The BULLETIN
THE • ONTARIO • BOARD • OF • EXAMINERS • IN • PSYCHOLOGY

ACADEMIC ENTRY REQUIREMENTS FOR REGISTRATION

INTRODUCTION

The Ontario Board of Examiners in Psychology recently received a copy of a brief entitled "Response to the Final Recommendations of the Health Professions Legislation Review" prepared by OACCPP and submitted, presumably, to the Ministry of Health. This brief makes it clear that OACCPP is interested solely in a change of entry requirements that would permit their members, holding Masters or Bachelor degrees in Psychology, to be fully registered as psychologists in a new College Act.

Although professional licensing/certification is primarily to protect public interest, no profession can be expected to accept readily proposals that its entry requirements be reduced. Such changes would not only be unfair to members of the profession who have qualified for admission by meeting higher standards, but it would be destructive to the training system upon which the profession was based. Despite these consequences for the profession, a reduction in entry requirements might be justified if it could be shown that:

1) It was in the public interest to temporarily reduce the requirements for admission to the profession due to a serious shortfall of qualified practitioners to meet societal needs, even where this would significantly reduce the average quality of care, or

2) The existing entry requirements exceeded the objectively necessary requirements for practice of the profession and thereby unduly and unfairly restricted admission to the profession.

It is the mandate of the Ontario Board of Examiners in Psychology to protect public interest with respect to the practice of psychology and the foregoing matters have received, and continue to receive, the consideration of the Board.

The OACCPP brief states that there is a shortfall of psychological services which warrants the reduction of entry standards, but offers no evidence in support of this assertion. Data from annual surveys of registrants conducted by the Board indicate that in some specialized areas of practice there is full employment; indeed from additional sources there is evidence of unmet need and serious shortage. On the other hand, in the more general areas of professional practice, and particularly in the private practice of clinical psychology, there is evidence of underemployment. How could the reduction of entry standards as suggested by OACCPP be of help? The training of their members is by its limited nature unspecialized. Without specialized training at the doctoral level their members could not help to meet the needs in those service areas where there is an undersupply of psychologists. Those who are currently employed by psychological services in institutions are utilized close to their capacity. More effective use of those at the Masters level is not dependent on their registration as psychologists. Permitting them to engage in independent practice, which is clearly what the OACCPP brief seeks, is not needed and would unnecessarily expose consumers to private psychological services of questionable quality.

In terms of societal needs for psychological services, the Board believes that there is a need to increase the number of individuals trained at the doctoral level in neuropsychology, and in other areas of health oriented clinical psychology for both adults and children. This should not be at the expense of reducing the number trained at the doctoral level to provide general mental health and health promotion services. It cannot be maintained that the current state of psychological servicing warrants the reduction of standards for entry to the profession.

Accordingly, there remains only the second argument of unfair restraint of professional entry to be considered here. In the second and third submissions of the Board to the HPLR this question was addressed and evidence was offered that the existing entry requirements to the profession were appropriate and in the public interest. Some of the evidence offered was empirical and of a singular and compelling nature. To our knowledge, no other health profession has been able to offer comparable data. It was thought that the matter of entry requirements to the profession of psychology required no further discussion, but recent events, including receipt of the OACCPP brief, have prompted OBEP to offer those concerned with the implementation of new legislation for the health professions, a reminder and amplification of our position.

THE STRUCTURE OF TRAINING IN APPLIED PSYCHOLOGY

Rationale of Doctoral Level Entry

Historically, psychology is a scientific discipline that emerged from philosophy. As the body of its scientific knowledge and theory developed, it became evident that there were applications of its methods and body of knowledge to matters of human concern in business, industry, education and in health. It was not until the second decade of the present century that significant numbers of individuals sought to prepare themselves as specialists in the application of psychological methods and knowledge. The preparation that they undertook was essentially an extension of the content of the graduate study programs which had evolved for training psychological scientists. Even today, when psychologists are trained for work in different applied areas, this is the form that training takes. This is not just a matter of historical accident, but rather a response to a generally held conviction that, to produce a sound practitioner who will contribute to society and the profession, applied professional training in psychology must be balanced by thorough scientific training. For example, the most commonly employed educational model that universities in North America use in training clinical psychologists, known as the "scientist-practitioner model", seeks through its educational objectives and methods employed the instatement of complementary clinical and scientific knowledge and skills.

Applied psychology in North America has not sought to develop professional schools of psychology at the undergraduate level, nor has it sought to base professional training in graduate study at a degree level lower than the doctorate. Psychologists appear to hold generally three convictions which account for this and which will shortly be shown here to be supported by research evidence. These convictions are that:

a) The understanding and sound application of psychological knowledge requires a basic appreciation of man and society. This is usually acquired in undergraduate study which provides intellectual foundations in the humanities as well as in the social and biological sciences. (In large part this explains why undergraduate schools of professional psychology have not been developed.)

b) The sound application of psychological knowledge requires complex skills of analysis, decision-making, planning and ethical reasoning and judgment that can only be identified and developed in a number of closely supervised training contexts in which human problems, their identification and remediation, are the focus

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of concern. (This speaks to the question of why briefer non-doctoral graduate programs in applied psychology have not become significant terminal professional programs.)

c) The sound application of psychological knowledge requires much the same analytical and problem-solving skills, and a similar appreciation of research methodology and theoretical conceptualization as is required of the psychological scientist. (This conviction goes a long way in explaining why the doctoral degree is considered in North America to be the qualifying professional degree.)

Undergraduate and Masters Level Instruction

In psychology there is no undergraduate professional training school or program in North America. In this respect, psychology differs from occupational therapy, optometry, pharmacy, physiotherapy and some other health professions. Psychology is, of course, taught as an undergraduate subject to arts and to science students in Ontario universities. Such instruction, even when elected as an area of specialization, is concerned with the extremely broad scientific base upon which psychology as a science, and as an applied profession, is built. The amount of undergraduate instruction in applied psychology is so limited it may be said not to exist. Professional training in psychology really begins at the graduate level, and usually only after the Masters degree.

In Ontario universities the Masters program is usually conceptualized as either a one or two year program of study and as a preparatory program for the subsequent program which leads to a doctoral degree. Since graduate programs are training individuals for academic as well as for a variety of careers in applied psychology, the content of a Masters program is usually common to all graduate students with some limited degree of specialization or personal choice. Understandably, the content of Masters programs emphasizes training in statistics, research methodology and basic or general theoretical issues. There are very few Masters programs in Ontario which offer specialized applied training. There are several reasons for this. It is difficult to recruit high quality students and to attract faculty to teach in a program that will not prepare students for the highest professional qualification or permit access to doctoral programs. Most specialized Masters programs, explicitly or implicitly, recognize that the degree offered is a terminal degree permitting neither registration in Ontario, nor ready acceptance into doctoral programs.

Generality of the Doctorate as the Qualifying Degree

It is a long-standing opinion of academic and applied psychologists that the level of knowledge and skills required for an applied practice of psychology in any area of specialization can only be attained through the selection, training and evaluation procedures inherent in a doctoral level program. This conviction is manifest in many ways. Full membership in the fraternal organizations of the Canadian Psychological Association, or the Ontario Psychological Association, or the American Psychological Association requires a doctoral degree. The doctoral degree is required by 45 of the 50 states for the licensing of psychologists. In Canada, in all provinces west of Quebec the doctoral degree is required for licensing/certification, and will soon be required by Newfoundland.

That a doctoral degree is generally an admission standard for full membership in fraternal organizations, and as an entry requirement for professional registration, indicates that a doctoral degree is not an arbitrary criterion in any particular jurisdiction. This alone, however, does not prove that the doctoral degree is necessary to carry out the actual activities that are performed by members of the profession in independent or institutional practice. What would be required for proof would be information as to the actual activities performed by psychologists in their practices and, further, an analysis of these that would permit one to judge whether the training received in doctoral training was necessary for the execution of these activities. A study of this sort has been carried out and although some of its results have been discussed in our submissions to HPLR, the singular nature and contribution of this study warrant further examination here.

Job Analysis of Professional Practices in Psychology

The study in question[1] was commissioned by the American Association of State Psychology Boards of which OBEP was a founding member. The primary purpose of this study was to provide an empirical basis for the construction and selection of test items in the written examination, which is one of the entry requirements for licensing/certification, but it has also provided detailed job analyses of the major areas of specialization in applied psychology. The study was carried out by a team of psychologists in the Center for Occupational and Professional Assessment within the Educational Testing Service, an established non-profit organization with an outstanding reputation for excellence in research and test development located in Princeton, New Jersey.

The study involved representative samples of licensed/certified psychologists in the United States (N = 1,547) and Canada (N = 506) who were employed or engaged in independent and institutional practices in the major areas of specialization, clinical, educational and school psychology, and industrial/organizational psychology. The design of this study was complex and the findings very extensive so that what is reported here oversimplifies, but it does not distort, the nature of the findings. Using a carefully developed questionnaire psychologists were asked to describe the responsibilities or activities involved in their practices and to supply information about the procedures, techniques and knowledge involved in these professional activities.

A powerful statistical procedure (factor analysis) was employed to the responsibility data for each of the major areas of specialization mentioned earlier and four factors or types of activity were found to be present in varying degrees in the various areas of specialization. The most appropriate terms for these factors appeared to be: Research and Measurement, Intervention, Assessment, and Organizational Applications. The practices of clinical psychologists were found to contain significant components of these four general categories or dimensions of activities with particularly strong representation from the Intervention and Assessment dimensions. The factor analytic techniques employed in this study permitted the investigators to study these general dimensions of activities or factors, to determine what specific activities were most characteristic or representative of the dimensions. When these most characteristic or salient activities had been identified, it was then possible to ask questions as to what sort of training experiences, or what level of training, would ordinarily be required to acquire the knowledge and skills involved in the performance of these activities.

The answers to these questions clearly imply that the nature and extent of training experiences required would typically only be attained with the successful completion of a doctoral program. A detailed examination of some of the findings of this study, presented in the table below, would be illustrative. The factor or activity dimension of Intervention is a major component of the practice of clinical psychology. The table shown is from the study under discussion, and shows in a declining order of salience the specific activities characterizing the Intervention factor. It is evident that activities of psychological intervention cannot be conceptualized adequately in terms of applying specific techniques or simply following the protocol for one or two forms of psychotherapy. An examination of the listed activities reveals the multiplicity and complexity of the sorts of responsibilities involved in the management of treatment. The table shows that the most salient activities in the Intervention factor

involve the selection and planning of treatment strategies in terms of the individual needs and characteristics of the client, and also in the light of their particular life circumstances. Also involved are the activities of evaluating the effectiveness of ongoing treatment and the revision of treatment when it is warranted. These are activities that depend importantly on having received instruction and supervised experience in several modalities of treatment, and on having studied diagnostic and assessment techniques as these relate to treatment planning and selection. The readings, course work and supervised experience underlying the knowledge and skills implied in the foregoing activities could only be attained in training extending to the doctoral level.

At the Masters level the available time ordinarily permits little in the way of specialized training, but one could expect to expose a student to one or two forms of intervention that would yield specific technical skills. This, however, falls far short of the knowledge and skills required to decide what technique is likely to be fruitful with a particular client, or to evaluate the technique when applied in respect to its benefit or harm. These higher-order intervention skills provide the context within which specific technical skills of giving help yield benefits. Without these skills, which involve judgment, or without the benefit of supervision by someone with these skills, the potential for ineffective client management or harm is too great to be accepted by the profession.

An examination of the other activity dimensions or factors (Assessment, Research and Measurement, and Organizational Applications) also leads to the conclusion that while some clinical training offered at the Masters level might be expected to yield some specific skills of clinical value and some factual and theoretical knowledge of basic importance, it would not provide usually, the range of skill and knowledge required for clinical practice.

CONCLUSIONS

The training and licensing/certification of clinical and other applied psychologists in North America has been based on the generally held opinion that the doctorate was the appropriate qualifying degree. Some of the assumptions or convictions underlying this conclusion appear to be reasonable when examined. When tested against the results of scientific study of the actual activities of psychologists in clinical and other applied practices, the requirement of successful doctoral training as the academic requirement for entry to the profession appears entirely justified.

To our best knowledge, HPLR has raised questions about entry requirements only with the profession of Psychology. Undoubtedly, this was largely at the instigation of OACCPP; and OACCPP has continued its attempts to gain professional entry to psychology despite what we believe to be compelling evidence and opinion as to the appropriateness, in the public interest, of our present entry requirements. It may be of interest to note that the three public members of the Board who have participated in discussion of the matters considered here, and who are aware of the contents of this paper, are in agreement with the Board's position.

We are not surprised that OACCPP has failed to recognize our position, but it is hoped that those who are concerned with the implementation of new health legislation will appreciate that, among the health professions, psychology is uniquely equipped to justify its entry requirements. Considering public interest, the Ontario Board of Examiners knows of no reason to discuss further the relaxation of entry requirements.

Bruce Quarrington

LOADINGS FOR RESPONSIBILITIES ON INTERVENTION FACTOR FOR CLINICAL PSYCHOLOGISTS

(from Rosenfeld, Shimberg, and Thornton, pp. E4-E5)

Dimension III: INTERVENTION. This dimension involves the setting of realistic goals for dealing with a problem, planning intervention strategies appropriate to the situation and discussing alternative courses of action with those concerned. Of high salience in this dimension are such functions as monitoring and evaluating the effectiveness of the intervention strategy and modifying or revising that strategy as necessary. On the basis of the initial assessment, the client or patient may be referred to another professional for help; or the services of other professionals with specialized skills, (e.g., remedial or rehabilitation specialists, physicians, occupational training specialists) may be enlisted. In the latter case, the psychologist maintains liaison with agencies, organizations or other service providers who may be assisting the client or patient in dealing with the problem. Assuring the privacy and security of client records is also encompassed by this dimension.

Responsiblity Number	Description	Factor Loading
35.	Modify or revise intervention strategy as necessary	.64
34.	Monitor and evaluate effectiveness of the intervention(s) in meeting specified needs	.63
24.	Set realistic goals and expectations with client and/or significant others taking into consideration such factors as time, resources available, and cost	.60
21.	Plan intervention strategies appropriate to the specific problem or situation	.55
23.	Discuss alternative courses of action with client/patient and significant others (e.g., relatives, teachers, employers, managers)	.53
20.	Based on assessment of the problem, refer client or patient to other professionals or organizations as appropriate	.51
33.	Maintain liaison with other agencies or service providers on behalf of clients, patients, or other individuals who may have been referred for assistance	.50
43.	Assure privacy and security of client's records in accordance with professional standards and guidelines	.50
32	Recommend and/or arrange for services of other professionals (e.g., remedial or rehabilitation specialists, physicians, occupational training specialists) to help in dealing with problem(s) defined	.49
1.	Conduct interviews with client/patient, family members or others to gain an understanding of an individual's perceived problems	.49
25.	Obtain client's informed consent when treatment or procedure involves risks	.42
26.	Provide assistance to individuals regarding personal or organizational problems	.41
55.	Keep abreast of professional and scientific developments (e.g., reading literature, participating in continuing education programs, attending professional meetings)	.41
5.	Observe the behaviour of individuals who are the focus of concern	.40
6.	Organize and evaluate information and/or observational data to determine what additional information may be needed	.38
2.	Take a personal history from client/patient or relevant others to gain an understanding of an individual's perceived problem(s)	.38
17.	Discuss the preliminary interpretation(s) with the individual client/patient, and/or concerned others (e.g., relatives, teachers, managers) before arriving at diagnosis or problem definition	.37
7.	Develop an approach or plan for the systematic collection of additional data needed for problem delineation	.36

[1] *Rosenfeld, M., Shimberg, B., and Thornton, R.F.: Job Analysis of Licensed Psychologists in the United States and Canada. Princeton: Educational Testing Service, 1983.*

BUSINESS ARRANGEMENTS IN THE PRACTICE OF PSYCHOLOGY

Acceptable names for a partnership

Standards setting out acceptable partnership titles limit the choice to:

A partnership title containing only:

(i) the surname or full names of two or more actual and active partners, or

(ii)where there are three or more actual and active partners, the surname or the full names of one or more such partners plus the term "and Associate" or "and Associates" depending upon the number of partners whose names are omitted from the partnership title; or

A partnership title as above together with an individual listing of psychologists meeting the foregoing requirements.

Although for many years these limitations have been part of the published *Standards of Professional Conduct*, Section 2(b) in Appendix B, it appears that their meaning and intent is not fully understood by many psychologists.

Psychologists may not understand what a partnership is. To be a partner means to have signed a formal partnership agreement and to have registered the partnership. Entering into a partnership involves a legal obligation to assume the liabilities of the other partner or partners. Therefore, psychologists who enter into only an informal arrangement to work together, or to share space, can not legally use the partnership designation. Nor can they refer to their colleagues in these informal arrangements as "associates," as the word associate is a synonym for partner.

To announce, on letterhead or in announcements or listings, that individuals are partners or associates entitles the client to assume that a partnership exists, that these individuals are partners in the legal sense of the term and that each partner attests to the quality of the work of the others, legally and financially. This, in the absence of a legal partnership is misleading to the public.

Financial Arrangements

Occasionally psychologists, some of whom are legal partners, find that they can not handle every referral that comes their way. They may invite a colleague outside their practice to accept the referral. If they have surplus office space, they may permit the colleague to use their offices, equipment and secretarial services.

The *Standards of Professional Conduct* speak directly to the question of cost sharing in these circumstances. Although an individual psychologist or a partnership can expect to be paid for services provided, they cannot properly expect to be reimbursed for passing on a referral that he, she or they can not handle. A prohibition against fee splitting is set out in Principle 8.5:

> A psychologist shall not receive or confer a rebate or other benefit by reason of referral or transfer of a client from or to another person.

Psychologist who offer space or office services to a colleague should calculate the cost to them of space, equipment and office staff and charge a proportionate fee to the colleague based on the time these facilities are used. It is improper to base the charge to the colleague on the revenue the colleague generates; that is, it is improper to take a cut of the client's payment to the psychologists. Accordingly, Principle 2.8 states:

> A psychologist shall not enter any agreement, including a lease of premises, pursuant to which the amount payable by or to a psychologist or persons supervised by a psychologist, directly or indirectly, is related to the amount of fees charged by any person.

NEW PERMANENT REGISTRANTS

The following candidates for registration in Ontario were admitted to the Permanent Register at a meeting of the Board held on November 22, 23 and 24, 1989:

Ralph Bierman
Edward Black
Claudette Bourque
Venera Bruto
Alastair Cunningham
Gerald Dancyger
Stanley Fevens
Heather Fiske
William Fulton
Joseph Garber
Judith Goldstein
John Harris
Birgitta Jansen
Eileen Kaplan
Deborah Kerr
Linda Knight
Ruth Kurtz
Ricki Ladowsky
Louise LaPlante
Louise LaRose
Catherine Lee
Elaine Lesonsky
Vincent Lo
Annette Lorenz
Rhonda Love
Stephen Menich
Erich Mohr
Wangui Mungai
Janet Olds
Sharna Olfman
Steven Orenczuk
Elizabeth Paquette
Frederick Pelletier
Kirsten Posehn
Mark Potashner
Graham Saayman
Wendy Saleh
Douglas Salmon
Robert Saltstone
Susan Saravis
Teeya Scholten
Katherine Sdao-Jarvie
Dalia Slonim
Marilyn Smith
Runa Steenhuis
Leora Swartzman
Vicky Wolfe

CLARIFICATION

The names of psychologists in Ontario whose registration lapsed on June 1, 1989 were published in the November, 1989 issue of *The Bulletin*. Among those listed was William Marshall.

By way of clarification, we wish to state that William Edson Marshall of Red Deer, Alberta has withdrawn his registration. William Lamont Marshall of Kingston, Ontario, on the other hand, remains in good standing on the Register.

We regret any confusion this non-specific reference to a William Marshall may have caused.

ADDITIONS TO THE TEMPORARY REGISTER SINCE NOVEMBER, 1989

Donald Abrash
Diane Addie
Claude Balthazard
Barry Benness
Robert Besner
Laura Champion
Lina Charette
David Clair
Irwin Cooper
Joan Durrant
Margaret Flintoff
Thomas Foard
Elizabeth Hampson
Stephen Hotz
Jack Kamrad
Sherri MacKay-Soroka
Heather McLean
Walter Mittelstaedt
Marion Olmsted
Mary Pat McAndrews
Robert Schnurr
Karen Shue
Janice Tomlinson
Yosepha Van Der Keshet
John VanDeursen
Marcel Viens
Edna Weissman Magder
Nancy Wilkinson

The BULLETIN

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