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## Practice guidelines for psychologists providing primary level services and assessment services to WCB customers

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## Intent

The intent of this document is to set out the WCB service provider guidelines for psychologists providing the following services to WCB customers, hereafter referred to as “care providers”:

- a. primary level assessment and counselling services
- b. mental health assessments
- c. neuropsychological assessments
- d. vocational-psychological assessments

## Introduction

1. All care providers to WCB customers shall comply with the guidelines in this document, in addition to any practice standards and ethical requirements of the licensing body – the Saskatchewan College of Psychologists (SCP).
2. Any care provider accredited to provide care to WCB customers who does not wish to be bound by any current or upcoming agreement should immediately notify the WCB's health care services department that the care provider wishes to withdraw from providing services to WCB injured workers.
3. By virtue of providing care to a WCB customer, care providers indicate their willingness to follow the provisions of any current or subsequent agreement with a professional standards or regulatory body.
4. The WCB has the authority to establish practice requirements for psychologists in addition to the generic licence to practice granted by the Saskatchewan College of Psychologists, in terms of education, training, experience and licensure status. The WCB has communicated with the Saskatchewan College of Psychologists, which has informed the WCB that establishing specific standards of care for the provision of services by psychologists for WCB is outside of the College's legislated jurisdiction. Notwithstanding this, it is expected that psychologists practice in accord with the codes of ethics and the professional practice guidelines as published by the College.
5. WCB accreditation is designed to ensure WCB customers receive care from well-qualified professionals who are independent of adjudication, insurance decisions and employer influence. The WCB providers provide information regarding the need for continued treatment, return to work (RTW) and the need for further assessment and treatment.

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## Practice standards

1. General requirements and standards for psychology care providers:
  - a. All care providers providing services to WCB customers shall be fully licensed members in good standing with the Saskatchewan College of Psychologists and shall hold the Authorized Practice Endorsement (APE). The APE designation legally entitles the provider to communicate diagnostic information (that is, diagnoses, symptoms, traits, symptom levels and overall assessment of functioning). The WCB requires such information on an ongoing basis.
  - b. The decision to accredit a psychologist as a WCB provider is internal to the WCB. Holding a license to practice and an APE designation are necessary, but not sufficient qualifications.
  - c. Psychologists providing primary level care shall hold at a minimum a master's or doctoral degree in clinical or counselling psychology:
    - i. This includes clinical training and internships from a provincially or state accredited university (that is, an institution created by an act of legislature or equivalent). Internships and practica should meet the requirements of the licensing College and the Canadian Psychological Association (CPA) regarding hours and supervision. Practica and internship service delivery training must be in-person. Computer-based and online training is not considered.
    - ii. Academic and practicum/internship training must be within health care settings.
    - iii. Distance education models and "online" degrees not requiring actual residency at a university are usually not considered acceptable.
    - iv. Continuing education and workshop attendance is not considered equivalent to academic and formally supervised training.
    - v. Degrees in other fields will not usually qualify, even if the degree holder is licensed by the College of Psychologists.
    - vi. Practitioners who do not qualify to provide services to the WCB may consider consulting the standards for re-qualification of the Canadian and American Psychological Associations.
    - vii. Specific service areas beyond primary care have additional qualification requirements. See item 10 in this section for details.
    - viii. The WCB's decision is final in all determinations.
  - d. For qualification at the master's level, it is expected that the full three- to four-month summer internship is complete and for the doctoral level, that the 12-month pre-doctoral internship is complete. This is in addition to usual practice requirements for the clinical or counselling degree.

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- i. Internships in non-health care settings are not considered sufficient to meet this requirement (for example, a school or child guidance setting). Practitioners will be asked to provide a certificate, transcript or other documentation which shows that the internship has occurred in a health-care setting.
  - ii. Practitioners must practice in areas that they are qualified to do so by their academic and supervised service delivery training.
  - iii. The WCB's decision is final in all determinations.
- e. Psychologists shall have the ability to practice independently without supervision. The only exception may be in situations of fully qualified practitioners at the doctoral level, following the pre-doctoral internship, with only research requirements outstanding in qualification for the doctoral degree. There is a two-year limit to obtain independent licensure with diagnostic authority, with exceptions made only when licensing exams are scheduled beyond this time frame and this is beyond the psychologist's control. The WCB's decision is final in all cases.
- i. This typically applies to practitioners who are awaiting award of a doctoral following the completion of the pre-doctoral internship and who did not receive a master's degree following a baccalaureate.
  - ii. These are considered on a case-by-case basis.
  - iii. Such an arrangement is considered temporary and is approved only by the discretion of the WCB, which will make decisions on a case-by-case basis, taking into account, among other things, the WCB's needs for services. Both the provider and the supervisor shall sign an agreement provided by the WCB, as well as that required by the educational/licensing body.
  - iv. It is required that all documents submitted to the WCB are co-signed by a WCB-accredited provider and that any other supervision requirements of the licensing College are met.
  - v. There is no precedent set by approval in any specific situation. The WCB's decision is final in all cases.
- f. Psychologists intending to practice as providers for the WCB should ensure that their psychological training is sufficient to justify their competency to practice with the WCB. Professional associations and licensing bodies may also have advice about training. Among the relevant areas are:
- i. Provision of psychological services in legal situations and insurance situations.
  - ii. Health psychology, management of pain, fear of re-injury.
  - iii. Psychology in medical situations, including knowledge of musculoskeletal injury, physical rehabilitation, medications.
  - iv. Operational stress, psychological trauma, psychological resilience.

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- v. Employment and work issues, including managing communication with employers to facilitate return to work, managing confidentiality, adopting a non-advocacy stance.
  - vi. Psychological assessment and testing with rehabilitation and medical settings.
  - vii. Working with multidisciplinary teams and communicating with other professions.
  - viii. Ethical issues when working in quasi-legal situations and with third parties.

Practitioners will be asked to provide an attestation that they reviewed the standards document and any advisories on the WCB's website.

- g. Psychologists who wish to provide psychological services to WCB customers shall apply for WCB accreditation as a WCB psychological service provider. Information required for consideration of accreditation includes:
  - i. Copies of all relevant academic degrees or diplomas. Please photocopy or scan the actual degree certificates.
  - ii. University academic transcripts from provincially or state-accredited institutions. These may be formal transcripts or those accessed via university websites.
  - iii. Copy of current practice license (dated to current year or renewal card).
  - iv. Copy of APE certificate.
  - v. Copy of academic internship certificates (not continuing education certificates) or letters from training directors attesting to internship completion and accreditation status of the internship via CPA or APA.
  - vi. Psychologists shall identify the internship, practica, streams or rotations in which training was completed.
  - vii. Copy of malpractice insurance (malpractice insurance is available from the Canadian Psychological Association).
  - viii. WCB accreditation application form.
- h. All assessment, treatment and reports shall be provided by the accredited care provider and shall not be delegated to others (that is, psychometrists, students, interns, etc.), or to other providers in the same office, without the agreement of the WCB's manager of health services or the WCB's psychological consultant.
  - i. Practicum students and interns may accompany and observe the service provision if the WCB accredited psychologist is present.
  - ii. Specific test supervision and administration of instruments for specialized assessment services (neuropsychological, mental health and vocational assessments) may involve psychological assistants or clerks for these specific functions only. The accredited provider shall provide all other aspects of the assessments other than these routine testing functions as is usual in psychological

assessment practice. The accredited provider has the responsibility for the entire assessment in such situations.

- iii. Psychologists shall sign all reports including their highest earned degree and registration status (R.Psych. RDPsych) and registration number.
- iv. The WCB's determination is final in all decisions about the conduct of assessments.
- v. Care providers shall not include in any advertising or promotional material information regarding affiliation or accreditation with the WCB.
- i. Advanced psychological services. The WCB requires additional qualifications to provide psychological services in several specific service areas. These requirements are in addition to those stated above. The areas of advanced psychological services are mental health assessments, neuropsychological assessments and vocational-psychological assessments. The additional qualifications are:
  - i. Mental health assessments:
    - (a) Doctoral level practice degree, including pre-doctoral internship.
    - (b) Three years of experience post-doctorate.
    - (c) The WCB's determination shall be final in all situations.
  - ii. Neuropsychological assessments:
    - (a) Doctoral level practice degree, including pre-doctoral internship.
    - (b) Evidence of specialization in neuropsychology, the pre-doctoral internship shall contain evidence of neuropsychology specialization.
    - (c) Completion of one year (minimum) post-doctoral fellowship or the equivalent in documented post-doctoral supervised practice, with full submission of the details of the supervision as required by the WCB.
    - (d) Three years of experience post doctorate.
    - (e) The WCB's determination shall be final in all situations.
  - iii. Vocational-psychological assessments:
    - (a) Minimum of a master's degree in psychology or educational psychology or equivalent as evaluated by the WCB.
    - (b) Three years of experience in providing vocational assessments and documentation of this experience as requested by the WCB.
    - (c) The WCB's determination shall be final in all situations.

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- iv. For mental health assessments and neuropsychological assessments, level of experience with medical-legal assessment experience and insurance-based practice shall be provided.

### **Authorization to treat and invoice**

1. On receipt of a customer not referred by the WCB who identifies that the need for psychological care is related to a work injury, the care provider shall submit to the WCB the “Primary Level – Authorization to Treat” form, which is located on the WCB website. This form will elicit a response from the WCB regarding the WCB’s responsibility for the condition necessitating treatment and for direct billing of the WCB.
2. If the worker has not had treatment for more than 30 days and requires more treatment, the psychologist must send a Primary Level Authorization to Treat – Psychology/Counsellors form to the WCB. Psychologists normally have to wait to hear from the WCB before they can resume treatment, otherwise they will not get paid for the service and will need to bill the worker. There are situations where providing treatment at an infrequent basis in follow up at unscheduled, urgent patient or practitioner requested basis is appropriate. The WCB will generally approve such follow up on a case-by-case basis in order to avoid progression of injury and to avoid time loss. This is usually in situations of permanent restrictions. Treatment plans which involve this type of service provision must be laid out clearly and approved by the WCB.
3. Forms, letters and other documentation should be faxed to the WCB. The WCB scans documents directly to computer-viewable files, allowing all appropriate personnel at the WCB to access the file. Follow up hard copies of facsimiled reports are neither required nor desired.
4. Once direct billing has been confirmed by the WCB, intake and initial assessment shall move forward as expeditiously as possible.
5. It is expected that workers referred to treatment will be seen as soon as possible and no later than two weeks following the date of referral.
6. An initial assessment report shall be submitted to the WCB within three days of the first appointment using the PSYI form provided by the WCB for psychology intake reports.
7. Progress reports are required every three sessions or three hours of service provision, whichever occurs first. Reports shall be submitted at least monthly using a form or format (PSYP) provided by the WCB. Discharge reports are also required within three days of the discharge using the PSYP form.

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8. The WCB requires diagnostic information and recommendations based on objective and well-documented psychological and medical findings. All diagnoses are subject to WCB review and adjudication as to relationship to injury and WCB responsibility. Advancing new or revised diagnoses without assessment that includes psychological testing and objective clinical inquiry is not acceptable practice. If a psychologist believes that a new diagnosis exists, they must communicate with the WCB. The WCB will decide what assessment information needs to be generated so as to adjudicate. Psychologists should not lead injured workers to understand a diagnosis exists before adequate assessment information is generated. Openness of communication with the WCB is required.
  9. Diagnosis shall be completed using the most recent version of the DSM (DSM-5) and the GAF (Global Assessment of Functioning) from DSM-IV-TR. GAF information will be required until revision of permanent impairment guidelines which are external to the WCB. Further information is available on the WCB's advisories to psychologists on the WCB's website (<http://www.wcbask.com/care-providers/psychologist/>). Diagnoses shall be discussed in terms of differential diagnosis with sufficient rationale and explanation that an informed reader can understand the diagnostic reasoning that led to diagnosis.
  10. The WCB has responsibilities to several stakeholders. WCB personnel must consider all claim-related information when making decisions, of which medical and psychological information is but one part of the whole. Determination of causation and responsibility for injury is the WCB's legislated responsibility. Psychologists must refrain from discussing things in adjudicative terms.
  11. Advocacy or lobbying on behalf of the worker or employer regarding causation or ongoing benefits is considered inappropriate.
    - a. Psychologists treating WCB workers have an individual customer in the worker, a corporate customer in the WCB and a return to work and function partner in the employer.
    - b. Psychologists must avoid dual relationships and shall not agree to be worker representatives in appeals or other adjudicative processes.
    - c. A care provider is advised to avoid an advocacy role by directing the worker to the WCB appeals processes and the Fair Practices Office.
    - d. Acceptance of permanent restrictions or impairment requires sufficient information from practitioners, a level of evidence to meet a reviewable standard of clinical plausibility and must satisfy the adjudication requirements of the WCB. Practitioners must understand that clinical impression or opinion derived from providing treatment services does not provide sufficient basis nor necessarily meet the standards of evidence required, such as behavioural evidence from live exposure, psychological assessment and testing.

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12. Where conflict or potential conflict of interest exists, or a dual relationship, the care provider shall inform the WCB and other parties as appropriate. If the care provider's employer has a financial relationship with the employer of an injured worker, that relationship shall be disclosed to the worker in writing so that the worker may make an informed choice regarding choice of care provider. Consulting with the WCB psychological consultant or the WCB's manager of health care services is appropriate when concern about a dual relationship may exist.

### Treatment guidelines

1. Workers shall receive care for the diagnosis arising out of the work injury. Non-work injury related diagnoses should not be the focus of treatment. Notwithstanding this, if brief attention to non-work related issues will smooth the path to return to work (RTW), such brief attention is not ruled out, such as part of a session meeting with worker and spouse to provide information or clarification. This shall be reported to the WCB on PSYI or PSYP forms or through additional letters to the WCB.
2. Psychologists shall ensure that consent for treatment, and consent for release of information to the WCB, is discussed and documented. The psychologist has a statutory requirement to report to the WCB. The WCB does not obviate the responsibility to manage consent in accordance with normal practice standards. The psychologist must make the worker aware of the WCB's reporting requirements. Consent forms and documentation of consent in file notes may be used as appropriate in addition or in lieu of consent forms when there is good reason to do so, with documentation.
3. When treating injured workers, psychologists have the individual customer of the injured worker and the corporate customers of the employer and WCB. These are the "return-to-work partners".
4. The psychologist should identify the "circle of care" for the worker's health care and should provide information to these practitioners at an appropriate level to assist with the worker's recovery and ensure a common understanding of diagnoses and treatment direction. Psychologists shall establish communication with employers at the outset of treatment and the worker needs to be aware that the psychologist will be communicating with the employer and other return-to-work partners, such as a union. Restrictions for work are communicated outside the circle of medical and allied care and diagnostic and medical information is not communicated to employers and others.
5. Temporary restrictions for work, if any, should be clearly communicated to the worker, the employer, the primary care provider (usually the family physician), other members of the circle of care and the WCB as soon as possible. This is generally no later than the second or third appointment, otherwise as soon as the information is available, so that

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discussions of alternate work and accommodated return to work can be arranged. A psychologist's communication of temporary restrictions for return to work will generally be accepted so as to facilitate return to the workplace, which has been clearly shown to encourage recovery.

6. The "return-to-work partners" (employee, employer and the WCB) need to be guided by the psychologist until return to work at pre-injury duties has been achieved.

This will involve direct discussion with employers in many or most cases regarding functional restrictions for work. Psychologists need to ensure that the appropriate consent is obtained to provide work restriction information.

- a. Employers are entitled to receive information about restrictions for work and return to work from the treating practitioners, but not diagnostic or other personal and/or medical information. It is work restriction information that is to be disclosed to facilitate return to work. General information release of medical or psychological information is not considered appropriate and may be contrary to health information disclosure laws and rules. The psychologist should inform employers that they may communicate directly with the WCB regarding their requests for additional information.
  - b. Because of the requirement to communicate with the return-to-work partners, it is important that such consent is obtained at the start of the treatment. If a worker refuses such communication with the employer, the psychologist shall inform the WCB as soon as possible.
7. It is important that RTW information contains information about restrictions, progressions toward full duties, increases of hours of work and overall time frames for full return to work. Recommendations for permanent restrictions will generally require more information, generated in most cases by a referral by the WCB for a mental health or other assessment. Psychologists must not advance permanent restrictions for a worker without first providing information to the WCB which contains the evidence the psychologist believes supports the restriction. The WCB will then adjudicate regarding the acceptance or non-acceptance of the restrictions. Permanent restrictions require sufficient basis, including psychological assessment information and testing. Clinical opinion from treatment is often not sufficient. It is to be outside of practice standards to create expectations for a worker of permanent restrictions or for redeployment in the workforce, such as retraining, etc., before the required additional information and assessments is gathered by the WCB and adjudicated.
  8. In most cases, actual behavioural treatment is supported to assist the worker with managing any form of return to work, e.g., desensitization followed by in vivo exposure (that is, the patient confronting feared objects, activities or situations in the presence of a psychologist).

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## Discharge guidelines

1. Workers should be discharged from treatment when there are no functional gains being made, when the worker has recovered from the work injury, when the WCB advises of no further responsibility or when three treatments are completed and the WCB has not received a PSYP form. The WCB may also decide to cease funding if the care provider fails to maintain the accreditation credentials or neglects to file the required psychological reports.
2. Where a previously discharged worker requests care after discharge or after non-attendance at the clinic greater than 30 days, the care provider will need to submit the Primary Level – Authorization to Treat form to the WCB to confirm funding prior to resuming care. There may be rare exceptions to this where follow up treatment at greater intervals has been pre-approved by the WCB case manager, but it is not assumed.

## Identifying the need for assessment

1. For primary care, when the worker with a mental health claim has not resumed regular job duties within four weeks of injury, or when the worker is not progressing satisfactorily and has not recovered from the work injury, the care provider should advise the WCB that a mental health assessment review is indicated as a means of preventing chronic disability. Exceptions may occur when the return-to-work process is delayed only by a short interval; this should not be assumed. The psychologist will continue to provide treatment while assessment information is generated. Mental health assessments may be referred externally to an assessing psychologist or psychologists providing treatment (usually at the beginning of treatment) may be asked to generate information equivalent to a mental health assessment.
2. Input of the WCB's psychology consultant can be obtained by contacting the WCB at 306.787.4370 or toll-free at 1.800.667.7590.
3. Once the mental health assessment report is received, the WCB's health services unit will assist with implementing the recommendations. This will include in most cases referral to a mental health program (MHP). MHPs provide for multiple times per week of clinic attendance, which provides a routine and social contact, an exercise program, psychological therapy and directed behaviour therapy. Primary care may continue if the worker is at work performing full duties and hours or a return-to-work program is imminent.
4. Psychologists should not assume that their provision of primary care will continue after a mental health assessment, should create expectations for changes in service providers, and must be prepared to facilitate transfer to a mental health program or other care.

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5. Practitioners may advise the WCB as to their opinions regarding needs for other assessments, such as neuropsychological, but should be cautious because there is a risk of creating understanding of diagnoses for the worker and expectations that this will be approved by the WCB. The decision to support such a referral rests with the WCB is based on consideration of all parts of the file.

## Record keeping

1. Although the WCB requires specific forms to be completed and submitted, additional letters and memos may be submitted if something needs to be documented. Psychologists shall comply with all usual standards regarding clinical notes that form part of clinical record for that worker, but not necessarily submitted to the WCB. At times, the psychology consultant may ask to see additional file information including raw test results, test profiles and clinical notes. These shall be provided forthwith. Psychological test information must not be submitted to the file but directly to the WCB's psychological consultant.
2. Charting and storage of health information shall meet all requirements of the Saskatchewan College of Psychologists and all professional ethical standards, the *Health Information Privacy Act (HIPA)*, *The Workers' Compensation Act, 2013* and any other applicable legislation.
3. When the worker requests a copy of the worker's chart or file, the information, excluding information received from the WCB, shall be provided in any manner directed by the SCP and consistent with professional ethical codes. The worker is to be advised that WCB documents (that is, claim, medical and psychological documents created by others) should be requested from the WCB (the corporate owner of those documents) and that the policies and procedures of the WCB will apply to provision of these documents.

## Duty to report work injury

Section 55 of *The Workers Compensation Act, 2013* states:

Any health care professional who attends to or is consulted with respect to an injury to a worker shall:

- (a) furnish the board with any reports respect to the examination or treatment of the worker that are relevant to the injury for which compensation is claimed;
- (b) give all reasonable and necessary information, advice and assistance to the injured worker or the worker's dependants in making an application for compensation; and furnish any certificates and proofs that the board may require.

1. To ensure all injured workers receive the benefits to which they are entitled, and to ensure accurate information when employer rates are set, a psychologist providing treatment to a customer injured at work shall report the injury to the WCB using the PSYI form.
2. The worker should also be advised to report the injury to WCB by telefile at 1.800.787.9288 or by completing a Worker's Initial Report of Injury (W1) form, which may be attached to the care provider's form. WCB forms for workers are also available online at [www.wcbask.com](http://www.wcbask.com).
3. Employers also have a legal requirement to report to the WCB any injury or illness arising out of work. Care providers shall ensure they are not party to any claim suppression by reporting treatment of work injury in the manner described in this document.

## Reporting to the WCB

1. Where the psychologist is providing primary level counselling services, the initial assessment findings shall be sent to the WCB and the primary care provider within three days of the assessment using the PSYI form.
2. A request for extension/progress note shall be sent after each three treatments where further treatment is required using the PSYP form.
3. A discharge summary shall be sent within three days of discharge.
4. Mental health assessments shall use the most recent template, provided by the WCB's health care services department. The report shall be submitted to the WCB and the primary care provider within two weeks of the date of assessment.
5. Neuropsychological assessment reports shall be provided to the WCB and the primary care provider within three weeks of the date of the assessment. The neuropsychologist may use a report format of choice, but must attach the WCB question template.
6. The vocational/psychological report shall be sent to the WCB within two weeks of the assessment date using the reporting format of the psychologist.
7. Reporting forms are posted to the WCB's website, [www.wcbask.com](http://www.wcbask.com) and may be revised from time to time.
8. Where the care provider is monitoring a RTW arrangement, a RTW schedule and particulars shall be provided to the WCB prior to its commencement. If revisions are necessary, the WCB should be notified.
9. The WCB's reporting processes are subject to periodic revision.

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10. Where the WCB does not receive timely reports from a psychologist, the WCB's health care services department will issue a warning, after which future files may have reporting and/or treatment fees rescinded where reports are late or not received.

### **Confidentiality requirements**

1. All health-related and personal information received during the course of treatment of a WCB customer shall be treated as confidential. No information will be revealed to any person or party other than those persons for whom consent has been obtained and for whom there is legal requirement to do so and as designated by the WCB.
2. Information pertaining to functional ability only may be provided to the employer for purposes of establishing a return-to-work arrangement. Employers are not entitled to diagnostic information or personal details. Professional practice consent is the responsibility of the psychologist, including the use of appropriate consent forms.
3. All public relations work, interviews, public appearances and press releases related to services being provided to WCB customers require WCB approval.
4. No care provider shall, without prior written approval of the WCB, publish or allow to be published any work that relies upon or uses information or data obtained by the care provider, except for program evaluation research where the workers treated are not identifiable as a group.
5. No care provider shall use their accreditation or provision of services to the WCB in an advertising or similar public communications.
6. The WCB shall be informed of plans for research involving WCB patients, with full discussion and information to be disclosed for consideration before research commences.

### **Return to work (RTW)**

1. Within the first week of treatment, a treatment care provider shall contact the employer of any worker not at full work to determine the availability of accommodated duties (work suitable to the worker's medical and psychological findings as the worker transitions from work restrictions to full fitness for work).
2. Where accommodated work is made available by the employer, who has a legislated requirement to do so, the care provider shall make reasonable effort to co-ordinate an RTW plan, with the co-operation of the primary care provider, the worker, the employer and the WCB.

3. The duration of the RTW plan shall be based on clinical judgment regarding the injury and resulting condition, as well as the expected recovery time frames available from the Medical Disability Advisory and from the WCB's health care services department.
4. Where any RTW partner is not co-operative with RTW planning, the care provider shall advise the WCB that a barrier to recovery has occurred and ask the WCB for assistance. The resulting RTW plan will be forwarded to the WCB as an addendum or a separate document and shall be resubmitted should revisions to the original plan occur.

### **Facility**

1. There shall be adequate space, facilities, and equipment so as to provide care. It is expected that care will be delivered in a setting that provides for appropriate privacy and confidentiality.
2. The space shall be adequately accessible for the needs of workers served.
3. The space shall be adequately private or sound-proofed.
4. In the absence of the standards from the professional association and licensing body, adequacy shall be determined by the WCB.

### **Continuing education**

1. When new staff join a practice or clinic, they shall apply for accreditation before providing services.
2. New staff shall be fully oriented to the requirements of providing services to WCB customers. This shall also include training in any relevant emergency procedures and processes established within the clinic to provide care and return to work planning to WCB customers, including review of this document.
3. Compliance with continuing education (CE) requirements set by the Saskatchewan College of Psychology (SCP) is required as a minimum. Care providers are encouraged to participate in continuing education specific to health psychology, rehabilitation, pain and psychosocial problem management. The WCB offers continuing education at no charge on a periodic basis. Psychologist are urged to attend in person or via video or phone link.

### **Quality assurance**

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1. By virtue of accepting WCB workers for treatment, all care providers agree to participate in any quality assurance programs developed by the WCB.
  2. Ethical and practice processes per professional guidelines and licensing bodies should also be reviewed and are the responsibility of the psychologist.

### **Terms of agreement**

These service provider guidelines and service fees shall be honoured by all parties until revised versions are endorsed by the WCB. If discussions regarding the service provider guidelines or service fees are in process, these documents shall stay in effect until such time as the new terms for service provider guidelines and service fees are implemented.

### **Ongoing relationship**

The WCB values the input of psychologists into decisions affecting care of workers. Ongoing input will be obtained via the WCB's psychology consultant.

### **Professional issues**

When a psychologist becomes aware that a worker, employer, care provider or other has concerns about their practice with a WCB worker, the psychologist is encouraged to inform them about the appeals process within the WCB, as well as the assistance available through the Workers' Advocate and the WCB's Fair Practices Office. In that situation, and if ever a professional complaint is received from the SCP, the psychologist shall inform the WCB's psychological consultant or the WCB's manager of health care services, who will review the claims file and service provision with the practitioner and provide such review information to the psychologist or College as they adjudge appropriate.