

Manitoba Psychologist

THE PSYCHOLOGICAL ASSOCIATION OF MANITOBA /
L'ASSOCIATION DES PSYCHOLOGUES DU MANITOBA

P.A.M. is legally constituted by the Psychologists Registration Act (R.S.M. 1987) as the regulatory body for the practice of all branches of Psychology in Manitoba.

162-2025 Corydon Avenue, #253, Winnipeg, MB R3P 0N5 (204) 487-0784, FAX (204) 489-8688, email: pam@mymts.net

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ASPPB White Paper: Continuing Professional Development

P.A.M. Members are currently required to complete at least 20 hours of approved continuing education each year as a condition of renewing their membership the following year. Under RHPA, a new College of Psychologists will be required to have broader “Continuing Competence” programming in place (see page 5).

P.A.M.’s Registrar and Executive Council have paid close attention to an August, 2013 draft White Paper entitled *Guidelines*

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P.A.M. Complaints Committee:

**Thank you Lorna Leader...
Welcome Doreen Phimister**

On behalf of P.A.M.'s Complaints Committee, Dr. Michael Stambrook thanks Ms Lorna Leader for her many years of work as Assistant to the Committee. Ms Leader served P.A.M. very well through her tenure, and we wish her well in her future endeavors.

Ms Doreen Phimister assumed the duties of Assistant to the Complaints Committee in October 2013. Ms Phimister came to P.A.M. following a career working in various departments of the provincial government and in immigrant settlement services. Since retirement, she has concentrated on spending time with her grandchildren, but was happy to take on this flexible, challenging part-time position.
Welcome.

Jurisprudence Examination 2.0

P.A.M. Members are no doubt aware that, since January, 2010, applicants to the C.Psych. and P.A. (IP) Registers have needed to pass a multiple-choice Jurisprudence Examination as a demonstration of their familiarity with pieces of legislation and other documents most relevant to the practice of Psychology in Manitoba.

By early 2013, it had become clear that it was time to review and update the JPE. For one thing, P.A.M.'s Code of Conduct had been developed, and it seemed obvious that applicants should be familiar with this. Also, as P.A.M. had made clearance of a Manitoba's Adult Abuse Registry check part of the application process, familiarity with that legislation seemed important. Also important was the fact that there was no alternate or second form of the examination for use in rewrites after an initial failure.

A JPE Review Committee was formed to conduct a review of the existing exam, and to develop items referring to the newer documents, as well as alternate forms for retesting. The Committee is nearing completion of its work and advises that it is nearly ready to submit a JPE 2.0 for consideration by P.A.M. Executive Council, and that it will recommend adoption of the new test for 2014 sittings.



Child Abuse Reporting Handbook

PAM Executive Council has endorsed a recently released handbook published by the Provincial Advisory Committee on Child Abuse.

Reporting of Child Protection and Child Abuse represents the most current protocol for the reporting of child safety concerns and P.A.M. members are advised to be familiar with its contents.

The full text is at:

http://www.pacca.mb.ca/ESW/Files/Handbook_Child_Protection_and_Child_Abuse_Web_Links.pdf

CE Reporting on RIMS

When reporting a CE event on the Registration Information Management System (RIMS), enter only the first date of the event, but record the total number of CE credit hours beside that first date. (The CE form on RIMS can't accept multiple days.)

As always, retain your attendance certificate for CE Committee in the case of an audit. or more information about P.A.M. CE requirements, visit the P.A.M. website (www.cpmb.ca) and click the Description and FAQ link under "Continuing Education".

Manitoba Psychologist

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Editor:

Dr. Neal D. Anderson, C.Psych.
633—1445 Portage Avenue
Winnipeg, MB R3G 3P4
P—(204) 489-1682 F—(204) 489-1748
email—anderson@andersonadkins.ca

Readings

Continuing Professional Development...

Professional Regulation in the Future...

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... Continuing Competence, continued from Page 1

for Continuing Professional Development.

For several years, the ASPPB (Association of State and Provincial Psychology Boards) Task Force on Maintenance of Competence and Licensure (MOCAL) has been studying the role that psychology regulatory bodies can have in ensuring that registered psychologists maintain professional competence, as well as best practices for implementing continuing competence programs. Here is the paper's General Introduction.

Maintenance of Competence for Licensure (MOCAL)

*ASPPB Task Force on Maintenance of Competence and Licensure (MOCAL) **

I. General Introduction

In 2009, the Association of State and Provincial Psychology Boards (ASPPB) appointed a Task Force for the Maintenance of Competence and Licensure (MOCAL) with the following charges:

1. Revise and update the *ASPPB Guidelines for Continuing Professional Education* (June 2001) with input from member boards and other interested stakeholders.
2. Study the role that regulatory bodies in psychology can have in assuring that licensed/registered psychologists maintain their competence.
3. Make recommendations to regulatory bodies on how to implement maintenance of competence/licensing procedures.

The revised and updated *ASPPB Guidelines for Continuing Professional Development* (CPD) were adopted by the ASPPB Board of Directors in 2012 (ASPPB, 2012). The present report addresses charges #2 and #3 listed above and should be considered as a "white paper" to be used by regulatory bodies to help them implement

** Excerpted with permission from the Draft White Paper, June, 2013. Members of the MOCAL task force: Carol Webb, Ph.D. (Chair), Thomas J. Boll, Ph.D., Robert A. Brown, Ph.D., Jacqueline Horn, Ph.D., Catherine Yarrow, MBA, Ph.D., Janet Pippin Orwig, MBA (ASPPB).*

maintenance of competence for licensure procedures.

Neimeyer, Taylor, Zemansky, & Rothke, (2012) note that the movement for formal Continuing Education (CE) in psychology began in the 1960s and 1970s. Soon thereafter a number of jurisdictions began to make CE mandatory for licensure renewal as a way of ensuring that psychologists remained up-to-date in terms of their competence and knowledge to practice. Webb and Horn (2013) report that 52 of the 64 (81%) state and provincial psychology regulatory bodies that are members of ASPPB mandate some form of CE for license renewal. There is considerable variability among the jurisdictions, however the modal number of hours required is 20 per year, and that includes formal courses, workshops, consultation groups, and/or other educational activities.

However, numerous reports have indicated that there are serious deficiencies in the evidence base

concerning the effectiveness of traditional CE formats to maintain professional psychologists' knowledge and skills (e.g. ASPPB, 2012, Neimeyer, Taylor & Wear, 2009). Additionally, the competency movement has become more integral to the profession as evidenced by the following: accrediting agencies such as the American Psychological Association (APA) have moved beyond a listing of courses as evidence of adequate training, to enumerating the competencies expected of graduates; core competencies expected of practitioners in various specialties have been identified (e.g., Kaslow, Borden, Collins, Forrest, Illfelder, Nelson, Rallo, Vasquez, and Willmuth, 2004; Kaslow, Celano and Stanton, 2005; Lambert & Nelson, 2012; Rodolfa, Bent, Eisman, Nelson, Rehm, and Ritchie, 2005;) and ASPPB has conducted a practice analysis that outlines the core competencies deemed necessary for licensed psychologists (ASPPB, 2010). The *ASPPB Guidelines for Continuing Professional Development* incorporated the competencies identified by the ASPPB Practice Analysis, and the

The Regulated Health Professions Act (Manitoba)

STANDARDS OF PRACTICE, CODE OF ETHICS, PRACTICE DIRECTIONS AND CONTINUING COMPETENCY PROGRAMS

Continuing competency program

87(1) A council must establish, by regulation, a continuing competency program to maintain the competence of the members and to enhance the practice of the regulated health profession. The program may provide for, but is not limited to,

- (a) reviewing the professional competence of members;
- (b) requiring members to participate in programs intended to ensure competence; and
- (c) conducting practice audits in accordance with this Act.

MOCAL Task Force believes that there are important implications for evaluating continued competence for licensure renewal.

The competency movement is evident in many other disciplines as well. For example, the public expects medical professionals to be periodically assessed for continuing competence (AARP, 2007); hospitals are requiring that older physicians demonstrate continued competence for the renewal of their privileges (Boodman, 2012); and importantly, the Federation of State Medical Boards (FSMB) has been actively studying the issue of continuing competence and maintenance of licensure (MOL) for the past 20 years. The FSMB, through a series of interim reports, has now made far-reaching recommendations about various components of physicians' competencies and the processes by which their knowledge and skills may be maintained, enhanced, and demonstrated (FSMB, 2013). The MOCAL Task Force reviewed numerous FSMB documents in preparing this report.

While requiring CE for licensure renewal was a great step forward, the MOCAL Task Force review of the relevant research literature indicated that the typical CE experience approved by APA and state agencies does *not demonstrate* effectiveness in maintaining competence and enhancing skills (ASPPB, 2012). The definition of CE has been conceptually limited in that it has focused on the nature of the CE experience rather than on what might be called "practitioner-oriented" education. CE, as it is generally practiced, refers to educational activities in psychology that are offered in one-time-only workshop formats (ASPPB, 2012). *Practitioner-oriented* education refers to a flexible process that focuses on the needs of individual psychologists to keep up-to-date, maintain, and enhance their knowledge and skills in areas relevant to their practice. The MOCAL Task Force

(and many others) re-named this process as one of Continuing Professional Development (CPD), the ethical and professional responsibility of all practitioners to maintain and enhance their knowledge, skills, judgment and attitudes. It also suggested that the need for CPD could be met by tailoring educational choices to the psychologist's specific needs and learning styles by including a wide variety of activities. In order to facilitate learning and change behavior, CPD and Maintenance of Competence for Licensure (MOCAL) should be data driven, practice relevant, and framed within the context of psychology's core competencies. Specific guidelines for various CPD activities are outlined in the MOCAL Task Force report (ASPPB, 2012). These *Guidelines* are recommended to any state or province interested in this re-conceptualization.

The MOCAL Task Force recognizes that moving from reliance on graduate programs to certify competence and on regulatory bodies to assess applicants' qualifications only for *initial* licensure, to the periodic assessment of ongoing competence, represents not only a major shift in the field of psychology, but also an expansion of the routine functioning of regulatory bodies in assuring the public of the currency of practitioners' knowledge and skills. This report represents a first step in the process of addressing MOCAL charges #2 and #3 above, recognizing (a) the complexities and far-reaching implications of these changes, (b) the need to institute the changes after a process of education, research and collaboration with the constituents and organizations that will be affected, and (c) that ASPPB, as the primary organization representing all state and provincial regulatory bodies, can serve as a catalyst and an organizing agent in helping regulatory agencies, state and national psychological organizations, health service provider organizations, and individual psychologists reach consensus on this re-branding

of the purpose of CPD and the processes by which it can be accomplished.

Recommended Policy Statements

The MOCAL Task Force recommends that the ASPPB Board of Directors adopt the following policies regarding the Maintenance of Competence for Licensure (MOCAL):

1. All psychology regulatory bodies have a responsibility to the public to ensure the ongoing competence and high standards of practice for psychologists seeking licensure renewal, and that to do so,
2. All licensed psychologists should be expected to periodically demonstrate that they have maintained the competencies needed for their areas of practice so that they might continue to practice safely and with the high standards required of psychologists.

Structure of this Report

This report will:

1. State the guiding principles that the Task Force believes are necessary to begin the transition to periodic assessment of competency, or the Maintenance of Competence for Licensure (MOCAL).
2. Identify the competencies specific to psychological practice from a regulatory perspective.
3. Present a general framework for how the competencies may be assessed through self-assessment and performance in practice.

4. Explore the ramifications for a variety of involved parties (e.g., psychologists, regulatory bodies, the public) and procedures (e.g., interjurisdictional mobility) of implementing these recommendations.
5. Identify some of the challenges and possible resolutions that this paradigm shift presents.
6. Suggest steps that may be taken to phase in this paradigm shift.

Guiding Principles

Described below are the principles that guided the Task Force in its recommendations regarding revised ASPPB policies and recommendations for the development of an improved approach to continuing professional development and competence:

1. It is the professional and ethical responsibility of psychologists to commit themselves to lifelong learning. Niemeyer, et al. (2012) have estimated that the half life of psychological knowledge varies by specialty, but converges on about seven years. Moreover, whether due to advances in the field or to practice changes (new job, new types of clients), each psychologist will have gaps in knowledge and skills that need updating, enhancing or remediating. To keep up with current developments or emerging practice needs, practitioners must adopt not only an attitude of openness to (and preferably commitment to) lifelong learning, but also receptivity to the idea of being held accountable for maintaining competence in their areas of practice.
2. As Daniel Kahneman (2011) has brilliantly demonstrated in his review of decades of research in cognitive psychology, relying on casual self-observation of one's current knowledge and skills

is highly subject to distortion and self-delusion. It is necessary, therefore, to develop useful and effective tools and techniques to evaluate the individual psychologist's needs, to supply the psychologist with the resources to meet those needs, and then to evaluate the effectiveness of those resources in modifying practice for the benefit of clients or patients.

3. There are a number of practical issues that need to be addressed in order to implement the necessary structures to facilitate MOCAL:

- a. Regulatory bodies have limited budgets and busy staff and thus depend heavily on professionals' volunteer time; and individual psychologists are already burdened with many administrative tasks. Periodic assessment of competency for licensure renewal must be administratively feasible and minimally burdensome for both regulatory agencies and psychologists.
- b. There are many groups and agencies that will be affected by the change to MOCAL, not only regulatory bodies and individual psychologists, but also other involved groups such as the American Board of Professional Psychology (ABPP); local/state/provincial/federal agencies that require their psychologists to be licensed; state, provincial or national organizations that currently offer CE and depend on registrations for income; and public or private third party payers for health services. It is critical that procedures for the periodic assessment of competency be developed in collaboration with these involved groups.
- c. Collaboration among all involved parties is necessary for the development of MOCAL procedures, but the authority for approving the requirements, and ensuring that psychologists are meeting them, is ultimately the

responsibility of the regulatory agencies. So while the development and administration of new requirements could well comprise collaboration with public, professional, and/or private organizations, the authority for approval must remain the responsibility of boards and colleges according to their state or provincial authority.

- d. There will be concerns among licensees that regulations for assessing continuing competence will be arbitrary, lean too heavily on what CE providers offer rather than be designed to meet their specific needs, be expensive, take time away from the delivery of services or efforts to build their practices, be overly rigid with respect to mandated content or CPD procedures, or unduly expose them to board discipline. Therefore, the requirements for psychologists to demonstrate their efforts to maintain and enhance competencies:
 - (1) should be flexible and offer a choice of options;
 - (2) must not be punitive; and
 - (3) should not interfere with psychologists' practices or with the delivery of professional services.
- e. With the expansion of telepsychology and multijurisdictional practices, and the resultant need for psychologists to meet licensing and licensure renewal requirements in more than one jurisdiction, it is important that licensure renewal regulations be consistent from one jurisdiction to another. The greater the consistency across jurisdictions in the criteria used for approval of CPD activities, required credit hours, definitions of the amount of credit to be offered for a particular experience, mandated content, and approval processes, the less the administrative burdens for licensees and regulatory bodies, and the less frustration for

licensees over meeting demands of each jurisdiction. Therefore, the Task Force believes that the development of common standards across jurisdictions is critical.

- f. The emphasis on periodic assessment of competencies for licensure renewal should set up conditions that take advantage of licensees' motivations for, and commitment to, lifelong learning and not hold out the threat of discipline for those who are attempting, in good faith, to remain current in their knowledge and skills. On the other hand, mechanisms that ensure psychologists' accountability are clearly in the public interest. Therefore, there needs to be a reasonable balance between confidentiality, privacy, and transparency to boards and/or the public. The FSMB (2010) has suggested that if physicians do not comply with Maintenance of Licensure (MOL) requirements, if their deficiencies are at such a level as to require disciplinary action as indicated by a CPD report of deficiencies, or if a complaint is filed, the usual disciplinary procedures should apply. Short of that, however, they recommend non-public disclosure of self-assessment or performance data. Even if a CPD report

indicates a deficiency, if that deficiency does not rise to the level of an infraction, then the regulatory body may create a remediation plan without public discipline being applied. The specific means to obtain this balance will need to take into account regulatory bodies' mandate to protect the public from unethical or incompetent practice, their responsibility to attempt to enhance the quality of services, and concerns that unwarranted release of licensee information will have a chilling effect on licensees' intrinsic motivations to remain competent and/or will lead to concerted efforts to impede implementation of MOCAL requirements. Balancing these concerns will demand collaboration between a wide variety of involved individuals and organizations.

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Send feedback about this issue of *Manitoba Psychologist*, and suggestions about stories you'd like to see:

Dr. Neal D. Anderson, C.Psych.
 Editor, *Manitoba Psychologist*
 633-1445 Portage Avenue
 Winnipeg, MB R3G 3P4
 P - (204) 489-1682 F - (204) 489-1748
 email—anderson@andersonadkins.ca

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A Futurist Looks at Professional Regulation

Richard Steinecke, LL.B.

*Originally Published in Grey Areas No. 180 **

Earlier this month Steven Lewis, a popular health policy consultant, made a presentation at an international conference of regulators on the future of professional regulation.

Lewis identified a number of challenges to the traditional model of credentialing and regulating individual practitioners. For example, in the health care sector, nurses are successfully performing services previously only done by highly trained physicians such as anaesthesia, endoscopy and primary care. Offshore interpretations of radiographs are often of a high quality. Skilled technicians with a few months' training are doing high quality cataract surgery in places such as India and Africa. Personal support workers are multi-tasking in community care with good results. The concept of requiring highly trained

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certified professionals as the exclusive providers of highly skilled services needs to be re-examined. At the same time there are challenges to the traditional approaches of educating professionals. There are examples of self-taught people successfully passing entry-to-practice examinations in traditional occupations such as law. On-line courses compete with traditional forms of classroom learning. In the teaching profession vastly different certification requirements internationally produce similar student outcomes. The reality is that “a lot of bad stuff happens” in spite of regulation. Increased educational requirements are not producing breakthroughs in quality. In many professions the structure in which provided (e.g., how the provision organized, workplace culture, procedures) and team dynamics have at least as much of an influence on performance as does individual competence. Regulators focusing on individual performance may become largely irrelevant.

Also, in the borderless world, mobility makes traditional local-jurisdiction regulatory requirements and standards impractical. Economic unions and labour mobility agreements require a broader perspective for regulation. For example, these pressures are resulting in a decoupling of competencies from credentials when registering or licensing professionals.

Added to these developments is a decline in public trust in public institutions including professional regulators. Examples are frequently in the headlines including the investment banking debacle and economic collapse of 2008, various accounting scandals and repeated health care failures in accredited institutions by certified practitioners (e.g., radiology misinterpretations). Ironically, however, the response to these events is usually to call for increased regulation with greater accountability and stronger sanctions.

So, Lewis asks, is the solution more, less or different regulation? He posits five trends in professional regulation that seem to be inevitable:

1. Entry-to-practice credentials will matter less and demonstrated career-long competency will matter more. In fact, the tide of increasing credentials should probably be turned back as it is proving unhelpful to quality and a barrier to accessing reasonably priced services. View competence as an ongoing process rather than an event.
2. The emphasis on core standards for practitioners and even quality assurance will have to give way to continuous quality improvement. Greater trust will be put in real-time performance data (e.g. outcome statistics) than formal stamps of approval.
3. Regulators will be expected to anticipate more and react less. While Lewis did not get into specifics, perhaps this means that regulators will need to anticipate trends by evaluating the information that is already in their files or that is readily available to them. Or perhaps it will mean that regulators will have to engage in a more deliberate and intense risk-management analysis of their activities and the practice trends within the profession they regulate.
4. Siloed and distinct regulation of individual professions must transition into integrated and fluid regulatory activities. If practitioners work in teams, why cannot regulators do so?
5. The culture of professional autonomy will almost certainly be replaced with a culture of collaborative and joint accountability.

Obviously this will mean that regulators will have to learn new ways of regulating professional activity. In one of his illustrations, Lewis indicated that while it is much more difficult to assess the quality of work of a team and to design methods of

enhancing its performance, the benefits of such quality improvement activities would probably far outweigh individual quality assurance of the team's individual members.

Lewis concluded with a challenge to regulators to "own the future". Openness, transparency and candour are keys to maintaining public trust. Put one's assumptions (e.g., that more education means higher quality services) to the test of research and evaluation. Regulators should design alternatives to the exclusive self-regulation model before others design them independent of regulators. Finally, regulators need to adapt structures and processes to a world of rapid knowledge turnover and team-based practice.

Selling a Psychology Practice

Manitoba Psychologist

A Registrant in Independent Practice recently sought P.A.M.'s guidance around selling part of a clinical practice.

P.A.M.'s general advice to the Member was that, whether selling part of a clinical practice (as in taking on a partner) or an entire practice (upon retirement, relocation, change of professional focus), most of the same ethical considerations seemed to apply. As regulator, P.A.M.'s focus is protection of the public, and therefore has little to say about the business of selling a clinical practice—business planning, ownership models, seeking a buyer, practice valuation and contracts—except as

these matters potentially affect members of the public.

General review of P.A.M.'s *Code of Conduct* (<http://www.cpmb.ca/docs/Code%20of%20Conduct%20-%20Final.pdf>) finds plenty of guidance for handling practice transitions carefully and ethically (see box, next page), and thereby protecting the interests of clients or patients, whether current, past, or prospective.

What follows are suggestions of areas Registrants might consider as they think about leaving practice or sharing their practice with a partner. The list should not be seen as exhaustive.

Selling a Practice as Termination of Clinical Service

A psychologist planning to leave their practice entirely, or considering referral of some current patients to another registrant, must handle termination/transfer of treatment carefully and ethically. For example, providing information to clients as soon as possible is important, to allow as much time as possible to decide on next steps, is

important, as is having clear plans in place for continued care of clients or patients once the Psychologist has left practice.

5.2 Providing explanation of procedures

A registrant must give a truthful, understandable, and appropriate account of the client's condition to the client. The registrant must keep the client fully informed as to the purpose and nature of any evaluation, treatment, or other procedures, and of the client's right to freedom of choice regarding services provided...

The Business of Selling a Practice

A quick web search finds plenty of business guidance for psychologists considering sale of a practice or taking on a partner. For example:

- “Get Ready Now to Sell Your Practice,” American Psychological Association, Web Article (2006).
- “Guidebook for Starting and Operating and Independent Professional Practice in Psychology,” Psychologists’ Association of Alberta and the CPA (1998/2006).
- “So, You Want to Sell Your Practice?” Teddy McNamara, California Association of Marriage and Family Therapists (2006).
- *The Partnership Book: How to Write a Partnership Agreement, 6th Edition.* Dennis Clifford and Ralph Warner (2001).

As professional regulator, P.A.M.’s concern is ensuring that the interests of clients or patients (members of the public) are protected through the course of doing business.

5.17 Continuity of care

... A registrant must make appropriate arrangements to have appropriate professionals to assume responsibility for his or her practice and deal in the event of incapacitation or death by maintaining an up to date professional will.

5.18 Continuity of care when employment ends

When entering into employment or contractual relationships, a registrant must make provisions, to the extent possible, with paramount consideration for client welfare, for the transfer of responsibility for client care if the employment or contractual relationship ends.

5.19 Assistance on termination of services

When psychological services are to be terminated prior to completion of services, a registrant must offer to provide information about alternative services or assistance for the client, unless the services are being terminated under standard 5.20 (d).

5.20 Terminating psychological services

A registrant:

- (a) must not abandon his or her clients,
- (b) must terminate psychological services when it is reasonably clear that
 - i. the client no longer needs or wants the service, or
 - ii. the client is not benefitting from the relationship,

- (c) may terminate psychological services when a potential conflict of interest or dual relationship arises, or attempt to resolve the situation in some other appropriate manner that preserves client welfare, and
- (d) may terminate psychological services if threatened or otherwise endangered by the client or another person with whom the client has a relationship.

3.27 Limitations Due to Personal Circumstances or Limitations

A registrant refrains from accepting or continuing psychological work in any area if he or she knows or should know that there is a substantial likelihood that his or her personal circumstances (e.g., physical illness, mental disorder, substance abuse, life situation, or other problems) will prevent him or her from fulfilling obligations and commitments...

Referral to another psychologist, including the purchaser of a practice, must be done ethically.

A psychologist should assist current and past clients by referring them to another psychologist: while this may be the purchaser of the practice, clients will be under no obligation to accept the recommendation. In other words, a psychologist may decide to enter into a professional relationship with another psychologist, but his or her clients or patients may decide otherwise.

12.12 No payment for referral

A registrant must not

- (a) give a commission, rebate or remuneration to a person who has referred a client to the registrant, or
- (b) accept a commission, rebate or remuneration from a person to whom the registrant has referred a client.

5.5 No misuse of influence

Because a registrant's scientific and professional judgments and actions may affect the lives of others, the registrant must be alert to and guard against personal, financial, commercial, social, organizational, or political factors that might lead to misuse of his or her influence...

5.8 Referrals on Request

A registrant providing psychological services to a client must make an appropriate referral to another health service provider when requested to do so by the client.

Care of Personal Health Information

Patients or clients are normally notified, as early as possible, that a practice is being sold, and advised that their records are being transferred to another registrant in trust. It needs to be made clear

Review of P.A.M.'s *Code of Conduct* (<http://www.cpmc.ca/docs/Code%20of%20Conduct%20-%20Final.pdf>) finds plenty of guidance for handling practice transitions carefully and ethically.

however that clients are not required to remain with the new provider and, moreover, that the registrant guarding files does not have the right to access file information except as required to contact the client, etc. It needs to be clear that the second registrant will send their file to a provider of their choosing (in the event they wish to be seen elsewhere). *Code of Conduct* 6.14 defines “practice records” as all documents, whether paper or electronic, relating in any way to the registrant’s provision of psychological services.

14.7 Transfer on retirement

Before resigning or withdrawing from the practice of psychology, a registrant must ensure that

- (a) trusteeship of each client record for which he or she has primary responsibility is transferred to another registrant whose identity can be made known to the client, the institution or the project under whose auspices the psychological services were provided, or to the College, as appropriate, or
- (b) each client for whom he or she has primary responsibility is notified in a timely fashion that the registrant intends to resign and that the client can obtain copies of the client’s own record or have copies provided to such person(s) as the client may direct, subject to standard 6.13.

6.3 No disclosure without written consent

Registrants should normally disclose confidential information about a client to a third party only with a client’s written consent (except as otherwise permitted in this Code)...

6.6 Limiting access to client records

A registrant and those working under her or his authority, must, to the greatest extent possible and consistent with their authority, preserve and protect the confidentiality of client records...

Informed Consent

Informed consent is a process running throughout the clinical relationship. It needs to remain a central concern throughout transitions.

4.1 No services without informed consent

A registrant must obtain adequate informed consent prior to providing psychological services unless otherwise provided by law, including this Code. In such circumstances, a registrant must attempt to obtain informed consent or assent prior to providing the psychological services.

4.5 Informed consent continuing throughout psychological services

... a registrant must obtain informed consent from the recipient of his or her services before altering the treatment plan or changing any psychological services that he or she has agreed to provide to him or her.



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