

**A FRAMEWORK
FOR THE DETERMINATION OF COMPETENCIES
IN RELATION TO MOBILITY FOR PSYCHOLOGY
UNDER THE AIT**

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**for
PSWAIT**

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INTRODUCTION

This report was prepared at the request of PSWAIT, the Psychology Sectoral Workgroup on the Agreement on Internal Trade (AIT). It is based on the writer's review of documents submitted by the jurisdictions as well as other relevant information concerning psychology education, training and professional practice in Canada (see References). The purpose of the report is to provide a framework for the articulation of competencies in order to facilitate mutual recognition and mobility under the AIT.

In Part I of the report, the writer provides a summary of areas of practice and related competencies as they are currently articulated or proposed by the psychology regulatory boards across Canada. This is followed by a brief review of the areas in which, according to Canadian accrediting or credentialing organizations as well as conferences or task forces devoted to education and training in professional psychology, professional psychologists should acquire and demonstrate competency.

Part II proposes a framework or set of competencies intended to (1) capture commonalities identified in Part I, (2) reflect those competencies which, according to the documents reviewed above, will be required of all professional psychologists in the years to come, and (3) provide a generic set of competencies which regulatory boards might use as one of the factors intended to facilitate mutual recognition and mobility under the AIT.

PART I: AREAS OF PRACTICE AND COMPETENCIES

Areas of practice or competencies declared for registration across Canada

The areas of practice and competencies which applicants for registration in Canadian jurisdictions are expected to list or declare are discussed in another report submitted to PSWAIT by the writer (see References: Edwards, 2000). The key information from that report is reproduced on the following pages as **Table 1** and **Table 2**.

The format of the tables is as follows: The columns represent Canadian regulatory boards, in alphabetical order, using two-letter postal codes. Table 1 refers to the areas of intended practice that applicants for registration are asked to list and justify, while Table 2 refers to more specific declarations of competence. Blank cells indicate that the writer was not able to document a requirement in a given jurisdiction. "prop" means that a requirement is proposed but not yet approved or implemented.

Table 1. Areas of intended practice in psychology as stated in the guidelines and application forms of regulatory boards across Canada, and used in the evaluation of applicants' demonstrated competence											
	AB	BC	MB	NB	NF	NS	NT	ON	PE	QC	SK
Areas of practice											
Clinical	X	X	X	#	X	X		X	#	prop	#
Clin. Neuropsychology			X	#		X		X	#	prop	#
Counselling	X	X	X	#	X	X		X	#	prop	#
Health				#				X	#	prop	#
Developmental			X	#	X				#		#
Education/School	X	X	X	#	X	X		X	#	prop	#
Forensic/Correctional	X			#		X		X	#	prop	#
Industrial/Organiz.	X	X	X	#	X	X		X	#		#
Rehabilitation			X	#				X	#		#
Research/Academic	X	X	X	#		X		X	#		#
Administration				#		X			#		#
Applied			X	#					#		#
Behavioural			X	#					#		#
Personality			X	#					#		#
Social			X	#					#		#
<p>Note: The areas of practice in Québec are estimates only, given that the Regulations focus on listings of approved programs and universities rather than on areas of practice. As the proposed competency based doctoral model is implemented, this will be further clarified.</p> <p>#: In NB, PE and SK, although no pre-set list is provided, applicants are asked to identify their intended areas of practice. In NB and SK this information guides the board in the conduct of the oral examination.</p>											

Table 2. Declared competencies intended to specify (in the application for registration forms) the particulars of the applicants' intended areas of practice in psychology											
	AB	BC	MB	NB	NF	NS	NT	ON	PE	QC	SK
Declared competencies											
Activities/services:											
Assessment	X	prop				X		X		prop	
Psychotherapy								X		prop	
Counselling	X	prop						X		prop	
Clinical	X									prop	
Interventions						X		X		prop	
Consulting		prop			X	X		X			
Research	X	prop			X	X		X			
Teaching		prop			X	X		X			
Pain management	X										
Administration					X	X					
Professional practice					X					prop	
Program evaluation	X	prop						X			
Client groups											
Infants						X					
Children	X	prop				X		X			
Adolescents	X	prop				X		X			
Adults		prop				X		X			
Elderly	X	prop				X		X			
Women's/Men's issues	X	prop									
(Table continues on next page)											

(Table 2 - continued)											
	AB	BC	MB	NB	NF	NS	NT	ON	PE	PQ	SK
Couples	X	prop						X			
Families	X	prop				X		X			
Organizations	X	prop				X		X			
Target problems											
Of individuals/groups		prop									
Of organizations		prop									
<p>Note: In B.C., a proposed declaration of competencies has been drafted and is undergoing consultation with the membership at this time. In Québec, implementation of the competency based doctorate already approved by the Order is pending.</p> <p>Blank cells do not mean absence of competencies in a given jurisdiction, but rather that according to the available documentation such competencies are not explicitly verified as part of the registration process.</p>											

Since the above tables are discussed in another report (Edwards, 2000, Tables 5 &6 and related text), they are presented here without comment.

Competencies that must be acquired in doctoral programs accredited by the Canadian Psychological Association

The accreditation criteria of the Canadian Psychological Association (see References: CPA, 1991) are intended for the accreditation of doctoral programs whose graduates intend to become registered psychologists. Therefore, the competencies that students are expected to acquire in keeping with the criteria are relevant to this report. Instruction in the following competency related themes is explicitly required by the CPA criteria:

- a) Cultural and individual differences
- b) Ethics and standards
- c) Research design and methodology
- d) Statistics
- e) Psychological measurement
- f) History and systems in psychology

- g) Bases of behaviour:
 - Biological
 - Cognitive/affective
 - Social
 - Individual differences
- h) Skills in the specialty area of the student, such as:
 - Diagnosis
 - Assessment (group and individual)
 - Interventions
 - Consultation
 - Program evaluation

The writer is conscious of the fact that some jurisdictions register applicants on the basis of a master's degree, or a doctoral degree from programs that are not CPA-accredited. This said, the above list consists of topics which apply across professional areas of psychology and which, in the opinion of many, should be included among the competencies of registered psychologists in Canada.

Competencies that must be acquired in doctoral programs accredited by the American Psychological Association

A number of Canadian doctoral programs in psychology are accredited by the American Psychological Association, and therefore adhere to the APA Guidelines, which they consider as relevant for professional training and practice both in the United States and Canada. The following competencies are emphasized in the current APA accreditation guidelines (APA, 1996):

- a) Professional issues including
 - Ethics and professional standards
 - Legal issues
 - Quality assurance principles
- b) Research methods
- c) Bases of professional psychology
 - Biological
 - Cognitive/affective
 - Social
 - History and systems

- Research methodology
 - Data analysis techniques
 - Individual differences
 - Human development
 - Psychopathology or dysfunctional behaviour
- d) Professional competencies
- Assessment and measurement
 - Diagnosis or definition of problems
 - Interventions: formulation and implementation
 - Consultation and supervision
 - Evaluation of the efficacy of interventions
 - Cultural and individual diversity

Although at present the APA Guidelines are articulated in more abstract terms and in a different format than the CPA criteria, there is considerable overlap between the two sets of competencies and skills. An important difference between the two sets of accreditation guidelines is that those of APA stress, throughout, the demonstrable outcomes of doctoral and internship programs. APA accredited programs are expected to provide empirical evidence of outcomes in relation to their stated objectives.

The National Register/ASPPB guidelines for the designation of doctoral programs in psychology

The purpose of these guidelines is to help regulatory and credentialing organizations in the United States and Canada to identify doctoral programs in psychology. Given a more general purpose than that of accreditation guidelines, which are intended to promote high quality in professional psychology programs, these guidelines are more generic. They list the following knowledge or competency items:

- a) Ethics and standards
- b) Research design and methodology
- c) Statistics and psychometrics
- d) Courses in specialty areas (not specified)
- e) Bases of behaviour:
 - Biological
 - Cognitive-affective
 - Social
 - Individual differences

Not surprisingly, every item found in these generic guidelines is also included in the accreditation guidelines of CPA and APA. Their inclusion here, however, reinforces the idea that these topics are at the core of the knowledge and competency set which defines a psychologist.

The Guidelines of the Canadian Register of Health Service Providers in Psychology (CRHSPP)

As a Canadian organization which certifies psychologists who are health service providers, CRHSPP has developed a set of guidelines for the determination of acceptable education and training, applicable to persons registered by regulatory boards on the basis of the master's or the doctorate, depending on the requirements of each jurisdiction. The core eligibility criteria for listing with the Register are all of the following conditions:

- a) Be registered, certified, or licensed for the independent practice of psychology in the province or territory in which the person practices.
- b) Have a doctorate degree acceptable to the regulatory organization in the province or territory in which the psychologist practices. And
- c) Have two years of supervised experience in health service, of which at least one year is postdoctoral and one year (may be the postdoctoral year) is in an organized health services setting (total min. 3000 hours).

Notwithstanding the above core criteria, there are grandparenting provisions in force until 2005, under which CRHSPP has established three sets of deemed equivalencies to the core eligibility standard noted above.

Note to the reader: To this writer's knowledge, this combination of core eligibility criteria and deemed equivalencies is the only system developed to date in Canadian psychology which enables psychologists in all provinces and territories to meet a national standard and be issued a national Canadian credential.

The CRHSPP guidelines further define competencies in psychology as follows:

- a) 66 areas of expertise/specialized health services. Some of these areas are in turn subdivided. Although this list is too specific for the main purposes of the AIT, it does serve to remind the reader that some practitioners provide highly specialized services in one or more of these areas. The 66 items in this list are:

A Framework for the Determination of Competencies

abuse	dementia	health	progr. dev/eval
adoption	depression	hypnosis	psy. assessment
aff. disorders	dev. disorders	illiteracy	psychoses
aging	diagnosis	learning disab.	psychotherapy
ADHD	disability	mediation	rehabilitation
autism	assessment	men's issues	relapse prevent.
biofeedback	treatment	mental retardat.	relaxation tr.
brain injuries	dissociative dis.	neuropsych.	school readiness
burnout	divorce/separ.	obsess.-compul.	sexual dysf.
vocat. planning	dual diagnosis	pain manag't	sexual identity
child manag't	eating disorders	palliative care	sleep disorders
conduct dis.	education	perinatal	smoking
consultation	family	personality dis.	stress
custody/access	forensic	phobias	substance abuse
crisis manag't	gay/lesbian	physical health problems	supervision
stress debrief.	grief/bereav.	PTSD	victims
women's issues	weight loss	work issues	

Note: In the writer's judgement, some of the above 66 areas (or a synthesis thereof) reflect sufficiently generic competencies to warrant explicit consideration in this report. In reviewing this first draft, PSWAIT members should consider whether such a synthesis would advance the purpose of this report.

- b) Age groups served:
 - a) All ages
 - b) Infants
 - c) Children (1-5)
 - d) Children (6-12)
 - e) Adolescents (13-17)
 - f) Adults (18-64)
 - g) Older adults (65+)

- c) Languages in which services can be provided

<p><u>Note:</u> For purposes of the AIT, it may be relevant to ask about the applicant's ability to provide services in English, French, and "other".</p>

The Mississauga Conference on Professional Psychology

This was an important conference (CPA, 1995), in that it brought together a representative group of psychologists from across Canada in order to discuss varied aspects of the profession including funding, public awareness, marketing, advocacy and training. Two aspects are relevant to this report, as follows.

First, the group noted that *"there is little public awareness of the abilities and competencies of psychologists across the country"*. The writer is of the opinion that this OFTEN continues to be the case, and that this is due in part that psychology in Canada has yet to adopt a uniform approach to the definition of abilities and competencies required for regulated practice.

Second, although the articulation of competencies required for practice was not a major focus of this conference, and indeed flexibility in training models and approaches was stressed, the following core themes are found in the proceedings:

- a) Assessment
- b) Therapy
- c) A core curriculum in specialty areas including emerging areas of practice
- d) Training for both producers and consumers of research

- e) Training for entrepreneurship
- f) Research methodologies (broad range)

Competencies and knowledge proposed by the Psy.D. Task Force

This task force (Robinson, 1998) was established by CPA in 1997 to consider the viability of this Psy.D. model of training in Canada. Its mandate included a review of education and training models appropriate for professional psychology in Canada. The report includes a historical review of psychology training trends in the United States and Canada, and takes account of regulatory issues and implications. The report proposes a Psy.D. model for Canada, and envisions its product as a *“flexible, socially responsible, thinking practitioner who derives his/her skills from core knowledge in scientific psychology”*. More specifically, the following knowledge domains (with the acknowledgement that some may be acquired at the senior undergraduate level), science competencies, and practice competencies are proposed:

Knowledge domains:

- a) Theories of individual and systems functioning and change
- b) Life span development
- c) Dysfunctional behaviour or psychopathology
- d) Professional ethics and standards
- e) Psychological measurement
- f) History and systems of psychology
- g) Bases of behaviour:
 - Biological
 - Cognitive-affective
 - Social
 - Individual (e.g. cultural and ethnic, bicultural, ...)

Science competencies:

- a) Statistics
- b) Research design and methods
 - This includes basic understanding, methodological knowledge, adequate skill in conducting applied research, observation skills, openness as opposed to dogmatism, respect for empirical support, healthy skepticism, and: recognition

of biases, of the interplay between ethics and scientific inquiry and of the need for collegial input and feedback in any inquiry.

Practice competencies:

- a) Interpersonal skills (interviewing and relationship skills)
- b) Assessment
- c) Intervention
- d) Application of research findings appropriately and critically
- e) Evaluation of the efficacy of interventions
- f) Consultation and teaching
- g) Administration and supervision
- h) Application of ethical principles: appropriate attitudes, knowledge and skill

The recommendations of the above report concerning knowledge and competencies are especially relevant because, having taken account of previous models of education and training in North America, they propose a vision for the future that is tailored to professional psychology in Canada.

PART II: A PROPOSED FRAMEWORK FOR ATTAINING ENHANCED MOBILITY AND COMPLIANCE WITH THE AIT

Toward a template of competencies for the regulation of mobility in psychology across Canada

Although the areas of practice and competencies presently reported by jurisdictions across Canada reveal certain differences (see Tables 1 and 2; see also References: Edwards, 1999), for the most part these are differences in emphasis which may be subsumed under a common set of broader fundamental competencies required for the professional practice of psychology.

Such a set of competencies may be distilled from such sources as the CPA and APA accreditation criteria, the core curriculum of professional psychology as found in APA publications, the recent report of the CPA Psy.D. Task Force, the areas and competencies listed by the jurisdictions, and the proposed competencies recently adopted by the Order of Psychologists of Québec as part of their proposed admission criteria. These last, in fact, were developed by taking the preceding sources into account. They provide a succinct synthesis or template which might be considered for adoption throughout Canada in order to meet the competency based standard espoused by the AIT.

They are as follows (translated and slightly reorganized by the writer):

Note to the reader: The list presented in this section has been modified slightly to render a couple of items which stemmed from a particular conceptual orientation more generic, or to summarize a point which did not pertain directly to competencies or areas or practice. Each area or competency is presented in terms of its definition, knowledge, and skills. The next and concluding section of this report provides three tables and a graph intended to inter-relate these competencies with the areas and competencies presently required by the Canadian jurisdictions.

1. **Interpersonal relationships.** The ability to develop and maintain constructive working relationships with clients.

Knowledge:

- (a) Theory and empirical data on the therapeutic relationship
 - Interpersonal relationships

- Power relationships
 - Therapeutic alliance
 - Interface with social psychology
 - Therapeutic relationship as a function of the “milieu”
- (a) Knowledge of self
- Motivation
 - Resources
 - Values
 - Personal biases
- (a) Knowledge of others
- Macro-environment (work, national norms, etc.)
 - Micro-environment (personal differences, family, sex differences, etc.)

Skills:

- (a) Communication of empathy
- (b) Establishing contact with others
- (c) Putting others at ease
- (d) Establishing a climate of trust
- (e) Communicating respect

2. **Evaluation.** The ongoing, interactive and inclusive process which allows one to describe, conceptualize, characterize and predict the relevant aspects of the client. This definition implies the following:

- A competent professional psychologist, using as starting point several distinct evaluation methods, uses those most appropriate for the task at hand rather than relying exclusively or primarily on formal testing;
- The object of evaluation may be an individual, a couple, a family, an organization or a system;
- The required evaluation skills may and should be applicable to situations other than an intake (pre-treatment) assessment, such as the evaluation of treatment outcomes, program evaluation, or the evaluation of problems encountered in non-clinical contexts;
- The main goal of psychological evaluation is to achieve an understanding of the issues which, in addition to yielding a diagnostic category, facilitates the development of a concrete action plan. In some cases, it is better to identify the

relevant strengths and competencies than to identify those deficits that allow classification.

- The formal use of tests and measurements in the service of diagnosis and psychological assessments is widely included in the practice of professional psychology.

Knowledge & skills: In summary, evaluation is a generic process that requires the following knowledge and skills:

- (a) Formulation of a relevant question.
- (b) Selection of methods.
- (c) Gathering and analysis of information.
- (d) Articulation and integration of interpretative hypotheses and statement of a diagnosis when appropriate.
- (e) Communication of recommendations and action plan, as required.

3. **Intervention.** Activities which facilitate, restore, maintain or enhance the clients' positive functioning and well-being by means of preventive, curative or developmental services. Included are theory and activities appropriate for systems (couples, families, groups and organizations) as well as individuals.

Knowledge:

- (a) Acquisition of a variety of specific therapeutic techniques from a trans-theoretical perspective, including individual psychotherapy and interventions with systems such as couples, families, groups and organizations.

Skills:

- (a) Respect for the positive features of all main approaches, which should be reflected in openness to various viewpoints and methods;
- (b) Exposure to at least two major client groups such as children, adults, the aged, etc.
- (c) Exposure to basic concepts in psychopharmacology;
- (d) An appreciation of human coping (or efficacy) rather than a diagnostic or disease model.
- (e) Sensitivity to context and diversity, especially with respect to sexuality and multiculturalism.

4. **Research.** A systematic mode of inquiry which entails seeking and interpreting information that is relevant to psychological phenomena. Professional psychologists gather and systematically organize psychological information or data and thus involve themselves regularly in the practice of science. As defined here, research refers to:
- The ability to make a contribution to knowledge through original research (as is the case in Ph.D. programs), or
 - The ability to apply the existing methodology rigorously and consistently to applied problems (as is the case in Psy.D. programs).

Knowledge & skills: Training programs must include research training which allows students to acquire:

- (a) Understanding of and respect for the scientific foundations of the discipline;
 - (b) Such knowledge of methods as makes for good consumers of the results of scientific knowledge;
 - (c) Sufficient researcher skills to be able to develop and carry out projects in a professional context;
 - (d) Critical reasoning skills;
 - (e) Basic knowledge of scientific research methods and conduct:
 - Applied statistics and measurement theory.
 - The logic of different models of scientific research.
 - Qualitative research methods (including observation and interviewing), especially with respect to the validity and reliability of qualitative data.
 - Applications of different research approaches to social problems.
 - Professional report writing skills, in which reports broadly defined empirical data are used to answer specific questions and to make reasonable generalizations to other contexts.
5. **Ethics and standards.** Professionals must face up to their obligations, show sensitivity to others, and be beyond reproach in their conduct or behaviour. In addition, they must be able to demonstrate that they are able to establish professional relationships which are respectful of the ethical norms and obligations in effect.

Knowledge:

- (a) Definition of ethical values.
- (b) Definition of norms.

- (c) Responsibilities to the profession.
- (d) Responsibilities to the public.
- (e) Responsibilities to colleagues.
- (f) Exceptional or special actions.
- (g) Standards for the use and interpretation of tests and psychological materials.
- (h) Research ethics.

Skills:

- (a) The process of ethical decision-making.
- (b) Proactive identification of potential ethical problems or dilemmas.

6. **Consultation.** A planned interaction or explicit intervention process based on accepted principles and procedures of psychology and related disciplines, in which the psychologist does not have direct control of the change process.

Knowledge:

- (a) Historical context, including the evolution of community psychology and the concepts of primary and secondary prevention.

Skills:

- (a) Establishing a consulting relationship within a given setting, negotiating consultation goals, and determining the appropriate follow-up process;
- (b) Gathering data about the nature and severity of the problems and formulating hypotheses regarding contributing factors, using quantitative and qualitative approaches;
- (c) Carrying out a contextual analysis of the problem issues, conceptualizing the overall issues, and placing the problems in context for the client;
- (d) Facilitating interactive cooperation in internal teams or work groups, conflict management, and promoting positive long-term change;
- (e) Managing the negotiation of needs, demands and wishes as expressed by various sub-groups, in order to reach mutually acceptable solutions;
- (f) Evaluating consultation outcomes and deciding if corrections are needed;
- (g) Selecting appropriate didactic and experimental instruments for dissemination and communication so as to optimize client learning.

7. **Administration.** Activities related to the management, organization or control of services offered or rendered to the public by psychologists or other agents.

Knowledge:

- (a) The standards and guidelines of the profession;
- (b) The main issues of contemporary management in a professional setting;
- (c) The relevant laws and statutes;
- (d) The structure and organization of health care systems, social service systems, or educational systems;
- (e) Marketing and entrepreneurship;
- (f) Quality control systems;
- (g) Self-management (time management, burnout risk factors, etc.).

Skills:

- (a) Management of relationships with other professionals;
- (b) Knowledge of the general parameters that health care, social service and educational systems have in common.

8. **Supervision.** A kind of management that involves teaching in the context of a relationship focused on developing or enhancing the competence of the person being supervised. Supervision is a preferred vehicle for the integration of practice, theory and research, with the supervisor as role model.

Knowledge:

- (a) A developmental approach is preferred. It assumes that students' needs are increasingly diversified across stages of training, and that the supervisor's role evolves from that of teacher or mentor to that of supervisor or manager.
- (b) Different models for the acquisition of competencies under supervision.
- (c) Methods and techniques of supervision.
- (d) Different evaluation modalities.
- (e) Available technical resources.
- (f) Power relationships as well as cultural, sex, and ethnic differences.

Skills:

- (a) Sensitivity to power, cultural, sex, and ethnic issues.
- (b) Articulation of clear learning objectives.
- (c) Creating an open and participatory climate.
- (d) Learning to be a good supervisee (open to supervision, well prepared, able to use time efficiently, non-defensive, aware of limits, etc.).
- (e) Ability to link learning approaches to specific evaluation criteria.
- (f) Being able to differentiate between teaching and therapy.
- (g) Integration of knowledge.
- (h) Awareness of one’s own strengths and limitations as supervisor.
- (i) Preparing a coherent evaluation based on precise learning objectives.

The proposed template of competencies in relation to the areas of practice and competencies currently stated in the admission requirements of Canadian jurisdictions:

The template outlined above, if adopted across Canada in order to document the competencies that candidates declare and demonstrate at the time of initial registration, would provide a common framework or language for the mutual recognition of competencies under AIT. Candidates for registration would be expected to demonstrate such competencies through their curriculum, practica, internships and/or other supervised experience.

Below, Table 3 provides an estimate of the extent to which jurisdictions currently enquire into the competencies included in the proposed framework. The cell entries inter-relate the framework (that is, eight competencies) with the jurisdictions’ requirements (intended areas of practice, declarations of competency). Entries labeled “X” indicate explicit requirements while “I” indicate requirements that can be documented albeit indirectly.

Table 3. The eight competencies proposed for the regulation of mobility under AIT in relation to the areas of practice and competencies requested of applicants for psychology registration across Canada											
Competency:	AB	BC	MB	NB	NF	NS	NT	ON	PE	QC	SK
1. Interpers. relationships	I	I	I	I	I	I		I	I	X	I
2. Evaluation/Diagnosis	X	X	I	I	I	X		X	I	X	I
3. Intervention	I	I	I	I	I	X		X	I	X	I
4. Research	X	X	I	I	X	X		X	I	X	I
5. Ethics and standards	X	X	X	X		X		X	X	X	X
6. Consultation		X			X	X		X		X	
7. Administration					X	X		X		X	
8. Supervision										X	
<p><u>Note:</u> In BC, a proposed declaration of competencies is undergoing consultation with CPBC members. In Québec, the proposed competencies have been approved by the Order. Ethics and standards are documented via an oral exam, a jurisprudence exam, and/or a required ethics course.</p>											

Tables 4 and 5, on the following pages, break down the above competencies into knowledge and skill components. The entries in these tables are blank, pending further discussion with the relevant stakeholders, due to the fact that jurisdictions, even those with formal declarations of competency, request general information from their applicants in broader categories than those detailed in the tables.

There is, however, little doubt that most graduates of Canadian psychology programs acquire most or all of the knowledge and skills listed in these tables during the course of their graduate studies and supervised training.

Table 4. The knowledge requirements proposed for the regulation of mobility under AIT in relation to the areas of practice and competencies requested of applicants for psychology registration across Canada											
Knowledge:	AB	BC	MB	NB	NF	NS	NT	ON	PE	QC	SK
1. Interpers. relationships											
Therapeutic rel.											
Knowl. of self											
Knowl. of others											
2. Evaluation											
Evaluation methods											
Psychopathology											
Diagnosis											
3. Intervention											
Intervention techniques											
4. Research											
Foundations: understand.											
Research methods											
5. Ethics and standards											
Ethical values (def.)											
Norms (def.)											
Responsibilities (knowl.)											
Exceptional actions											
Standards											
Research ethics											
6. Consultation											
Historical context											
(Continues on next page)											

Table 4 (continued)											
Knowledge:	AB	BC	MB	NB	NF	NS	NT	ON	PE	QC	SK
7. Administration											
Standards of profession											
Management issues											
Laws & statutes											
Systems (organiz. of)											
Marketing											
Quality control											
Self-management											
8. Supervision											
Models & techniques											
Evaluation modalities											
Tech. resources (knowl.)											
Power relationships											

Note: The writer is of the opinion that the knowledge items presented above include some, such as ethics and standards, that perhaps should be added to the declarations of competency requested from applicants.

Table 5. The skill requirements proposed for the regulation of mobility under AIT in relation to the areas of practice and competencies requested of applicants for psychology registration across Canada											
Skills:	AB	BC	MB	NB	NF	NS	NT	ON	PE	QC	SK
1. Interpers. relationships											
Empathy (communic.)											
Establishing contact											
Putting others at ease											
Climate of trust											
Respect (communic.)											
2. Evaluation											
Question formulation											
Selection of methods											
Info. gathering/analysis											
Interpretative hypothes.											
Diagnosis											
Making action plans											
3. Interventions											
Respect & openness											
2 client groups (exposure)											
Psychopharm. (exposure)											
Human coping model											
Sensitivity to diversity											
4. Research											
Conduct of applied res.											
Critical reasoning											
Table continues on next page.											

Table 5 (continued)											
Skills:	AB	BC	MB	NB	NF	NS	NT	ON	PE	QC	SK
Basic research methods											
Report writing											
5. Ethics and standards											
Ethical decision-making											
Identifying problems											
6. Consultation											
Consult. Relationships											
Data & hypotheses											
Problem analysis											
Team management											
Negotiating needs											
Outcomes evaluation											
Optimizing client learning											
7. Administration											
Dealing with others											
Systems commonalities											
8. Supervision											
Sensitivity to power, sex., culture, ethnicity											
Articulating objectives											
Creating open climate											
Acceptance of superv.											
Table continues on next page.											

Table 5 (continued)											
Skills:	AB	BC	MB	NB	NF	NS	NT	ON	PE	QC	SK
Learning approaches linked to eval. criteria											
Teaching vs. therapy											
Aware (strengths, limit.)											
Eval. re objectives											

The reader will note that the above table is blank, except for the Québec entries upon implementation of a competency based doctoral standard. The reason is that the Canadian boards do not explicitly ask applicants to detail their practitioner skills as part of the registration process. Skills are included in practica, internships and supervised experience, and in those contexts they are evaluated. They are also frequently discussed during the oral examinations. However, to the writer’s knowledge, they are not systematically documented in any Canadian jurisdiction at this time.

Concluding comments

Based on the material presented in this report, it seems clear that much work remains to be done before there is agreement across Canada concerning the competencies to be requested at the time of the initial psychologist registration and subsequently recognized under AIT for purposes of mobility. In the first instance, it may be wise to request only broad competencies (specifically the eight-competency template presented above (see Table 3), coupled with such items as intended areas of practice (see Table 1), client age groups, and certain activities/services (see Table 2) which do not greatly overlap with the eight competencies that constitute the proposed template.

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