



November 25, 2025

To: Members of the Board of Directors, College of Psychologists and Behaviour Analysts of Ontario (CPBAO)

The Canadian Psychological Association's Response to the Request for Comment by the College of Psychologists and Behaviour Analysts of Ontario Regarding Proposed Entry-to-Practice Changes for Psychologists and Psychological Associates

Executive Summary

The Canadian Psychological Association (CPA) strongly opposes the College of Psychologists and Behaviour Analysts of Ontario (CPBAO) proposal to reduce entry-to-practice standards for psychologists and psychological associates. The CPA argues that the proposed changes – lowering educational requirements, shortening supervised practice, and removing key examinations – would undermine public protection, dilute professional competence, and fail to address the administrative and access issues raised by the Office of the Fairness Commissioner (OFC). The CPA calls for the CPBAO to withdraw their current proposal and undertake consultation and a documented risk analysis, publishing the evidence base and rationale for any proposed changes. The CPA also proposes the following possible solutions to address the OFC's concerns, with their rationale presented in the main body of this response.

Possible solutions:

- Convene a national summit of psychology regulators, educators, and associations to explore models of professional training and to chart a path to increased access to appropriate professional training in psychology and increased access to competent and safe psychological services for Canadians;
- Support internationally-trained applicants with licensure and/or respecialization by developing fair, transparent, competency-based pathways with clear options for bridging and supervised practice when necessary;
- Retain and modernize the jurisprudence and ethics examination and oral examination with format improvements;
- Maintain robust and evidence-informed supervised-practice requirements;
- Recognize accredited training by modifying post-registration supervised practice requirements for graduates of accredited programs;
- Invest in the creation and expansion of Doctor of Psychology (PsyD) programs, which can train doctoral level psychologists with the same emphasis on clinical skills and competence development more quickly than PhD programs due to a reduced focus on the production of original research;
- Improve funding for psychological services in hospitals, health centres, schools, correctional facilities, and the community;
- Improve remuneration and support for the use of full scopes of practice for psychologists in the public sector to attract and retain talent, improve access, and reduce wait times.

About the CPA

The Canadian Psychological Association is the national voice for the science, practice and education of psychology in the service of the health and welfare of Canadians. The CPA is Canada's largest association for psychology and represents psychologists in public and private practice, university educators and researchers, as well as students. Psychologists are the country's largest group of regulated and specialized mental health providers, making our profession a key resource for the mental health treatment Canadians need.

Vision

The CPA envisions a society that values and applies psychological science for the benefit of persons, communities, organizations, and peoples.

Mission

We will serve the public and the CPA's membership by advancing psychological science, practice, and education through research, advocacy, and collaboration.

FOR MORE INFORMATION, PLEASE VISIT OUR WEBSITE AT CPA.CA

As the national association representing the science, practice, and education of psychology in Canada – whose membership includes registered psychologists and psychological associates in Ontario and across Canada – the Canadian Psychological Association (CPA) was concerned to learn of the College of Psychologists and Behaviour Analysts of Ontario (CPBAO) Council’s recent decision to reduce training standards and examination requirements for psychologists and psychological associates in Ontario. While we recognize the College’s desire to improve registration processes and to prepare for the implementation of interjurisdictional mobility initiatives, we do not agree that lowering entry-to-practice standards is the correct or responsible pathway to these goals. In our view, the measures being considered, such as eliminating the doctoral standard for entry to the psychologist title, shortening supervised practice for psychological associates, and removing jurisprudence, ethics, and oral examinations prior to autonomous practice, pose foreseeable risks to the public that outweigh any asserted administrative efficiencies or mobility benefits. Given the complexity and interconnectedness of the concerns raised by the Office of the Fairness Commissioner (OFC) and the Ontario Ministry of Health (OMH), we address each issue in turn, followed by a synthesis and suggested alternative courses of action.

Background

In addition to the communication of diagnoses and the controlled act of psychotherapy, the public, and health, education, justice, and social service systems rely upon broader psychological services requiring advanced competencies: evidence-based differential diagnosis for complex presentations, comprehensive psychometric assessment and neuropsychological evaluation, integrated case formulation and treatment planning, clinical supervision, program development and evaluation, and the integration of research evidence into practice. These competencies cannot be fully developed in a single year of post-degree supervision; they require structured training over multiple years involving rigorous supervision, deliberate practice, and exposure to diverse populations and settings (Meyer et al., 2001; Hunsley & Mash, 2007).

Alignment with CPBAO’s Public-Protection Mandate

The CPA supports modernization that is evidence-based, proportionate to risk, and transparent. We recognize the OFC’s observations about application complexity, variable interprovincial standards, and inequities in access to the profession. We also acknowledge the Government of Ontario’s interest in interjurisdictional mobility. However, modernization must not sacrifice public protection, which is the primary statutory duty of regulatory colleges under the Regulated Health Professions Act, 1991 (RHPA). A regulator may pursue access and efficiency, but only insofar as these objectives do not compromise public safety and competence. This principle is echoed in Ontario’s oversight guidance and the broader administrative law framework emphasizing statutory purpose. As described above, the scope of psychologists and psychological associates is much broader than the provision of psychotherapy, and the training for those providers should be commensurate with that scope. Put simply, the CPBAO’s proposed approach will allow more providers to **call** themselves psychologists. However, if the goal is to increase the supply of adequately and **appropriately trained** psychologists, simply reducing the entry-to-practice standard will not achieve that goal, and will put the very public that they have a duty to protect at risk. Indeed, even with the current shortage of physicians and nurses

across the country, there have been no discussions about lowering the entry-to-practice standards for those professions, as it is understood that it would pose an undue risk to the public. Instead, the Government of Ontario has promised millions of dollars to increase physician and nurse training and funding, including in rural and northern regions of the province; a recognition of the need to **invest** in competent healthcare providers for Ontarians.

Lengthy and Complex Registration Processes, Inconsistent Entry-to-Practice Standards, and Labour Mobility

The OFC has identified lengthy and complex processes, as well as a higher volume of appeals in some pathways, as concerns. We agree that modernization is warranted. Yet the measures adopted by the CPBAO are extreme relative to the issues identified. For example, the doctoral pathway in Ontario appears to function efficiently and with few appeals, whereas there are a greater number of appeals related to psychological associate registration and interjurisdictional applications from master's-level psychologists (Weiss, 2025). Reducing educational requirements, supervised practice duration and depth, and examination safeguards does not logically target the administrative bottlenecks the OFC raised. Moreover, internationally, evidence shows that unaided/untrained clinical judgment does not improve with mere passage of time but with structured methods, deliberate practice, and supervision; precisely the elements codified in robust training and evaluation frameworks (Garb, 2005; Aegisdóttir et al., 2006; Hunsley & Mash, 2007).

Further, while interprovincial variability in entry-to-practice standards exists, there have been ongoing efforts to increase those standards. The Association of Canadian Psychology Regulatory Organizations' (ACPRO) 2014 position statement identifies the doctoral degree from a CPA-accredited program (or equivalent) as the national standard for the psychologist title. Several jurisdictions have already moved to the doctoral standard (e.g., Québec, New Brunswick, British Columbia), and others maintain distinct titles for different training levels. The regulatory bodies in Nova Scotia and Newfoundland and Labrador have recently advanced doctoral-standard initiatives. The College of Alberta Psychologists has also recently increased training and entry-to-practice requirements for supervision and diagnostic competency, recognizing the public-protection risk when these competencies are underdeveloped (College of Alberta Psychologists, 2025).

Mobility matters. In considering how to address mobility, it is imperative to recognize that neither the Canada Free Trade Agreement (CFTA) nor Ontario's *Building a More Competitive Economy Act* (2025) are mandates to dilute standards. Article 706(1) of the CFTA affirms provincial and territorial authority to establish occupational standards and appropriate protection levels. Also, harmonization is encouraged but conditional in the CFTA ("to the extent possible and where practical"), and provinces and territories may apply additional requirements to address legitimate public-protection objectives. Further, while the *Building a More Competitive Economy Act* (should it be applied to psychology regulation) requires streamlining of interjurisdictional mobility applicants, it does not require Ontario to decrease its own entry-to-practice standards, and still provides mechanisms for the CPBAO's Registrar to refuse licensure or impose limitations to underqualified applicants. Accordingly, Ontario

can facilitate mobility through competence-focused pathways (e.g., respecialization or bridging processes) while maintaining robust entry-to-practice standards.

We propose that there are ways to modernize these processes without lowering the bar, such as streamlining and harmonizing registration processes across provinces/territories for already-licensed psychologists. To address the need for harmonization, ACPRO, supported by the CPA, recently called for a national summit of psychology regulators, educators, and associations to explore models of professional training and to chart a path to increased access to appropriate professional training in psychology and increased access to competent and safe psychological services for Canadians.

Internationally-Trained Psychologists

Internationally educated health professionals (IEHPs) are an essential part of the health human resource in Canada, and should be welcomed through pathways that are fair, transparent, and that uphold Canadian standards. While the CPA strongly agrees with the need to decrease barriers for competent IEHPs to practice in Canada, we also recognize that Health Canada's own Ethical Framework for the Recruitment and Retention of IEHPs (2025) cautions that labour mobility and recruitment efforts must not erode or bypass registration and training standards. It further stipulates that IEHPs should only be recruited where Canada can provide the necessary training or opportunities to meet local standards of practice (Health Canada, 2025). Psychology titles and scopes vary considerably worldwide; in many jurisdictions, the title psychologist does not connote the same level of training or scope of practice as is expected of those with that title in Canada. Lowering Ontario's standards to expedite entry risks credential misalignment and public confusion.

Similar to the potential solutions noted regarding labour mobility, the CPBAO could support licensure and/or respecialization pathways by developing a transparent, competency-based assessment model for internationally trained applicants, with clear bridge training and supervised practice to address gaps in training to ensure that applicants meet the psychologist competency profile. This aligns with Health Canada's framework and protects the public while facilitating fair access.

Training, Supervision, and Examinations

Psychological diagnosis and complex assessment require structured, sequential training, didactic foundations, multi-year, supervised practice, and post-educational consolidation. Proposals to reduce supervised practice for psychological associates to a single year after a master's degree will lead to a substantial reduction in training. Currently, psychologists registered in Ontario (i.e., those registrants entering the profession with a doctoral degree) complete a minimum of 3,800 hours of graduate clinical training, residency training, and post-graduate supervision, and many complete more training than this (4,200+ hours). Psychological associates complete approximately 8,000 hours of graduate clinical training and post-graduate supervision (the majority of this being completed during their post-degree supervised practice period). The CPBAO's current proposal is to reduce this training to approximately 1,900 hours **total**, of which only 20% or less (approximately 300 hours) would be provided in the context of graduate-level training, representing a 50-75% decrease in the supervision received by registrants. This reduction in oversight and mismatch of training elevates risk. The

empirical literature shows that structured decision methods outperform unaided judgment, that evidence-based assessment requires psychometric skill, and that complex formulation demands advanced training (Meyer et al., 2001; Hunsley & Mash, 2007; Aegisdóttir et al., 2006; Garb, 2005). These same meta-analytic and integrative reviews consistently show that structured, evidence-based assessment and decision processes yield better accuracy than unaided judgment and that depth and breadth of training is required to practice these skills effectively. Further, lowering training and supervision requirements produces predictable risks: increased diagnostic variability, overreliance on unvalidated screening tools, delayed recognition of high-risk conditions, misdiagnosis, and erosion of public trust in protected titles. Given psychology's high-stakes functions, including but not limited to differential diagnosis, neuropsychological assessment, forensic consultation, and custody and access assessments, the lowering of training and entry-to-practice standards is likely to increase risk for populations they serve.

Further, it could be argued that examinations are quality filters, not bureaucratic hurdles. Jurisprudence and ethics (JEE), and oral examinations, test knowledge that is foundational to safe, autonomous practice. If improvements are needed, the CPBAO could consider modernizing examination formats rather than eliminating evaluation. For example, when considering modernizing the JEE, the CPBAO could implement a two-part approach: a proctored ethics examination (mandatory) and modular online learning for provincial or territorial laws and standards with embedded low-stakes knowledge checks or "open-book" examination formats (such as those used in Manitoba). This maintains accountability and decreases barriers to interjurisdictional mobility.

To this end, the CPBAO has several options to preserve evaluative depth while modernizing examination delivery, including:

- 1) retaining the JEE and oral exams with format improvements
- 2) maintaining robust and evidence-informed supervised-practice expectations
- 3) recognizing accredited training by modifying post-registration supervised practice requirements for graduates of accredited programs; and
- 4) working with the CPA and ACPRO, through the aforementioned summit, to develop competency benchmarks for entry-to-practice that make expectations transparent to applicants, supervisors, and the public.

Diversification of the Profession

The CPA recognizes that increasing equity, diversity, and inclusion is essential to public trust and effective care. We also recognize that lowering entry standards as an equity strategy is both ineffective and insulting. It presumes that aspiring professionals from underrepresented communities cannot meet existing standards, which is patently false. Gains in representation in Ontario graduate programs have occurred without lowering standards, indicating that access barriers are primarily financial and structural. True equity requires dismantling barriers to access, as well as effective outreach to underrepresented and equity-deserving communities, not shrinking competencies. Moreover, lowering standards for a title that carries expert-opinion functions and diagnostic authority creates foreseeable risk borne disproportionately by underserved populations.

In line with this, the government of Ontario could invest in equity without diluting competence. The CPA calls on the Ministry of Health to mirror their investment in medical training by funding the development and expansion of professional psychology programs and residency programs, which would allow Ontario to train more psychologists more quickly, reduce barriers to training for persons from equity-deserving groups, and do so without sacrificing training quality. Recent examples of this include both Manitoba and Saskatchewan increasing the training capacity of their doctoral programs through targeted provincial funding.

Access, Funding, and System Design (not Titles) Drive Public Availability and System Capacity

The proposed reduction in entry-to-practice standards has been framed as a solution to access without consideration of the actual barriers to accessing mental health care. Ontario already has a large workforce of regulated professionals authorized to provide psychotherapy: approximately 14,000 Registered Psychotherapists, more than 20,000 Social Workers (many of whom provide mental health services), thousands of nurses and physicians who can deliver psychotherapy with proper training, and more than 4,000 psychologists and psychological associates. As several of the practitioners listed above do not provide publicly funded services, the access challenges described by the CPBAO and OFC are likely driven by public funding constraints, geographic distribution of care providers, and client-clinician fit issues, not by title scarcity – which is particularly true for psychologists and psychological associates (Ontario Psychological Association, 2024). Indeed, the CPBAO’s president recently communicated that they, at the direction of the OFC, were seeking to increase the number of *psychology providers* in the province, with no regard for other mental health providers (Nicholson, 2025). Increasing the number of private providers, regardless of their title, will not meaningfully reduce wait-times in publicly funded settings. As with medicine, if services are not publicly funded, increasing the number of providers does not guarantee improved public access.

Empirical and system evidence converge on a core reality: access problems in mental health care are largely problems of public funding, distribution, and system design, not a shortage of providers (e.g., Wang et al., 2024). Wait times persist where publicly funded services are insufficient, particularly for psychological assessment and specialized services. Reducing entry-to-practice standards to the psychologist title will not remedy these system constraints; without funding and delivery system innovations, providers will cluster in private-pay markets, leaving public wait times unchanged (Hudd et al., 2024).

The government of Ontario clearly recognizes the importance of rigorous training for psychologists as evidenced by the recent consultation process on expanding scope of practice for psychologists with advanced education and who hold a postdoctoral Master of Science degree in clinical psychopharmacology to prescribe select psychotropic drugs for the management and/or treatment of mental health conditions and addictions. No health profession improves access by shrinking the competencies needed for high-risk functions. As noted above, it is unlikely that anyone would consider elimination of competence exams or dramatic reductions in years of medical training to improve access to surgery; the same logic applies to psychologists’ work.

To this end, rather than lowering the entry-to-practice standards for psychologists and psychological associates, the Ontario Ministry of Health (OMH) could address access and system capacity concerns through:

- 1) Investing in the creation and expansion of Doctor of Psychology (PsyD) programs, which can train doctoral level psychologists with the same emphasis on clinical skills and competence development more quickly than PhD programs due to a reduced focus on the production of original research (Mikhail & Nicholson, 2019);
- 2) Improved funding for psychological services in hospitals, health centres, schools, correctional facilities, and the community; and,
- 3) Improved remuneration and support for the use of full scopes of practice for psychologists in the public sector to attract and retain talent, ensure access, and reduce wait times.

These investments would create real and equitable improvements to access to psychological services without compromising public safety.

Summary

While the CPA appreciates the concerns identified by the OFC, and the need for the CPBAO to modernize some of their practices, the CPA disagrees that the proposed changes address these concerns. In addition to the possible solutions outlined above, the CPA calls for the CPBAO to withdraw their current proposal and undertake a documented risk analysis consistent with Right-Touch principles, publishing the evidence base and rationale for any proposed changes. The CPA further invites the CPBAO to engage with their fellow psychology regulators, educators, and associations to develop a nationally harmonized entry-to-practice and training standard for psychologists.

In closing, the CPA believes that the CPBAO has an opportunity to propose modernizations to psychology regulation in a way that is genuinely consistent with public protection, equity, and mobility. Lowering educational and evaluation standards is not modernization; it is deregulation by another name. The CPA stands ready to collaborate with CPBAO, the OFC, and the OMH on reforms that streamline processes, widen equitable access to training, improve publicly funded capacity, and preserve the competencies that Ontarians should expect when they seek psychological care.

CC: The Hon. Ms. Sylvia Jones, Minister of Health and Deputy Premier of Ontario
The Hon. Mr. Vijay Thanigasalam, Associate Minister of Mental Health and Addictions
Mr. Irwin Glasberg, Ontario's Fairness Commissioner, The Office of the Fairness Commissioner
Dr. Ian Nicholson, Board Chair, CPBAO
Dr. Tony DeBono, Registrar & Executive Director, CPBAO

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