



Newfoundland and Labrador Psychology Board

QUALITY ASSURANCE PROGRAM

SELF-ASSESSMENT GUIDE

Instructions and Forms Booklet

NAME _____

Date Completed _____

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PREAMBLE

The *Self-Assessment Guide* is considered a living document, meaning the document may be amended each calendar year subject to current legislation and industry standards. *The Self-Assessment Guide* is designed to assist Registrants to be aware of relevant legislation, standards, and codes and evaluate their current level of knowledge, skill and experience and to identify areas in which they feel some further development or enhancement may be beneficial. Psychologists have different areas of expertise and practice in a variety of areas and settings. As such, not all of the areas below look the same for all psychologists or will be within the control of the registrant. Individual judgement is required to determine what areas are applicable and how each individual will or will not be able to integrate the specific recommendations. Psychologists at all levels of Registration in Newfoundland and Labrador are required to complete the *Self-Assessment Guide*. This includes Registrants whose registration status is Active or Inactive. It is expected that all Registrants will be engaged in continuous professional development directed toward maintaining and enhancing their level of knowledge, skill and experience. Continuing professional development activities should be documented in the Self-Assessment Guide.

The *Self-Assessment Guide* component of the Quality Assurance Program is founded upon principles of self-evaluation and continuous improvement. It is a tool to be completed and retained by each Registrant and is not normally submitted, in full, to the Board. Should a Registrant be randomly selected to participate in the Professional Audit component of the Quality Assurance Program, the Registrant will be required to have the most recent *Self-Assessment Guide* available.

The Psychologists' Act (2005) and the Personal Health Information Act, SNL 2008, c P-7.01 provide for the protection of Quality Assurance information, held by a Registrant that was completed for the purpose of complying with the requirements of the Board's Quality Assurance Program.

Accompanying the *Self-Assessment Guide* is a Declaration of Completion. This is to be signed and returned to the Board when applying for continued Registration. The Declaration of Completion is the Board's documentation that a Registrant has participated in the Quality Assurance Program. Registrants who do not submit the Declaration of Completion by the deadline, may be required to submit the full, completed *Self-Assessment Guide* for review by the Quality Assurance Committee of the Board. A completed sample *Self-Assessment Guide* is available for reference on the NLPB website.

SECTION A LEGISLATION, STANDARDS, AND CODES

In this section please consider whether you are sufficiently familiar with the content of these documents. Registrants are not required to own these materials but it is important Registrants are familiar with, and have access to, this information. Any needs identified with respect to these should be noted. Most of these documents are readily available online from the NLPB, Canadian Psychological Association or the provincial and federal government websites. Links are listed below for those documents available online. Furthermore, you should also be familiar with and have access to, other standards application to your practice and practice setting.

The Age of Majority Act

<http://www.assembly.nl.ca/legislation/sr/annualstatutes/1995/A04-2.c95.htm>

The Personal Health Information Act

<http://assembly.nl.ca/Legislation/sr/statutes/p07-01.htm>

An Act to Provide the Public with Access to Information and Protection of Privacy

<https://www.assembly.nl.ca/legislation/sr/statutes/a01-2.htm>

Children and Youth Care and Protection Act

<http://www.assembly.nl.ca/legislation/sr/statutes/c12-2.htm>

The Personal Information Protection and Electronic Documents Act (PIPEDA)

<http://laws-lois.justice.gc.ca/eng/acts/P-8.6/index.html>

Available on www.nlpsychboard.ca

- Psychologists' Act 2005
- Regulations under the Psychology Act
- Canadian Code of Ethics for Psychologists, Fourth Edition
- Standards of Professional Conduct, NLPB 2018
- Practice Guidelines for Providers of Psychological Services

SECTION B INFORMED CONSENT

The concept of *Informed Consent* has legal and professional implications. The *Canadian Psychological Association Code of Ethics* specifically outlines what constitutes *informed consent* within the practice of psychology. Psychologists within the province of Newfoundland and Labrador are expected to adhere to the CPA Code of Ethics as well as any relevant legislation regarding informed consent. Registrants are expected to be aware of the age of consent for Newfoundland and Labrador and how this is applied to their practice setting. In Newfoundland and Labrador, the current age of majority is nineteen years of age, as stated in the *Age of Majority Act*. However, agencies and organizations may provide guidelines for informed consent from individuals under the age of nineteen years. Registrants are encouraged to familiarize themselves with agency/organization policies regarding informed consent for persons under the age of nineteen years.

The following tables outline the guidelines for *Informed Consent*. Table 1 outlines the principles of *Informed Consent*. Tables 2 and 3 outline the specifics for face-to-face services and telepsychology services.

Table 1: Principles of Informed Consent

Principles	I have considered this in my professional scope and role as a psychologist
1. Psychologists seek full and active participation as possible from others in decisions that affect them, respecting and integrating as much as possible their opinions and wishes.	
2. Psychologists recognize that informed consent is the result of a process of reaching an agreement to work collaboratively, rather than of simply having a consent form signed.	
3. Psychologists respect the expressed wishes of persons to involve others (e.g., family members, community members) in their decision making regarding informed consent. This would include respect for written and clearly expressed unwritten advance directives.	
4. Psychologists obtain informed consent from all independent and partially dependent persons for any psychological services provided to them except in circumstances of urgent need (e.g., disaster or other crisis). In urgent circumstances, psychologists would proceed with the assent of such persons, but fully informed consent would be obtained as soon as possible. (Also see Standard I.29 CPA Code of Ethics.)	
5. Psychologists accept and document oral consent, in situations in which signed consent forms are not acceptable culturally or in which there are other good reasons for not using them.	
6. Psychologists provide, in obtaining informed consent, as much information as reasonable or prudent persons would want to know before making a decision or consenting to the activity. The psychologist would relay this information in language that the persons understand (including providing translation into another language, if necessary) and would take whatever reasonable steps are needed to ensure that the information was, in fact, understood.	
7. Psychologists provide new information in a timely manner, whenever such information becomes available and is significant enough that it reasonably could be seen as relevant to the original or ongoing informed consent.	
8. Psychologists clarify the nature of multiple relationships to all concerned parties before obtaining consent, if providing services to or conducting research at the request or for the use of third parties. This would include, but not be limited to: the purpose of the service or research; the reasonably anticipated use that will be made of information collected; and, the limits on confidentiality. Third parties may include schools, courts, government agencies, insurance companies, police, and special funding bodies.	
9. Psychologists establish and use signed consent forms that specify the dimensions of informed consent or that acknowledge that such dimensions have been explained and are understood, if such forms are required by law or if such forms are desired by the psychologist, the persons giving consent, or the organization for whom the psychologist works.	

Principles	I have considered this in my professional scope and role as a psychologist
10. Psychologists take all reasonable steps to ensure that consent is not given under conditions of coercion, undue pressure, or undue reward. (Also see Standard III.32 CPA Code of Ethics.	
11. Psychologists not proceed with any research activity, if consent is given under any condition of coercion, undue pressure, or undue reward. (Also see Standard III.32 CPA Code of Ethics.)	
12. Psychologists take all reasonable steps to confirm or re-establish freedom of consent, if consent for service is given under conditions of duress or conditions of extreme need.	
13. Psychologists respect the right of persons to discontinue participation or service at any time, and be responsive to non-verbal indications of a desire to discontinue if a person has difficulty with verbally communicating such a desire (e.g., young children, verbally disabled persons) or, due to culture, is unlikely to communicate such a desire orally.	

Table 2: Face-to-Face Services

Informed Consent	I have considered this in my professional scope and role as a psychologist
1. A Psychologist shall ensure the client is able to provide informed consent.	
2. The informed consent form shall include the following:	
a) The client's name(s),	
b) The client's date of birth	
c) Purpose and nature of activity	
d) Mutual responsibilities	
e) Confidentiality protections and limitations	
f) Likely benefits and risks	
g) Alternatives	
h) The likely consequences of non-action	
i) The option to refuse or withdraw anytime, without prejudice	
j) Over what period of time the consent applies	
k) How to rescind consent if desired.	

Table 3: Telepsychology Services

Informed Consent	I have considered this in my professional scope and role as a psychologist
1. Psychologists strive to obtain and document informed consent that specifically addresses the unique concerns related to the telepsychology services they provide. When doing so, psychologists are cognizant of the applicable laws and regulations, as well as organizational requirements that govern informed consent in this area.	
2. A Psychologist shall ensure the client is able to provide informed consent.	
3. A Psychologist shall ensure, in the process of obtaining informed consent, that the following points are understood	
a. Information about the particular nature, risks (including possible insufficiency, misunderstandings due to lack of visual clues, and technology failure)	
b. Benefits (including appropriateness and advantages re: distance, convenience and comfort)	
c. Reasonable alternative service options (eg. In-person services, local services from available health service provider of another discipline)	
d. Privacy limitations (including the possibility of interception of communications) of providing services through particular electronic medium/media to be used.	

4. The informed consent form shall include the following:	
a. The client's name(s),	
b. The client's date of birth	
c. Purpose and nature of activity	
d. Mutual responsibilities	
e. Confidentiality protections and limitations	
f. Privacy limitations	
g. Likely benefits and risks	
h. Alternatives	
i. The likely consequences of non-action	
j. The option to refuse or withdraw anytime, without prejudice	
k. Over what period of time the consent applies	
l. How to rescind consent if desired.	

SECTION C ADHERENCE TO INDUSTRY STANDARDS FOR RECORD KEEPING

Registrants with the NLPB are expected to adhere to record keeping guidelines. Psychologists are directed to the following:

CPA practice guidelines for providers of psychological services

https://cpa.ca/docs/File/Publications/CoEGuidelines_PracticeProvPsych2017_Final.pdf

CPA code of ethics for record keeping

(<http://www.cpa.ca/cpaprofessional/userfiles/Documents/Canadian%20Code%20of%20Ethics%20for%20Psycho.pdf>)

Access to Information and Protection of Privacy Act

(<https://www.assembly.nl.ca/legislation/sr/statutes/a01-2.htm>)

Table 1: Self-Assessment Guide for Record Keeping

Record Keeping	I have considered this in my professional scope and role as a psychologist
General Conditions	
1. Psychologists maintain accurate and current records of services provided	
a. Psychologists maintain records with sufficient information for monitoring and evaluating the services provided.	
b. Psychologists respect clients' privacy by collecting and recording only that information necessary to respond to the needs of the client with appropriate services.	
c. Psychologists are aware that clients' have a right of access to their own records and they develop and/or follow procedures to permit user access and user correction of errors.	
2. All levels of providers work to establish and maintain a reliable method for safekeeping and control of records.	
a. Psychologists control access to psychological service records regardless of the method of storage (e.g. physical, electronic, etc.). When records from a psychological service unit are made part of an organization-wide record-keeping system, psychologists work to develop and/or advocate for procedural safeguards to ensure control over the part of the record collected by the provider of psychological service.	

Record Keeping	I have considered this in my professional scope and role as a psychologist
<p>b. All levels of providers work to ensure and/or advocate for the physical safety of records from loss or damage. When within the control of an individual or group practice, information stored electronically is duplicated so that restoration after accidental loss or damage of an original version is possible.</p>	
<p>3. All levels of providers establish unequivocal procedures for releasing records only with the fully informed consent of users.</p>	
<p>a. Psychologists inform users of any limits to confidentiality of information concerning them, such as access to records or service information required by third-party users or courts.</p>	
<p>b. Psychologists safeguard the confidentiality of information released to third parties, by providing suitable advice to recipients about the confidential nature of the information.</p>	
<p>c. Psychologists avoid releasing information that requires professional training for interpretation or analysis to persons who lack that training. When this information must or should be released, providers advise recipients about the limits to the usefulness or meaningfulness of the information.</p>	
<p>d. Psychologists are cognizant of legally established limits on confidentiality that apply in the jurisdictions in which they deliver psychological services. These limits are addressed, whenever appropriate, within the informed consent procedure that is an integral component of a psychological service.</p>	

Record Keeping	I have considered this in my professional scope and role as a psychologist
Individual Client Records	
1. A psychologist shall keep a record related to the psychological services provided by the psychologist for each client who has engaged the psychologist to provide psychological services, or for whom such services have been authorized	
2. The record shall include the following:	
a. The client's name(s), address(es), telephone number(s), email address(es) as well as any other identifying information needed to distinguish the client from other clients	
b. The client's date of birth	
c. The date of every relevant and material contact between the psychologist and the client	
d. The date of every material consultation, either given or received by the psychologist, regarding service to the client	
e. A description of any presenting problem and of any history relevant to the problem	
f. Relevant information about every material service activity related to the client that is carried out by the psychologist or under the responsibility of the psychologist, including, but not limited to: Assessment procedures; resulting assessment findings; diagnoses; goals or plans of service developed; reviews of progress on the goals and/or of the continued relevance of the plan of service; activities related to crises or critical incidents; and interventions carried out or advice given	
g. Relevant information about every material service activity that was commenced but not completed, including reasons for the non-completion	

Record Keeping	I have considered this in my professional scope and role as a psychologist
h. All reports or correspondence about the client, received by the psychologist, which are relevant and material to the psychologist's service to the client	
i. All reports and communications prepared by the psychologist regarding the client	
j. A copy of every written consent and/or documentation of the process of obtaining verbal consent related to the psychologist's service to the client: <ul style="list-style-type: none"> <li data-bbox="305 590 1170 695">i. Must include informed consent (documenting information that was given to the client, the client's apparent understanding of that information, and the client's decision) <li data-bbox="305 695 1170 764">ii. Must include statement that the limits of confidentiality have been discussed. 	
k. Relevant information about every referral of the client, by the psychologist, to another professional.	
Corporate Client Records	
1. A psychologist shall keep a record related to the services provided to each corporate client.	
2. The record shall include the following:	
a. The name and contact information of the corporate client	
b. The name(s) and title(s) of the person(s) who can release confidential information about the corporate client	
c. The date and nature of each material service provided to the client	
d. A copy of all agreements and correspondence with the client	
e. A copy of each report that is prepared for the client.	

Record Keeping	I have considered this in my professional scope and role as a psychologist
Retention of Records	
When within the control of an individual or group practice, unless otherwise required by law:	
1. The individual client record shall be retained for at least:	
a) Seven years following the client's last contact; or	
b) If the client was less than nineteen years of age at the time of his/her last contact, seven years following the day the client became or would have become nineteen.	
2. The corporate client record shall be retained for at least five years following the corporate client's last contact. If the corporate client has been receiving service for more than ten years, information that is more than ten years old may be destroyed if the information is not relevant to services currently being provided to the client.	
DESTRUCTION OF RECORDS	
Records shall be destroyed using an appropriate method (i.e. Shredding/incinerating for paper records; applicable software for file deletion for electronic records).	
BILLING RECORDS	
When within the control of an individual or group practice, a record of fees charged to and received from clients shall contain the following information: the payor, the recipient of psychological services, service provider(s), date, nature, and unit fee of the service; the total charged; the payment received; and, the date of payment. Such records shall be maintained on the same retention schedule as the individual or corporate client record.	

Record Keeping	I have considered this in my professional scope and role as a psychologist
Client Records of Psychologists Who Cease to Provide Psychological Services	
In Private Practice Settings	
1. A psychologist who plans to or ceases to provide psychological services shall:	
a) Take ongoing responsibility for the maintenance and security of client records or make arrangements, preferably with another psychologist, for the security and maintenance of client records	
b) Ensure that former clients have access to the client record for the prescribed retention period	
c) Inform the NLPB of these arrangements prior to ceasing to provide psychological services or at the earliest reasonable opportunity.	
2. A psychologist in private practice shall make arrangements, preferably with another psychologist, for the security and maintenance of private practice client records in the event of the psychologist's incapacity or death. The psychologist shall inform the NLPB of these arrangements.	
In Employment Settings	
1. A psychologist who plans to or ceases to provide psychological services shall:	
a) Ensure the completeness of client records for the purposes of continuity of care and/or should a former client request access to their record.	

SECTION D EQUITY, DIVERSITY, AND INCLUSION

Equity, Diversity, and Inclusion (EDI) involves a commitment to consistently work towards creating spaces and practices that are more just and more fair for a greater number of people. An EDI view allows us to identify the ways in which our everyday taken-for-granted actions and assumptions can inadvertently perpetuate the exclusion of some people/groups of people—and moves us to work towards altering those. An EDI lens recognizes that equity and inclusion are not finite goals to be attained once and for all but are an always ongoing process of examining and re-examining how “the way things are done,” even in professional spaces, might result in inequitable consequences.

A focus on Equity, Diversity, and Inclusion asks us all to become aware of how assumptions about gender, race, sexuality, disability, and national identity (among other identities) are embedded in the structures, languages, and knowledges we use everyday. The following list is not meant to be exhaustive or to itemize all possibilities. Rather, in providing a list of some considerations, it is also meant to encourage all of us to constantly look at psychological practice through an EDI lens. Indeed, it can be continually added to, and these additions are part of the process of bringing an EDI lens to all of our everyday practices.

This list also recognizes that practicing psychologists are also members of these identity groups, and that many people are already bringing an attention to inclusion and exclusion to their practice. It is meant to serve as a series of educational prompts to raise collective awareness about the process involved in focusing on EDI. This process is not prescriptive, and individuals are encouraged to reflect on their professional scope and role based on their own lived experiences and individual needs.

The following are some additional position statements, reports, and guidelines from the Canadian Psychological Association:

- Promotion of Gender Diversity and Expression and Prevention of Gender-Related Hate and Harm:
 - <https://cpa.ca/docs/File/Position/Gender%20Diversity%20Report%20EN%202023%20Final.pdf>
- IPsyNet Statement on LGBTQ+ Concerns:
 - <https://cpa.ca/docs/File/Position/IPsyNet%20Statement%20English.pdf>
- Psychology’s Response to the Truth and Reconciliation Commission of Canada’s Report:
 - https://cpa.ca/docs/File/Task_Forces/TRC%20Task%20Force%20Report_FINAL.pdf
- Guidelines for Non-Discriminatory Practice:
 - https://cpa.ca/docs/File/Ethics/CoEGuidelines_NonDiscPract2017_Final.pdf

		I have considered this in my professional scope and role as a psychologist
Structure of Space		
1.	A psychologist shall recognize that how meeting spaces are organized can impede access and movement for some people (e.g., spacing of furniture, size of chairs or chairs with armrests, height of tables, etc.).	
2.	A psychologist shall recognize that the kinds of images and decorations in meeting spaces can reflect assumptions about gender, sexuality, race, disability, and national identity.	
3.	A psychologist shall understand that any images or physical artefacts in professional environments can reflect diversity or lack thereof.	
4.	A psychologist shall be aware that lights, colours, smells, and sounds might aggravate a range of sensory responses from clients.	
5.	A psychologist shall recognize that people may identify in ways that are not necessarily visible.	
Knowledge and Language		
6.	A psychologist shall be aware that their everyday language and expressions (including use of colloquial terms) could potentially be stigmatizing to certain groups, give an inaccurate impression, or negatively impact the therapeutic relationship. .	
7.	A psychologist shall understand that it may not be possible to know how people identify themselves based on their appearance or name. This includes gender, religious or cultural identifications, race, sexuality, or disability.	
8.	A psychologist shall use the pronouns and names by which people refer to themselves or request that others use.	
9.	A psychologist shall recognize that there are many ways of knowing in the world, informed by people’s national and cultural identifications as well as by their life experiences and how they are positioned in the world.	
10.	A psychologist shall appreciate that there is diversity between racial, ethnic, and cultural groups as well as within groups of people.	
11.	A psychologist shall recognize and respect that there has been a pervasive impact of colonization on Indigenous people in Canada.	
12.	A psychologist shall adopt an approach in clinical practice that promotes safety and prevents harm to marginalized groups	
13.	A psychologist shall recognize and respect the individual, inter-generational, and general impact of historical trauma inflicted by mechanisms of assimilation.	
14.	A psychologist shall acknowledge that racism may affect the life experiences and opportunities that people have access to.	
15.	A psychologist shall interpret the current health status in the context of broader level forces, such as the social determinants of health (e.g., the role of poverty as a contributing factor).	

		I have considered this in my professional scope and role as a psychologist
Awareness		
16.	A psychologist shall work to increase their awareness of the cultural basis of their own values and beliefs.	
17.	A psychologist shall work to increase their awareness of the stereotypes they may hold of other groups and work to ensure that they do not influence their professional work.	
18.	A psychologist shall be aware of the link between the discipline of psychology and colonial institutions (e.g., educational institutions, government structures, the justice system, etc.).	
19.	A psychologist shall proactively use knowledge, awareness, and skills to provide services in a culturally competent manner to promote the health of all of clients.	
20.	A psychologist shall seek community experiences and/or resources to enhance their knowledge, awareness, and skills in working with diverse groups.	

SECTION E USE OF TECHNOLOGY AND ELECTRONICS

Personal information shall be protected by security safeguards appropriate to the sensitivity of the information being collected and used in the psychologists’ practice. Registrants who practice telepsychology are to familiarize themselves with the *Guidelines for the Practice of Telepsychology (ASPPB 2013)* and the *Memorandum of Understanding for the Atlantic Provinces (2014)*.

<p align="center">Electronic Record Keeping and Tele-Psychology</p>	<p align="center">I have considered this in my professional scope and role as a psychologist</p>
<p>21. When within the control of an individual or group practice, a psychologist shall use a variety of safeguards, depending on the information’s sensitivity, amount, distribution, format, and method of storage:</p>	
<p>a) Locked filing cabinets;</p>	
<p>b) Secured premises</p>	
<p>c) Ensure that physical safeguards are sufficient to protect against loss or theft, and against unauthorized access, disclosure, copying, use, and modification.</p>	
<p>22. When within the control of an individual or group practice, a psychologist shall implement the technological measures necessary to ensure the security of personal information holdings including:</p>	
<p>a) Identification requirements (especially for online transactions) to establish legitimate identity for accessing personal information</p>	
<p>b) Authentication (i.e., passwords or other unique identifiers for ensuring authorized access to personal information)</p>	
<p>c) Encryption of sensitive data for storage and transmission</p>	
<p>d) Firewalls and intrusion detection systems and procedures</p>	

<p style="text-align: center;">Electronic Record Keeping and Tele-Psychology</p>	<p style="text-align: center;">I have considered this in my professional scope and role as a psychologist</p>
<p>e) Ensure that technological safeguards (regardless of whether wired or wireless technology is used) are sufficient to protect against loss or theft, unauthorized access, disclosure, copying, use, and modification</p>	
<p>f) Engage in regular education and training to ensure continuing awareness and secure information handling</p>	
<p>g) Institute procedures for secure disposal or destruction of personal information or the equipment or devices used for storing personal information</p>	
<p>23. When within the control of an individual or group practice, a psychologist shall develop formal procedures for removing personal information outside the office, including the use any and all electronic devices, working offsite or teleworking. Analyze the particular security risks which these situations create and develop solutions to limit the risks.</p>	

SECTION E ADVERTISING

Registrants who use advertising are to ensure the advertisements meet the following criteria.

Advertising	I have considered this in my professional scope and role as a psychologist
AN ADVERTISEMENT WITH RESPECT TO A MEMBER’S PRACTICE MUST NOT CONTAIN,	
1. Anything that is false or misleading;	
2. Claims of uniqueness or special advantage that are not supportable by existing scientific evidence;	
3. Any claim, whether expressed or implied, that the member is a specialist;	
4. An endorsement by an organization other than a professional organization or a professional body of psychologists that grants professional credentials to psychologists;	
5. A testimonial by a client or former client or by a friend or relative of a client or former client;	
6. A reference to a particular brand of equipment used to provide professional services if the reference implies that the member recommends the use of that brand of equipment; or	
7. Anything that discredits the profession of psychology.	