COLLEGE OF
PSYCHOLOGISTS AND
BEHAVIOUR ANALYSTS
OF ONTARIO

Additional Institutional Letters Received

This summary provides an overview of additional institutional letters received after December 3, 2025. The list of letters received before this date can be found on the December 12, 2025 Board Meeting material beginning page 107.

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Faculté des sciences sociales
Faculty of Social Sciences

École de psychologie
School of Psychology

December 9, 2025

Ian Nicholson, PhD, C.Psych., College Council President, CPBAO
Tony DeBono, MBA, PhD, C.Psych., Registrar & Executive Director, CPBAO

RE: Proposed Modernization of CPBAO Registration Regulations

Dear Dr. Nicholson and Dr. DeBono,

We are writing this letter to express our support for the CPBAO's work to modernize its registration process and change its regulations to remove barriers to practice.

The impetus for these reforms—the repeated "moderate to high risk" ratings from the Office of the Fairness Commissioner—cannot be ignored. The OFC correctly identified that Ontario's current registration framework contains significant and unfair barriers that restrict access to the profession.

Specifically, we are in support of:

1. **Elimination of the Oral Examination:** This subjective, high-stakes exam has been abandoned by most Canadian and Americans jurisdictions precisely because it is susceptible to bias, disproportionately penalizing racialized candidates and those whose first language was not English or French. Fewer than 1% of applicants fail the oral exam, raising questions about what it is actually measuring. Removing it aligns Ontario with modern, objective assessment practices.

2. **Transition of the Jurisprudence and Ethics Examination (JEE) to an Online Module:** We fully endorse the proposal to transition the Jurisprudence and Ethics Examination from a high-stakes, punitive test to a low-stakes, educational module. The current system, with its arbitrary lifetime maximum on attempts, functions as a discriminatory barrier that disproportionately impacts international candidates and those without the resources for multiple attempts. This reform is a matter of both fairness and common sense, especially when we consider the extensive gamut of evaluations that candidates have already successfully navigated. Graduates of accredited programs have passed hundreds of exams, defended theses and dissertations, and completed thousands of hours of rigorously supervised clinical training. Furthermore, they are still required to pass the Examination for Professional Practice in Psychology (EPPP), the primary national examination designed to assess core psychological knowledge. Subjecting candidates to a second high-stakes, limited-attempt examination is fundamentally misaligned with the principles of proportionate regulation.

3. **Removal of the "Declaration of Competence" System**: The proposed elimination of this rigid checkbox system is another essential reform that is also out of step with other jurisdictions. This practice has functioned as a form of bureaucratic gatekeeping, preventing

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highly qualified psychologists from contributing their expertise simply because they did not anticipate all future practice areas at their initial registration. Under the current system, it is difficult for psychologists to add more competencies after their initial registration. Removing this barrier does not abdicate standards, rather it rightly places the onus of ethical self-assessment back on the individual practitioner, who remains professionally bound to practice only within their areas of competence. This replaces institutional mistrust with professional accountability.

4. **Expanding Accreditation to Include International Bodies:** This is a positive change that will reduce delays in registration for qualified professionals from other countries, thereby increasing both access and diversity within our profession. Indeed, too many foreign-trained psychologists are unable to serve their under-resourced communities in a timely manner, if at all, due to existing hurdles.

5. **Removal of the 4-Year Supervised Work Requirement for Master's-Level Applicants:** This requirement is an outlier in Canada. It creates an unnecessarily arduous and costly path for qualified individuals, and it incentivizes our own graduates to leave the province for more reasonable registration pathways. Its removal is a common-sense solution to a self-inflicted wound on our workforce supply. We recommend reducing the supervision period to 1-2 years.

6. **A Unified "Psychologist" Title:** Due to the Canada Free Trade Agreement, Master's-level psychologists from provinces like Alberta can already practice in Ontario with the Psychologist title. The current framework drives Ontario-trained MA-level psychological practitioners to other provinces where they can be recognized as psychologists. The proposed change harmonizes our internal process with a national reality that already exists and gives our province a better chance at retaining these much needed practitioners. There is no evidence that MA-level Psychologists pose a danger to the public, but the evidence is clear that shortages of Psychologists are indeed a grave public health concern.

The ethical and public interest rationale for these reforms is clear. Our nation faces a severe mental health crisis, and research has shown that this crisis disproportionately harms Black and Indigenous communities, who face the greatest barriers to care (Faber et al., 2023a; Williams et al., 2024). Our research has also provided quantitative evidence of the severe underrepresentation of racialized psychologists in Ontario—the very professionals best equipped to serve our diverse population (Faber et al., 2025). Our current system of gatekeeping is a direct contributor to this crisis of access (Faber et al., 2023b; Faber et al., in press).
We urge you to stand firm in your commitment to the public interest and approve the vital amendments described above.

Respectfully,

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Kafui Sawyer, MA
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Helen Ofosu, PhD
I/O Advisory Services Inc.
Adjunct Professor of Psychology, Carleton University
Past-Chair, Black Psychology Section, Canadian Psychological Association

We respectfully acknowledge that we live and work on the traditional, unceded land of the Algonquin Nation.

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December 02, 2025

TO:
-College of Psychologists and Behaviour Analysts of Ontario

CC:
-Hon. Sylvia Jones, Ontario Minister of Health

On September 26, 2025, the College of Psychologists and Behavioural Analysts of Ontario (CPBAO) approved a number of changes in how psychologists will be regulated and approved for practice in Ontario. Key amendments are as follows:

1. Registration as a psychologist based on a graduate degree from Council-approved programs (including programs with accreditation by College-approved accrediting bodies)
2. Council approval of accrediting bodies internationally beyond USA (e.g., UK, Australia)
3. Removal of the minimum 4-year work experience requirement for candidates with a Master's degree
4. Elimination of the Oral Examination

The proposed changes are far-reaching and profound, **some of which have the potential to increase access and fairness in the professions, others which have the potential to increase risk to the public**. Indeed, expanding accreditation to include international accrediting bodies is a positive change that has the potential to reduce delays in registration for qualified professionals from other countries, thereby increasing both access and diversity within our profession. The CPBAO Oral Examination is costly and has a risk of bias; eliminating it may increase equity in access to the profession. Indeed, one of the most consequential changes concerns the **breadth, depth, and intensity of coursework and supervised clinical training required** to register as a psychologist, with no clear evidence about the potential impact on provider competency. Indeed, **more in-depth consultation and information gathering is vital** to understand the potential risks and benefits to the public and the profession, prior to moving forward with all these large-scale changes at once.

Although these changes will increase the number of registered practitioners in the province, **they will not increase the availability of the highly-trained experts who diagnose and treat the most complex of mental health conditions** and illnesses that have the greatest impact on our communities. These experts are those who will train future generations of health care providers in the province, and who will dedicate themselves to developing and evaluating evidence-based interventions for current and future generations in universities, hospitals, and private practices across the province. The proposed changes, particularly reducing the required training to two years of education—which would include only one clinical practicum—stand in contrast to other provincial jurisdictions in Canada that have *increased* the training requirements to become a registered psychologist, rather than decreased them.

Currently, training to become a clinical psychologist in Ontario is comprehensive and intensive. It is highly specialized and is typically completed in five to seven years,

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similar to a physician who specializes in a subdiscipline, such as psychiatry. There are currently hundreds of mental disorders, and dozens of treatments. However, current treatments do not work as well as they should for a large proportion of the public who need help. The training that is required to become a clinical psychologist prepares professionals not only to provide evidence-based care to people with complex and multiple conditions, but also to develop and test innovative treatments for members of the public who are not yet benefiting. In addition, psychologists play a key role in training the coming generations of mental health providers that children will need as they learn to live with and manage mental illness. The proposed changes make the assumption that all of this (providing evidence-based care, diagnosing mental illness, developing and evaluating new treatments, training the next generation) can be learned with a fraction of the training that it currently requires.

The primary motivation for these changes, as it has been stated, is to increase the number of mental health professionals in the province. **We agree that Ontarians need and should have greater access to psychological care,** which includes access to the most highly trained experts, who spend years training in the classroom and in supervised clinical settings. In our program, for example, students complete 18 graduate-level courses, including both foundational and specialized knowledge, receive over 1000 hours of clinical practicum training, and complete a one-year full-time pre-doctoral residency (1500-2000 hours). We believe that the current landscape for mental health services in Ontario still has room for not just well-trained professionals but also for the most highly trained professionals - those with comprehensive training in clinical psychology.

Accessibility of mental health services in Ontario is increasing, currently being provided by a range of allied health professionals, including psychotherapists and clinical psychologists. Psychotherapists, who are regulated health professionals, are different from clinical psychologists in terms of both their training and mandate. Psychotherapists complete graduate level training (post-bachelor's degree) foundational coursework for two years and complete a year of practical training to prepare them to provide psychotherapy for a range of clinical problems and day-to-day life experiences. Clinical psychologists have both broader and more specialized training, including access to the protected act of diagnosing mental health disorders, and the competence to do so.

The number of psychotherapists in the province has been increasing steadily by about 1000 each year, which has increased access to mental health care. Growth in the number of clinical psychologists in the province is flat, currently at about 4500. However, the barriers to accessing mental health care are not related only to the number of psychologists in the province. In fact, **Canadians' top reported barriers to accessing mental health care were cost[i] and long waitlists[ii].** Few psychological services are covered by OHIP and only when provided via public settings (e.g., schools, family health teams, hospitals), and over 70% of psychologists in Ontario work in private practice[iii], at least in part because revenue potentials are higher, and work-life balance is more achievable. **Canadians who reported the greatest difficulty accessing care were those with complex conditions** requiring comprehensive assessment for accurate diagnosis (e.g., ADHD, obsessive-compulsive disorder, substance use disorders)[iv]. **These barriers to access are compounded in rural and Northern communities[v],** and among people from female-identifying, sexually minoritized, immigrant, and racialized communities[vi]. Indeed, **Indigenous and Black Canadians encounter the greatest barriers to access[3]**. Increasing the number of psychologists by reducing training required for registration by 75% will not improve access, because it is highly unlikely to increase the number of skilled psychologists who can assess, diagnose, and treat highly complex problems and work in public settings. Instead, **it will leave those most vulnerable to limited access in the same situation**. To improve access to psychologists, we need to invest more public funding into clinical psychology positions and integration within mental health care services. Specifically, including clinical psychology services in OHIP coverage and providing incentives for clinical psychologists to work in public settings is necessary to reduce barriers to mental health care, especially for underserved populations.

The Health Professions Procedural Code from the Regulated Health Professions Act, 1991, defines the duty of all health regulatory Colleges as follows: *to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals.*

In our experience, ensuring access to an adequate number of qualified, skilled, and competent regulated health professionals is a shared responsibility and cannot be easily addressed by a regulatory college. Ensuring access to qualified, skilled, and competent regulated health professionals will depend on the number of training programs, the number of students these training programs can support, and the extent to which training programs produce the level

of expertise needed to address the complex conditions that Ontarians struggle with. Requiring highly specialized training is one mechanism to ensure this access to qualified, skilled, and competent psychological care.

Reducing the amount of education and supervised clinical training required to be registered as a psychologist is a blunt instrument. If the goal is to increase the number of highly-trained experts, then increase funding to higher education to enable us to provide specialized training to more psychologists each year. If the goal is to increase the number of assessments that yield accurate diagnoses, then provide public funding for those services directly. **Collaboration between training institutions like ours, regulatory bodies, and the government is the most promising avenue to increase the number of psychologists available, ensure they possess the necessary skills to provide quality services to Ontarians, and drastically improve access to those services.**

We know that we have a mental health crisis in Ontario, and we know that we can do better in serving Ontarians. In the last several years, University programs training psychologists in Ontario have experienced a decrease in resources, rather than an increase to match the overwhelming mental health needs. In tandem with the economic impacts of the pandemic, tuition freezes and reduction in number of international student visas have coincided with University budget cuts, leaving university programs understaffed and under resourced. These cuts also affect students: funding opportunities for students are not sufficient to meet the current and rising cost of living. The economic impact results in more students working more hours outside of their training programs, likely increasing time-to-completion. Some highly qualified and talented students choose to pursue other careers with greater stability potential. To increase the number of qualified, skilled, and competent regulated mental health professionals, we need to be able to increase the number of students we graduate and the number of professors who can train them, while also decreasing the time-to-completion of our program.

We will do our part. We continue to accept 15 students per year to our program (a minimum of 40% reserved for training in French), and are motivated to accept more if provided with adequate resources. Moreover, given the severe underrepresentation of racialized psychologists in the profession[vii] and the need to meet the growing mental health needs of our diverse population, the School of Psychology at the University of Ottawa adopted equity, diversity, and inclusion goals for admission to our graduate programs, including reserving two thirds of our training spots for students who identify as Black, Indigenous, and People of Colour. This was an initial step to increasing diversity, representation, and fairness in the profession, alongside numerous recommendations made by members of our student and faculty body to programs and psychologists across Canada[viii]. We recently initiated a review of our current program that would expedite the training and graduation of doctoral-level clinicians, resulting in an increase in highly-trained psychologists providing services to Ontarians. Indeed, by modifying the program and reducing time-to-completion, we aim to contribute to meeting the growing mental health needs of Ontarians. There are regulatory changes that could both increase access and ensure high quality care, while adhering to relevant legislation (e.g., Free Trade and Labour Mobility Act). Potential options include harmonizing registration requirements across the country, requiring 2-3 years of supervised practice post-master's degree for registration in Ontario, and working within programs to restructure programs to shorten the years of training required without compromising competence – and there are many others!

Ontario's universities have been training highly specialized mental health experts for decades. Significant changes have been made over the years, and we expect more to come. Unfortunately, the proposed changes were accepted with minimal consultation with CPBAO members outside of the board and/or with members of training programs. We have a substantial stake and shared responsibility in ensuring that the profession is well-equipped to meet the needs of Ontarians, and **we would welcome every opportunity to collaborate with CPBAO, the Ministry of Health, and other organizations to ensure access to an adequate number of qualified, skilled, and competent regulated psychologists, ready to meet the complex mental health needs of Ontarians.**

Sincerely,

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APNWT
Association of Psychologists of the Northwest Territories

College of Psychologists and Behaviour Analysts of Ontario (CPBAO)
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cc: Ontario Ministry of Health

Re: Proposed Amendments Ontario Regulation 193/23 Registration, Under the Psychology and Applied Behaviour Analysis Act, 2021

Dear Board of Directors of the CPBAO,

I write today on behalf of the Association of Psychologists of the Northwest Territories (APNWT). We have examined the proposed amendments for modernizing entry to practice for Psychologists in Ontario and have been following the public discourse that has ensued. We would like to say from the onset that while these changes are specific to the jurisdiction of Ontario, we recognize that there are broader implications for the profession of Psychology in Canada and we welcome the changes. We do not believe that the proposed changes equate to 'lowering standards' as has been publicly purported by the Ontario Psychological Association (OPA) and the Canadian Psychological Association (CPA). We note that the proposed amendments echoes calls for change that can be found in professional articles by various esteemed Canadian Psychologists (e.g., Dobson, 2025 and Hayden, 2024) and is in fact a topic that has been alive in the professional discourse for some time. We are particularly supportive of the proposed change to a reasonable Master-level entry requirement and title harmonization. In this letter we will speak to 'reasonable' Master-level entry pathways, to differentiate from the currently in place pathway to Psychological Associate in Ontario. We do not consider 6000 hours of un-regulated practice working for Registered Psychologists under unofficial supervision to be at all reasonable.

We believe the proposed amendments provide an important opportunity for conversations about entry to practice across Canada. We believe these conversations are especially important in light of modern needs for labour mobility as well as an increasing recognition of the need to examine equity within our profession, including being responsive to the Truth and Reconciliation Commission's (TRC) Calls to Action. The values underlying our perspective on this issue are three-fold: 1. Value of high-quality services; 2. Value of accessibility for regulated mental health and psychological services for <u>all</u> Canadians, most notably those in resource poor areas and populations with unmet needs; 3. Value of culturally- and contextually-responsive psychological services that are aligned with the TRC calls to action.

High-quality psychological services. We have come to recognize that the definition of high-quality services may differ, so it is important to specify that we view quality as resulting from competency, collaboration, and ethical decision-making. We firmly believe in a competency-based approach to determining quality of training and readiness for practice, and that there should be varied pathways to arrive at an equally valued title. We are excited for the opportunity to move the conversations beyond the dichotomy of Master- versus Doctoral-level training and to instead focus on what makes a good Psychologist.

Accessibility for regulated mental health and psychological services for all Canadians. For the APNWT, we are especially focused on access for Canadians living in resource poor areas, such as rural and remote communities. If the NWT were to have entry to practice standards similar to those currently in place in Ontario, we would have few to no regulated mental health professionals. Psychology is the only regulated mental health profession in the NWT (counsellors/ psychotherapists are not regulated) and nearly all resident Registered Psychologists are Master-level. For us, it is not a discussion about what level of training we should set for our registered professionals, but about whether we will have any local registered professionals at all. Given the need for contextually and culturally aware practice, this would be extremely concerning for our public as services would be available either through unregulated mental health providers or through Registered Psychologists who provide primarily virtual services and who are unlikely to be aware of the NWT context. Our current entry to practice regulations are necessary for the relevance of the profession of Psychology. We would invite you to consider whether this may be the case in rural Ontario as well.

Culturally- and contextually-responsive psychological services that are aligned with the TRC calls to action. Current models for entry to practice in many Canadian jurisdictions, including Ontario, put more focus on extensive Eurocentric training and look past the need to have a diverse Psychology work force that can be more representative of the people it serves, which more equitable entry to practice pathways could allow for. Current models of training are not equitable nor relevant for many diverse groups, most notably for Indigenous people (Ansloos et al., 2019). There is much discourse about the need for establishing firm evidence-based practice and the need for a doctorate to establish this. While we certainly agree that evidence-based practice is an important foundation for ethical practice as a Psychologist, the truly meaningful (and truly ethical) work comes from recognizing that 'evidence' is not unbiased and must be interpreted in light of culture, context, and history (e.g., colonization) to determine 'wise practices' for each client and each population served (Ansloos et al., 2019). This sometimes requires 'unlearning' some of what was taught within the Eurocentric walls of universities and consulting ethical guidelines, standards of practice, calls to action, and colleagues to determine the truly ethical course of action. We would argue that more years in a university is not what is needed for this, but a more diverse set of professionals working in more diverse settings is what is needed.

We would like to share our experiences as a jurisdiction with similar entry to practice requirements as those being proposed for Ontario, and as an association whose resident members are nearly all Master-level practitioners. It seems to be a concern within the public discourse that Master-level Psychologists will work 'outside of their scope'. It is our experience that resident Psychologists work within our respective scopes of practice and enjoy referring to and consulting with each other to support our clients in accessing the best possible service to match their needs. Currently, it certainly is the case that not all sub-specialties of Psychology are covered by resident Psychologists, based on our sheer low numbers alone, and we do rely on partnerships with many non-resident Psychologists. For instance, we do not have a resident Neuropsychologist and many of our members will consult with or refer to an Alberta-based Neuropsychologist who has practiced in the NWT for many years. Many times, the best services are provided with this partnership of local expertise with specialist expertise. As independent ethical Registered Psychologists, we believe that we can all be expected to know when we are presented with such cases that may fall out of our scope and to rely upon consultation and/or referral networks as needed.

We would also like to comment on the proposed change to move away from CPA accreditation in lieu of council approved programs. It has been very clear through the public statements of CPA over the years

and currently that they are not an unbiased third-party accreditor, as has been argued by many. They persistently advocate for strict doctoral entry standards nationally. In the Northwest Territories, we do not feel that CPA is a national voice for Psychology – they do not represent our views nor have they ever inquired about them. They have been absent from discussions such as the need for Psychology regulation for our neighbors in Yukon who have only recently become regulated. We find it very telling that CPA has put considerable resources into opposing the CPBAO proposed changes, yet have not voiced any opinion at all about an entire jurisdiction being completely unregulated.

The CPA has proposed that the changes to entry to practice in Ontario be paused allowing for further collaboration and consultation, such as through a national training summit. While we welcome further discourse on this topic and also would find value in greater national unity, true change will require a catalyst. It is important to note that recommendations from the most recent training summit have themselves not been actioned, as we find ourselves in a system that is reluctant to change. Based on the discussions at the 2019 National Summit on the Future of Professional Psychology Training summit, Ian Nicholson wrote,

> *"Shifting to models of competency training, increasing our emphasis on interprofessional practice, embracing rapid changes in technology, developing rigor in our models of supervision, and increasing our knowledge and appreciation of the impact of the privilege our silence has on issues of Indigenous Peoples and on Equity, Diversity, and Inclusion are all pushing our profession to change. Yet, over the last half-century, Canadian psychology training programs have demonstrated that our willingness to change, particularly rapid and fundamental change, has been limited. If we do not respond to the needs of our students, our profession, and the public we serve, we risk becoming an expensive and gratuitous affectation in the systems in which we work. We are already seeing that systems that cannot afford us or cannot recruit us will soon see us as pretentious more than useful. They will find other ways to meet their needs and determine we are redundant. It is happening already. We must challenge ourselves to make the dramatic shifts required for our future." (Nicholson, 2022)*

While we recognize that the CPBAO is not responsible for the training models of academic institutions, training models will doubtless be influenced by available career pathways. We believe that the brave and necessary steps that the CPBAO is taking can serve as this catalyst for change in training models. Regarding the existing arguments about a lack of quality terminal Master-Degrees that are meant to prepare graduates for clinical practice rather than preparing graduates for continuation into a PhD, we would like to point out that such quality programs exist in jurisdictions that have Master-level entry to practice, most notably in Alberta. Alberta universities can be responsive to the entry to practice in their jurisdiction and to prepare graduates for real career opportunities. It would not make sense for such programs to exist in jurisdictions where there is not a reasonable entry to practice with a Master degree, and therefore instead there are many Master degrees designed for entry into PhD, rather than designed for entry to practice. Universities will not change this model, and certainly no one would enroll in such a program, until there are viable career pathways within the jurisdiction. As there are no training options for Psychology in any of the three Canadian territories, the training models of provincial universities are directly tied to the northern workforce of Psychologists, as the only available options for northerners. Therefore, training models have wider reaching implications beyond the specific jurisdiction.

Historically change is often resisted, even if later accepted and embraced. One example of this initial resistance to change is the reaction to implementing PsyD programs in spite of decades of research demonstrating that research is a small part of the work of most psychologists in Canada (Nicholson, 2022). Like the current reactions of OPA and CPA, these reactions are often from those benefiting from the current structure and based on fear of change rather than based on data or responding to the evolving needs of the public we serve. We do worry that the CPA and OPA have "spun a story" about the CPBAO's proposed changes. It is a concern to us that their "story" may not fully be examined by everyone who has joined them in their stance. For instance, we have had conversations with Psychologists who have read the campaigns of OPA or CPA and misunderstood the proposed changes, thinking that entry to practice was being proposed as substantially less than NWT, Yukon, or Alberta's current practices. Once they were shown the actual proposed entry requirements directly from CPBAO website (rather than sensationalized summaries) they did not have the same concerns. Therefore, we do not believe that OPA or CPA are sharing information in a way that encourages members of the profession and the public to actually read about the changes themselves before forming an opinion, but in a way that utilizes emotion, fear, and sensationalism. This is not how we should be engaging in intelligent conversations or making informed decisions as professionals. We do believe that those voices are loud because they have benefited from a long-standing position of power. We do hope that in reviewing the input from the public, it is not the strength of a marketing campaign that is a winning a voice, but a considered examination of various perspectives.

On behalf of APNWT, we thank the CPBAO for taking the much-needed step towards modernizing entry to practice despite the loud, confident voices of those who are benefiting from the current structure. Psychology training as well as entry to practice in many jurisdictions in Canada is based on out-dated models and therefore a major shift is required to align with modern realities. Without a shift, we fear that the very relevance of our profession in a modern world is at stake.

Sincerely,

Shayla Richards, M.Ed, R.Psych NWT & NU
President, Association of Psychologists of the NWT
Proud Master-level Métis Psychologist

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SickKids
THE HOSPITAL FOR SICK CHILDREN

December 8, 2025

Dear CPBAO,

As representatives of The Hospital for Sick Children (SickKids), the largest children's hospital in Ontario, and as healthcare leaders of diverse backgrounds and perspectives, we are reaching out urgently to express our concerns regarding the proposed modifications to registration standards for psychologists by the College of Psychologists and Behaviour Analysts of Ontario (CPBAO). We strongly believe these changes will substantially impact both the safety and quality of psychological care in Ontario, resulting in poorer patient outcomes and significantly increased costs to the healthcare system. ***We urge you to pause the current proposal to allow for a comprehensive, inclusive consultation process involving all relevant stakeholders and to postpone implementation until evidence-based, sustainable solutions are co-developed*** that protect public safety, maintain high standards, and address access and equity concerns without compromising quality of care.

We believe the recently proposed CPBAO changes eliminate essential training and dilute critical evaluations of clinical judgment and ethics. These proposed changes would leave ***Ontario with one of the lowest, if not the lowest, standards for ensuring competent psychological practice in Canad*a**. This coincides with notable increases in the complexity and acuity of mental health presentations and clinical needs in youth (e.g., Chiu et al., 2020). Current demands on our healthcare system underscore the need for maximal, not reduced, clinical competence and skill in the interest of public safety.

Psychologists are among the few professions licensed to diagnose mental health conditions. Accurate and differential diagnosis in pediatric mental health is often extraordinarily complex, with misdiagnosis carrying grave costs and profound consequences to individuals, families, and the healthcare system. Errors in diagnosis or management can delay critical life-saving interventions, exacerbate symptoms, cause significant emotional distress for families, and even lead to preventable tragedies. These mistakes also impose a significant financial burden on the healthcare system through inappropriate allocation of government subsidies, prolonged wait times in the healthcare system, and increases in costly emergency room visits. The ripple effects extend across families, schools, and communities, all of which rely on competent psychological care for well-being and stability.

Complex psychological and neurodevelopmental conditions such as autism spectrum disorder, complex attention deficit hyperactivity disorder (ADHD), fetal alcohol spectrum disorder, and presentations involving trauma or suicidality further demand nuanced clinical judgment. In tertiary hospital settings, for example, clinical neuropsychology expertise is often indispensable in guiding treatment and surgical decision-making for children with complex medical conditions, such as brain

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tumors and epilepsy, where accurate cognitive and behavioral assessment informs both immediate care and long-term outcomes.

Lowering professional standards represents a significant risk to public safety. Research indicates that applied clinical training and supervision are strongly associated with clinical competence (Bradley & Becker, 2021) and real-world evidence shows that higher discipline rates have been observed among practitioners with minimal training (OPA, 2025). Key high-risk concerns include:

- ***Changes to the standards for entry-to-practice***, including replacing training program accreditation by the Canadian Psychological Association with a system relying on Council approval meaning Ontario could no longer verify quality through an independent standard.
- ***Significantly reduced training standards*** for those seeking to be identified and practice as psychologists, including substantial reductions in the required number of supervised practice hours for master's-trained registrants, from four years to one year, a 75% reduction.
- ***The elimination of safeguards*** by changing the Jurisprudence and Ethics Examination to a low-stakes, "no fail" e-module, allowing unlimited attempts to pass the Psychology Knowledge Test (EPPP), and discontinuing the oral examination, the last independent assessment of competence before autonomous practice.
- ***Consolidation of titles*** such that all registrants will be identified as psychologists regardless of training depth or breadth in addition to the recent removal of the identification of distinct practice competencies (e.g., neuropsychology, health psychology, forensic, rehabilitation psychology).

We fully support efforts to improve access to psychology and increase diversity within the profession, particularly to benefit marginalized and vulnerable populations and those who may face difficulties in accessing care. ***However, there is no evidence that the proposed changes, which seek to dramatically lower training standards while also removing important safeguards, will achieve these goals without substantially increasing the risk to the public, especially individuals and systems at greatest need of protection.*** Indeed, many of our urgent concerns have been realized in other provinces that have lowered training and competency standards in the past (e.g., Alberta, Nova Scotia, Quebec). These jurisdictions are now strengthening previously reduced training standards to better protect the public.

It is important to note that the concerns outlined above are not only held among psychologists; several of the undersigned are clinicians outside the profession who recognize the substantial impact that these changes will have on clinical practice and the healthcare system more broadly. Additionally, recent research provides evidence for substantial concern among members of the public in response to these changes and their implications (MacKillop et al., 2025). We strongly urge Ontario to exercise substantial caution before advancing a proposal that may carry significant consequences for the public and the health system as a whole. We respectfully call on the CPBAO

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to reconsider and temporarily halt these proposed changes, initiating a collaborative process with psychologists, educators, hospitals, and community organizations.

Looking forward, we remain hopeful that psychologists and stakeholders will work together to develop reforms that enhance access to psychological care while preserving the rigorous standards that have long defined Ontario's practice. We welcome the opportunity to partner with the CPBAO in constructive discussions aimed at evolving registration standards, ensuring improved access, safeguarding clinical excellence, and protecting public safety, particularly for those needing specialized psychological services throughout Ontario. We appreciate your attention to these urgent concerns and your continued dedication to upholding public trust in psychological care.

Sincerely,

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ONTARIO PSYCHOLOGICAL ASSOCIATION

Tony DeBono, MBA, Ph.D., C.Psych.
College of Psychologists and Behaviour Analysts (CPBAO)
Registrar & Executive Director
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Do you agree that the regulation amendments proposed by the College of Psychologists and Behaviour Analysts of Ontario are in the public interest?

No

If no, what concerns do you have about the proposed amendments to the Registration Regulation?

The Ontario Psychological Association (OPA) appreciates the opportunity to provide feedback on the CPBAO proposed changes to registration, training, and accreditation standards. As the only provincial professional association representing psychology across Ontario, our mandate is to advance high-quality psychological care and promote equitable access to services. The College's proposed changes to the education and training requirements for psychologists and psychological associates in Ontario are profound, drastic and unilateral.

After extensive consultation and analysis of regulatory norms across Canada and internationally, the OPA has concluded that the proposed changes pose significant risks and are not in the best interest of the public or our profession. As written, the model would weaken safeguards that ensure competent, ethical, evidence-based practice; increase misdiagnosis; reduce transparency about provider training; raise system-wide costs; and ultimately heighten risk to Ontarians. We are deeply concerned that the approved changes may increase risks for the very individuals the College is mandated to protect. While we support efforts to improve access, the rapid reduction of supervised clinical training for master's graduates and the removal or dilution of core competency-evaluation safeguards undermine the College's mandate for public protection. Competent assessment and treatment of complex mental health conditions demand extensive supervised experience and rigorous evaluation. Weakening these requirements will lead to inconsistent care and greater strain on an already overburdened health system. Your own council chair, Dr. Ian Nicholson, posed the rhetorical question in the opening remarks of the September 26 council meeting: "Do I think this will increase the risk to the public? Probably".

The OPA and other key stakeholders have identified alternative solutions to support the government's goals while simultaneously prioritizing public protection. They include recommendations such as shorter supervised practice periods for doctoral level psychologists from CPA accredited programs, creating qualified status for associates completing supervised work experience, and PsyD program expansion. We have included these as additional comments.

We have significant concerns about each proposed change and are concerned that the college chose to vote on all the changes in one as opposed to independently without careful review of each option. From observing the council meeting it seemed that there was no previous discussion or consideration of how voting on the changes individually or as a block may have differential impacts. Enacting all

changes at once will make it extremely difficult to determine which changes cause harm. Below we outline our concerns with each proposed change.

Reduction of Required Clinical Training: The proposed reduction in practicum hours breaks alignment with virtually all national and North American psychology standards, placing Ontario far below many jurisdictions in Canada, the U.S., the U.K., Australia, and Europe. Extensive supervised clinical training for psychologists is considered essential by CPA and APA because psychotherapy skills develop through repetition, feedback loops, and diverse patient encounters. Moreover, because psychologists and psychological associates work from a scientist-practitioner model, interventions are rooted in diagnostic frameworks and evidence-based practice, both of which require extensive training, particularly with more complex clinical presentations. Lower practicum requirements mean registrants would enter supervised practice under-trained, shifting the burden onto supervised practice supervisors to teach basic competencies while carrying full liability. Decades of research shows that trainees with lower skill tend to overestimate their competence (Dunning–Kruger effect; Eva & Regehr, 2011) and research also shows that global self-assessment correlates poorly with actual performance. If the proposed changes are passed there is also the real risk that highly trained psychologists and psychological associates will remove themselves from supervising candidates who have gone through the new model.

Under the current proposal, the minimum clinical experience for a master's-level psychology registrant would fall below that required of occupational therapists and even hairstylists, neither of whom diagnose or treat mental disorders, making Ontario an international outlier with significantly weakened public-protection safeguards. Not only will the drastic removal of training requirements set a national precedent for deskilling in healthcare, but it will also limit Ontarians' ability to seek future employment in other jurisdictions or to participate in North American professional harmonization efforts. If our training falls significantly below what is expected in the USA, our ability to collaborate on these efforts, share resources, and expand patient care will suffer.

Removal of the Oral Exam: Eliminating the oral exam removes Ontario's only direct assessment of real-time clinical reasoning, ethical judgment, and applied decision-making, precisely when entry requirements are being lowered. Decades of research show that written exams alone cannot reliably assess clinical reasoning or professional judgment (Daniel et al., 2019; Eva & Regehr, 2011; Institute of Medicine, Cuff, 2014), and leading health professions continue to rely on oral, simulation-based, or structured interviews as essential safeguards (e.g., Royal College OSCEs for physicians; oral components in psychiatric certification; structured oral/jurisprudence interviews used by many U.S. psychology boards). The oral exam ensures that all registrants, regardless of training program or supervisor variability, are evaluated using consistent, independent criteria before autonomous practice. Removing it would place Ontario below national and international regulatory norms (e.g., New Brunswick, BC, Saskatchewan, Manitoba, Nova Scotia, PEI), weakening public protection at the point when stronger quality-assurance mechanisms are most needed.

CPBAO Accreditation: Assigning accreditation authority to the CPBAO creates an inherent conflict of interest and reduces transparency. A *regulator's role* is to independently assess competence at entry to practice; an *accreditor's role* is to evaluate the quality of educational programs. When these functions are housed in the same body, the regulator is effectively accrediting the very pathways it must later evaluate, reducing impartiality, weakening external accountability, and blurring the separation between education and regulation that protects the public. It also duplicates the rigorous, research-validated CPA/APA accreditation systems that already have demonstrated strong training outcomes, including higher EPPP pass rates. Alberta's EPPP pass rates ranged from 41% to 68% (weighted mean = 52.6%, N = 2,806), whereas Ontario's CPA-accredited doctoral programs reported a weighted mean first-attempt pass rate of 96.9% over the same period (N = 355 across 15 programs). CPA/APA

accreditation ensures intensive, supervised clinical training, an essential safeguard as Ontario faces increasing variability in training pathways, including for-profit master's programs and mobility through CFTA and As-of-Right. Weakening accreditation standards, while *also* removing Ontario's only performance-based competency exam, would further erode public-protection safeguards, as there will be *less* oversight of whether these graduates are indeed ready for independent practice.

Title Distinction: When individuals with markedly different levels of education and supervised clinical training use the same professional title, patients, families, referral sources, insurers, and other health professionals cannot reliably differentiate between providers with extensive preparation and those with minimal supervised experience. This reduces transparency, undermines informed consent, and diminishes the value and meaning of the credential. It also shifts responsibility onto the patient to investigate a clinician's background, rather than requiring clinicians to clearly disclose their training and competencies from the outset.

Research Skills: A distinguishing feature of psychology's training model is its integration of research and clinical practice. Psychologists are trained to think like scientists: to formulate hypotheses, test them against data, question assumptions, and evaluate evidence systematically. This is not simply academic, as it is currently being positioned; it is what sets us apart as a profession and positions us as leaders in the mental health landscape. This shift away from our scientist-practitioner model undermines the profession's capacity to contribute to innovation, systemic policy, training quality, and driving improved evidence-based treatments, bringing into question the future of psychology as a profession.

Public Risk: We strongly and respectfully disagree with the assertion that there is minimal public risk to implementing these changes. It is our understanding that from 2023 to spring of 2025, non-standard and externally trained entrants accounted for approximately 50% of discipline referrals in Ontario, despite representing a smaller proportion of registrants. We believe that Alberta-trained master's-level entrants were substantially overrepresented and by contrast, Ontario-trained doctoral psychologists accounted for well below their proportion in the profession. Similar patterns appear elsewhere. In Québec, master's-level psychologists had a 47% higher discipline rate than doctoral psychologists between 2022-2025. Further, Alberta's disciplinary data show a significant overrepresentation of graduates from counselling/education programs, degrees which provide limited emphasis on differential diagnosis and lack the intensive supervision required by CPBAO. This data is further supported by documentation released by CPBAO, which identified OISE/UT graduates as having the highest volume of complaints amongst both classes of registrants, as OISE/UT was unaccredited until 2006/7 and their degrees through this time were largely focused on counselling until reforms were undertaken to meet CPA standards for accreditation. It should be noted that the data recently released by the CPBAO citing overall discipline rates should be interpreted with caution, as it does not consider the volume of both registration types and only identifies the overall percentage, ultimately distorting the interpretation of the data. Further, it focused only on misconduct discipline filings and degree type, rather than exploring factors such as program accreditation, registration pathway (of relevance since CFTA), and more. Given these factors, this data cannot be used to assess comparative risk.

Ontario risks repeating Alberta's mistakes if it lowers standards to admit graduates from programs that were never designed to train expert level clinicians with the scope of diagnosis and then removes examination safeguards to ensure competency. Not surprisingly, Alberta is in the process of increasing educational and supervisory requirements to rectify these issues. Together, these findings indicate risks that warrant careful review before lowering standards or modifying examination requirements in ways that may compromise public protection.

Improving Access: We want to be clear that we recognize the need to increase access to psychological services in Ontario, but this cannot come at the expense of training standards that help to ensure safe, effective, and equitable care for patients and families. We must also remain mindful that it is the advanced scope and expertise of psychologists that drives the demand for their services and underscores the need for rigorous, well-established standards. Lower standards do not ensure greater access; a 2025 study by the Canadian Institute for Health Information showed that in Alberta**,** 49% of adults with a diagnosed mental-health disorder reported unmet needs (the highest in Canada, vs. 41% nationally and 33% in Quebec, which maintains some of the highest standards nationally). This further underscores why Alberta should not be the provincial model for psychology.

We also want to highlight OPA's work reducing patient wait times and improving access to psychological services. During the pandemic, when needs were at an all-time high, our front-line workers program was able to match patients with a psychologist or PA on average in 19 days. 61% of the workers were seen within two weeks. Across all metrics, the longest waits were tied to patient-specific factors (e.g., unresponsiveness, delayed readiness). The data demonstrates that most providers can now see new patients within 1–2 weeks, and that the most persistent barrier to access remains insurance and public-payer coverage for care, not workforce capacity. OPA has been, and continues to be, committed to helping with access to service, and our work demonstrates that this can be done *without* lowering standards.

Proposal Feedback: Our perspective, which arises from continued liaising with key stakeholders and government, is that public feedback submitted through consultation should be analyzed transparently, shared with stakeholders, and carefully considered. It has been suggested that OPA provided templates to members for their submissions. We would like to cite for the record that this is not accurate and that OPA did not provide templates and encouraged against this when it was proposed by members.

Recent data demonstrated that 71% of public members surveyed disapproved of the recent approvals, with 94% of them citing concerns with reduced quality of care (MacKillop, 2025). Only 9% of those polled approved of the proposal. Similarly, 95% of psychologists were recently cited to be against these proposals (Psychology Advocacy Network, 2025). These concerns, expressed by many of your registrants, reinforce the importance of establishing more balanced recommendations that we can come together on.

CPBAO's recent publication of consultation data also demonstrated similar patterns, with 89% of 7284 voters (over 4,000 of whom were non-registrants) voting against the proposed changes. Unfortunately, recent CPBAO materials diminish and dismiss negative feedback.

Ontario has been recognized as a national leader in psychological training, regulation, and practice. The proposed reforms would shift the province from among the strongest standards in Canada to among the weakest. OPA firmly believes Ontario can strengthen access while upholding excellence. These goals are not mutually exclusive.

The OPA welcomes dialogue, collaboration and transparency that is based on scientific evidence to support a strong, effective, and safe psychological workforce that meets the needs of Ontarians.

Please provide any additional comments/suggestions.

A Selection of Potential Recommendations for Collaborative Modernization

- Support the ongoing advancement of PsyD programs predominantly focused on clinical training. Offer admissions directly from undergraduate studies with degree completion feasible within ~5 years.

- Create a transitional registration category (e.g., Qualifying or Provisional Psychologist) for candidates who have successfully completed the JEE and EPPP but are still accruing the post-master's practice hours required for registration should this pathway be retained. This would drastically expand the number of active registrants, ensure appropriate supervision by qualified providers, and prevent master's-level clinicians from registering temporarily with other colleges such as the CRPO.

- Broaden access to required coursework for registration by allowing students in related doctoral programs, such as EdD programs in child development or counselling, to enroll in the diagnostic and assessment courses required for CPBAO registration. This change would immediately expand the pool of doctoral-level candidates ready for licensure, without major cost or structural overhaul.

- Expand an expedited pathway for internationally trained psychologists, prioritizing applicants from jurisdictions with comparable standards (e.g., the United States). Increase the frequency of the Jurisprudence and Ethics Examination (JEE) to further support this process and reduce registration delays.

- Longer-term options could include psychology associations and schools working to support high school students from marginalized communities who have an interest in sciences, psychology, and mental health, to help them secure volunteer positions, network, and apply for university programs in psychology. Similar programs are currently underway with success through TMU.

- Maintain separate titles for Master's and Doctoral level providers to assist with transparency for the public and protect against further inflation of costs for psychological services in the private sector.

- Complete a comprehensive analysis of complaint and discipline data from 2020 onward, with a particular emphasis on clinicians trained in international jurisdictions, those who have transferred through CFTA, and those whose most senior degree is in counselling. This will assist with the development of alternative reforms in the future as needed.

Sincerely,

Richard Morrison
Chief Executive Officer, OPA

GROUP RESPONSE TO PROPOSED CPBAO CHANGES

Psychology members from Holland Bloorview Kids Rehabilitation Hospital

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To: Dr. Tony DeBono, Registrar and Executive Director
College of Psychologists and Behaviour Analysts of Ontario (CPBAO)
110 Eglinton Ave W, Suite 500
Toronto, ON, M4R 1A3
Sent by email to: regchanges@cpbao.ca
-and-
To: The Honourable Sylvia Jones
Minister of Health
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3
Sent by email to: sylvia.jones@ontario.ca

Cc: psychologyadvocate@gmail.com; opa@psych.on.ca

December 8, 2025

Dear Honourable Sylvia Jones and Dr. Tony DeBono,

We are writing as a group of **Psychologists, all registered with the College of Psychologists and Behaviour Analysts of Ontario (hereafter "the College")**, to outline areas of concern regarding the changes to training and registration requirements recently proposed by the College. We all work as Psychologists at Holland Bloorview Kids Rehabilitation Hospital, a tertiary-level paediatric rehabilitation hospital, across a range of programs and services. With an appreciation for the expressed motivation behind the recommended changes, this letter **also offers potential solutions, considerations, and possible other avenues** to address the identified need to **increase public access to Psychology services**. This letter was written as a collaborative effort between Psychology colleagues, and some members have also elected to send individual letters.

1. Process

- The process behind the development of the proposed changes has been quick, reactionary, and without consultation from College members and key community partners (the public, allied health professionals, representatives from hospitals, universities, etc.).
- The lack of transparency in the process has eroded trust on behalf of the members of the College. This has direct impacts on public trust.

2. Proposed changes that are the most concerning to our group

- Significant reduction in training requirements for Psychologists across learning elements:
    - 75% reduction in hours of **clinical supervision and direct mentorship** for Master's level Psychologists
    - Removal of specified **practice areas**
    - **Council approved programs** replacing the CPA/APA accreditation
    - Removal of **oral examination**

3. Is there evidence that these changes will increase access?

- As scientist-practitioners, we must ask: Is there evidence that these changes will have the intended outcome?
- Currently 60% of Psychologists in Ontario are **working in private practice** (they are not in the public system). Increasing access to private practice Psychologists will not support the majority of the identified need and **will selectively disadvantage members of racialized and equity-deserving communities** (see rationale below).
- There are currently **2500-3000 Master's-level Psychotherapy graduates** per year in Ontario! Individuals seeking psychotherapy already have access to a very large pool of registered psychotherapists. Reducing training requirements for Psychologists will not have a significant impact in this area.

4. What is the rationale behind our concerns?

- **Expertise is required for the provision of psychological services**. Currently, our discipline has *and requires* **unique and extra training requirements** because we have **unique and different responsibilities** compared to other allied health professionals. Most notably, we are tasked with providing comprehensive assessment, diagnostic, and intervention services that require us to consider and support individuals with an often-complex interplay amongst biological, psychological, and social factors. Psychologists are also equipped with training and practice in research and consultation. This enables Psychologists to design and discern valid research, implement and evaluate evidence-based approaches, and effectively communicate with others across disciplines to ensure quality patient care. This is particularly salient in the pediatric context where a solid appreciation for developmental factors is required.

- **Diagnosis**
  - The **controlled act of diagnosis** requires a high level of training and expertise that should be retained by Psychology.
  - If training requirements are lowered as proposed, Psychologists could paradoxically become the **least trained** amongst allied health professionals in Ontario authorized to diagnose developmental and mental disorders, including:
    - **Psychiatrists**: ~3- 4 years of medical school + 5 years' residency
    - **Family Physicians**: ~3- 4 years of medical school + 2 years' residency
    - **Nurse Practitioners:** 2 yrs M. Sc + 2 years practice as RN
  - In a tertiary-level hospital setting, the **controlled act of diagnosis is particularly complex**, with a confluence of factors that need to be integrated in a sophisticated manner to appropriately formulate a case, consider differentials and make diagnoses, and identify client support needs and interventions. For example, many clients present with a complex interplay of conditions related to genetic differences, birth events (e.g., Cerebral Palsy), biologically-based differences (e.g., autism, rare genetic disorders), acquired conditions (e.g., brain injury), mental health and learning challenges, and multi-faceted

psychosocial factors (e.g., poverty, food insecurity, newcomer status, English language learners, etc.). The ability to consider all of these factors and how they interact to lead to a particular presentation takes years of training, strong mentorship, and supervision.

- The need for **multi-disciplinary collaboration** requires a sophisticated ability to integrate information from a variety of sources and perspectives to inform assessment, diagnosis, and treatment planning.
- The nature of assessment and diagnostic work in our tertiary setting is high stakes, for example:
    - Reports and case conceptualizations related to acquired brain injury may be used in court to make determinations of claim and life-long therapeutic supports.
    - Diagnoses of autism are used to access substantive government funding for supports and services throughout childhood and adolescence (e.g., up to $65,000 annually per child aged 4 to 9 years).
    - Inaccurate diagnoses result in significant distress to families and substantial **financial burden to the Ministries of Health, Education, and Children, Community, and Social Services.**

- **Intervention and therapy**
    - We recognize that **Master's-level professionals in related fields (Psychotherapists, Social Workers, Occupational Therapists)** are deemed to have adequate training to provide psychotherapy. We do not argue with this for the provision of psychotherapy for the majority of clinical applications.
    - However, the intervention and therapy services provided by Psychologists are often more complex than interventions typically associated with non-Psychologists, thus requiring more intensive training, mentorship, and supervision. Provision of such complex services, by inadequately trained professionals, presents a **significant and concerning risk to the public**.

- **Accreditation.** Transition from CPA-accredited programs to **council-approved programs**. Accreditation typically involves rigorous, standardized criteria set by recognized bodies to ensure programs meet high-quality benchmarks. There is no indication of a clear plan or consultation with those experienced in evaluating the quality of programs. How will the council-approved programs be developed and evaluated to ensure the maintenance of high-quality care?

- **Members of the public from racialized and equity-deserving communities will be disadvantaged by the cuts**. Significant cuts in supervision and mentorship opportunities will result in limited depth and scope of mentorship experiences. With only ONE clinical training opportunity (compared to the current requirement of FOUR), this means that trainees **will not gain exposure to clients/patients from a wide range of socio-cultural backgrounds** during their training, they will not gain breadth in terms of presenting problems, diagnoses, and measures, and will miss out on key in-vivo opportunities to manage and support families through **complex socio-cultural considerations**.

- **Managing complex ethical issues**. The restructuring of the Jurisprudence/Ethics exam means that trainees will need to gain all of the necessary **training in ethical practice through mentorship** during clinical learning opportunities. By significantly cutting these clinical training opportunities, early-career Psychologists will not be adequately prepared to address critical ethical practice issues. This will substantially increase the risk to the public and will place organizations at risk.

- **Teaching hospitals will struggle to maintain accredited training programs** which are currently safeguards for the public. Accredited programs have many checks and balances to ensure that trainees are qualified and competent. At Holland Bloorview, for example, we have maintained a CPA-accredited post-doctoral residency program since 2002. Residents in our program have typically gained extremely specialized training related to autism and neuropsychological assessments with diverse clients and families. It would be impossible to maintain the high quality of training with Master's level Psychologists given the proposed requirement of **just one** clinical practicum experience consisting of both assessment and intervention.

4. Proposed solutions or alternative avenues to address the identified pressures

- We ask that the College **pause and slow down the process of change to allow for proper, thoughtful, evidence-informed consultation with Psychologists and members of the public**. The focus should be on how best to ensure **protection of the public** via appropriate training for the controlled act of diagnosis, management of complex cases, supporting minoritized and equity-deserving communities, and provision of supervision.

- We request the opportunity for Psychologists to be heavily involved in shaping the criteria for development of new "**council-approved" programs**.

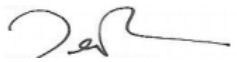
- If the College proceeds with some of the proposed changes, we strongly recommend, *at minimum*:
    - **An additional training component and additional supervised hours required to qualify to make diagnoses** [e.g., as in Alberta].
    - Consultation with members of the College regarding the development of the newly proposed "**council-approved" training programs**. There is currently no transparency regarding the plan for developing such programs, and the members should have the opportunity to participate in **developing the standards and training models**. Moreover, Psychologists with training in **program development, evaluation, education and teaching**, as well as **clinical training supervisors and clinical residency leads** should play a key role in these processes, together with members from the current Ontario Universities that provide Psychology training.
    - Extra requirements for Psychologists who take the role of **supervising trainees and students** (e.g., a prospective supervisor must have at least 3 years of clinical experience before they are qualified to supervise).

- While the proposed changes are being positioned as a solution to increase public access to psychological services, **lowering training requirements is not the only path forward**. The concerns brought forth by the OFC have exclusively been addressed through **proposed changes at the registration level**. However, it is important to consider the **full pathway** laid out in becoming a Psychologist. This could include focusing on **expanding access to graduate-level education**, including:
    - **Increasing the number of graduate program seats** to allow more qualified applicants to pursue careers in psychology.
    - **Creating streamlined pathways** for individuals with related Master's degrees (e.g., counselling, neuroscience) to enter Ph.D. programs without starting from scratch, recognizing prior academic and clinical experience.
    - **Introducing more Psy.D. programs**, which offer a clinically focused route to licensure. This is a model successfully used in the U.S. and Europe to meet public demand while maintaining high quality assurance.

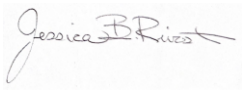
We are grateful for the opportunity to share our concerns and proposed solutions and next steps. We would be very happy to arrange a meeting to discuss these issues further if that would be helpful.

This letter was a collaborative effort, signed by the following Psychologists (names appear in alphabetical order):

Ksusha Blacklock, Ph.D., C. Psych.



Jessica Brian, Ph.D., C. Psych.



Jessica B. Rivest, Ph.D., C. Psych.

Hadas Dahary, Ph.D., C. Psych.

Brianne Drouillard, Ph.D., C. Psych.

Tracy Fabri, Ph.D., C. Psych. (Supervised Practice)

Janice Hansen, Ph.D. C. Psych.

Janine Hay, Ph.D., C. Psych.

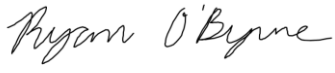
Heidi Kiefer, Ph.D., C. Psych.

Kristina Klopfer, Ph.D., C. Psych.

Vicki Nolan Ph.D., C. Psych.

Thomas Rhee, Ph.D., C. Psych.

Lily Riggs, Ph.D., C. Psych.



Ryan O'Byrne, Ph.D., C. Psych. (Supervised Practice)

Abbie Solish, Ph.D., C. Psych.

Sara Stevens, Ph.D., C. Psych.

Azin Taheri, Ph.D., C. Psych.

Cc:/
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opa@psych.on.ca

camh
1025 Queen Street
Toronto, ON M6J 1H1

December 3, 2025

Dear CPBAO,

As Ontario's largest mental health and addictions care provider, the Centre for Addiction and Mental Health (CAMH) is reaching out to share significant concern regarding the current regulatory changes being proposed by the College of Psychologists and Behavioural Analysts of Ontario (CPBAO) to the registration standards for Psychologists and Psychological Associates.

Psychologists perform highly specialized work that includes the diagnosis of complex mental health, neurodevelopmental, and neurological conditions, as well as delivering effective interventions, consultation, supervision, research, and program development. At CAMH, this includes neuropsychological, psychoeducational, and forensic assessments, differentiating complex conditions, and making recommendations with direct implications for legal, medical, educational, and funding outcomes, alongside profound impacts on the daily well-being of vulnerable populations. Mistakes or errors in these contexts can have serious consequences for patients and the broader system.

The proposed reduction in supervised practice hours represents a 75% decrease in hands-on training for masters-level registrants, from an average of 5,000—7,500 hours of supervised clinical experience to as little as 1,900 hours. These changes, combined with the removal of critical safeguards, such as the elimination of the oral competency assessment and the introduction of 'Council-approved programs' (rather than established accrediting bodies such as the CPA), drastically reduce mechanisms designed to ensure competence, ethical judgment, and patient safety. Independent data indicate that graduates of non-CPA accredited programs perform significantly worse on national competency exams, highlighting the potential risks of deregulating standards without evidence that such changes protect the public interest. These changes would place Ontario's entry-to-practice requirements well below those maintained in most other Canadian provinces, raising concerns about alignment with national norms and public safety.

Lowering standards will also not meaningfully increase access to care in Ontario, given that there are already over 50,000 master's-level clinicians able to provide psychotherapy and other services. True improvement in access and equity depends on expanding accredited training, creating pathways for internationally trained psychologists, improving publicly funded positions, and addressing systemic barriers to participation - not reducing critical applied professional training and experience.

CAMH shares the goal of improving access to timely, effective mental health care, but reforms of this magnitude must be evidence-based, transparent, and developed collaboratively with

camh
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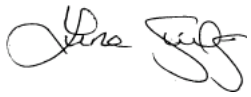
stakeholders to avoid unintended consequences that could compromise care quality, patient safety, and public trust. We urge the CPBAO to pause the proposed "Registration Modernization" changes and engage with psychologists, educators, hospitals, and community partners to co-develop reforms that truly advance access while maintaining the high standards Ontario has historically upheld. We would be pleased to engage alongside the CPBAO in discussions on how registration standards can evolve to improve access while preserving clinical excellence, protecting public safety, and supporting specialized psychological services in Ontario

Thank you for your attention to these critical issues and for your ongoing commitment to protecting the public interest in psychological services.

Sincerely,



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Current Chief of Psychology, CAMH

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Past Chief of Psychology, CAMH

Sanjeev Sockalingam, MD, FRCPC, MHPE
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December 4, 2025

Subject: Feedback on CPBAO Registration Modernization Proposal

Dear College,

As members of the Clinical Developmental Psychology program at York University, we are submitting feedback regarding the proposed Registration Modernization changes. We appreciate the opportunity to participate in this consultation and wish to highlight several important concerns and recommendations.

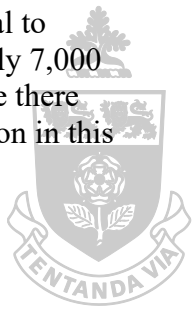
1. Council-Approved Programs and Accreditation

The proposed shift from third-party accreditation to a Council-approved program model is very concerning. Established accreditation systems, such as those of the CPA and APA, require regular assessment, trained reviewers, annual reports, and ongoing monitoring to ensure program quality. CPBAO does not currently have the capacity or a clear plan to implement such rigorous evaluations. Accepting graduates from CPA-accredited programs already ensures a focus on competence, as these programs address the necessary functional and foundational competencies.

Empirical evidence shows that graduates from non-accredited programs possess significantly less knowledge in core areas required by regulatory bodies. According to Association of State and Provincial Psychology Boards annual reports, candidates from APA- and CPA-accredited doctoral programs have a 75% pass rate on their first EPPP attempt (n = 17,748), compared to only 45% among candidates from non-accredited programs (n = 2,274). Ontario's CPA-accredited programs have achieved a 97% weighted average pass rate over the past four years, while Alberta's non-accredited programs average only 52%. This may be because the majority of the graduates from these CAP-approved programs are at the master's level, reducing the time available for knowledge acquisition. However, given that ASPPB data also showed low pass rates from non-accredited doctoral training programs, a non-accredited approval model poses a significant risk to competence, because knowledge is a key component. This is particularly concerning given the weakening safeguards, such as removing the oral exam and supervised practice expectations for graduates who aim to be candidates with much less supervision during their training.

2. Supervised Practice Hours

Empirical evidence and consensus strongly support the importance of supervision in developing and ensuring the competence of psychology trainees. Clinical supervision is recognized as the most influential factor in the development of clinical skills and is essential for safeguarding service user care (Gonsalvez et al. 2021). The proposal to reduce supervised work hours for master's-trained registrants from approximately 7,000 to as few as 1,900 hours represents a substantial weakening of safeguards. While there has been comment that one of the reasons is because the quality of the supervision in this



period is variable, this can be addressed by adopting a more thorough feedback mechanism as is used during the supervised practice year. Doctoral-trained psychologists accumulate at least 4,200 hours of supervised experience before independent practice, while the current master's route includes four years of supervised work plus one year of supervised practice. Most provinces require at least two years for master's-level graduates; CPBAO's proposed change aligns Ontario with the lowest national standards. One pivotal aspect of supervised practice is the communication of a diagnosis. Receiving an incorrect diagnosis has far reaching and massive negative implications on the individual and larger avoidable costs to the health care system. Sufficient advanced supervision of this high-impact competency is a necessity, and individuals without sufficient pre-graduate hours require additional time.

3. Oral Examination

The oral exam acts as a final independent safeguard, confirming preparedness for autonomous practice. It's extremely low failure rate (0.3%) reflects the rigor of prior training and supervision, not the lack of value of the exam itself. This is the only direct assessment by CPBAO of a candidate's applied judgement and ethical decision making, and real time clinical reasoning skills. It is a valuable safeguard not because it frequently "catches" problems, but because it ensures that problems COULD be caught if they arise. Removing the oral exam, especially in the context of reduced training and supervision requirements, significantly hampers CPBAO's ability to directly evaluate professional judgment, applied ethics, and clinical reasoning.

4. Fairness and Equity

Fairness in professional regulation should be based on equity, not uniformity. Evaluation standards must be adjusted based on individual entry points to ensure all practitioners are competent and the public is protected. Treating all pathways equally may compromise public safety if some training routes produce less prepared candidates or trainees of unknown readiness. Those with less supervision and required knowledge should be evaluated differently than those with more extensive training. This is fairness. For example, the oral exam could be reserved for candidates from less comprehensive programs, or those that the Masters Closure Report notes travel to other provinces to get licensed only to leverage mobility laws to return to Ontario and enter the profession, while graduates from CPA-accredited programs may warrant streamlined evaluation. Safeguarding the public from unqualified practitioners is critical. Public safety within a regulated health profession is assured by evaluation by members of the profession of the legislated college. It is cost-effective to have different pathways to registration, particularly when training has happened outside CPA-accredited programs. Mobility laws can be respected and Ontario's high standards maintained. It would be easy to implement structural changes such as explicit acknowledgement of formal titles linked to training and differential entry exam pathways.

5. Capacity

Canadian Institute for Health Information (Health Workforce Database 2022) data shows that the lowest regulatory standard is not required to increase capacity. Quebec (.90 per

1,000), which since 2006 requires all psychologists to have a doctoral degree, maintains nearly the same per capita number of psychologists as Alberta (.94 per 1,000), which has lower entry requirements. Making registration requirements easier also does not increase capacity; other provinces with lower standards do not have much higher per capita numbers. For example, Saskatchewan (.46 per 1,000) and Manitoba (.24 per 1,000) have lower entry requirements but are around the number of Ontario (.31 per 1,000). Further, Nova Scotia, with requirements like Ontario's current standards, has double Ontario's per capita number. These findings suggest that capacity is influenced by factors outside CPBAO's control, such as broader policy and market influences. In the face of this data, evidence-based decision making would suggest that the proposed changes will do little to address capacity.

6. Access

A central goal of the proposed changes is to improve access to psychologists in Ontario, often by aligning with the CAP model. However, evidence shows that the CAP model has not effectively improved access for service users, with patterns very similar to Ontario's current access problems. CAP's registrar notes that the majority of psychologists in Alberta work in private practice settings at least part time, and a representative survey of CAP members indicates that 40% work exclusively in this setting, concentrated in urban areas, with 75% in Edmonton and Calgary (Patten & Dobson, 2019). According to a 2024 Labour Market report, 50% of Ontario and 52% of Alberta psychologists are self-employed, serving as a proxy for full-time private practice (Government of Canada, 2025). In terms of cost, the recommended hourly rate for psychological services in Alberta is $235 (Psychologists' Association of Alberta, 2025), and in Ontario, it is $250.

Financial barriers are a major obstacle to accessing mental health care. Faber, Osman, and Williams (2022; n = 1,501) reported that 58% of Canadian adults seeking mental health care could not access it because of cost, with long waitlists being the only higher barrier (62%). Individuals with household incomes under $50,000 were significantly more likely to report financial barriers (66%) than those with incomes over $100,000 (54%). These barriers disproportionately affect Indigenous Canadians (69%), Black Canadians (63%), and South Asian Canadians (67%). Notably, financial barriers were significantly lower in Quebec (49%) compared to Alberta (67%) and Ontario (62%).

This data clearly shows that aligning CPBAO's standards with those of Alberta will not improve access to quality services. The primary obstacles to access are financial and systemic, not regulatory frameworks. Lowering entry requirements does not address these barriers and may increase risk to public safety.

7. Conclusion

We urge CPBAO to prioritize public safety and the integrity of the profession in its final recommendations, with evidence-based decision making. The absence of evidence of differences across jurisdictions is not the same thing as evidence of no differences. The evidence we have highlighted reveals significant gaps in the basis for the proposed changes. Modernization and alignment are important, but these goals must not come at

the expense of competence and public trust, and they should be done when a standardized model of high-quality training is embraced across the country. We remain available to support evidence-based solutions that balance access and competence.

Sincerely, the signed members of the Clinical Developmental Psychology Area:

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Clinical Developmental Psychology Area
York University

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Clinical Developmental Psychology Area, York University

Robert T. Muller, Ph.D., C.Psych.
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Magdalena Wojtowicz, PhD, C.Psych
Associate Professor, Department of Psychology
Clinicial Developmental Area, Clinical Neuropsychology Stream
York University

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Dear CPBAO, December 9, 2025

We are writing on behalf of the Clinical Child and Adolescent Psychology Program at the University of Guelph, one of only three child and adolescent CPA accredited Clinical Psychology programs in Ontario. We are comprised of 11faculty and one clinical director. We write to express our strong objection to the proposed changes to registration and training standards put forth by the CPBAO on September 26, 2025.

Although we recognize and support the goal of increasing access to psychological services in Ontario, we are deeply concerned that the CPBAO proposals will not achieve this aim. We believe the proposed changes do not meaningfully increase access to care. Instead, they will weaken professional preparation, put vulnerable clients at risk, and create new barriers to effective service delivery.

Access to Care. Our program trains students to work with children, adolescents, and families. Working with vulnerable children, youth, and families requires specialized knowledge, extensive supervised experience, and a high level of professional judgment. These competencies take time, experience and skilled supervision to develop. These populations often present with complex mental health challenges, trauma histories, developmental disorders, chronic health conditions and family or systemic factors that interact in ways that can significantly elevate risk. Without appropriate training, practitioners are more likely to misunderstand symptoms, overlook safety issues, or apply interventions that are ineffective or harmful. The consequences of misdiagnosis or inappropriate treatment in childhood can be profound and long-lasting.

To ensure our students have the appropriate level of training for these vulnerable populations, we provide training in normative development, developmental psychopathology, and comprehensive assessment. Intentionally, we do not even begin to train students in evidence based therapeutic modalities until they commence the PhD program. The severe reduction of supervised practice hours for new psychologists as per the CPBAO recommendations will not prepare new psychologists to work with the most vulnerable youth who require specialized, developmentally informed assessments and intervention. As noted by the College in defense of the removal of competency areas, psychologists are obligated to only work within their competence. By removing four years of required supervised practice, the College would effectively limit the range of clients that master's level practitioners are prepared to serve. Newly trained practitioners, without the benefit of extended supervision, will not have the competence or the breadth of experience needed to work safely with these complex or high-risk cases. Thus, the proposal to remove the four years of training for MA level practitioners would do nothing to improve access for those most in need of skilled mental health care.

Increasing Number of Psychologists. The proposed changes will also fail to increase the number of students who can be trained in Ontario's graduate psychology programs. Clinical programs' constraints on accepting more students are often impacted by the challenge of declining practicum and residency placements. Publicly funded psychology positions within organizations that are often the most integral to student training (e.g., hospitals, community mental health settings, school boards, etc.) have been declining. As has been articulated in other

letters to the CPBAO, it is by government investing in capacity for student training in these sites that we can increase the number of psychologists we are able to train.

CPA Accreditation. The CPBAO is well aware of the intensive rigour required by training programs and residency sites to obtain and maintain all the training standards that comprise accreditation with the Canadian Psychological Association (CPA). CPA Accreditation is a highly intensive process that creates and sustains the necessary conditions for reasonable standards of training and professional service across our discipline and across the country. Knowing the extensive rigour involved in all aspects of accreditation, we are highly concerned that the CPBAO recommendations seem to be working against decades of progress and improved standardized and quality care within Clinical Psychology. We encourage the CPBAO to respond to the letters of concern raised by most all leaders in the training of psychologists via the CPA, CCPPP, as well as the Directors of Clinical Training within our province.

Increasing Diversity. As a faculty, we are committed to diversifying the field of psychology and we have seen a marked increase in the number of our graduate students identifying as diverse within our program across the past 7+ years. For example, the percentage of students who self-identified as diverse rose from 20% in 2018/2019 to 43% in 2024/2025. We are proud that our graduate students represent diversity across gender, racial background, disability, and neurodiversity. As a program working hard to increase diversity in our field, we believe strongly that the proposed changes will have little to no impact on the Ontario Fairness Commissioner's goal of diversifying psychologists. Diversity in Clinical Psychology is limited by financial and structural barriers, not training standards. These include high cost of living, unpaid or poorly paid clinical placements, limited funding, systematic inequalities at the undergraduate level, and a lack of mentorship aimed at diverse students. Lowering the training standards does nothing to address these issues. In fact, lowering training standards will likely *hurt* diverse communities. If training quality is diluted, our most vulnerable communities, including racialized and lower-income youth, are likely to suffer the most from poor quality care. A system that produces graduates with insufficient supervision also puts trainees from underrepresented backgrounds at risk of entering practice without adequate support, making them more vulnerable to burnout, complaint processes, and professional harm.

Removal of Examinations. With members of our faculty having served/serving on the oral examination committee, the jurisprudence and ethics exam committee, and contributing to the EPPP item development, we are equally troubled by the removal of the oral examination, the no-fail jurisprudence online module, and move to allow for unlimited attempts at the EPPP. These assessments are essential guardrails that help ensure that candidates for registration possess the ethical judgment, applied knowledge, and professional readiness needed for safe independent practice. Eliminating the oral and JEE exams while simultaneously lowering training and supervision requirements removes critical safeguards at precisely the moment they may be most needed. We entreat the College to at the very least consider maintaining these important guardrails (which could be achieved by de-clustering the recommendations as was advised by members of the Council at the September meeting). Such a decision would prioritize "evidence-based decision making" central to our discipline. The public has a right to expect that those who

hold the title of psychologist have demonstrated competence not only through coursework but also through rigorous evaluation of their applied skills, ethical reasoning, and understanding of professional responsibilities.

In summary, we believe that the proposed changes undermine public safety and weaken the standards that protect clients and guide effective practice. If the College's objective is to expand access, we urge you to consider solutions that address the real structural barriers. These include continued advocacy for publicly funded psychology positions, expanding high quality supervised placements, ensuring adequate financial support for marginalized students, and maintaining rigorous assessment processes that ensure competence. Lowering standards will not create meaningful or ethical improvements in access to psychological services. Rather, it will increase risks for clients, particularly those who present with complex or high needs, and it will strain an already fragile training infrastructure.

Thank you for considering our concerns. We welcome the opportunity to discuss these matters further or to provide additional information that may assist the College in revising the proposals in a way that truly serves the public interest.

Sincerely,

Clinical Faculty and Staff, Clinical Child and Adolescent Psychology, Department of Psychology, University of Guelph:

Tamara Berman, Ph.D., C.Psych., Clinic Director

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Alexandra Gousse, Ph.D., C.Psych., Assistant Professor

Stephen Lewis Ph.D., Professor

Margaret Lumley, Ph.D., C.Psych., Professor and Director of Clinical Training

Kaitlyn McLachlan, Ph.D., C.Psych., Associate Professor

C. Meghan McMurtry, Ph.D., C.Psych., Professor

Barbara Morrongiello, Ph.D., C.Psych., Professor

Elissa Newby Clark, Ph.D., C.Psych., Assistant Professor

Maria Pavlova, Ph.D., C.Psych., Assistant Professor

Gregory Simpson, Ph.D., C.Psych., Assistant Professor

Kristel Thomassin, Ph.D., C.Psych., Associate Professor

December 8, 2025

Ian Nicholson, Ph.D., C.Psych.
College of Psychologists and Behaviour Analysts (CPBAO)
College Council President cpbao@cpbao.ca; inichols@uwo.ca

Tony DeBono, MBA, Ph.D., C.Psych.
College of Psychologists and Behaviour Analysts (CPBAO)
Registrar & Executive Director tdebono@cpbao.ca

Dear Drs. Nicholson and DeBono,

Re: Response to College of Psychologists and Behaviour Analysts of Ontario (CPBAO) Registration Modernization Proposal (College consultation on proposed amendments to Ontario Regulation 193/23 Registration, under the *Psychology and Applied Behaviour Analysis Act, 2021*).

We are writing to you as Kinark Child and Family Services, a committed partner of government in providing quality mental health treatment and services to nearly 11,000 children and youth, and their families in Ontario each year. As an organization with a mission of "helping children and youth with complex needs achieve better life outcomes", we take pride in the high-quality, evidence-based, and accessible services and supports we provide to children and youth with complex needs and their families and in the greater than 90% of our clients and caregivers who feel our services are welcoming and helped them met their goals. Our values are strongly aligned with the Ontario Ministry of Health goals for transforming the mental health and addictions system, particularly by improving access, quality, and coordination of care for children and youth.

The role of psychology at Kinark is paramount to quality mental health treatment and to improving access to those who need it most, specifically children and youth with complex needs. Psychologists contribute to quality by leading comprehensive assessments for accurate diagnosis and case formulation, implementing and supervising evidence-based treatments (like CBT and DBT), and providing crucial interdisciplinary consultation to ensure integrated care and risk management. Furthermore, psychology improves access by targeting clients with the highest complexity, preventing them from falling through systemic gaps or diverting them from costly hospital admissions. These highly trained and specialized professionals perform functions that simply cannot be substituted by less-trained mental health providers.

As such, Kinark is concerned about the proposed changes to the registration standards by the College of Psychologists and Behaviour Analysts of Ontario (CPBAO) for psychologists in Ontario. While we unequivocally share the goals of enhancing access to care, promoting equity, and facilitating interprovincial mobility, we believe the current proposal's approach potentially compromises public protection and clinical excellence. The proposal includes several critical changes that, when combined, constitute a significant reduction of standards, such as the removal of the Doctoral-level requirement for registration as a psychologist; a substantial shortening of supervised practice for master's trained clinicians; the removal of accreditation standards for training institutions; and the elimination of defined scopes of practice. We believe it is critical to ensure that adjustments

to entry-to-practice requirements are designed to nurture and maintain clinical excellence. A potential decline in quality could introduce risk to the public and contribute to other undesirable consequences outcomes, including service fragmentation and public frustration. Ultimately, our system's ability to manage complex needs in a community setting may be challenged, potentially resulting in higher long-term systemic costs.

At Kinark, our experience suggests the primary access issue within publicly funded mental health organizations is not a shortage of master's-level providers, a market already well-supplied with registered social workers and registered psychotherapists. Instead, the critical gap is a dearth of highly specialized, doctoral-level clinical psychologists. While Kinark currently employs 16 full-time clinical psychologists and has a demonstrated commitment to training and education—supporting Master's-level clinicians and two doctoral residents and three doctoral-level practicum students—filling psychology positions in specialized areas like Autism and Forensic Mental Health services remains a chronic struggle. This recruitment difficulty is directly attributable to two primary factors. First, these roles require advanced training and specialized expertise necessary to serve high-needs and complex populations. Second, the non-competitive funding constraints and salaries within the public sector prevent organizations from attracting and retaining top-tier talent. This issue is significantly exacerbated by the nature of private practice, where psychologists can often earn substantially more, drawing specialized professionals away from the public system where they are most critically needed.

Kinark is further concerned that the proposed changes would create a significant and challenging imbalance in training and qualifications. The capability of a clinician with two years of Master's-level training and a year of supervised practice will not, in practice, be equivalent to a clinician with a doctorate, a year of residency, and an additional year of supervised practice. This will effectively transfer the cost and burden of providing required advanced training onto practicing psychologists with large caseloads, as well as organizations like Kinark, with constrained funding and long wait lists for service -- exacerbating the very access issues the proposal seeks to solve.

Upholding the recent "As of Right" legislation while maintaining the high standards of qualification for those entering the practice is certainly possible. Strategies such as some restriction of licenses until expertise is obtained, developing Psy.D. programs alongside traditional Ph.D. programs, and funding competitive compensation in the broader public sector would all contribute to this goal.

The Roadmap to Wellness articulates a vision for Ontario's mental health and addiction system as world-class and delivering quality psychological treatment is a key component of that. In that spirit we urge the CPBAO and Minister of Health to revisit these planned changes and continue to protect Ontario's well-regarded and long-held standards for the title of "psychologist."

Thank you for your careful consideration.

Sincerely,

Cynthia Weaver for Cathy Paul
President and CEO

Laurel Johnson
Clinical Director, Chief of Psychology