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in Psychology**

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**Question & Answers
Continuing Competence Sessions:
Nov 23, & Dec 1, 7, 2011**

Allan Wilson, Registrar, stressed the importance of capturing what psychologists are doing and assuring the public what is being done in a self-regulating profession such as psychology. At the same time, the intention is to provide appropriate flexibility for the autonomous professional. Allan reported on the results of the survey with the public: 90% think continuing competency is a good idea. 70% believe health professionals are already carrying out this process.

Some clarifications provided:

- The credit values table (Appendix B) has been revised based on feedback from registrants. [The version online has been updated.](#) Credit values for some of the areas have been increased. The workshops category has been amended and is not restricted to CPA, APA, APNS workshops. An additional supervision category has been added.
- While each of the core competencies must be assessed in the self-assessment, one does not have to focus on all of them when setting learning objectives for one year. Please though state your rationale. Over the span of several years it would be reasonable to have covered the five core competencies.
- Peer Consultation process is more fluid than perhaps anticipated. Learning must be reciprocal and connected to one's learning plan, but the process could be carried out in-person or by other means. Discussing cases could be counted. This could be completed with a formalized group or individually with colleagues.
- Registrants can use their own forms to document their participation.

Questions and Answers:

Q. Does one have to use a rating scale in order to track outcomes?

A. Not necessarily. You could use a scale or standardized questionnaire. It could be the use of open questions to gauge whether the process was effective.

Q. If a psychologist runs a program which includes a questionnaire asking questions about the presenter could this be used?

A. Yes

Q. If for example a psychologist is treating a patient who suffers from depression. Would administering the BDI at the beginning and end of the process be an acceptable example of tracking outcomes? What about an empathy rating scale? Symptom resolution?

A. Yes to all.

Q. Psychologists in certain settings may be limited in ability to do follow-up. How can this be done?

A. Practitioners could follow up in person with a questionnaire and fill it out themselves. A practitioner could also send out a follow up questionnaire. Only those completed could be counted. Regardless of the method used, the process should be completed through some systematic documentation.

Q. What timeframe would monitoring need to occur?

A. It could be at the beginning of treatment and end, or throughout. It would be left to the discretion of the psychologist.

Q. How to set goals for Intervention if one is only working in the area of assessment, (e.g. a Neuropsychologist who completes assessments, etc.)

A. The psychologist could set goals in relation to providing feedback to families/clients and working through recommendations. One could monitor how often recommendations are being implemented and followed through on.

Q. What is an example of assessment goal?

A. One might wish to improve his/her ability in completing cognitive assessments. He/she could indicate that they plan to carry out 5 assessments which will include WAIS-III and involve supervision.

Q. What about publications in which a psychologist writes policy for the Department of Education or is involved with the development of Government publications concerning mental health?

A. Allan will take these matters to the Board.

Q. What needs to be documented under peer consultation?

A. Document the date and who was present, and indicate the general area of discussion.

Q. Re credit for supervision of interns / students – Can there be credit for school psychology interns? Acadia practicum students? Concern expressed was that one might choose one supervision arrangement over another if it provides credit. Also one attendee who is involved with supervising supervisors (psychiatrists) in her monthly work and providing feedback to residents wondered if she could receive credit?

A. The Registrar will take these suggestions/questions to the next meeting.

Q. How long would the supervision of an intern or student need to be?

A. It could be one rotation.

Q. Re the category for certifications, e.g. Fellow in Pediatric Psychology; National Association of School Psychology.

A. Allan indicated that some certifications are provided on the basis of what has already been done so it would depend on how much new contribution was required for the certification. Allan will take these questions to the next meeting.

Q. How does one distinguish between conferences and workshops?

A. Conferences are more informational and are not necessarily intended to educate. They may include invited speakers, presentations, business meetings, conversation sessions, etc. and do not contain a specific learning focus. Conferences are typically a means to showcase new theories, methods and techniques in a particular field or professional group. Workshops by comparison are more hands-on and contain the formal educational components focused on a particular subject matter. There are events in which the conference and workshop portions are separated; this provides a clear distinction. As with most activities, workshops should generally be linked to one's learning plan. However the Guide allows one to take advantage of opportunistic activities versus planned learning activities. One can also change their plan when the need arises.

Q. What is the difference between participation and passive learning?

A. Participation would involve specific learning objectives or one would be expected to be involved at some point whereas passive learning would simply be listening.

Q. How does one track workshops?

A. Some provide certificates, brochures, etc. which could be retained. Alternatively, the name of the workshop along with date and time should be documented.

Q. School psychologists often attend presentations, e.g. a behavior specialist from the IWK came and provided a talk. Where would they fit in?

A. Peer Consultation.

Q. If one were receiving direct supervision where could it go?

A. Within the peer consultation category.

Q. Where would Academic rounds go?

A. Peer consultation.

Q. Where could Psychotherapy Networker go?

A. Under workshops

Q. What about attending an event such as CPA next year? Could this count?

For example, part of one's involvement might include discussion about doctoral degrees - professional advocacy, some would involve learning components.

A. Break down the components. Items that correspond with areas of the credit values table (Appendix B), i.e. workshops, conferences, peer consultation, etc. could be counted.

Q. Teaching a course only counts the first time you teach it?

A. Yes, unless you substantially revised the material. However it could count for 2012 given it is the first year of the continuing competence program.

Q. Would generating curriculum for a Canadian psychotherapy program count?

A. It could fit under the workshops if one is actively involved in setting up the workshops.

Q. What about leading a group of professionals on a publication?

A. The finished product might not receive credit but the process throughout, e.g. peer consultation could be counted.

Q. Could Dalhousie Faculty Development count?

A. The activity must be psychological in nature. Content should be directed towards psychology, i.e. CPA, APNS, etc.

Q. Under Boards could PISA count?(i.e. if for example one sat on the executive i.e. vice president.)

A. Certainly the functions could be captured where appropriate, i.e. setting up the workshop, presenting, etc. but Allan indicated that he would take back whether sitting on the executive would count.

Q. If a school psychologist continues to do coursework (M.Ed.) could this count?

A. If it is connected to one's learning plan

Q. How does one document self-directed learning?

A. Note the book and chapter and a general outline of what was read.

Q. What about pro-rating for someone working part time? Someone whose maternity leave runs partly into the next year? Candidates who become fully registered part way through the year?

A. Someone working less than 6 months could request an exemption. However there is not currently no pro-rating policy for credits. The Registrar agreed to take these issues to the Board.

Q. How does one request an exemption?

A. In order to request an exemption an email or letter outlining the circumstances should be sent to the Board office. The Board would then review the request and consider the circumstances. The Guide contains some more information about exemptions.

Q. With regard to the practice profile, some people interpret practice definitions differently. What about overlapping practice areas?

A. The Board recognizes that there is some overlap between areas of practice. According to the standards, in order to declare an area of practice one should meet the same requirements that would apply to a graduate degree in the area of practice.

Q. School psychologists have their own competency system within the school system. Would they need to do an entirely separate process to meet the NSBEP requirements?

A. They could use the information from the school process provided it fits into the NSBEP process.

Q. If a psychologist is providing supervision how could it be attached to their process?

A. Supervision could be linked to one of the core competencies being focused upon in supervision. For example, if part of the supervision involves CBT this could be placed under Intervention. In the Learning Plan, within the “I’ll do this” category the supervising psychologist could state “supervision with a focus on CBT”

Q. Can peer consultation take place with a psychologist outside of the province?

A. Yes as long as they are registered.

Q. Could one electronically review his/her learning plan in this instance, and could the reviewing psychologist sign by email?

A. Yes.

Q. Is the program one calendar year?

A. Yes. The audit process, however, will likely be spread throughout the year. No audits will occur until 2013.

Q. By writing down a weakness, would it make the psychologist vulnerable later?

A. This is certainly not the intention. The Board would not have this information. If one were audited, a separate Committee requests the documentation and would likely return documentation when the process is completed. The Board would only become involved is if someone outright refused to participate.

Q. What about workshops that are not a full day?

A. They could be given partial credit. For example, 1.5 credit per hour.

Q. What if there is variability between the goals of psychologists who are engaged in peer consultation?

A. Goals could be set broadly enough to correspond with one’s plan.

Q. What happens if someone is audited and hasn't achieved 20 credits?

A. The committee would likely meet with the psychologist and develop a plan to achieve this end.

Q. What if the Continuing Competence Committee has concerns about a psychologist's work?

A. The first step would involve meeting with the psychologist. The Committee would relay concerns and ask the psychologist to develop a plan to address them. A second audit might be required next year to ensure that this has taken place. If there really was an issue that indicated a public protection matter then there will be a Board liaison to the Committee who could investigate other options.

Allan provided a brief synopsis of the process and clarified that only the profile gets submitted to the board each year, and the profile is included in the annual renewal process.

He provided an example of how one might plan the achievement of a learning objective (i.e. "I'll do this."). One might look at various assessment measures and decide he/she would like to freshen up in the area of cognitive assessments. So one's Learning Objective would be cognitive assessments. One might then ask him/herself: "How can I see myself doing this?" i.e. peer consultation, supervision, workshop, etc. The answers could be placed under "I'll do this" Column. For instance, administering the WAIS-III and receiving feedback and supervision on the results.

In the area of Intervention: one might not have had any recent referrals for patients with panic disorder referrals and would like to improve his/her skills with using CBT with panic disorder.

One might look at the area of Research and decide that he/she is okay with reading journal articles and might focus on other competencies. Alternatively, an example of research would be reviewing literature with regard to ADHD if one were working in this area, etc.

Interpersonal relationships: interpersonal conflict on team and want to improve relations with one individual; could also review literature on power relationships; could use follow-up questionnaires with an interpersonal emphasis after sessions with clients.

Ethics and Standards: reviewing standards with colleague. Also, there is a variety of legislation that might impact a psychologist's practice (Board document Standards of Practice contains a listing).

Allan pointed out that records should be retained for 5 years and that somewhere between 5 & 10 % will be audited and asked to submit their documentation to the Continuing Competence Committee.

It was suggested that more examples of the process would be very helpful.

Dr. David Mensink complemented the Board for introducing the process and indicated it was very important for psychologists.