

**THE VIRGINIA BOARD OF PSYCHOLOGY
REGULATORY COMMITTEE
MINUTES
SEPTEMBER 10, 2002**

The Regulatory Committee of the Board of Psychology met on Tuesday, September 10, 2002 at the Department of Health Professions, 6606 West Broad Street, Richmond, Virginia. Dr. Virginia Van de Water, Chair, called the meeting to order at 10:05 a.m.

COMMITTEE MEMBERS PRESENT: John Bruner, Ph.D.
Clifford V. Hatt, Ed.D.
David L. Niemeier, Ph.D.
William Hathaway, Ph.D.

COMMITTEE MEMBERS ABSENT: Jeanne E. Decker, Ph.D

STAFF PRESENT: Evelyn B. Brown, Executive Director
Benjamin Foster, Deputy Executive Director
Arnice N. Covington, Administrative Asst.

OTHERS PRESENT: Cathy Rea, Ph.D. President VACP
Sharon Patterson, Ph.D., VACP
Jeffrey T. Barth, Ph.D., UVA Med. School
Dennis Carpenter, Ph.D., Westwood Group
Jackie Curtis, Ph.D., Oxbridge Counseling
Mike Stutts, Ph.D., VACP, EVMS
J. D. Ball, Ph.D., VA Consortium

ORDERING OF AGENDA: Dr. Van de Water opened the floor to any changes in the agenda. The agenda was accepted as submitted.

PUBLIC COMMENT:

None

RESIDENCY REQUIREMENT:

Dr. Van de Water pointed out that the major purpose for this committee meeting was a discussion of possible changes to current residency requirements for licensure. Specifically, for the Board to allow the issuance of a full license to practice clinical

psychology to applicants immediately upon the successful completion of the doctoral degree, clinical internship and passing of the EPPP.

[Dr. Van de Water](#) confirmed that everyone present who wanted to speak had designated such on the sign in sheet. Further, she stated that this discussion would be informal and that everyone who signed up to speak would get an opportunity to speak. At this point persons sitting in the audience portion of the room were invited to move up to the tables with the committee members.

First to speak was [Dr. Jeffrey Barth](#) of the University of Virginia School of Medicine. [Dr. Barth](#) spoke of the need for this change to bring psychology residents into parity with medical residents. The UVA School of Medicine requires persons seeing patients to have a license. He fears that without some type of license there will come a time when psychology residents will be removed from the school of medicine and relegated to other allied health professions. Beyond the needs of his residents [Dr. Barth](#) felt that the proposed change was a good idea. He pointed out that the level of training that has been gained during the clinical internship is far greater than what was required when most of the persons present obtained their training.

[Dr. John Bruner](#) asked [Dr. Barth](#) whether the problem he spoke of at UVA was more of an administrative one than a regulatory or statute problem? [Dr. Bruner's](#) concern was that university policy might be preventing residents from performing services that are allowed under current statutes.

[Dr. Dennis Carpenter](#) spoke against the proposed change. He pointed out that persons completing residencies are currently able to work in exempt settings and hospitals. Therefore, if the major impetus for this change is to allow residents to earn money while in training it is not really necessary. He pointed out that State Agencies such as the Department of Correction relies on this group to meet its mental health service needs. [Dr. Carpenter](#) also stated that while there is a higher level of experience attained prior to confirmation of a degree there still is not a sufficient level that would allow for independent or unsupervised practice.

[Dr. Jacqueline Curtis](#) stated that she was against people obtaining licensure without completing a residency. She related some of the residency problems she currently sees as a credentials reviewer. Mainly, there is a problem with residents deviating from criteria set out when they registered the residency/supervision. Further, [Dr. Curtis](#) expressed concern about the effect this proposed change will have on reciprocity, endorsement, and CPQ. [Dr. Hathaway](#) pointed out that one of the questions usually asked in conjunction with the transfer of licensure to another state is the "amount of residency hours post degree." Therefore, even though this change would provide a license, it would not necessarily guarantee that a person could use the licensee to transfer to another state. [Dr. Neimeier](#) suggested that the Board contact Randy Reeves, Executive Director of the Association of State and Provincial Psychology Boards (ASPPB) and inquire how this change would affect CPQ.

Dr. Ann Loper stated that she was for the proposed change to the residency requirements. “It is the appropriate thing to do to insure proper training.” She said that she believed that although the proposed license would be for two years the person should only have one year to complete the residency. Mr. Foster pointed out that effective January 1, 2004 the licensure renewal period would change to annual instead of biennial. Dr. Loper reiterated comments made by Dr. Barth regarding parity with medical residents. Dr. Hathaway said that he believed that the federal government had designated psychology as a medical profession.

Dr. Cathleen Rea said that while she could see this as a parity issue it is more a matter of how we (psychologists) see ourselves. She spoke about the Boards’ previous attempt at temporary licensure that was abandoned in order to await and consider proposals to be made by the American Psychological Association.

Dr. Mike Stutts pointed out that such a change would not increase the risk or chance of harm to the general public. He feels that this is also a supervision issue. Although the person will have an unconditional license, they will also have a supervisor that has been registered with the Board. Additionally, because the resident also has a license issued by the Board they are also subject to direct disciplinary action by the Board.

Dr. J. D. Ball, of the Virginia Consortium stated that he was not for loosening the licensure laws and did not feel that this proposal would lead us in that direction. He, like several other speakers, felt that the parity issue was important. Dr. Ball read from and provided a letter in support of the proposal from Neill Watson, Ph.D., Chair, and Counsel Director of the Virginia Consortium Program in Clinical Psychology.

Dr. Hathaway made a motion, seconded by Dr. Neimeier to recommend to the full Board the it go forward with regulatory changes that will provide for licensure upon the completion of the required degree, clinical internship, and passage of the EPPP. And that completion of the required residency is required for renewal of said initial licensure.

ADJOURNMENT:

Dr. Van de Water thanked the participants for coming to the committee meeting and providing their input on this very important topic. She then adjourned the committee meeting at 12:20 p.m.

Virginia Van de Water, Ed.D. Chair

Benjamin Foster, Deputy Executive Director