



March 28, 2019

Dr. Rick Morris, Registrar
The College of Psychologists of Ontario
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Dear Dr. Morris:

We are writing on behalf of the Canadian Psychological Association (CPA), the Ontario Psychological Association (OPA) and the Canadian Academy of Psychologists in Disability Assessment (CAPDA) to express our profound concerns over the September 2018 motion approved by the Council of the College of Psychologists of Ontario (CPO) to continue registration of psychology practitioners at the master's level and, further, to grant them the title 'Psychologist.' This 2018 motion overturns a 2013 decision of the Council to stop registering master's practitioners of psychology.

Together the CPA and the OPA represent over 82% of the 4,290 practitioners registered by the College of Psychologists of Ontario in 2017/18ⁱ. The CPA is also the accreditor of doctoral and internship programs that train psychologists in Canada. There are currently 38 accredited doctoral and internship programs in Ontario.

The CPA, OPA and CAPDA strongly oppose the Council's motion because it

1. will diminish the service contributions psychologists make to the mental health care of Ontarians and threaten public protection,
2. creates more rather than less confusion for the public about the practice of psychology,
3. incorrectly assumes that prolonged supervision is equivalent to formal training,
4. places a burden of supervision on doctoral trained psychologists, and
5. threatens accountability to the public.

Our organizations have been working to raise awareness about mental illness and mental health, reduce stigma and make mental health services and supports more accessible. Like all Canadians, Ontarians need mental health services. When asked which of their needs for mental health service are least likely to be met or fully met, Canadians report that it is counselling, where "counselling" means all non-medical, mental health treatmentsⁱⁱ.

There is no doubt that it is in the public interest to have more mental health care, and more funded mental health care, available to those who need it. This can be achieved by training and funding the services of more providers. While changing entry to practice requirements of psychologists will give more practitioners access to the title psychologist (as opposed to another title, like psychotherapist), it will not increase the number of mental health providers. It will change, and arguably diminish, the breadth and depth of care that the public can expect to get from a psychologist.

There are several regulated mental health professions in Ontario. Psychologists, social workers, psychiatrists, and psychotherapists have some overlap in skill and service delivery, but each also has expertise unique to their profession. The skill sets that are unique to psychologists include psychometric assessment, diagnosis, advanced training in intervention and treatment, including development of psychotherapeutic intervention, treatment protocols and program evaluation.

1. Changing entry to practice requirements diminishes the service contributions psychologists make to the mental health care of Ontarians and threatens public protection.

While giving title and scope to master's and doctoral providers equally means they *are allowed* to do the same thing, it does not mean they *will*. In 2011, the CPA developed an electronic practice network for mental health surveillance in Canada.ⁱⁱⁱ The intent of the network was to examine the demographic and practice characteristics of the country's psychologists and the demographic and clinical characteristics of the patients they treated. Approximately 500 psychologists participated. Among the network's many findings were practice differences between those trained at the master's and doctoral levels:

“Practitioners with Doctoral degrees spent significantly more time in assessment, teaching, and research than did those with Masters degrees. In contrast, practitioners with Masters degrees spent more time in intervention than did practitioners with Doctoral degrees”^{iv}. p. 16

In addition,

“...significantly more practitioners with Doctoral degrees than with Masters degrees provided assessments of mood and behaviour (66%), assessments of intellectual functioning (68%), neuropsychological assessments (73%), and organizational and program consultation (69%)”^v (p. 18).

Finally,

“Doctoral practitioners provided significantly more services than did Masters practitioners to clients with intrapersonal issues (56% vs. 44%), interpersonal issues (54% vs. 46%), cognitive functioning problems of adulthood (69% vs. 31%), psychosis (71% vs. 29%), and managing health, injury, and illness (66% vs. 34%)”^{vi} (p. 18).

These practice differences reflect the significant difference in training between the masters and doctoral degrees, both in length and depth of training. A doctoral degree in psychology requires an average of four years of additional training beyond the master's degree; training which includes advanced courses in psychometric theory, psychopathology and psychotherapy, program evaluation, conduct of original research and structured, supervised practical training and residency. The breadth and depth of this training, and the competencies it confers, will be lost to the profession if more of its practitioners are masters prepared.

If our practice network data is any indication, then the practice of psychology in Ontario would also change. With less differential diagnostic evaluation, reduced research, organizational and program consultation, the more unique competencies that doctorally trained psychologists bring to mental health care will be lost to Ontarians. Fewer people would have access to cognitive remediation for brain injury and dementia, fewer people would have access to complex psychological assessments of dangerousness or fitness to stand trial, and fewer people with major mental illness or complex health conditions would have access to psychotherapy – to name only a few examples.

It is critical to public protection that providers have the training to practice what is permitted by regulation. An outcome that results in these skills not being practiced, or practiced with insufficient training, does not serve the public well.

2. Giving title and scope to master's practitioners creates more, rather than less confusion for the public.

It is in the public interest to clearly understand the difference among the different health and mental health professions. For decades, the Ontario public has come to understand that a psychologist holds a doctoral degree. Therefore, to now confer that title on those with masters' degrees may confuse the public understanding of the training they have come to expect of psychologists.

In 1993, the CPO began registering a new class of practitioners who had completed a master's level degree in psychology as "psychological associates". In 2015, however, psychotherapists with a "graduate level" degree that includes at "least 360 hours of training and education central to the practice of psychotherapy"^{vii} have been regulated under the Psychotherapy Act. A graduate level degree that trains candidates in psychotherapy would include a graduate degree in psychology.

Currently, the main difference between the scope of practice of a psychologist and psychotherapist in Ontario is the ability to complete a psychological differential diagnostic evaluation and conduct comprehensive psychological assessments for purposes of case formulation and treatment planning.

If the CPO begins regulating psychological associates as psychologists, how will the public understand that one master's educated provider in psychology is a psychologist, entitled to:

*“communicate a diagnosis identifying, as the cause of a person's symptoms, a neuropsychological disorder or psychologically based psychotic, neurotic or personality disorder.
and...treat, by means of psychotherapy technique delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or
memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning”^{viii}*

and another master's educated provider in psychology entitled to:

"...by means of psychotherapy technique delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning."^{ix}

As mentioned earlier, our data shows that those psychologists with master's degrees are less likely to complete a differential diagnostic evaluation, arguably making their competencies and practice less distinguishable from those of psychotherapists. If psychologists are also regulated at the master's level, how will the public tell the difference between a psychologist and a psychotherapist who also has a graduate level degree and practices psychotherapy? Maintaining two Colleges whose registrants have substantively similar training and practice does not serve the public or taxpayer well. A motion intended to decrease confusion for the public about the differences between a psychologist and psychological associate will create more confusion about the difference between a psychologist and a psychotherapist.

It would better meet the public interest and provide greater clarity for the public to make the two regulated professions (psychology and psychotherapy) more, rather than less, distinct from each other. This would be achieved by limiting the psychologist title and scope to those trained at the doctoral level and affording those with master's level training access to registration as psychotherapists.

3. The assumption that a prolonged period of supervision is the equivalent of further formal education is incorrect

The CPO Council motion maintains that the master's provider will still need four years of post-degree supervision to gain access to the title and scope of a psychologist. Four years of unstructured supervision will not ensure that master's level clinicians will have the skills and competencies necessary to practice what the profession has long defined as its scope – namely, to complete a differential diagnostic evaluation, psychotherapy, and program development and evaluation. This is because in the absence of a structured supervisory experience, made possible through program accreditation, the skills acquired from one practitioner to another will be highly variable, thereby undermining the public trust in what can be expected of all practitioners. The data reported earlier on the practice differences between masters and doctoral level providers illustrates this point.

There is no requirement for four years of supervision for psychotherapists; a route to regulated practice as a psychotherapist is already available to someone with a master's degree in psychology. Since 2015, those educated at the master's level also now have access to the title and scope of psychotherapist and registration with this newer college. CPO should continue to give the psychologist title and scope to those trained at the doctoral level and stop registering masters level providers.

4. The burden of supervision on supply.

As mentioned earlier, if the College were to give title and scope to psychologists at the master's level, there are likely to be more practitioners seeking registration. If the demand for registration at the master's level increases, how will the master's provider meet the requirement for four years of supervision? Over 90% of CPO psychologists have doctoral degrees, which means the requirement will have to be met through the participation of doctoral trained psychologists.

Four years is a substantive commitment for a registered psychologist to make to supervision, especially when more and more practitioners work in the private sector where their services are not covered, or are insufficiently covered, by public or private health insurance. Time spent on supervision means less time is spent on service delivery.

5. Accountability to the public for the training of psychological service providers.

Accreditation of the programs that train health providers is another way to be accountable to the public. Accreditation ensures that programs teach the competencies and skills that providers need to become regulated and practice their professions.

As mentioned earlier, the CPA accredits the doctoral and internship/residency programs in professional psychology in Canada. There is no accreditation system, in Canada or the United States, for master's programs in psychology. This means that there is no quality assurance mechanism defining what courses or applied training should be included in a master's program in psychology intended to lead to registered practice. The knowledge base acquired in master's programs varies from one degree to the next as does the breadth and depth of clinical mentoring and evaluation made possible through applied experiences such as practica and internships. While the quality assurance mechanisms for programs at the master's level are in fact being undertaken by the Canadian Counselling and Psychotherapy Association (CCPA)^x, these will not deliver accountability in the practice of psychology.

Health professions must be held accountable to the public for their services. Doing so requires policies and processes that are fair, objective and transparent. These cannot be set or administered by the profession alone, but neither can they be set or administered without the profession.

We support the doctoral standard for registration that has prevailed in Canada and the U.S. for decades^{xi} and that was endorsed by the Association of Canadian Psychology Regulatory Organizations (ACPRO) in 2014:

“The National Standard for registration as a Psychologist is graduation from a doctoral program in Psychology accredited by the Canadian Psychological Association (CPA).”^{xii} In the absence of graduation from a CPA accredited programme, provisions were made to alternately establish equivalency of training. The regulation, or not, of master's level providers was left up to individual jurisdictions.

The CPO is a member of ACPRO and indeed voted to approve this national standard.

We acknowledge that under the Canadian Free Trade Agreement (CFTA), in the absence of any legitimate objective to do otherwise, the CPO must give title and scope to psychologists registered at the master's level in other Canadian jurisdictions; however, we disagree with the Council that this is a sound reason to also license master's level psychologists in Ontario. The purpose of the CFTA is to facilitate mobility of Canadian workers; not to set standards for licensure.

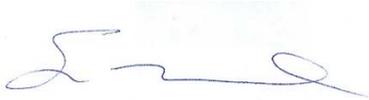
Conclusion:

In closing, it is our view that Ontarians deserve accountable health care. They need to clearly understand the differences in practice and title between different kinds of health providers. They need to understand what each kind of health provider is trained and licensed to do. We believe that regulating psychologists at the master's level will not deliver accountable care.

It will lead to less distinction in the mind of the public between the practice of psychology and psychotherapy. Without the requirement of doctoral training, the unique and valued contributions psychologists have long made to health and mental health care – psychological differential diagnostic evaluation, program development and evaluation and research – will be diminished. Maintaining the doctoral standard provides protection of the public with respect to the training of providers and provision of psychological services.

Master's trained providers have access to regulated practice through the College of Registered Psychotherapists of Ontario. We believe that the College of Psychologists of Ontario should maintain the doctoral degree as the entry to practice requirement for psychologists. This will preserve the training and practice of psychologists' full and unique competencies and avoid the confusion and duplication involved in regulating two master's level mental health professions.

Yours sincerely,



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cc: Hon. Christine Elliott, Deputy Premier Ontario, Minister of Health and Long-Term Care
Mr. Grant Jameson, Fairness Commissioner Ontario

ⁱ[file:///C:/Users/KCohen/Downloads/2017%20-%202018%20Annual%20Report%20\(1\).pdf](file:///C:/Users/KCohen/Downloads/2017%20-%202018%20Annual%20Report%20(1).pdf)

ⁱⁱ<https://www150.statcan.gc.ca/n1/pub/82-003-x/2013009/article/11863-eng.htm>

ⁱⁱⁱ[https://cpa.ca/docs/File/MHSP/Final_Report\(1\).pdf](https://cpa.ca/docs/File/MHSP/Final_Report(1).pdf)

^{iv}[https://cpa.ca/docs/File/MHSP/Final_Report\(1\).pdf](https://cpa.ca/docs/File/MHSP/Final_Report(1).pdf)

^v[https://cpa.ca/docs/File/MHSP/Final_Report\(1\).pdf](https://cpa.ca/docs/File/MHSP/Final_Report(1).pdf)

^{vi}[https://cpa.ca/docs/File/MHSP/Final_Report\(1\).pdf](https://cpa.ca/docs/File/MHSP/Final_Report(1).pdf)

^{vii}<https://www.crho.ca/education-programs/>

^{viii}<https://www.ontario.ca/laws/statute/91p38>

^{ix}<https://www.ontario.ca/laws/statute/07p10>

^x<https://www.ccpa-accp.ca/accreditation/>

^{xi}<https://cpa.ca/docs/File/Practice/EntryPracticeProfPsychologyCanada2012.pdf>

^{xii}<http://www.acpro-aocrp.ca/documents/ACPRO%20Position%20Statement%20-%20National%20Standard%20-%20November%202014.pdf>