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

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PAM 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

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Dear Members,

It is a pleasure to once again be writing to you and in particular doing so after such a gratifying turn out at the recent PAM Town Hall Meeting. For those of you who were in attendance (and there were quite a few familiar faces) the evening was marked by a good deal of dialogue, discussion, and brainstorming on a number of issues relevant to the regulation of psychology in Manitoba. I would like to take this opportunity to summarize the discussions held that evening and provide you with some highlights as to where we may be heading on these important issues.

I presented to you an overview of the process that is taking place to revamp the regulation of all regulated health professions in Manitoba. The omnibus Health Professions Regulation Act will be modeled on those currently in force in Alberta, British Columbia, and Ontario, and shift current acts from a practice/title focus to one of reserved actions. In this regard, a fair degree of lively discussion was had about the types of reserved actions that are relevant to psychology, including diagnosis and what has been termed (in Alberta) a psychosocial intervention. Your comments on this were instructive, helpful, and will undoubtedly help to shape the final product that all the regulated health professionals are working on together with Manitoba Health. In the months to come I will keep you apprised of progress in this area as government moves towards finalizing the statute and holding discussions with each regulatory board on their own unique regulations and the reserved actions it will be permitted to perform.

The longest discussion of the evening was reserved for issues surrounding the complaints process. Dr. Jaye Miles led a spirited and inclusive discussion around the 2006 changes to PAM by-laws which have opened up a variety of options to the complaints committee around complaint disposition. In particular, there was a strong commentary from the membership on their perception that at present the process may be somewhat overly adversarial and a request was put forth for work to find a means to balance off our need to protect the public, with a strategy and process that respects the needs of the complainant. The point was made, and reinforced strongly, that although we frequently adhere to the letter of the law with respect to our by-laws, many times complainants may go away from this process feeling less than fully satisfied. As such, a working group has been struck to examine this issue in greater detail. I would like to thank Drs. Jule Henderson, Jennifer Frain, Dell Ducharme, Liz Adkins, and Neal Anderson who have all volunteered to work together within the constraints set out by our by-laws, to make recommendations to Council on ways in which this process can potentially be modified. I would like to stress that this process is only in its very early/tentative stages, and will continue to be guided by our primary mandate (public protection) and our current by-laws. Discussants reminded us, quite prudently, that our primary mandate must remain as public protection and that under that umbrella mandate, numerous options remain open as to disposition, including mediated settlements, censure, and cost-recovery in the case of contested actions/hearings. We must continue to be vigilant to our need to be prudent and cost-effective in the exercise of our

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mandate. Never-the-less, we as Council are hopeful that fruitful discussions can take place, and specific recommendations generated, to address the concerns raised. I would also like to take this opportunity to thank Dr. Miles for her stimulating presentation and to thank her and her Committee for the ongoing diligent work that they do in ensuring that PAM meets its primary raison d'etre. I also thank her and her Committee for their openness to potential change in this vital and demanding area.

Finally, Dr. Hal Walbridge spoke to the members in attendance on the development of our new jurisprudence examination. Dr. Walbridge has been guiding this process and has been assisted in the task of item generation by a number of members, as well as by a bank of items previously generated by a Committee under the guidance of Dr. Lorraine DeWiele. In May 2007, Dr. Jack Schaffer (Professor with the Minnesota School of Professional Psychology; Member at Large on the Board of Directors of ASPPB; Item Writer for the EPPP) led a number of PAM members in an item writing workshop. This served to further spur us on to develop a bank of items for a jurisprudence examination and I am pleased to report that we are now in the position to begin piloting this examination over the coming months. It is our hope that by January 2008, piloting can begin and shortly thereafter a final draft of the examination can start to be given to prospective PAM members. As stated quite clearly by Dr. Walbridge, the purpose of this jurisprudence examination is not to in any way replace the oral examination, but rather to augment it in an externally verifiable manner, and to address issues specific to laws and statutes which are relevant to psychology in Manitoba. Should any members desire a copy of the PowerPoint presentation on this issue, please email Dr. Walbridge and he will be happy to forward it on to you.

In conclusion, the Town Hall meeting was energetic, lively, and provided those in attendance with an opportunity to voice concerns on any number of issues. Audience participation was high and it was truly gratifying to see the interest that members have in matters relevant to regulation of psychology and also to receive the support of those in attendance, with respect to our efforts.

Finally, as I have already reported to you, Dr. Joe Rallo, our Registrar for the past 14 years, has indicated his intention to resign from this position effective December 31, 2007. PAM Council is currently in the process of selecting a replacement, and it is anticipated that interviews of candidates will not begin until the New Year, with a decision, hopefully, in late January or early February, 2008. Dr. Rallo has agreed to stay on until this process has been completed.

I wish you all the best in 2008.

Sincerely,

Alan Slusky, Ph.D., C.Psych.
President, Psychological Association of Manitoba

INFORMATION FOR PAM MEMBERS ABOUT CENSURES

As new processes for complaint resolution under the amended By-law #1 of *The Psychologists Registration* Act of February 2006 are coming into effect, the Complaints Committee has noted that PAM members responding to complaints are in need of comprehensive information about what the censure process entails and how a censure is viewed within the parameters of the new By-law and about the possible outcomes outlined in the legislation.

A censure is an expression of criticism of the actions or behaviour of a member by the Complaints Committee. It is not a determination that professional misconduct has occurred. It is not considered a "Disciplinary Action".

Acceptance of a censure does not indicate an agreement on the part of the member that professional misconduct has occurred.

A censure may be proposed by the Complaints Committee only if the Committee has determined no action will be taken against a member other than a censure.

A censure is one measure among a number of alternatives outlined in the PAM By-laws for disposition of complaints. In addition to a censure, the other alternatives include dismissal or mediation of the complaint, acceptance of a voluntary surrender of a member's registration, an agreement with the member (which can include a variety of possible alternatives, such as an assessment of a member's fitness to practice, counselling or treatment, monitoring or supervision, or conditions on a member's right to practice), and referral to the Inquiry Committee with charges and a formal hearing.

The censure process is undertaken if the member agrees to accept a censure. Normally this includes a meeting between the member and at least two members of the Complaints Committee. Legal counsel is not normally present and minutes are not taken.

In the event that a member does not accept a censure, the Complaints Committee will consider the other alternatives for disposition outlined in the By-law, and may conclude that an appropriate outcome is a referral to the Inquiry Committee with formal charges and a hearing.

The censure meeting provides an opportunity for the Committee to explain its reasoning to the member and engage in dialogue with the member. It is not viewed by the Committee as a venue for negotiation of the acceptance of a censure by the member. However, it does provide an opportunity for a member to provide explanations and engage in dialogue.

Potential changes to the censure wording, mode of delivery of the censure (in person before the Complaints Committee, or in written form), and publication of the name of the psychologist may be discussed at a censure meeting and are subject to ratification by the Complaints Committee as a whole.

"Publication" refers to publication in any formal publication of PAM, including *The Manitoba* Psychologist and the PAM website at www.cpmb.ca. Publication of the member's name and/or identifying facts may be negotiated by the Complaints Committee and the member during the censure process. The Complaints Committee reserves the right to publish the complaint issues and circumstances on an anonymous basis for the education of the membership or the public and it is generally not negotiable.

A censure becomes part of the permanent record of a PAM member. A censure would be forwarded to another jurisdiction inquiring about the record of a psychologist seeking registration or licensure in that jurisdiction. A record of a censure alone would not necessarily cause another jurisdiction to refuse registration or licensure. A censure is not reported to the ASPPB Disciplinary Data System. In accordance with the By-laws, an existing an existing censure can be taken into consideration in future related complaints filed with PAM. Censures are of indeterminate duration and are not normally removed from PAM records.

A censure is not disclosed in response to public inquiries about the disciplinary history of a psychologist. It is disclosed to the complainant, consistent with the By-law requirement that the Complaints Committee advise both complainant and PAM member of the decision and the reasons for the decision.

A censure as a complaint disposition is subject to appeal by a complainant. A member's response to a complaint is normally made available to the complainant for response during the complaint process. The Committee's reason(s) for decision on the disposition of a complaint is reported in detail to both the complainant and the respondent psychologist.

The Canadian Psychology Regulators Group, consisting of representatives from all Canadian psychology regulatory organizations including PAM, have endorsed a set of defining principles proposed by Correctional Service of Canada regarding non-consensual risk assessments. These principles, and comments from the Canadian regulators, are contained in the following letter which was written to Fred Bellemare, Ph.D., C.Psych., National Headquarters, Correctional Service of Canada.

Dear Dr. Bellemare:

Re: Non-Consensual Risk Assessments

The Canadian Regulators were pleased to receive your e-mail last spring outlining some of the issues facing psychological practitioners working in Correctional Service Canada (CSC). In particular, the regulators recently had the opportunity to consider the matter of the completion of "non-consensual risk assessments". The regulators reviewed CSC's position regarding these risk assessments and the specific parameters outlined, and endorsed these as basic defining principles of such assessments, as noted below:

That a psychological practitioner may complete a non-consensual risk assessment based on a review of file materials, provided that:

• the offender is fully informed about the process and understands that a report will be regardless of whether his/her consent is obtained;

• the report makes it clear that a full risk assessment was not conducted, but rather, the report and comments about risk level are based solely on a review of available file materials;

• the report does not include the results of newly-administered actuarial or other scales based on the material in the file;

• the report does not offer an opinion regarding the current mental status of the offender, nor a diagnosis, but is restricted to issues related to risk of reoffending and the managing of this risk and only to the extent possible given the limits on the file information available; and

• the offender is given a copy of the report, and is free to offer his/her perspective, comments or rebuttal.

The Regulators were particularly pleased that this statement requires that there be an attempt to obtain informed consent while explicitly recognizing the limits to the voluntary nature of such consent in these circumstances. As well, the regulators applaud the clear distinction being made between a "file review", that is, a report based on a review of materials; and a professional opinion regarding current mental status, diagnosis or other psychological issues which require significant and sufficient direct contact between the practitioner and the individual about whom the opinion is rendered.

In this regard, the regulators strongly recommend that such written reviews be entitled "File Review-Based Risk Assessment" rather than the misleading title of "Assessment" or "Psychological Assessment" which, as you know, have very different connotations about the information they contain and the process by which the information was obtained.

Rick Morris, Ph.D., C.Psych.
On behalf of the Canadian Psychology Regulators Group

EPPP Fees to increase January 1, 2008

Please be advised that the ASPPB Board of Directors recently conducted a review of the Canadian exchange rate in relation to the fees charged to Canadians for the EPPP, and for attendance at ASPPB Annual and Midyear Meetings.

Although the established fee for the EPPP is $450 US, Canadian EPPP candidates have been allowed to pay $375 U.S. for a number of years in consideration of the exchange rate between the U.S. and the Canadian dollar. The Canadian dollar has made strong gains in relation to the U.S. dollar over the last four years and ASPPB is not aware of any significant factors that would reverse this increase in strength. The average exchange rate for Canadian dollars to US dollars for the 2006 calendar year was 88.21%. This average is up 5.5% over the 2005 average.

Therefore, the ASPPB Board of Directors passed a motion at its April 2007 meeting that the fee for Canadian candidates to take the EPPP will be adjusted from $375 US dollars to $400 US dollars effective January 1, 2008. The Board believes that seven month's notice ought to be sufficient time for all Canadian jurisdictions to make the necessary changes to implement this fee adjustment. If you feel that your jurisdiction requires more time to implement this fee increase, please contact me immediately.

The Board decided not to make any change in the rates that Canadians pay for ASPPB dues or meeting registration fees. Consequently, Canadian attendees at ASPPB meetings will continue to pay registration fees at par, and Canadian member boards will continue to pay their membership dues in US funds.

We trust that your constituents will understand the Board's decision to adjust the EPPP fee. If you have any questions, please do not hesitate to contact me or Ms. Amy Hilson at your convenience.

Best regards,

Stephen T. DeMers, Ed.D.
Executive Officer

REQUEST FOR VOLUNTEER AUDITORS

Council is seeking to members who are willing to volunteer as auditors of the association. Section **49(5)** of ***By-law No. 1*** states: *"once a year as soon as possible after the end of the fiscal year, the accounts of the association must be examined, and the correctness of the statements of receipts and disbursements ascertained by a qualified chartered accountant or firm of qualified chartered accountants or by any two members of the association appointed as auditors of the association"*. Appointing two members as volunteer auditors will result in cost-savings to the association. Interested individuals should contact the Registrar by e-mail (pam@mts.net) or telephone (471-8881).

JURISPRUDENCE EXAMINATION

Effective March 1, 2008 all psychologist candidates, psychological associate candidates, and new applicants will be required to take a written, multiple choice jurisprudence examination prior to taking the oral examination for registration as a psychologist or psychological associate. During the first year the test will be in the pilot phase and there will be no set pass point. Data collected during this period will assist in further development of the examination. Candidates will take the examination after meeting all other registration requirements except for the oral examination. Further details and a reading list will be provided. The examination will be "open book".

The following article appeared in an issue of "Alert", a publication for Ohio psychologists. It is reprinted here as many of the same issues are relevant to Manitoba Psychologists.

WHEN CLIENTS ARE IN DOMESTIC RELATIONS LITIGATION PSYCHOLOGISTS MUST PROCEED WITH CAUTION

The Board regularly receives complaints from clients alleging violations of law and rules relative to psychologists' work in domestic relations matters. This article serves to amplify the prevailing standards of care in forensic psychology in order to help Ohio psychologists comply with standards and administrative rules. Before proceeding, all licensees should know that terms previously used have changed. "Visitation" is outdated and has been replaced by "parenting time." Also, "custody" is correctly referred to as "allocation of parental rights and responsibilities."

Recent Board actions. Since December 2002, the Board has issued five disciplinary actions and three Notices of Opportunity for Hearing for violations of the Rules of Professional Conduct, relative to psychological practice in the domestic relations area. Each disciplinary action involved violations due to a lack of a fundamental or reasonable level of knowledge and understanding of the legal and professional standards of care that govern the participation of psychological experts in legal proceedings. Most problems encountered by these licensees involved establishing a therapeutic relationship with a child and/or parent and subsequently writing letters or giving testimony expressing opinions about parenting time or allocation of parental rights and responsibilities. Psychologists in a therapeutic role should not give any opinions to the legal system about parental access to children, as this is a separate and distinct process reserved for an objective expert, typically ordered by a court to evaluate the entire family—and not just "one side." Psychotherapists are biased inherently in favor of the client and cannot serve courts with the objectivity necessary to assist in litigation. Some of the five recent actions, and several complaints under investigation, include psychologists rendering opinions about a parent or child who was never even met by the psychologist. Complaints from clients generally fall in one of two categories:

1) The licensee, as therapist for a child and/or parent(s), gives opinions/recommendations to an agent of a court (e.g., judge, magistrate, attorney, guardian ad litem, or even another psychologist involved in litigation) about parenting time or allocation of parental rights and responsibilities.

2) The licensee, in an expert forensic evaluator role, gives to the Court an expert opinion about parenting time or allocation of parental rights and responsibilities without following prevailing professional standards.

Know your role. Therapy clients who are also in litigation present a unique set of circumstances for treating psychologists. Issues from a client's involvement in litigation are bound to enter the treatment office. This might be as obvious as a request for a letter to the client's attorney saying that the client is not at risk to her children. This might be as subtle as a client complaining about alleged behavior by the client's spouse and hooking you into secretly wanting to tell the judge. Prevailing standards essentially demand that you define and remain within one role with a given client. If you are the therapist for an individual, couple, or family, then you should avoid giving Opinions to a court relative to that client. Once a therapeutic role has been established, you are at risk of violating several laws and rules if you render professional opinions about parenting time or allocation of parental rights and responsibilities to an agent of a court.

Clients who are also litigants (for example, in contested parenting disputes) frequently seek advocacy and supportive opinions from their therapists to bolster chances in litigation. This raises issues of boundaries and competence. It is tempting and all too common for attorneys and courts to ask therapists to provide recommendations and opinions about a therapy client. It might appear that the treating psychologist, as a professional who best "knows" the litigant, can be the most efficient person to advise the Court about a legal matter. This is also seductive for some therapists, who "know" the client. The primary problem with this temptation is related to and inherent dual roles and bias. "Knowing" your client does not mean that you have the proper knowledge base necessary to inform the legal system. Quite the opposite. The legal system needs reasonably objective data to assist the Court in reaching legal decisions. Many reasons why psychotherapy can be so helpful are the same reasons that the psychotherapist cannot meet the standards for rendering opinions to the legal system. It's about conscious and unconscious risks of taking sides, bias, and a loss of objectivity. Psychologists who attempt this dual role (psychotherapist to the client and expert for the legal system) are in an inherent role conflict that can violate administrative rules on negligence, competence, welfare of the client, and impaired objectivity and dual relationships. Do not let emotions or "client advocacy" determine your behavior and lead to switching roles.

Know the standards. Many psychologists practice forensic psychology without knowing it, while some psychologists who identify themselves as forensic psychologists are not familiar with prevailing standards. These are both ripe with possibilities for complaints and violations. Psychologists who interface with the legal system at any entry point should know about prevailing Standards in forensic psychology. In today's practice, this seems to include virtually all psychologists . The Specialty Guidelines for Forensic Psychologists, published by the American Psychology-Law Society (1991) still includes contemporary standards for psychologists who work with psycholegal issues (basically every one of us). All psychologists should know basic standards outlined in the Specialty Guidelines and the Guidelines for Child Custody Evaluations in Divorce Proceedings, published by APA. Issues of professional journals published by OPA and APA have included information on these issues. Seek continuing education in forensic psychology. Join professional associations and divisions that specialize in psycho-legal issues and forensic practice. Develop consultative relationships with colleagues who are familiar with these standards.

Know about types of testimony. Psychologists can serve the legal system as either a fact witness or as an expert witness [which can further be broken down into a "forensic expert" and "treating expert."] A fact witness can usually only testify about things learned or observed directly in therapy. A psychologist giving fact testimony can assist the Court about facts and observations learned first hand, and maybe clinical opinions (diagnosis, prognosis, techniques used, response—things related to direct clinical contact but not to broader legal questions like parental access to children). Psychologists can also serve the legal system as experts, who can offer opinions, the content of which would depend on the "type" of expert. In order to be admitted in Court, an expert opinion is supposed to be reliable and valid to a reasonable degree of scientific certainty. Unfortunately, many judges and magistrates admit testimony that does not meet this standard. It is still the psychologist's responsibility to conduct one's practice according to prevailing standards. If you do not enter the legal system with an overt role as being an expert to assist the Court in reaching a decision (e.g., a court-appointed custody evaluator), then stick to the facts and advise all parties that your role as therapist does not allow for the expression of expert opinions regarding questions before the Court.

It would generally be OK for a psychotherapist to advise the Court in some way similar to: "My client told me I am in the role of his therapist and therapists are typically too biased to advise the that he is highly invested in his children and that he wants more visitation time, but I am not in the role of forming an expert opinion to advise the court about legal issues about parental rights to time with the children. I am in the role of his therapist and therapists are typically too biased to advise the court about such issues." On the other hand, a therapist might be able to testify as a treating expert and offer opinions to the court—but only opinions related to diagnosis and prognosis of the client. A treating expert usually has some expertise and experience with a certain disorder that would make their opinions valuable to the Court, but should not render opinions about parental capacity or the best interests of a child.

Release of Information and the Mental Health Act

The following opinion was provided by Mr. David Wright, legal counsel to PAM.

You have asked for our advice regarding the effect of Part V of *The Mental Health Act* (the "MHA") on the obligation of a psychologist to disclose client information pursuant to a subpoena. Part V of the MHA places restrictions on the disclosure of information regarding patients of designated mental health facilities. Where it applies Part V of the MHA takes precedence over *The Personal Health Information Act* ("PHIA") and *The Freedom of Information and Protection of Privacy Act*.

The restrictions are imposed by sections 36 and 38 of the MHA.

Section 36 - Confidentiality of "clinical records"

Section 36(1) of the MHA provides:

> **Disclosure prohibited without patient's consent**
> 36(1) Except as permitted under subsection (2), no medical director, and no person on the staff of a facility or otherwise involved in the assessment or treatment of a patient, shall disclose information in a clinical record without first obtaining
> (a) the patient's consent, if the patient is mentally competent;
> (b) the consent of the patient's guardian, if the patient is a minor who is not mentally competent; or
> (c) the consent of the patient's committee of both property and personal care.

Section 1 of the MHA provides that the term "patient" means a person who is admitted to a facility as an in-patient, or is attending as an out-patient for diagnosis or treatment.

The term "facility" is defined to mean any place designated in the regulations as a facility for the observation, assessment, diagnosis and treatment of persons who suffer from mental disorders. Attached is a copy of the regulation specifying the designated facilities.

The term "clinical record" is defined to mean the clinical record compiled and maintained in a facility respecting a patient.

Subsection 36(2) lists a number of circumstances in which the medical director of a facility may disclose information. These circumstances do not permit a psychologist to disclose information about the patient.

Thus, pursuant to section 36, a psychologist may only disclose information contained in the clinical record compiled and maintained by a designated facility if consent has been given by or on behalf of the patient under section 36(1). Absent consent, all requests for information contained in a clinical record compiled by a designated facility should be directed to the medical director. (Out of an abundance of caution, we recommend that all requests for information contained in a "clinical record" be referred to the medical director.)

Section 38 of the MHA deals with information sought to be disclosed in court proceedings or proceedings before other tribunals. That section deals with knowledge and information generally (including information that may not be part of the "clinical record" maintained by the facility). Section 38 provides:

> **No disclosure by employees or others**
> 38(1) No person shall disclose, in an action or proceeding in any court or before any body, any knowledge or information about a patient obtained while assessing or treating, or assisting in assessing or treating, the patient in a facility, or in the course of employment in the facility, except with the patient's consent or consent on the patient's behalf under subsection 36(1).
>
> **Exception**
> 38(2) Subsection (1) does not apply
>
> (a) if the knowledge or information relates to information in a clinical record that has been admitted into evidence under section 37;
>
> (b) to a proceeding before the [Mental Health] review board, the Review Board established under Part XX.1 of the Criminal Code (Canada), or a committee or body referred to in clause 36 (2)(k) or (l); or
>
> (c) to a proceeding before a court or any other body begun by or on behalf of a patient that relates to the patient's assessment or treatment in a facility.

Section 37 (referred to in s. 38(2)(a)) provides that the medical director of a facility shall disclose information in a patient's clinical records when required to do so by subpoena or court order.

Clauses 36(2)(k) and (l) (referred to in s. 38(2)(b)), refer to peer review committees and professional disciplinary bodies.

Clauses 36(2)(k) and (l) (referred to in s. 38(2)(b)), refer to peer review committees and professional disciplinary bodies.

Thus, section 38 precludes a psychologist from disclosing in a proceeding any knowledge or information about a patient obtained while assessing or treating the patient in a designated facility or in the course of employment by the facility unless:

(a)consent has been given by or on behalf of the patient;

(b) the information has been disclosed by the medical director and admitted into evidence under section 37;

(c) the information is not contained in a clinical record and the proceeding is one designated in subsection 38(2)(b) or (c).

Summary

Generally, a psychologist should not disclose any knowledge or information regarding a person who the psychologist assessed or treated in a designated facility or in the course of employment in a facility unless proper consent has been given to the disclosure or the information has been disclosed by the medical director in accordance with the MHA. The only exception is with respect to information that is not part of the "clinical record" compiled by the facility and the proceeding in which disclosure is sought is of a type identified in subsection 38 (2)(b) or (c). Unless proper consent has been given to the disclosure, the obligation to disclose any information contained in a clinical record falls to the medical director.

As a general rule, we would recommend that any psychologist asked (or subpoenaed) to provide information regarding a person he or she treated or assessed in a designated facility or in the course of the psychologist's employment by a designated facility should consult the medical director of the facility.

NEW MEMBERS (PAST 12 MONTHS)

Registered Psychologists

Dr. Christine Clancy

Dr. Gaye Kropf

Dr. Corey MacKenzie

Dr. Jennifer LaForce

Dr. Valdine Scott

Dr. Adrienne Leslie-Toogood

Dr. Mathew Bailly

Dr. Gregory Gibson

Dr. John Berendt

Psychologist Candidates

Ms. Solange Lavack-Pambrun

Dr. Geri Brousseau

Ms. Anna Bergen

Ms. Anna Piztrowski

Psychological Associate Candidates

Richard Patton

MEMBERSHIP CHANGES

Retired

Dr. Neil Butchard

Mr. Norbert Girardin

Ms. Heather Grant

Dr. Valerie Kamaya-Miyakawa

Mr. Mark McLearon

Dr. Seymour Opochinsky

Mr. Fred Switzer

Dr. Patricia Wrighton

Mr. Walter Petryshyn

Membership lapsed for nonpayment of dues

Dr. Michelle Collins

Ms. Linda Schwartz

Resignations

Dr. Mark Olver

Ms. Brenda Martinussen

Dr. Miles Kowall

Ms. Jennifer Garringer

Ms. Kimberley Lushaw

Deaths

Dr. Ken Wiebe

Mr. Albert Gazan

Ms. Grace-Lea Claydon

Dr. Connie Cohen

Mr. Mohammed Inayatulla