

# MANITOBA PSYCHOLOGIST

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Credit: Jenn Sorby

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

## IN THIS ISSUE

- |  |      |
|--|------|
| • Registrar's Column                                   | 2-3  |
| • Announcements  | 4    |
| • Medical Assistance in Dying-P.A.M. Practice Advisory | 5-8  |
| • ASPPB-EPPP Part 2 Examination Update                 | 9-14 |
| • Council & Committee List                             | 15   |

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*Manitoba Psychologist* is published twice each year, by the Psychological Association of Manitoba (ISSN0711-1533) and is the official publication of the Association. Its primary purpose is to assist P.A.M. in fulfilling its legal responsibilities concerning the protection of the public and regulation of psychology in Manitoba. It also seeks to foster communication within the psychological community and between psychologists and the larger community. Feedback and story suggestions are welcomed! Contact the Editor: Dr. Donna Chubaty, Ph.D., C.Psych. [dchubaty@mail.com](mailto:dchubaty@mail.com)



# REGISTRAR'S COLUMN

**Registrar** [ˌrɛdʒɪ'straː  
'rɛdʒɪ'straː] n

1. Chief administrative official responsible for maintaining legal registers of, and appropriate information, about P.A.M. Members
2. Person responsible for providing information as required by the Provincial Minister
3. First point of contact for members of the public seeking information about psychology in Manitoba, or who are concerned about the actions of a P.A.M. member

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I am pleased to once again provide you with an update on the activities of the Association since our last newsletter. Before doing so however, I would like to extend a formal and warm welcome to Ms. Lesley Phimister, who has assumed the role of Deputy Registrar. Ms. Phimister comes to PAM with an extensive background in regulatory work, serving as registrar and deputy registrar for other Manitoba health regulatory boards. Ms. Phimister will be working in the PAM office on Monday mornings, Wednesday afternoons, and Friday mornings and is available at those times to respond to questions from registrants, applicants, and members of the public. You may reach Ms. Phimister at the PAM office or email her directly at [deputyregistrar@pam@gmail.com](mailto:deputyregistrar@pam@gmail.com)

I would also like to extend our thanks and appreciation to Ms. Virginia Campbell, who served as PAM administrative assistant until the hiring of Ms. Phimister. Ms. Campbell's hard work and personal warmth were greatly appreciated and we wish her nothing but the very best in the future.

Since the last newsletter PAM Council and I have continued work on writing regulations for PAM to come under the Regulated Health Professions Act and to thereafter become the College of Psychologists of Manitoba. This work involves continued correspondence and

meetings with representatives from Manitoba Health and these efforts are continuing in earnest. In the next short while we should begin holding meetings with government departments who currently employ psychologists in an exempt status, with an eye towards removing those exemptions. In addition work continues on the development of a continuing competence program, which is a requirement for all health regulators under the RHPA.

Outside of Manitoba PAM continues to be represented at meetings of the Association of Canadian Psychology Regulatory Organizations (ACPRO) as well as the Association of State and Provincial Psychology Boards (ASPPB). These meetings serve as an opportunity to remain current in national and international trends in the regulation of psychology and provide an opportunity to ensure that the registration and practice standards of PAM continue to remain consistent with those in use across North America.

As you will see from the article in this newsletter, ASPPB is embarking on the development of the EPPP Part 2, which is a skills/competence assessment for entry to practice.

(continued)

# REGISTRAR'S COLUMN

This second part to the EPPP will extend the utility of the exam to now assess not only foundational knowledge but competence, at an entry level, and thus bring psychology into line with other health regulators (e.g., medicine) that also assess both knowledge and competence prior to granting a license for independent practice.

As you are aware, PAM Council has recently developed a practice advisory for psychologists working with patients who are pursuing medical assistance in dying (MAiD). This will be a topic of presentation and discussion at our upcoming Annual General Meeting. I would encourage all registrants to review this advisory, as the directions contained therein will hopefully prove of great benefit in work with clients who are expressing an interest in MAiD. We are hopeful that many of you will attend the upcoming AGM where Dr. Kim Wiebe of the WRHA will discuss the processes in place there to comply with this new federal legislation, and Dr. Moira Somers will discuss her own experiences with this process, within a clinical practice setting.

As always your Executive Council and I remain available to respond to any questions or concerns you may have and encourage you to contact us at any time.

Sincerely,  
Alan Slusky, Ph.D., C. Psych.  
Registrar



# ANNOUNCEMENTS

## P.A.M. Annual General Meeting

-Thursday April 26, 2018 5:00 p.m. to 9:00 p.m.

-Best Western Airport Plus Hotel 1715 Wellington Ave  
(formerly The Greenwood Inn)



### Schedule:

5:00 – 6:00 reception

6:00 – 7:00 Business Meeting

7:00 – 9:00 Dinner (complimentary) & MAiD Presentation

with Dr. Kim Wiebe, WRHA & Dr. Moira Somers, Registered Psychologist

**RSVP:** by **April 19, 2018** including dietary requests to [pamagm@shaw.ca](mailto:pamagm@shaw.ca)

## P.A.M. 2018 Registration:

PAM registration renewals for 2018-2019 are now open. Please login to RIMS by clicking on the RIMS Login link at the top right corner of the PAM home page ([www.cpmc.ca](http://www.cpmc.ca)). Once you login you may update your contact information and practice profile, enter your 2017 CE hours, and pay your renewal fees. Please bear in mind that your renewal will not be considered complete until your fees and CE hours have been received. For those of you undergoing CE audit this year, your renewal is also contingent upon successfully completing this process.

Fees must be received by **April 30th** to avoid a \$300 late fee. For those of you who wish to submit your fees via cheque, you will find downloadable registration renewal forms on the payment page, once you have completed your 2017 CE record form.

As always, feel free to email the PAM office ([pam@mymts.net](mailto:pam@mymts.net)) with any questions you may have.

## Service Appreciation:

On behalf of the P.A.M. council, complaint committee members and staff we would like to extend a very large thank you to Dr. Daryl Gill, C.Psych, for his outstanding volunteer commitment and leadership as complaint committee chair from 2015-2018. Daryl has served on the committee since 2001. We wish him well in his future endeavours. We welcome and thank Dr. Steven Feldgaier, C.Psych for taking on the role of the new chair of the committee.

## ASPPB Election:

Dr. Alan Slusky, C.Psych. (P.A.M. Registrar) was recently elected to the Board of Directors of the Association of State and Provincial Psychology Boards (ASPPB.)

# P.A.M. Practice Advisory on MAiD

## **Practice Advisory for Registrants Involved in Medical Assistance in Dying (MAiD) Assessments: Guidance on What Is and Is Not Permissible in Work with Clients**

The Canadian government amended the Criminal Code in June 2016, through Bill C-14, to allow for Medical Assistance in Dying (MAiD). As outlined in the preamble of this legislation, its objectives include the need to:

- Recognize the autonomy of individuals with grievous and irremediable medical conditions which create enduring and intolerable suffering,
- Recognize that significant safeguards which reflect the irrevocable nature of death are essential in order to prevent error and abuse in providing MAiD,
- Protect vulnerable persons from being induced to end their lives, and
- Recognize that consistency across provinces in approaches to MAiD are preferable, while at the same time acknowledging provincial autonomy over a number of matters related to MAiD (e.g. regulation of healthcare professionals).

A number of provinces have provided their psychology registrants with guidance in this matter and the following practice advisory, as approved by PAM Executive Council, is based on those advisories currently published in Saskatchewan, Ontario, and British Columbia. Permission has been obtained from those jurisdictions to borrow from their advisories. Please note that it is not the position of PAM, nor its mandate, to either adopt a position on MAiD or engage in a debate over the morals of medically assisted dying. PAM does not provide direct legal advice to its registrants and if after reading this practice advisory, you continue to have concerns or confusion around the issues described herein, or your role with a client who is expressing a desire to end their life through MAiD, we suggest you consult individual legal counsel for assistance. The following advisory is intended solely to highlight a number of issues for your consideration and to ensure that you have undertaken a thorough review of these matters prior to engaging in discussions on MAiD with any of your clients.

PAM Practice Advisory on MAiD

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It is important to note that the MAiD legislation applies to those individuals who are facing intolerable suffering due to an irremediable medical condition. At this time, suffering experienced as a result of mental illness or a mental health condition is not covered under the MAiD legislation. The term MAiD describes both “voluntary euthanasia” and “assisted suicide”. In regards to the former, this involves a qualified medical practitioner or nurse practitioner administering medication to a patient who is eligible for, and freely consents to MAiD. The latter refers to the provision of medication by a qualified medical practitioner or nurse practitioner to an individual who is eligible for, and freely consents to MAiD, which the patient then uses to end his or her own life. Only circumstances outlined within the MAiD legislation are exempt from criminal prosecution under the criminal code and only medical practitioners (physicians) or nurse practitioners are exempted under the legislation to provide MAiD services. It continues to remain a crime under the criminal code to assist someone to commit suicide or to counsel them to commit suicide.

Psychologists are likely to encounter the Medical Assistance in Dying issue in one of two ways:

- (1) Being requested to perform an assessment to assist in determining a client's competence to accept MAiD
- (2) The issue of assisted death being raised by clients within the context of other clinical work

### **Assisting Directly in MAiD Process: MAiD Competency Assessments**

Bill C-14 is an amendment to the Canadian Criminal Code that provides an indemnification (i.e., an exemption from prosecution) for assisting in the death of another person occurring in a process that is in accordance with the Act. Physicians and nurse practitioners are provided with this exemption. Additionally, there is provision in the legislation for indemnification from prosecution for those allied health professionals (e.g., psychologists) who are engaged by qualified physicians or nurse practitioners to assist in the provision of MAiD. This is stated in the following section:

No person is a party to an offence under paragraph(1)(b) if they do anything for the purpose of aiding a medical practitioner or nurse practitioner to provide a person with medical assistance in dying in accordance with section 241.2.

It is thus important to understand that in order to be indemnified against prosecution for directly participating in the MAiD procedures, a psychologist must be engaged by a qualified medical practitioner or nurse practitioner. Psychologists can potentially be asked to assist in the determination of patient capacity to make end-of-life decisions and to establish freedom from duress in making such a decision. It is within this context that PAM Council anticipates its registrants will most likely become involved in the MAiD process.

Should a PAM registrant become engaged by a qualified medical or nurse practitioner to undertake an assessment of a client as to their capacity to make MAiD – related decisions, it is strongly recommended that the following points be considered in their entirety, prior to engaging in such an activity.

PAM Practice Advisory on MAiD

(continued)

First and foremost, registrants should ensure that they have the required competence to perform an assessment of capacity. Members should ensure that they understand current MAiD legislation and that in the process, informed consent for a MAiD related assessment is obtained from the client. This informed consent should include the following:

- a clear explanation of the role of the psychologist,
- a clear explanation of the assessment process,
- disclosure regarding risk of harm to the client related to the unique situation of the MAiD legislation, and,
- an explanation of the limits of confidentiality unique to this situation. In regards to this last point it is important that clients understand that collateral information may need to be obtained in order to determine an individual's capacity to make end-of-life decisions, and all parties who will be consulted for collateral information and who will have access to the results of the assessment must be included within the informed consent process

It is essential that clients understand how assessment results will be used by the medical professionals charged with making decisions around a patient's eligibility for MAiD.

- assessing for the presence of any cognitive impairment,
- assessing for the presence of mood states which could influence an individual's ability to make judgments, and
- the ability to reason and make decisions on an individual's medical situation.

All of the above is intended to determine whether or not the individual understands their illness, the purpose of their request, can meaningfully review options for treatment, can evaluate risks and benefits of receiving and refusing treatment, and can evaluate consequences and risks regarding all decisions relevant to this assessment.

Core issues to be determined in a MAiD capacity assessment include:

- an individual's competence to give informed consent for MAiD,
- an individual's ability to make independent healthcare decisions, and
- an individual's ability to request MAiD of his or her own free will.

Finally, it is important for any such assessment to:

- be based on appropriate and unbiased assessment techniques,
- ensure that the assessor is mindful of the possible fluctuation in an individual's ability to consent,
- confirm the medical facts around an individual's condition and care, include consultation with medical personnel (as appropriate) to ensure that the psychologist understands an individual's medical condition and treatment options,
- weigh any external forces or conflicts which can be influencing MAiD decision-making, and
- to appropriately identify any limitations to opinions rendered in such an assessment.

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PAM Practice Advisory on MAiD

## **Clients seeking information regarding MAiD or discussion of assisted death**

As it is now considered legal to request assisted death under certain defined circumstances, and given that a majority of Canadians support this provision, discussions on the issue might be expected to be raised by patients within the context of a psychotherapeutic relationship. Section 5.1 of Bill C-14 is relevant to this situation, is the only section of Bill C-14 to specify psychology practitioners, and provides the following indemnification:

**Clarification (5.1)** For greater certainty, no social worker, psychologist, psychiatrist, therapist, medical practitioner, nurse practitioner or other health care professional commits an offence if they provide information to a person on the lawful provision of medical assistance in dying.

Thus Bill C-14 anticipates that patients might raise this issue and seek information, and thus the normal process of a psychotherapeutic discussion with patients would not appear to be unduly restricted by this Act.

However, one needs to be extremely careful in the manner in which one responds to patients wishing to discuss MAiD, and how one documents that discussion. The basis for this caution is that it remains a criminal offence to “counsel” a person towards committing suicide.

241 (1) Everyone is guilty of an indictable offence and liable to imprisonment for a term of not more than 14 years who, whether suicide ensues or not, (a) counsels a person to die by suicide or abets a person in dying by suicide; or (b) aids a person to die by suicide

Psychologists are cautioned to not encourage or persuade patients in any manner to seek this procedure, as to do so may be construed as counselling a patient to commit suicide. Therefore psychologists should not, and legally cannot, initiate a discussion with a patient as to whether or not MAiD may be a reasonable alternative for them. In general then psychologists who initiate MAiD discussions are not clearly indemnified from prosecution.

## **Personal comfort of the psychologist**

It is important to recognize that not all registrants will be comfortable discussing these issues with their clients and some, as a matter of conscience, may not wish to become involved in discussions with their clients on MAiD when so engaged by a medical practitioner or nurse practitioner, or by the patient (for example in the context of a pre-existing psychotherapeutic relationship). In such circumstances registrants are permitted to discontinue providing services to their client, provided they terminate such services in accordance with procedures outlined in Section 5 of the PAM code of conduct.

Adopted by PAM Council: October 11, 2017

PAM Practice Advisory on MAiD

# ASPPB –Skills Portion of the EPPP

## **The Enhanced Examination for Professional Practice in Psychology:**

Emil Rodolfa, PhD, Chair, EPPP Part 2 Implementation Task Force  
Carol Webb, PhD, ASPPB Chief Operating Officer  
Jacqueline Horn, PhD, Director of Regulatory Affairs, ASPPB

The Association of State and Provincial Psychology Boards (ASPPB) is the association of all of the governmentally regulated licensing boards for psychology in the United States and Canada. ASPPB's primary mission is to assist its member boards in their mandate of public protection. One of the requirements for licensing boards is to ensure that the professionals they license are competent. Competence is comprised of the integrated use of knowledge, skills, attitudes and values. For over 50 years, candidates' *knowledge* of psychology has been assessed successfully with the Examination for Professional Practice in Psychology (EPPP), but psychology licensing boards have had to rely on other mechanisms to provide an assessment of the *skills* of candidates for licensure.

### **What is Part 2 of the EPPP?**

Part 2 of the EPPP is a skills examination with a computer-based administration. This examination is meant to augment the current EPPP, the test of foundational knowledge needed to practice psychology independently. Part 2 of the EPPP is based on the 2017 *ASPPB Competencies Expected of Psychologists at the Point of Licensure*. The final competency model was developed based on the 2016 ASPPB Job Task Analysis that included input from licensed psychologists throughout the U.S. and Canada, and that provides the blueprint for the Part 2. The full report of the Job Task Analysis is available on the ASPPB website ([www.asppb.net](http://www.asppb.net)).

### **Why is ASPPB developing a skills portion of the EPPP?**

ASPPB is developing Part 2 of the EPPP to offer licensing boards a standardized, reliable, and valid mechanism to assess skills, so that along with the EPPP Part 1, licensing boards will have the up-to-date means necessary to assess a candidate's competence and readiness for licensure. Thus, this *enhanced EPPP* will provide licensing boards a snapshot of a candidate's ability to practice independently.

Including a skills portion to the EPPP is part of a natural progression of the evolving nature of psychology education and training, and of licensing assessment practices. There are a number of conditions that have occurred, and that are occurring, that have encouraged ASPPB to develop this examination at this time. These conditions include:

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## **Competency Models**

There exists an essential agreement among many professional groups, including the American Psychological Association Commission on Accreditation (CoA), the Mutual Recognition Agreement of the Canadian Colleges and Boards of Psychology (MRA), Canadian Psychological Association Accreditation (CPAA), and ASPPB on what are the necessary competencies to practice independently. These groups have developed different models of competency; but, although there are differences in the structure of these models, there is substantial agreement regarding the foundational and functional elements across these models. With this professional agreement, ASPPB is able to clearly provide guidance to licensing boards regarding the competencies that need to be assessed for independent practice.

## **Technological Advances**

Advances in affordable technology have made it possible to assess most of the skills in the ASPPB model via a computer-based examination, rather than with a more costly and time-consuming examination using either real patients/clients or standardized patients/clients.

## **Lack of Standardization of Graduate Education**

There have been significant concerns expressed about the lack of standardization of graduate education in psychology, including differences in practicum and foundational education. This variability in graduate education results in EPPP pass rates from APA-accredited programs ranging from 13% to 100%. This variability also results in students accruing anywhere from a few hundred hours, to several thousand hours, of practicum experience. Even the APA and Canadian Psychological Association (CPA) accreditation systems do not require a prescribed course of education and training. ASPPB values these accreditation systems, and in fact has endorsed APA or CPA accreditation as a minimum requirement for doctoral level licensure for health service psychologists. It should be noted, however, that accreditation systems accredit *training programs*, not *individuals*. Licensing boards license individuals. It is the duty of licensing boards to assure the public that each individual psychologist that is licensed is competent to practice. Further, not all academic programs are APA/CPA accredited, thus some applicants who become licensed are from programs that have not been reviewed by an external accrediting body. Students from these non-accredited academic programs typically underperform on the EPPP when compared to the average student from an accredited doctoral program, supporting the need for these programs to be reviewed. Because of the great variability in the current educational system in psychology at both the doctoral as well as internship levels, ASPPB is developing the Part 2 to help regulators better assess students graduating from such a system.

## **Supervisor Evaluations**

It has been noted that supervisors experience difficulty in writing critical or constructive letters of evaluation. This issue of the accuracy, or validity of supervisor evaluations, is not new, nor is it particularly debatable. The reliability and validity of supervisors' assessments has been questioned for years, and it has been demonstrated that supervisors tend to overestimate their reports of supervisee competence, perhaps due to an inherent conflict of being in the gatekeeper and mentor roles simultaneously. Part 2 of the EPPP will offer psychology licensing boards a standardized, reliable and valid assessment of many of the skills needed to practice independently.

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## **Clearer Understanding of Competency Assessment**

Thanks to the evolution of the culture of competency in psychology, we have a better idea of how to assess that competency has been achieved. Regarding the assessment of competency, a number of articles have described how to go about assessing competency. Although simple in design, a pyramid model (Knows, Knows How, Shows How, Does) developed by Miller in 1990 has been very helpful in providing a framework to clarify the steps needed to effectively assess competency using computer technology.

## **Doctoral Professions' View of Competency Assessment**

All other doctoral level health professions use a skills examination as a step toward determining competency. These other professions have focused on their own cultures of competence for many years. The EPPP Part 2 skills examination is a next step to fully bring the profession of psychology into the culture of competence.

## **ASPPB Membership Support**

The ASPPB membership (psychology licensing boards in the U.S. and Canada) has discussed competence and the need for a skills-based assessment for many years. Each time licensing boards have been asked to respond to surveys indicating their level of support for a skills examination, they have consistently supported such an examination.

## **In Summary**

As can be seen, there are many factors that have influenced the development of a skills element to be included as Part 2 of the EPPP. Taking these factors into account, Part 2 of the EPPP is being developed to complement Part 1, the current test of knowledge, and this enhanced EPPP will provide licensing boards an advanced means to assess an applicant's readiness to practice independently. This advancement in competency assessment will enable licensing boards to better fulfill one of their primary functions - insuring that those they license can practice competently.

## **Developing Part 2 of the EPPP**

As noted before, Part 2 of the EPPP is based on the 2017 *ASPPB Competencies Expected at the Point of Licensure*. After the ASPPB 2016 Job Task Analysis, a blueprint for this skills examination was developed. This blueprint describes the percent of test items that will be from each of the ASPPB Competency Model clusters. The blueprint can be found on the ASPPB website at [www.asppb.net](http://www.asppb.net).

The goal in developing Part 2 of the EPPP is to offer a test where candidates for licensure will actually have to demonstrate that they "know how" and can "show how" to perform aspects of the competencies listed in this competency model.

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## Writing EPPP Part 2 Items

Over 120 psychologists have volunteered to write items for the Part 2 and over 50% of these item writers are early career psychologists. ASPPB is in the process of training these psychologists how to write items that will appear on the test. So far, over 700 items have been produced and are ready for beta testing.

A variety of item types will appear on the EPPP Part 2. These include:

1) traditional multiple-choice items, 2) multiple select items (e.g., items where a candidate will have to choose a number of responses, perhaps in the order that they would be done), 3) scenarios and vignettes with scaffolding questions (e.g., questions that build upon answers given previously), 4) items requiring exhibits (e.g., test protocols), and 5) other non-traditional types of test questions (e.g., mix and match type items). Through these various item types, the EPPP Part 2 will test a licensure candidate's ability to display a snapshot that s/he knows how to take appropriate actions when practicing psychology.

The content of the items will be drawn from situations that can be encountered when in practice; for instance, how to go about assessing a client or how to intervene in a specific situation. Item content will also be drawn from the ASPPB Disciplinary Data System and from the American Psychological Association Insurance Trust, which has provided descriptions of situations where psychologists were disciplined for their professional behaviors. The goal in using these resources is to provide candidates with realistic situations that have caused psychologists difficulty in navigating their professional lives.

During 2017-2019, items will be written and each question will be beta tested. ASPPB will need the help of recently licensed volunteers willing to serve as beta testers. If you are a recently licensed psychologist (licensed less than one year) and would like to participate in the beta testing phase of the exam, please fill out the form on the ASPPB website (<http://www.asppb.net/page/EPPPStep2>).

## Implementing the Enhanced EPPP

The EPPP will be one exam with two parts. The current EPPP (Part 1) is the knowledge portion and the EPPP Part 2 (now under development) is the skills portion. Both parts of the EPPP will be the licensing exam for psychologists in the U.S. and Canada. ASPPB views adding the Part 2 as a necessary enhancement to the EPPP as it currently exists, and believes this change will give jurisdictions a standardized method to more fully assess the competencies (knowledge *and* skills) needed for the practice of psychology at the entry-level. Given the feedback from ASPPB's member jurisdictions and legal counsel, viewing the EPPP as one exam with two parts will require fewer changes to existing laws and/or regulations as well as to the existing jurisdictional contracts. Also, having all jurisdictions use both essential parts of the enhanced EPPP at the same time will minimize mobility problems across jurisdictions, and will help jurisdictions defend challenges from failing candidates who claim they were not given the identical exam as candidates in other jurisdictions.

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## **When Will the EPPP Part 2 be Launched?**

The plan is for the EPPP Part 2 to be launched January 1, 2020. As of that date, all jurisdictions will use both parts of the enhanced EPPP. ASPPB recommends that the EPPP Part 2 not be required for any psychologist who was licensed prior to January 1, 2020.

The EPPP Part 2 should be taken post degree, once an applicant has been accepted as a candidate for licensure in a jurisdiction, and has passed the EPPP Part 1. Since the Part 2 is a test of skills, ASPPB recommends that candidates complete all required supervised experience prior to taking the EPPP Part 2.

Once the EPPP Part 2 is launched, ASPPB will make the EPPP Part 1 available to be taken prior to degree completion, when all academic coursework, excluding practicum, research, or internship credits, has been completed for the degree for which a candidate wants to be licensed. ASPPB will register students/trainees who want to take the Part 1 while finishing their degrees. Jurisdictions will continue to register candidates for the EPPP Part 1 who take it post degree. Jurisdictions will register individuals for the Part 2 once they are candidates for licensure, just as they do now for the current EPPP.

## **Cost of the EPPP**

The cost of the EPPP will be \$1,200 (plus test site fees). The fee for each part of the EPPP is \$600 and will be paid when candidates schedule to take that part of the exam. Since this represents an increase in the fee for the EPPP, ASPPB will delay the launch date of the Part 2 for a year from the originally announced date of January 2019. This delay will give all member jurisdictions the two-year notice that ASPPB policy requires for any exam fee increase. Thus, we expect the Part 2 to be launched on January 1, 2020

## **Data from Beta Testing**

During the beta testing phase of Part 2 development, ASPPB will examine test data from psychologists who were required to obtain post-doctoral experience in order to be licensed compared to licensed psychologists who did not acquire post-doctoral experience prior to licensure. ASPPB believes the analysis of this data will provide valuable information to our member jurisdictions and the profession about whether or not a post-doctoral year of supervised experience should be required for licensure.

## **Conclusions**

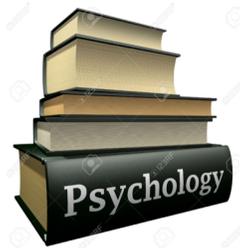
ASPPB firmly believes that the enhancement of the EPPP offers an essential improvement to the integrity of the examination of minimal competence to practice psychology. The enhanced EPPP will contribute to a licensing board's ability to ensure that the professionals who are licensed are competent. It is the responsibility of the education and training community to produce qualified, compassionate, curious, earnest, and competent practitioners. Licensing boards, however, need to assess competence in order to determine minimum entry-level standards for many different areas, including foundational knowledge, ethics, critical thinking and acquisition of basic, functional skills. And, licensing boards need to do so in a legally defensible manner, which means standardization and reliability are critical concepts.

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It would be irresponsible for ASPPB to not move forward with a skills part of the EPPP when all of the necessary conditions for such an exam are met. It would be like going for a driver's license and only taking the test of knowledge of rules of the road, and not the actual driving test; or like applying to be a licensed physician, dentist, podiatrist, chiropractor, osteopath, or optometrist, and only taking a test of knowledge and not a skills exam. The Part 2 of the EPPP will allow psychology licensing boards to better fulfill their mandate to protect the public.

Additionally, the potential for making Part 1 of the EPPP available to candidates prior to receipt of the degree, and the possible elimination (depending on the outcome of the data analysis) of the requirement of a post-doctoral year of supervised experience based on demonstration of essential skills on Part 2, offers future candidates a more streamlined and consistent pathway to psychology licensure over the current system in many jurisdictions.

ASPPB has received many comments and reactions about the development of the EPPP Part 2; we welcome the opportunity to communicate with professional groups about this examination and hope to continue what has proven to be a very useful dialog with students and early career psychologists, as well as with representatives from the education and training and practice communities. Please contact Dr. Carol Webb at [cwebb@asppb.org](mailto:cwebb@asppb.org) or Dr. Emil Rodolfa at [erodolfa@alliant.edu](mailto:erodolfa@alliant.edu) if we can provide you with additional information.



# PAM COUNCIL AND COMMITTEE MEMBERS

## **Executive Council:**

John L. Arnett, Ph.D., C.Psych. (Chair), Diane Hiebert-Murphy, Ph.D., C.Psych. (Vice-President), Jennifer Laforce, Ph.D., C.Psych. (Treasurer), Donna Chubaty, Ph.D., C.Psych. (Member-at-Large), Connie Boutet, Ph.D., C. Psych. (Member-at-Large), Andy Lubusko, Ph.D., C. Psych. (Member-at-Large), Lorne Sexton, Ph.D., C. Psych. (Member-at-Large)

## **Registration & Membership:**

Donna Chubaty, Ph.D., C. Psych. (Chair), William Davis, Ph.D., C. Psych., Lesley Ritchie, Ph.D., C. Psych., Kent Somers, Ph.D., C. Psych., Hal Wallbridge, Ph.D., C. Psych., James Ediger, Ph.D., C. Psych.

## **Complaint:**

Daryl Gill, Ph.D., C.Psych. (Chair), Linda Rhodes, Ph.D., C.Psych., Lois Edmund, Ph.D., C. Psych., Steve Feldgaier, Ph.D., C. Psych., Adrienne Leslie-Toogood, Ph.D., C. Psych., Dr. Neil Arnason, (Public Member), Mr. Glenn Matsumoto, (Public Member), Ms. Val Stanowski, (Public Member)

## **Inquiry:**

James Newton, Ph.D., C.Psych. (Chair), James Ediger, Ph.D., C. Psych. Lesley Koven, Ph.D., C. Psych., Linda Trigg, Ph.D., C.Psych., Neil Craton (Public Member), Mr. Ian Hughes (Public Member), Sid Frankel (Public Member)

## **Examination:**

Naomi Berger, Ph.D., C.Psych. (Chair)

## **Publications**

Donna Chubaty, Ph.D., C.Psych. (Chair), Alan Slusky, Ph.D., C.Psych., Lesley Phimister, Deputy Registrar

## **Standards:**

Hal Wallbridge, Ph.D., C.Psych.

## **Jurisprudence Examination (Sub-Committee of Standards):**

Hal Wallbridge, Ph.D., C.Psych. (Chair), Lesley Graff, Ph.D., C. Psych., Alan Slusky, Ph.D., C. Psych.

## **Continuing Education (Sub-Committee of Standards):**

Jane Bow, Ph.D., C.Psych. (Chair), Don Stewart, Ph.D., C.Psych.

## **Legislative Review:**

Diane Hiebert-Murphy, Ph.D., C. Psych. (Chair), John Arnett, Ph.D., C.Psych. (ex-officio), Alan Slusky, Ph.D., C.Psych.

## **Nomination Committee**

James Newton, Ph.D., C.Psych.