
2. Descriptive complaint summary
3. Length of time to close files
4. Closing reasons for complaints closed in 2005 and comparison with previous years
5. Other components of the complaint investigative process
6. Letters of Undertaking/Consent Agreements
7. Summary of a sample of Complaints in 2005
8. Complaints per year and number of registrants with complaints

1. Complaint file status as at December 31, 2005

Since the College of Psychologists came under the *Health Professions Act*, 320 complaints have been received.

All complaints received in the years 2000 and 2001 were closed by the end of 2004.

File status for complaints received in subsequent years is as follows:

- a. **Complaints received in 2002 (n = 54)** The two files which remained open as at December 31, 2004 were both closed in 2005. A decision not to proceed was made on one of these files, and the other file was resolved by means of a letter of agreement with the respondent.
- b. **Complaints received in 2003 (n = 53)**. One complaint filed in 2003 remained open at the end of 2005. The Inquiry Committee was engaged in negotiations during 2005 to resolve this complaint, and at year end had moved to issue a citation for a hearing by the Discipline Committee on this file.
- c. **Files received in 2004 (n=46)** Three complaints filed in 2004 remained open at the end of 2005. In one case, the respondent had responded to questions from the Inquiry Committee by year end; a letter of undertaking was under negotiation in the second case; and the Inquiry Committee had moved to issue a citation for a hearing by the Discipline Committee in the third file.

- d. **Files received in 2005 (n=44)** Thirteen (13) complaints received in 2005 were also closed during the 2005 year, leaving a total of 31 complaint files received in 2005 open as at December 31, 2005.
- e. **All files received by the College under the Health Professions Act (n=320)** As noted above, the total number of complaints received under the *Health Professions Act* is 320. Of these files, 285 were closed and 35 remained open at the end of 2005.

Table 11: Complaint File Status as at December 31, 2005 for all complaints received under the Health Professions Act*

Status	Year Complaint was Received														
	2000		2001		2002		2003		2004		2005		Total		
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	
Awaiting Review												10	23	10	3
Active Review												7	16	7	2
Clinical Records Requested												2	5	2	.6
33(5)							1	2	7	16	8	3			
HPA S. 28 Inspections															
Without Prejudice Meeting												1	2	1	.3
Letter of Undertaking							1	2	2	4	4	4	9	7	2
Total # open files							1	2	3	7	31	71	35	11	
Total # closed	63	100	60	100	54	100	52	98	43	93	13	29	285	89	
TOTAL	63	100	60	100	54	100	53	100	46	100	44	100	320	100	

2. Descriptive Complaint Summary

The descriptive variables which have been tracked on all complaints received post-January 1, 2000 are: primary allegation made by the complainant, complaint context; area of practice; complainant type; and length of time to close files.

- a. **Primary Allegation** Table 12 contains a breakdown of complaints received by primary allegation according to the *Code of Conduct*. The most frequent primary allegation for complaints received in 2005 was in the area of competency, with 18 (41%) of the 44 complaints received in 2005 having a primary allegation in this area.

For complaint allegations across all reporting periods since the College came under the *Health Professions Act*, assessment procedures represented primary allegation in 130 complaints (41%), issues with client relationships accounted for 47 complaint files (15%), and professionalism was the third most common area of allegations (39 files; 12%).

Table 12: Primary Allegation in Complaints Received 2000-2005

Primary Allegation (Code of Conduct)	Year Complaint Received																	
	2000		2001		2002		2003		2004		2005		Total					
	#	%	#	%	#	%	#	%	#	%	#	%	#	%				
General Standards for Competency (CC 3.0)	2	3	1	2	3	6	10	19	2	4	18	41	36	11				
Informed Consent (CC 4.0)	5	8	4	7	3	6	1	2			1	2	14	4				
Relationships-Clients (CC 5.0)	10	16	10	17	7	12	9	17	6	13	5	11	47	15				
Relationships-Work (CC 5.0)									2	4	1	2	3	1				
Relationships-Dual Roles (including Prohibited Relationships/Conduct and Impairment) (CC 5.0)	2	3	2	3	2	4			3	7	3	7	12	4				
Confidentiality (CC 6.0)	2	3	3	5	5	9	2	4	2	4			14	4				
Professionalism (CC 7.0)	6	10	8	13	6	11	9	17	7	15	3	7	39	12				
Provision of Services (CC 8.0)	1	2	3	5	1	2							5	2				
Representation of Services/Credentials (CC 9.0)							1	2	1	2			2	.6				
Advertising/Public Statements (CC 10.0)					2	4			2	4	2	5	6	2				
Assessment Procedures (CC 11.0)	28	44	28	47	24	44	19	36	20	44	11	25	130	41				
Fees (CC 12.0)	6	9	1	2			1	2					8	3				
Maintenance of Records (CC 13.0)							1	2					1	.3				
Security/Access to Record (CC 14.0)									1	2			1	.3				
Compliance with Law (CC 18.0)	1	2			1	2							2	.6				
Total	63	100	60	100	54	100	53	100	46	100	44	100	320	100				

It should be noted that placement of complaints with reference to sections of the Code of Conduct is the result of a process of file review, consideration of priority of concerns and involves considerable judgement. It is often not straightforward - for example in determination of placement of primary allegation in the Competency category or the Assessment procedures Code of Conduct category.

b. Complaint Context As the numbers in Table 13 indicate, the majority of concerns in complaints across the years 2000-2005 occurred in the context of the conduct of assessments, such as custody and access assessments and insurance compensation assessments. A full 60% (192 complaints) of the complaints received during this period were related to assessments, followed by 23% (74 complaints) in the context of intervention.

Table 13: Complaint Context in Complaints Received 2000-2005

Complaint Context	Year Complaint Received													
	2000		2001		2002		2003		2004		2005		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Assessment	36	57	36	60	33	61	34	64	23	50	30	68	192	60
Consultation	1	2	3	5					1	2	1	2	6	2
Intervention	20	32	15	25	10	19	12	23	9	20	8	18	74	23
Regulatory Compliance														
Other	6	9	6	10	11	20	7	13	6	15	2	5	38	12
Totals	63	100	60	100	54	100	53	100	46	100	44	100	320	100

c. **Area of Practice** For complaints received since January 2000, a category has been assigned to describe the general area of practice in which the complaint occurred. These terms are descriptive only. As Table 14 below illustrates, 45% (145 complaints) of the 320 complaints were in the broad area of clinical psychology. The area of practice with the next largest number of complaints, 28% (88 complaints), is custody and access, a sub-area of clinical psychology.

Table 14: Complaint - Area of Practice in Complaints Received 2000-2005

Complaint Area of Practice	Year Complaint Received													
	2000		2001		2002		2003		2004		2005		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Clinical Psychology	27	43	25	42	28	52	22	42	25	54	18	41	145	45
Custody and Access	15	24	22	37	14	26	13	24	11	24	13	30	88	28
Counselling Psychology	2	3	8	13	2	4	4	8	4	9	3	7	23	7
Forensic/Corrections	12	19	2	3	5	9	5	9	4	9	2	5	30	10
Industrial/organizational					1	2							1	.3
Neuropsychology	3	5	1	2			2	4	1	2	4	9	11	3
Rehabilitation Psychology	1	2	1	2			3	6	1	2	2	4	8	3
Research/Academic					2	4					2	4	4	1
School Psychology	1	2	1	2			4	4					6	2
N/A	2	3			2	4							4	1
Totals	63	100	60	100	54	100	53	100	46	100	44	100	320	100

d. **Complainant Type** As shown in Table 15 below, 11 (25%) of the complaints received in the year 2005 came directly from clients, 11 (25%) from client relatives, and another 11 (25%) were filed by colleagues. Four complaints (9%) came from third-party situations, where the psychologist is typically hired by someone other than the service recipient. The number of third-party situation complaints appears to have declined over the past several years. A total of four investigations were opened by the Inquiry Committee, described more fully in section "e" below.

Table 15: Complainant Type in Complaints Received 2000-2005

Complainant Type	Year Complaint Received													
	2000		2001		2002		2003		2004		2005		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Client - 3 rd Party	23	36	29	48	17	31	15	28	11	24	4	9	99	31
Client - direct	17	28	10	17	8	15	9	17	8	17	11	25	63	20
Client relative	6	9	9	15	9	17	8	15	4	9	11	25	47	15
Colleague	13	21	9	15	6	11	8	15	7	15	11	25	54	17
Inquiry Committee	2	3	2	3	4	7	6	11	12	26	4	9	30	9
Other	2	3	1	2	10	18	7	13	4	9	3	7	27	8
Totals	63	100	60	100	54	100	53	100	46	100	44	100	320	100

e. **Complaint Investigations Opened by the Inquiry Committee** In some cases, complaint investigations are opened by the Inquiry Committee on its own initiative in response to information that comes before the Committee. Typically, these complaints arise in connection with another complaint, through information generally available to the public, 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.

Table 16 provides information about these complaints for each year beginning in 2000 based on applicable *Code of Conduct* standards. In 2005, 4 complaint investigations were opened by the Inquiry Committee. Most of these files (3; 75%) were opened to investigate issues of compliance with regulatory obligations in connection with another complaint, such as non-response to a request for information under section 33(5) of the *Health Professions Act*, or a possible breach of a Letter of Undertaking signed by the respondent. It should be noted that each time a registrant does not fulfil their regulatory obligations as established by legislation or by agreement, the College incurs substantial legal and administrative costs.

Table 16: Complaint Investigations Opened by the Inquiry Committee 2000-2005

Code of Conduct Category	Complaint Year															
	2000		2001		2002		2003		2004		2005		Total			
	#	%	#	%	#	%	#	%	#	%	#	%	#	%		
General Standards for Competency (CC 3.0)	1	50					1	16							2	6
Relationships-Work (CC 5.0)									1	8					1	3
Relationships-Dual Roles (including Prohibited Relationships/Conduct and Impairment) (CC 5.0)							1	16							1	3
Professionalism (CC 7.0)					1	25	2	33							3	10
Professionalism-Regulatory Compliance (CC 7.0)			1	50			1	33	7	58	3	75	12	40		
Representation of Services/Credentials (CC 9.0)			1	50			1	33	1	8			3	10		
Advertising/Public Statements (CC 10.0)					1	25			1	8	1	25	3	10		
Assessment Procedures (CC 11.0)					1	25			1	8			2	7		
Security/Access to Record (CC 14.0)									1	8			1	3		
Compliance with Law (CC 18.0)	1	50			1	25							2	7		
Totals	2	100	2	100	4	100	6	100	12	100	4	100	30	100	30	100

3. Length of Time to Close Files

For complaints closed in 2005 (n=48), the number of months required to investigate and close a file ranged from 2 to 39 months. The average time to closure was 11 months. Exclusion of two complaints which were lodged against two registrants each with multiple complaints, which took 36 and 39 months respectively to close reduces the average time to closure to 10 months. Table 17 below contains the average length of time to close complaint files across the years 2000-2005.

Table 17: Time to Close Files by Year File Closed 2000-2005

	2000	2001	2002	2003	2004	2005
Average length of time in months to close file	18 N=70	14 N=78*	14 N=62	11 N=44	8 N=49**	11 N=48

* Two complaints from 1993 which were opened for administrative reasons and later closed are not included in this computation.

** Although a total of 78 complaints were closed in 2004, 29 complaints involving three individuals are not included in this tabulation because of the atypically long resolution time due to protracted negotiations.

4. Complaint File Closing Reasons

As in past years, the majority of complaints closed in 2005 were dismissed because of insufficient evidence of a breach of the *Code of Conduct*, or not proceeded on for administrative or procedural reasons. For files closed in 2005, as shown in Table 18 below, a total of 37% of complaints were dismissed for lack of evidence or not proceeded upon.

Table 18: Closing Reasons for Complaints Closed after January 1, 2000 (N=382) and for Complaints Received and Closed after January 1, 2000 (N=285)

Closing Category	Closing Reason	Year Complaint File Closed															
		2000		2001		2002		2003		2004		2005		01/00 - 12/05 N=382		01/00- 12/05 N=285	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Dismissed for lack of evidence or otherwise not proceeded upon	Decision Not to Proceed	11	16	16	20	6	10	7	16	6	8	3	6	49	13	40	14
	Withdrawn	5	7	2	3	2	3	1	2					10	3	8	3
	Insufficient Evidence	28	40	41	51	31	50	24	55	24	31	15	31	163	43	130	46
	Subtotal	44	73	59	84	39	63	32	73	30	39	18	37	222	59	178	62
Voluntary Resolution	Letter of Undertaking	13	19	4	5	16	28	6	14	29	37	14	29	82	21	63	22
	Resolved	10	14	14	18	2	3	3	7	8	10	4	8	41	11	24	8
	Subtotal	23	33	18	23	18	29	9	21	37	47	18	37	123	32	87	31
Resigned/Cancelled/Referred to RC	3	4	3	4	5	8	3	7	11	14	12	25	37	10	20	7	
Totals		70	100	80	100	62	100	44	100	78	100	48	100	382	100	285	100

Table 18 above shows a generally consistent pattern of complaint resolution across reporting periods, as discussed previously in various College, publications. Note that this table provides cumulative descriptive statistics for all files closed under the *Health Professions Act*, first including the 97 “backlog files” which remained open as of January 1, 2000 (n=382; second-last column), and then for all files both received and closed post-January 1, 2004 (n=285; last column). The categories of closing reasons remain similar when the pre-HPA “backlog” files are excluded from the calculations.

5. Other Components of the Complaint Investigation Process

Other special 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 any other context. Without prejudice meetings provide an informal and effective means for resolving complaint matters. An example of a without prejudice meeting held in 2005 is as follows: A complaint was received about a registrant’s interactions with a therapy client, in which the complainant alleged that the respondent had taken telephone calls and answered the door during sessions, had not set up an office structure that ensured privacy, and had been unclear about fees. Discussion at the without prejudice meeting focused on steps the respondent could take to avoid similar complaints in the future. The outcome of the meeting was an agreement on the part of the respondent to articulate a clear informed consent and fee policy form for clients to sign, as well as to make changes in the office environment that would enhance clients’ privacy. The Inquiry Committee closed the file on the basis of the agreement, which was subsequently completed by the respondent.
- b. Extraordinary Hearings** Sometimes concerns arise which necessitate speedy action on the part of the Inquiry Committee, such as issues of sufficient public protection concern 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. One extraordinary hearing was held in 2005, which resulted in the suspension of the registrant pending completion of the investigation. The issues involved allegations of serious professional and sexual misconduct that warranted immediate action.
- 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 2005, although several pre-hearing conferences were necessary with regard to a planned hearing that was subsequently resolved prior to the hearing itself. This is the sixth year in a row that matters for which a citation had been issued or which were serious enough to warrant a citation for a hearing have been successfully resolved without necessitating this costly legal step. Motions to direct the Registrar to issue a citation for a hearing of the Inquiry Committee or affirmation of intent to move to this step were made on 23 files (5 individuals) in 2005. As at December 31, 2005, the Inquiry Committee had moved to issue a citation on 3 files (2 respondents with 1 and 2 complaints, respectively).

6. Letters of Undertaking/Consent Agreements

Table 19 below provides a summary of Letters of Undertaking/Consent Agreements signed with registrants signed as a means of bringing a complaint matter to a close.

The terms of such agreements are determined on a case by case basis and are all 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 19. Summary of Terms of Letters of Undertaking/Consent Agreements

# of Files	Primary Allegation	Summary of Terms of Consent Agreement or Letter of Undertaking
2 files	Relationships with Clients/Advertising	Practice change to improve regulatory knowledge, informed consent procedures, advertising statements, home office setting. (3 sessions)
1 file	Competence	Agreement to include statement of limitations in reports
4 files	Prohibited Relationships/ Professionalism (Sexual relationship)	\$2,500 fine, assessment by independent psychologist, 3 months suspension and supervision as recommended by assessor
6 files	Assessment Procedures/ Professionalism	Resignation
1 file	Assessment Procedures	Statement of limitations, purpose, scope in reports
1 file	Assessment Procedures	Improve intake and informed consent procedures
1 file	Assessment Procedures	Statement of limitations in reports, compliance with <i>Code of Conduct</i> in all practice settings
6 files	Assess. Procedures/ Prohibited Relationships/ Relationships with Clients/Professionalism/ Records Security/Access	Agreement for cancellation of registration and five years before eligible for re-application along with preconditions
3 files	Assessment Procedures/ Professionalism	Improve compliance with <i>Code of Conduct</i>
1 file	Assessment Procedures	Improve knowledge of legislation/ <i>Code of Conduct</i>

7. Summary of Sample Complaints Received in 2005

As in past years, the Inquiry Committee reviewed a range of complaint allegations and issues in its investigations of complaints. A number of examples of complaints received and/or closed in 2005 are summarized in this section. Several very serious complaints were investigated by the Committee this year. In one case, a complaint by a colleague was filed when it came to her attention that the psychologist had been meeting with a client outside of the office to talk about the psychologist's personal problems, had asked the client to take tests home to complete that require proctoring, and had offered repeatedly to baby-sit the client's young children. The Inquiry Committee's investigation supported the allegations of misconduct. The psychologist agreed to suspend practice in order to resolve the complaint; included as a term of the agreement was a fitness to practice assessment prior to resuming active practice. In another case involving very serious matters, a number of complaints about a particular assessment report were received both from the public and various mental health professionals, in which gross incompetence in assessment procedures was alleged. A third complaint received in 2005, involved a psychologist who offered a psychological opinion for the courts in a custody and access case about individuals to whom the registrant was related by marriage; the opinion was further offered without an assessment of the individuals involved.

Frequently, complaints arise out of a misunderstanding at intake of a registrant's practice policies. In one case received in 2005, a client alleged problems with the psychologist's cancellation policy and use of email as a communication tool. The complainant filed his complaint after receiving an email at his workplace requesting payment for a missed session. The practice records of the psychologist did not include any written informed consent form or any details of conversations that may have occurred regarding the psychologist's fee or other policies. A clear, written agreement that is reviewed during the first session and that forms part of the clinical record can often avert these types of complaints, and provides an unambiguous record of events for review if a complaint is filed.

A particular challenge for the Inquiry Committee in understanding the nature of a complaint, and evaluating the complaint allegations, arises in situations where the complainant appears to be suffering from cognitive or mental impairment that affects their ability to understand psychologists' procedures, limitations, and recommendations. For instance, in one complaint in 2005 a complainant had sustained a head injury in an accident and alleged that the psychologist's assessment report was biased and contained numerous errors and omissions. While the complainant clearly was unhappy with particular aspects of the report, and may not have fully understood the assessment process, the Inquiry Committee did not find support for the allegations in its investigation, and dismissed the complaint.

The Inquiry Committee must determine whether it has jurisdiction over the matters raised in a complaint, prior to investigating the complaint matters. Occasionally, complaints are received that bear upon the conduct of a registrant in the registrant's personal life; in these cases, the Committee's task is to establish whether the alleged conduct is covered by the *Code of Conduct*. As an example, in 2005 a complaint was received about a psychologist who the complainant met at a social function where the psychologist distributed business cards and pamphlets about his practice. The complainant subsequently assisted the psychologist in some charitable work, and loaned the psychologist money which the psychologist did not repay. The complainant claimed that the psychologist's status as a licenced professional contributed to the complainant's decision to provide the loan. The Inquiry Committee did not proceed with the complaint on receipt of a legal opinion that as the psychologist's conduct was not in a professional capacity, the Inquiry Committee had no jurisdiction over the matter.

8. Complaints per Year and Number of Registrants with Complaints

Table 20 below describes the number of registrants about whom complaints have been received since the College assumed responsibility for regulating the profession in 1993.

Table 20: # of Complaints per year from 1993 - 2005 and # 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
Total	602	255*

* this figure is not a column total, as some registrants appear in multiple years.

As indicated in Table 21 below, a total of 144 registrants have had at least one complaint since January, 2000. Six individuals resigned as a means of resolving matters with the College or in response to complaints received. The percentage of registrants who have had at least one complaint filed under the *Health Professions Act* is approximately 13%.

Table 21: Number of Complaints since January 2000 Per Registrant

# of Complaints	# Named Registrants	Total complaints	Public complaints	Motion of IC
1	83	83	79	4
2	29	58	53	5
3	10	30	28	2
4	5	20	18	2
5	4	20	20	0
6	2	12	6	6
7	4	28	24	4
8	2	16	14	2
9	0	0	0	0
10	4	40	35	5
11	1	11	11	0
TOTAL	144**	318*	288	30

* Two complaints, opened in error, without a named respondent, are excluded.

** Six of these are no longer registered.

IV. ADMINISTRATIVE MATTERS

1. The College Office and Staff

The College office staff continue to deal with a consistently high volume of work generated by the regulatory responsibilities of the College. Staff meetings during the 2005 year have focussed on planned reallocation of responsibilities among staff members and management strategies for the volume of work.

2. The College Website

The College website is updated on a continual basis and at the end of 2005 a number of proposed changes for the website were under development.

3. Ombudsman Investigations

No Ombudsman complaints resulted in an investigation in 2005.

4. Requests under the *Freedom of Information and Protection of Privacy Act*

A total of 7 requests were received under the *Freedom of Information and Protection of Privacy Act* in 2005.

5. Relationships with Other Regulatory Bodies in Psychology

The College of Psychologists of BC continues a high level of engagement and involvement with other psychology regulatory bodies in Canada. It was my privilege to serve as Secretary of the Council of Provincial Associations of Psychology and also to Chair the group of Registrars of Canadian psychology regulatory bodies. In collaboration with Dr. Rick Morris of the College of Psychologists of Ontario, a proposal was developed for a formal Federal association of Canadian psychology regulatory bodies for consideration by the Canadian psychology registrars as an effective means of enhancing the communication of positions on issues of unanimity across jurisdictions, such as the importance of registration in the jurisdiction of practice.

6. Acknowledgments

The College Board had a very busy year and they deserve the appreciation of all registrants for their generous contribution of time, experience and expertise. My personal gratitude to each member of the Board, Committees, and College staff. The professionalism, competence and expertise of each of these individuals allows the College to meet its regulatory obligations.

Respectfully submitted

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

MINUTES OF THE MAY 9, 2005 ANNUAL GENERAL MEETING

(for review of the 2004 year)

The Annual General Meeting of the College of Psychologists of British Columbia was held on May 9, 2005, at the Chan Centre Auditorium, and video-conferenced to the Queen Alexandra Centre for Children's Health in Victoria, Nanaimo Regional General Hospital in Nanaimo, and the College of the Fraser Valley in Abbotsford. A total of 89 registrants attended the meeting: 52 registrants in Vancouver, 22 in Victoria, 7 in Nanaimo and 8 in Abbotsford.

The meeting was called to order by Henry Harder, at 4:10 p.m.

Agenda for the May 9, 2005 Meeting: It was moved by David Crockett and seconded by Anneliese Robens that the agenda for the May 9, 2005 meeting be adopted as circulated. Carried.

Minutes of the May 9, 2004 Annual General Meeting: It was moved by Lee Cohene and seconded by David Crockett that the Minutes of the May 9, 2004 Annual General Meeting be adopted as circulated. Carried.

Report from the Chair: Henry Harder, Chair of the Board for 2004, introduced the members of the Board and thanked them and the staff of the College for their hard work during 2004. He referred the attendees to his report in the Annual Report and highlighted the accomplishments of the Board during the year, particularly with respect to the development of Practice Advisories and efforts to further the identity of the profession of psychology.

Inquiry Committee: Marguerite Ford reported on the complaint process, referred registrants to the Annual Report for more information about the work undertaken by the Inquiry Committee, and responded to questions from registrants.

Patient Relations Committee: Robert Colby reported that the Committee is a standing committee mandated by the *Health Professions Act*. The work undertaken during the year was the development of brochures for registrants and complainants.

Registration Committee: Michael Elterman reported that the Committee had processed over 170 applications during the year, including over 100 applications under the extraordinary period. Other issues dealt with by the Committee included the transfer of title issues to the Registration Committee, investigating concerns of referees, and meetings with government around lifting exemptions for government employees.

Quality Assurance Committee: Michael Joschko thanked the members of the Quality Assurance Committee for their dedication to the development of the Continuing Competency Program. He referred registrants to his report in the Annual Report and the various *Chronicle* articles during the year, and responded to questions.

Legislation Committee: Lee Cohene reported on the function of the Legislation Committee, which is to keep registrants informed of new and changing legislation affecting psychologists. Work of this Committee centred around the *Personal Information Protection Act* and changes to the *HPA*.

Registrar's Report: Andrea Kowaz thanked both the public and professional members of the Board and staff for their work and support during 2004. Registrants were referred to the information contained in her report in the Annual Report, and she responded to questions from registrants.

Volunteer Appreciation: Michael Elterman, the 2005 Chair of the Board, and Andrea Kowaz, Registrar, thanked those registrants who volunteer to serve as committee members, oral examiners, and supervisors for their contribution to the College. They were presented with a small token of appreciation.

Adjournment: The meeting adjourned at 5:30 p.m.

**COLLEGE OF PSYCHOLOGISTS
OF BRITISH COLUMBIA**

FINANCIAL STATEMENTS

DECEMBER 31, 2005

**Auditors' Report
Statement of Financial Position
Statement of Changes in Net Assets
Statement of Operations
Statement of Cash Flows
Notes to Financial Statements**

The Raber Mattuck Group



The Raber Mattuck Group
Chartered Accountants

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Telephone: (604) 435-5655 Facsimile: (604) 435-1913 E-mail: info@rabermattuck.com

AUDITORS' REPORT

To the Members 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, 2005 and the statements of changes in net assets, operations 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. Those 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, 2005 and the results of its operations and the changes in its net assets for the year then ended in accordance with Canadian generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Chartered Accountants

Vancouver, British Columbia
April 11, 2006

With Offices Across Canada

COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA
STATEMENT OF FINANCIAL POSITION
AS AT DECEMBER 31, 2005

	<u>2005</u>	<u>2004</u>
	\$	\$
ASSETS		
CURRENT ASSETS		
Cash	1,253,613	1,326,149
Prepaid expenses	<u>7,121</u>	<u>13,757</u>
	1,260,734	1,339,906
PROPERTY AND EQUIPMENT (Note 2)	<u>44,087</u>	<u>61,002</u>
	<u>1,304,821</u>	<u>1,400,908</u>
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	61,412	70,879
Employee remittances payable	18,450	9,474
Deferred revenue (Note 3)	<u>787,950</u>	<u>1,067,450</u>
	<u>867,812</u>	<u>1,147,803</u>
NET ASSETS		
PROPERTY AND EQUIPMENT	44,087	61,002
UNRESTRICTED	<u>392,922</u>	<u>192,103</u>
	<u>437,009</u>	<u>253,105</u>
	<u>1,304,821</u>	<u>1,400,908</u>

Approved by the Board

_____, "Signed Derek Swain", Director

_____, "Signed Robert Colby", Director

**COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA
STATEMENT OF FINANCIAL POSITION
AS AT DECEMBER 31, 2005**

	Invested In Capital	Unrestricted	Total	Total
	Assets	2005	2005	2004
	2005	2005	2005	2004
	\$	\$	\$	\$
NET ASSETS, beginning of year	61,002	192,103	253,105	236,571
Excess of Receipts Over Expenditures	<u>(16,915)</u>	<u>200,819</u>	<u>183,904</u>	<u>16,534</u>
NET ASSETS, end of year	<u>44,087</u>	<u>392,922</u>	<u>437,009</u>	<u>253,105</u>

The accompanying notes are an integral part of these financial statements

**COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED DECEMBER 31, 2005**

	2005 \$	2004 \$
RECEIPTS		
Membership dues	1,171,540	1,156,795
Application and exam fees	78,015	78,580
Interest	21,489	20,572
Other	70,743	37,216
	<u>1,341,787</u>	<u>1,293,163</u>
EXPENDITURES		
Administration	675,762	638,222
Audit	4,440	4,119
Board	34,956	50,713
Committees (meetings, travel and honorarium)	54,202	47,232
External relations (dues)	6,603	6,407
Extraordinary Hearings	17,460	39,034
Discipline Hearings (Including Preparation)	53,103	35,782
Operations	138,657	136,787
Registrant / Applicant services	43,801	29,647
Statutory functions	<u>128,899</u>	<u>288,686</u>
	<u>1,157,883</u>	<u>1,276,629</u>
EXCESS OF RECEIPTS OVER EXPENDITURES	<u>183,904</u>	<u>16,534</u>

The accompanying notes are an integral part of these financial statements

The Raber Mattuck Group

COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 2005

	<u>2005</u>	<u>2004</u>
	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES		
Excess of receipts over expenditures	183,904	16,534
Adjustments for:		
Amortization	19,510	20,110
Prepaid expense	6,636	2,469
Accounts payable	(9,467)	(50,220)
Employee remittances payable	8,976	(1,846)
Deferred revenue	<u>(279,500)</u>	<u>44,600</u>
	<u>(69,941)</u>	<u>31,647</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of capital assets	<u>(2,595)</u>	<u>(16,364)</u>
NET INCREASE (DECREASE) IN CASH	<u>(72,536)</u>	15,283
CASH, beginning of year	<u>1,326,149</u>	<u>1,310,866</u>
CASH, end of year	<u><u>1,253,613</u></u>	<u><u>1,326,149</u></u>

The accompanying notes are an integral part of these financial statements

The Raber Mattruck Group

**COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2005**

1. SIGNIFICANT ACCOUNTING POLICIES

Property and Equipment

Purchased property and equipment are recorded at cost.

Contributed property and equipment are recorded at fair value at the date of contribution. 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.

Revenue and Expense recognition

Membership dues are recognized as income in the fiscal year due. Expenditures are recognized as incurred.

2. PROPERTY AND EQUIPMENT

	2005		2004	
	Cost \$	Accumulated Amortization \$	Net Book Value \$	Net Book Value \$
Office furniture and equipment	84,558	64,192	20,366	22,538
Computer equipment	91,667	75,607	16,060	22,662
Leasehold improvements	<u>40,706</u>	<u>33,045</u>	<u>7,661</u>	<u>15,802</u>
	<u>216,931</u>	<u>172,844</u>	<u>44,087</u>	<u>61,002</u>

3. DEFERRED REVENUE

Deferred revenue represents membership fees for the 2006 calendar year received in advance.

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