

The CAP Monitor

To serve the interests of the public and guide the profession of psychology.

Issue 29

Winter 2008

KEEPING CURRENT ON KEEPING RECORDS

By Richard J. Spelliscy, Deputy Registrar & Director, Professional Affairs

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A growing number of ethical codes (CPA, 2000; APA, 2000) and practice standards (CAP, 2005) provide critical information on the minimum requirements of accepted record keeping. Legislative demands that supersede professional expectations have also been developing at an ever-increasing rate. Psychologists should be aware of legislation that may impact their record keeping practices including, but not exclusively, the Freedom of Information and Protection of Privacy Act (Alberta), the Health Information Act (Alberta), the Personal Information Protection Act (Alberta) and the Personal Information and Electronic Documents Act (Canada).

Additional requirements stem from an understanding of relevant court decisions that may specifically delineate professional obligations, such as what record information is accessible to clients. An example is the case of *McInerney v. MacDonald*, 1992. In that case, the Supreme Court of Canada determined that a doctor held a patient's information in trust for the patient. Although the physical records were the property of the doctor, the Court stated that the information contained in the records was held in trust for the patient. The Court also recognized very limited exceptions to the doctor's

obligation to allow the patient access to the information on the chart. These obligations apply equally to a psychologist and to a client's information in the psychologist's file.

Understanding these legislated and legal expectations and determining how to engage in ethical decision making within them is often challenging. Consulting colleagues and obtaining legal advice may be increasingly required in determining which guideline, standard or legislation is applicable and overriding in each particular case.

Guidelines are suggested or recommended practice procedures. They may reflect best practices. They may or may not be compulsory. Many are aspirational in intent.

Standards are rules and requirements. They represent minimum professional practice expectations. They are compulsory and take precedence over guidelines.

Legislation is statutory. It sets out legal authorities, obligations and duties. Legislation can be broad or narrow. Legislation always supersedes guidelines and/or standards.

Regulated members of the College of Alberta Psychologists have professional obligations, under the 2000 Canadian Code of Ethics (1.37, 1.39, 1.41 and 1.42) and the 2005 College of Alberta Psychologists Standards of

Practice, section 11(1), (2), and (3), to maintain appropriate client record keeping practices. The Standards identify several components of professional record keeping:

Maintaining Client Records

11(1) Psychologists rendering professional services to a client or billing a third party for professional services shall maintain records that include the following:

- appropriate identifying information;
- the presenting problem or problems or the purpose of the consultation;
- the fee arrangement
- the date and substance of each professional service, including relevant information on interventions, progress, any issues of informed consent or issues related to termination;
- any test results or other evaluative results obtained and any basic test data from which the results were derived;
- notations and any results of formal consults with other service providers; a copy of all test or other evaluative reports prepared as part of the professional relationship.

11(2) Psychologists shall ensure that all data entries in their professional records are maintained for a period of not less than ten years after the last date on which a professional

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Calendar of Meetings

Credentials Evaluation Sub-Committee Meetings

| <i>Meeting Date</i> | <i>Deadline for Application</i> |
|---------------------|---------------------------------|
| April 18, 2008 | April 11, 2008 |
| May 30, 2008 | May 23, 2008 |
| September 5, 2008 | August 29, 2008 |
| November 7, 2008 | October 31, 2008 |

Registration Approvals Sub-Committee Meetings

| <i>Meeting Date</i> | <i>Deadline for Submissions</i> |
|---------------------|---------------------------------|
| February 25, 2008 | February 19, 2008 |
| April 14, 2008 | April 7, 2008 |
| May 26, 2008 | May 20, 2008 |
| June 23, 2008 | June 16, 2008 |
| August 25, 2008 | August 18, 2008 |
| September 29, 2008 | September 22, 2008 |
| October 20, 2008 | October 10, 2008 |
| December 8, 2008 | December 1, 2008 |

Note: Dates are subject to change if scheduling conflicts occur. The most up-to-date calendar is available on the CAP website under "upcoming events."

Oral Examinations

| <i>Dates</i> | <i>Deadline for Application</i> |
|-----------------------|---------------------------------|
| April 21 - 25, 2008 | February 25, 2008 |
| June 23 - 27, 2008 | April 28, 2008 |
| October 27 - 31, 2008 | August 22, 2008 |

Resources CAP Publications

Available on a cost-recovery basis from the College office as well as on our website:

- a) copies of CAP professional guidelines for psychologists (individually or as a package)
 - Addressing Recovered Memories
 - Advertising and Other Public Communication
 - The Use of Aversive Techniques in Behaviour Management
 - Child Custody Assessment
 - The Control and Use of Tests by Psychologists
 - Non-Discriminatory Practice
 - Release of Confidential Information: Special Issues in Client and Third Party Requests
 - Service Fees for the Provision of Copies of Client Files
 - Psychological Evaluations for Child Protection Decisions
 - Limits to Confidentiality and Consent for Services: Special Issues in Working with Minors and Dependent Adults
 - Dual Roles: Guidelines for Conducting Assessments and Providing Therapy with the Same Client
 - Supervisors and Registered Provisional Psychologists
- b) "Status of Regulatory Documents in the Regulation of the Psychology Profession in Alberta"
- c) "Receiving Services from a Registered Psychologist..." (brochure)

KEEPING CURRENT ON KEEPING RECORDS

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service was rendered.

11(3) Psychologists shall store and dispose of written, electronic and other records in a manner that ensures confidentiality of the records.

This standard of practice incorporates the level of detail required, maintenance, retention, confidentiality and disclosure issues. The client record cannot simply be a few sparse comments intended to aid the psychologist's memory. It is intended to allow the client to have a full record of assessment, diagnosis and treatment. The record is also to allow the client to continue care with another psychologist with relative ease. Additional information is provided in the areas of contextual references, electronic, multiple and financial record keeping.

The 2007 American Psychological Association Guidelines offer both a rationale and application suggestions for each of the 13 areas identified, and provide practical advice to psychologists attempting to engage in ethical record keeping practices. According to these guidelines, psychological records include three broad categories of information. These are outlined below:

Information in the client's file:

- identifying client data (e.g., name, ID number)
- contact information (e.g., phone number, address, next of kin)
- fees and billing information
- where appropriate, guardianship or conservatorship status
- documentation of informed consent or assent for treatment
- documentation of waivers of confidentiality and authorization or consent for release of information
- documentation of any mandated disclosure of confidential information (e.g., report of child abuse, release secondary to a court order)
- presenting complaint, diagnosis or basis of request for services

- plan for services, updated as appropriate (e.g., treatment plan, supervision plan, intervention schedule, community interventions, consultation contracts)
- health and developmental history

For each substantive contact with a client:

- date of service and duration of session
- types of services (e.g., consultation, assessment, treatment, training)
- nature of professional intervention or contact (e.g., treatment modalities, referral, letters, e-mail, phone contacts)
- formal or informal assessment of client status

The record may also include other specific information, depending upon the circumstances:

- client responses or reactions to professional interventions
- current risk factors in relation to dangerousness to self or others
- other treatment modalities employed, such as medication or biofeedback treatment
- emergency interventions (e.g., specially scheduled sessions, hospitalizations)
- plans for future interventions
- information describing the qualitative aspects of the professional-client interaction
- prognosis
- assessment or summary data (e.g., psychological testing, structured interviews, behavioural ratings, client behaviour logs)
- consultations with or referrals to other professionals
- case-related telephone, mail and e-mail contacts
- relevant cultural and socio-political factors

American Psychologist (December, 2007)

Sound record keeping practices provide one level of assurance for both clients and psychologists alike. Regular review of applicable ethical guidelines, standards and

existing legislation ensures that any professional decision-making keeps pace with regulatory and legislative expectations. This is particularly important as professional demands may come from a variety of sources. The 2007 American Psychological Association Guidelines provide a template for ethical practise and decision-making in the increasingly complex area of record keeping. Members are encouraged to review these guidelines, keeping in mind jurisdictional relevance, practice standards, legislation and related court decisions.

Websites:

CAP members may access linkage through the College website

- American Psychological Association
- Health Professions Act and Psychologists Profession Regulation
- Health Information Act
- Freedom of Information and Protection of Privacy Act
- Personal Information and Protection Act
- CAP Practice Standards

Examination Results

Examination for Professional Practice of Psychology

A total of 52 candidates wrote the EPPP examination between September 15, 2007 and January 15, 2008.

| | | |
|------|----|-------|
| Pass | 33 | (63%) |
| Fail | 19 | (37%) |

Oral Examinations

A total of 44 candidates undertook the oral examination between September 1, 2007 and January 31, 2008.

| | | |
|------|----|-------|
| Pass | 43 | (98%) |
| Fail | 1 | (2%) |

FEE INCREASE FOR EPPP

Provisional Psychologists should take note that the examination fee set by the Professional Examination Service for the Examination for Professional Practice of Psychology (EPPP) **increased to \$400 U.S.** as of January 1, 2008

Register Updates

New Members

Congratulations and welcome to the 36 new registered psychologists who have been added to the Register between **September 30, 2007 and January 31, 2008.**

Doerte Ahlers-McHardy
Joanna Card
Thomas Changarathil
Timothy Claypool
Charles Coleman
Leona Corniere
Zuraida Dada-Ramdin
Robert Dew
Nina Engelhardt
Laura Grier
Christine Hoveland
Florence Johansson
Shirley Karseboom
Rodney Keddy
Christian Laplante
Terry Lindberg
Christopher Marusiak
Robert McInerney
Rebecca Miller
Tracy D. Murphy
Dan Neuls
Laura Nicholson
Maureen Omness
Nicole Ottenbreit
Paula Palmarchuk

Stephanie Parkinson
William Prince
Shari Roberts
Cathy Robinson
Wanda Saul
Henry Schellenberg
Alisa Singer
Tanya Spencer
Ryan Tonn
Kimberly van Walsum
Connie Wood

Reinstatements

Registered Psychologists
Hugh Wiley

Deaths

The College has learned, with regret, of the death of Dr. David Gibson. We extend sincere condolences to their families, friends and professional colleagues.

Changing Your Address?

Please notify the College promptly in writing of changes in your address, phone/fax numbers or e-mail address. A change of address form is provided on the College website.

Please note that the business address, phone number, fax and email information collected from members is available to the public. **If you are providing a RESIDENCE address to the College, clearly indicate so on the Change of Address form so that this information is not provided to the public.**

News & Announcements

Committee News

Oral Examinations Committee

Welcome to new member Marlen Walker.

Registration Approvals Sub-Committee

Welcome to new member Ami Stadnick.

Opportunities to Get Involved—Volunteers Needed!

The College of Alberta Psychologists relies on member volunteers to effectively fulfill its mandate as a regulatory body.

If you wish to be considered for service on a College committee, please complete and submit the Application for Committee Service, which is available on the CAP website under “Registrants.” Completed applications can be directed to the Registrar at the College office.

All committee appointments will be made by Council.

Members who volunteer for committee service are expected to participate in at least 50% of the meetings or panel sittings.

Thanks!

Each of the volunteers named in this section is very much appreciated - in fact, the work of the College could not continue without their active participation.

Welcome to New College Staff!

On January 2, 2008, the College office was pleased to welcome two new staff members: Lindsey Anderson, hired to fill a vacancy as the Administrative Assistant, Complaints and Professional Affairs; and Richard Spelliscy, who has been hired on a part-time basis to fill the newly created position of Deputy Registrar and Director, Professional Affairs.

Lindsey is a paralegal who brings to the Administrative Assistant position a strong background in legal processes and procedures, excellent secretarial skills, strong communication skills and a bright and pleasant disposition. Lindsey will be responsible for assisting in the complaints and professional conduct processes as outlined in the Health Professions Act and will function as administrative assistant to both Eileen Baril, Complaints Director and Richard Spelliscy, Deputy Registrar and Director, Professional Affairs.

Richard brings to the College a wealth of experience as a registered psychologist in private practice. Richard also has extensive knowledge of College operations having served in the past on college committees and on the Council of the College, including a term as President. Richard will be applying his experience and expertise to assist the college in implementing its Strategic Plan, and continued development and implementation of the mandatory continuing competence program. Richard will be working closely with the advisory committees of the College as well as undertaking the oversight of the College's publication, The CAP Monitor.

Continuing Competence Survey

Executive Summary

Background

Changes to professional legislation require that health professional associations implement continuing competency programs for their members. The College of Alberta Psychologists (CAP) is required to implement such a program by January 2011.

In order to help refine the continuing competency program, CAP commissioned a survey of the membership. The survey data will help the CAP executive refine the continuing competency process. As well, the information will help identify gaps in members' knowledge of the continuing competency program, and help CAP to tailor information to the members' needs.

Methodology

The Consultant developed a seven-page survey, with input from the Continuing Competence Ad Hoc Committee. The Practice Advisory Committee approved the final version. This survey, along with a cover letter on CAP letterhead signed by the Chair of the Practice Advisory Committee, and a stamped, pre-addressed envelope, were mailed to 2,259 CAP members with Canadian addresses. A total of 24 names with addresses outside of Canada were removed prior to mailing.

Responses

A total of 340 responses were required in order for the results to be accurate within 5%, 19/20 times. A total of 917 (40.6%) completed surveys were returned and included in the analysis.

Although the survey was mailed to psychologists, they were given the choice of either completing and returning the paper survey, or going on-line and completing the survey electronically. A total of 85 surveys were completed using the on-line survey site. Fifteen on-line responses were deleted because the individuals

had also submitted on paper.

Responses representative of membership

A comparison of the demographics of the survey respondents to the 2005 CAP membership demographics showed that the survey respondents were representative of the CAP membership as a whole. There were no significant differences in age and gender.

Issues related to returns

On-line survey frustrations - a small number of psychologists had trouble using the on-line survey. The main issue people had with the on-line survey was related to how their browsers cached form data. However, there were also a high number of psychologists who indicated that they couldn't find the CCP information on the CAP site.

Incomplete responses

During email conversations with individuals having the cached form data difficulties, some individuals assured the Consultant that all questions had been answered. This initially raised concern for the on-line survey with the Consultant. However, when the paper surveys began to be reviewed it became fairly obvious that people were not filling out all the questions. Individuals skipped questions on paper - they also tried to skip them electronically.

The last two pages of the survey have a high number of no responses - both paper and electronic.

Demographic information and survey id - Approximately 6% of the respondents did not provide some or all of the demographic information. Two people actually tore off the survey id code. Usually individuals just left the questions blank, but comments included: "This is a human rights

violation." (from an individual who left the entire section blank), and "nice try. So much for anonymous although I never thought it was to begin with." In fact, the survey id was to help make sure duplicate responses (on-line and paper) were not included, not to track individuals.

Comments

Less than 1/3 of the respondents provided written comments (30.5%) - at least formal comments on the last page. Individuals frequently provided comments elsewhere on the survey. They often provided explanations as to why a particular answer had been chosen. Unfortunately these notes cannot be captured, but it may explain why some people had difficulties, or did not like, filling out the survey electronically. On the electronic version, they did not have the opportunity to scribble explanatory notes.

No Response versus Not Applicable/Never - On questions where some choices may not apply to the individual, the response 'not applicable' or 'never' was listed as a selection. In the analysis, 'no response' means that the respondent did not check any choice for that question. Often 'no response' and 'not applicable' are considered as having the same meaning. However, respondents frequently selected 'not applicable' for some choices and left other questions within the same section of the survey completely blank. It is hard to tell whether they have the same meaning or not.

Under-representation of non-primary practice characteristics - In some of the questions asking for characteristics of primary and 'other' or non-primary practices, the non-primary practice characteristics may be under-represented. For example, if a respondent checked 'infants' as a client type for both the primary and

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non-primary practice, the response was only coded for primary.

Conclusions

Knowledge of Continuing Competency Program

Although 78% of the respondents were aware of the Continuing Competence Program, only 48% had read the document.

Although the document is freely available on the CAP website, many respondents indicated that they were unable to find it. This is one indicator that seems to point out that a number of CAP members have limited computer skills. It is important for CAP to ensure all materials are available to members both in hard copy and on-line.

Psychologist's Practices in Alberta in Relation to Perspectives on Continuing Competencies

The majority of psychologists in Alberta have private practices in Metro Edmonton or Metro Calgary. Private practice can limit the ability to participate in continuing competency activities. It is unsurprising then that of the 52% of respondents who indicated barriers to continuing competence activities, the majority of these (61%) indicated that time, money, or time and money were limiting factors. This would also relate to the fact that 93% of respondents indicated that they participate in self-study activities frequently/very frequently; 79% indicated that they participate in peer consultation frequently/very frequently.

Usefulness of Continuing Competence Activities

With the exception of self-study and 'other competency activities', respondents rated continuing competency activities as useful/very useful at a higher rate than they actually undertake those same activities. This could be related to the barriers of time and money – although psychologists feel that certain activities are useful, they may not be able to afford (in time and/or

money) to participate in activities frequently.

Beneficial Continuing Competence Activities

Respondents found that workshops, conferences, and seminars were the most beneficial continuing competence activities, followed by peer consultation, reading, and self-study. However, there was enough variation to indicate that CAP members prefer flexibility to participate in a wide variety of continuing competence activities.

Appropriate Continuing Competence

When asked to indicate what is appropriate in terms of continuing competency, respondents provided a wide range of activities. The majority believe that a range of activities (including, but not limited to, education, training, peer consultations) is necessary (15.8%). Another 8.8% felt that there should be specific numbers of hours, credits or time to be allocated to continuing competence activities, although there was no agreement as to what this number should be. However, 4.0% suggested that CAP should clearly specify the requirements. A program that is flexible and personally meaningful was stressed by 4.3% of respondents.

It should be noted though that 29.1% of respondents did not provide an answer to 'what is appropriate in terms of continuing competence, and an additional 2.8% said they were unsure.

Current Continuing Competency Activities

Of those respondents who indicated they were making changes to their continuing competence activities, 2.9% said that they already were maintaining their competency, with another 6.6% indicating that their plans were ongoing and evolving. For those respondents who indicated they weren't planning a change, the majority (24.8%) indicated that it was because they already maintain

competence and would continue as before. This indicates that a large percent of psychologist already undertake continuing competence activities and view it as an integral part of their practice.

Report on the Continuing Competence Survey of Alberta Psychologists

Submitted to:
College of Alberta
Psychologists'
Practice Advisory
Committee

Prepared by:
Woodhead Lyons
Consulting Inc.

Some Thoughts on Oral Exams

By Lee Handy, Chair, Oral Examinations Committee

I would like to acknowledge the many colleagues who have worked diligently on the evolution of our oral examinations, contributing positively to this process by volunteering their time, acknowledging what works well, and suggesting issues, concerns, and changes that help us all. Special thanks to those who have attended meetings in Calgary and Edmonton directly related to these issues. Each of us represents a small but very important part of the process; all feedback is valued and taken into consideration.

Oral examinations will be an important registration requirement for the foreseeable future. It remains our expectation that most candidates will pass and, while they usually do, there are still some who do not meet the minimal standards in terms of knowing professional boundaries and relevant ethics, standards, statutes and case law. The oral exams serve an important purpose in ensuring that successful candidates have adequate practice knowledge on issues of jurisprudence to enter independent practice. This provides a layer of safety for both the public and the practitioner.

From the recent examiners' meetings, several themes emerged that are worth mentioning. The examination guidelines provided to

candidates are clearly beneficial to them. However, it is expected that candidates should understand the relevance and application of the items as opposed to just responding from rote memory.

The supervised practice work sample has admittedly become somewhat less important within the oral examination. However, it is often relevant in relation to other inquiries occurring within the examination, and can directly influence the examination outcome. While work samples do not need to be formal psychological reports, they should be written in a manner that illustrates the type of psychological services the candidate plans to offer.

It is suggested that, when appropriate, practice supervisors spend some time preparing supervisees for the oral exam and going over their work samples with them. It was the perception of examiners that when this had occurred, candidates performed better during the examination. Ideally, supervisors will work carefully with provisional psychologists to make sure their supervision contracts correspond with the practice areas identified for the oral examinations.

The main area of confusion appears to be that formal assessment is frequently identified when it is not appropriate.

It is important that, as oral examiners, we understand our mandate and are willing to function within its scope. The process, as stated above, will evolve as it continues to meet fundamental principles such as fairness and transparency. The orals are but one component of the registration process, which includes, as other major components, the EPPP, credentials evaluation and the internship, as well as other elements.

All in all, we hope the orals will provide candidates with experiences that are respectful, that represent the College of Alberta Psychologists in positive manner and that introduce them to a constructive, collegial organization. Candidate feedback strongly indicates that this is usually the case.

To comment, or for further information regarding the oral examinations, please contact Shenade Finnestad at s.finnestad@cap.ab.ca.

Many thanks to those who have contributed to this important process.

Special thanks to Jean Pettifor for all her feedback.

On-Line Resources

The College's website at www.cap.ab.ca serves two purposes: communication with the public and communication with College members. The website is updated regularly and is a good source of information for everyone.

Other useful websites for CAP members:

- Health Professions Act, www.gov.ab.ca/qp
- Psychologists' Association of Alberta, www.psychologistsassociation.ab.ca
- Canadian Psychological Association, www.cpa.ca
- Association of State and Provincial Psychology Boards, www.asppb.org
- Office of the Information and Privacy Commissioner, www.oipc.ab.ca

Did You Know?

Survey of Provisional Psychologists and Supervisors

The Registration Advisory Committee invites all provisional psychologists and supervisors to complete an online survey regarding your experience with supervision.

This survey is available on the CAP website at www.cap.ab.ca

Your feedback is greatly valued!

New Administrative Policy Affecting Member Registration Files

The College conducted a review of membership files over the fall. In the interests of space and in keeping with relevant privacy legislation which encourages an organization to hold only that information it specifically requires to fulfil its mandate, the following information will be held for only one year after a member has met all registration requirements and has been registered on the general register of the College:

- Transcripts
- Supervision plans and/or Waiver Requests
- Mid term, Final and Ongoing Evaluations
- Oral Examination Work sample

After one year these documents will be destroyed. New registrants will be given one year from the date they complete the registration process to request this information back.

For those members registered prior to November 1, 2007, if you would like these documents returned to you, please request this in writing and submit the administration fee of \$25.00 by **April 30, 2009** and they will be returned to you after this date.

REMINDER – PRACTICE PERMIT RENEWAL FOR 2008/09 FISCAL YEAR!

Members should have received their application to renew their Practice Permit before March 31, 2008 for the upcoming 2008/09 fiscal year. The Health Professions Act requires the College to issue practice permits for members. Without a valid practice permit, members cannot engage in the practice of the profession. If you have not received your application contact the college office immediately! To ensure your application for renewal is processed in a timely and efficient manner, please note the following:

- a **completed** Application for Renewal of Practice Permit **must be completed and received** at the College office **by March 31st**.
- Members will be asked to complete a declaration regarding criminal record on the application.
- Members must also provide evidence that they maintain professional liability insurance in an amount of at least \$1,000,000. We do not require a copy of your insurance documents; rather, members must fill out a portion of the renewal application regarding their insurance. *Members may have adequate coverage from an agency or institution that they work for. However, members who also engage in private practice must maintain liability insurance for work engaged in outside of the agency or institutional setting.*
- A **late fee** of \$100 will be assessed to all renewal applications received after March 31, 2008. The College office mails the renewal application forms no later than the 1st of week of February each year. If you have not received your notice by the end of February, you should call the office to follow-up. If you have a change of address, please make sure it is received in time to be processed at the college office prior to the time of this mail-out.

Continuing Competence Program Update

The 1999 *Health Professions Act*, section 50(1), requires the College Council of every HPA regulatory body to implement “by regulation, a continuing competence program within 5 years from the date that the schedule to this Act with respect to the profession comes into force.” The College of Alberta Psychologists is required to implement a continuing competence program for its regulated members by January 1, 2011. CAP Council directed the Practice Advisory Committee to establish a Continuing Competence Ad Hoc Committee to meet this legislative requirement.

The PAC established terms of reference for a Continuing Competence Ad Hoc Committee. This ad hoc committee established a task list and critical path. A Continuing Competency Survey was completed. The survey was designed to identify areas for growth and to build upon members’ existing continuing competence practises. A total of 917 (40.6%) completed surveys were returned. The vast majority of respondents were aware that a continuing competence program was being developed. Complete results of the survey are available upon request from the College. Please see the executive summary in this edition of The CAP Monitor for an overview.

Council initially approved the CAP Continuing Competence Program Model in September 2004. Key components included a Self Assessment Guide and a Professional Development Learning Plan. The program was revised in March 2006. Continuing Competence Ad hoc Committee members and CAP staff are examining program requirements on an ongoing basis. Draft regulations are currently being developed to enable the College to implement the continuing competence program required under the HPA. These regulations will be followed by member guidelines to ensure all expectations are transparent and to support the overriding goal of public protection. Policies will subsequently be developed to further support this important program initiative. Consideration is also being given to future program enhancements, including the use of technology to promote competence through education.

The College of Alberta Psychologists would like to thank the members of the Continuing Competence Ad Hoc Committee: Alexandra Kinkaide, Eileen Baril, Jana Hyer Davies, Kelly Schwartz, Lorraine Breault, May Caprio, Paul Jerry, Robin Adkins, Sandra Dame and Tami Yanish. Gail Leicht and Lindsey Anderson are providing administrative guidance.

For additional information on the Continuing Competence Program see the CAP website at www.cap.ab.ca, or contact Lindsey Anderson at l.anderson@cap.ab.ca.

Oral Examinations DVD

The Registration Advisory Committee is pleased to offer candidates a short DVD clip outlining the process of the oral examination.

It is hoped this short demonstration will provide candidates with valuable information on what to expect at their oral examination.

The clip may be viewed on the CAP website
www.cap.ab.ca

Did You Know? cont'd

Non-Regulated Retired Members

With the proclamation of the Health Professions Act for the profession of psychology in January 2006, the College introduced the non-regulated retired members register. Although retired members do not need to renew their status with the college yearly (as do regulated members), retired members are reminded to keep the College updated with their contact information so that they will continue to receive College publications, notice of elections, and other correspondence.

Mutual Recognition Agreement – Members registered after July 1, 2003

Notice to Registrants: All Canadian Regulatory Bodies entered into a Mutual Recognition Agreement under the Agreement on Internal Trade. As outlined in the MRA, all jurisdictions agreed to assess, as of July 1, 2003, all applicants for registration based upon mutually agreed upon core competencies. Further, it was agreed to:

“Subject to articles 4.5 and 3.13, license without further assessment a psychologist registered after July 1st, 2003, in one of the signatory jurisdictions.

4.2.1 Subject to articles 4.5 and 3.13 and notwithstanding the above, the parties agree to license a psychological associate registered for autonomous practice after July 1, 2003 in one of the signatory jurisdictions, where that registration is based upon a graduate degree in psychology from a recognized institution and where that registration is based upon the assessment of the agreed upon core competencies. Such recognition will be accorded only if the applicant has met graduate degree requirements at least equivalent to those of the new jurisdiction for practice without supervision.”

Registrants are cautioned, however, to keep in mind that despite having signed the MRA, the transition to registration processes and requirements in most jurisdictions took some time to implement and put into place. Therefore, most jurisdictions were not fully assessing the core competencies as agreed to as of July 1, 2003. Alberta is no exception to this rule. All changes to the requirements for registration were not fully implemented here in Alberta until September, 2005. Therefore, if you were registered between July 1, 2003 and September 1, 2005, you may not meet the requirements of the MRA.

Please contact the College office for further information.

Alberta Health and Wellness – Hand Hygiene Initiatives

In August, 2007, the findings of the Provincial Infection Prevention and Control Review of IPC practices and policies across all of Alberta’s health authorities and health professional regulatory bodies were announced by the Minister of Health and Wellness. No imminent public health threats were identified, however, variability in practices and policies that could allow incidents to develop were noted. The Minister of Health therefore directed the department of Health and Wellness to develop provincial standards for infection prevention and control.

On January 16, 2008, Alberta Health and Wellness released a 10 year strategy to address infection prevention and control. Of particular note to health professionals is the Alberta Hand Hygiene Strategy which was developed to improve hand hygiene behaviors in Alberta. The strategy is designed to support disease prevention and Albertans’ healthy living. There are several components to the strategy including encouraging access to hand hygiene facilities and products, developing and implementing provider (those who work in contact with patients, clients or customers such as health professionals) education and training, child education and training, public and community education and awareness and evaluation and research.

As regulated members of the College, we can support this initiative by availing ourselves of the resources, education and information being developed by Alberta Health and other regional, local and federal partners such as health authorities, school authorities, and professional organizations.

Members can access the Alberta Hand Hygiene Strategy on the Alberta Health and Wellness website www.health.alberta.ca



Council 2007-08

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Committee Chairs

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Chair, Registration Advisory Committee

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Jon Amundson and Walter Goos, Supervision Consultants for the College, provide consultation to provisional psychologists and supervisors, and assist in the resolution of conflicts between provisional psychologists and supervisors.

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