ONTARIO NURSES' ASSOCIATION

November 2, 2025

Hon. Sylvia Jones
Deputy Premier and Minister of Health
College Park 5th Floor, 777 Bay St.
Toronto, Ont., M7A 2J3

Dear Minister Jones,

Re: Consultations on proposed changes to certain psychologists' scope of practice

I am writing to you on behalf of the more than 68,000 nurses and health-care professionals, and 18,000 nursing student affiliates, represented by the Ontario Nurses' Association (ONA).

As Canada's largest nurses' union, ONA members provide care in hospitals, long-term care (LTC) facilities, public health units, the community, clinics and industry. We welcome this opportunity to provide feedback as part of the government's consultation on proposed scope of practice expansions for psychologists.

Specifically, the Ontario Ministry of Health is proposing to expand the scope of practice for psychologists who hold advanced education and a post-doctoral Master of Science in Clinical Psychopharmacology (MSCP). The proposed changes would authorize these practitioners to prescribe select psychotropic medications for mental health and addictions, and to order and interpret certain lab and diagnostic tests (e.g. bloodwork, urinalysis, mouth swabs, ECGs) to support drug monitoring.

While we support the goal of ensuring access to mental health services for Ontarians, ONA's position is that the proposed scope expansion raises several challenges. These include ongoing access and affordability challenges given that psychology is a privately paid service, and not an OHIP-covered service. Moreover, the erosion and lowering of training standards for psychologists is a concern as the entry-to-practice standards are rapidly reducing, and jeopardizes the quality of care. These concerns must be addressed for the proposed scope expansion to be a success.

Analysis

While the proposed scope expansions are aimed at addressing Ontario's mental health access crisis, several critical issues require consideration.

Affordability and Equity: Psychology services are not covered under OHIP; affordability remains a key barrier for many Ontarians, including marginalized and low-income communities. Without addressing this, expanded prescribing powers

benefit few and risk widening inequities, especially as OHIP-covered services continue to shrink.

Erosion of Training Standards: We would be remiss to not point out that these scope changes are being proposed within a broader context where entry-to-practice standards for psychologists are rapidly reducing.

Traditionally, registration as a psychologist in Ontario required a PhD and included extensive education, clinical training, and multiple licensing exams. However, as of September 2025, the Council of the College of Psychologists and Behaviour Analysts of Ontario (CPBAO) approved sweeping reductions that include:

- Removing competency verification for specific practice areas (e.g. working with children, forensic populations, neuropsychology);
- Eliminating the final oral exam;
- Replacing the ethics exam with a no-fail online module;
- Reducing practicum hours to a single placement (a significant change from the current requirement for PhD students of over 2,000+ hours and a one-year internship);
- Eliminating extended supervision requirements; and,
- Removing the PhD requirement altogether.

These changes substantially lower the standards and reduce safeguards that protect the public. Psychologists provide life-altering diagnoses and treatments; weakening education, supervision, and ethics training undermines public confidence and risks patient safety.

In September 2025, the Ontario Psychological Association (OPA) and Canadian Psychological Association (CPA) drafted a joint letter to the CPBAO emphasizing that lowering entry standards is not a solution. Alternatively, some reforms proposed by the OPA and the CPA include:

1. Allowing interim registration for post-master's candidates.
    - Modifying supervised practice requirements for accredited graduates.
    - Establishing a national doctoral entry-to-practice standard.
    - Investing in Doctor of Psychology (PsyD) programs to train more psychologists while maintaining training standards.
    - Improving public remuneration to attract and retain psychologists in the public sector.

Considering the significant reductions to education, training, and supervision standards, expanding the scope of practice to include prescribing psychotropic medications and ordering diagnostic tests is not evidence-informed. Such authority assumes a rigorous and consistent foundation, one that the CPBAO's recent decisions have weakened.

Responses to Relevant Questions:

1. What impact(s) on specific populations might this scope of practice change have? Examples of specific populations may include rural and northern Ontarians, women, gender diverse individuals, seniors, residents in long-term care homes or retirement residences, persons with disabilities, low-income individuals/families, individuals with mental health disorders, Indigenous Peoples and other racialized communities.

For seniors, including LTC residents, scope expansion may improve timely medication adjustments, potentially reducing emergency transfers and delays in psychiatric consultations. However, this population has more complex care needs (e.g. cardiac, renal), requiring close medical oversight. Without strong interprofessional collaboration, this poses a safety risk.

Similarly, patients with complex mental disorders (e.g. psychosis, bipolar disorder, substance-use disorders) require medical monitoring such as labs, ECGs, and safe prescribing of opioid agonist therapy, all requiring integrated care and supervision.

While local access could improve where psychiatrists are scarce, the benefit will be limited if services remain privately paid, as psychology is not OHIP-covered. This may widen inequities, particularly between urban and rural areas, and among low-income earners.

Equitable improvements in access depend on affordability, culturally safe care, interprofessional collaboration, robust training and regulation, and targeted outreach. Without these, the proposed changes may not benefit and could potentially harm marginalized populations.

2. How might the proposed scope of practice changes improve access, convenience or address efficiencies within the health-care system?

Improvements depend on implementation. Enhanced access may occur if training standards remain rigorous, prescribing authority is clearly defined, integration with primary care is mandated, and services are publicly funded. Absent these conditions, efficiencies may be limited or offset by safety incidents and fragmented care.

3. What specific knowledge, skills, and training should psychologists with advanced education in Clinical Psychopharmacology possess to safely prescribe certain medications and interpret related tests?

Psychologists with advanced education in Clinical Psychopharmacology must demonstrate competencies in advanced health assessment, diagnostic reasoning, pharmacology, drug interactions, comorbidity management, medical monitoring and interpretation, risk management, and legal/ethical standards.

Training must include a supervised clinical practicum in prescribing within an interdisciplinary setting.

4. Are there any education/training programs readily available or do these programs need to be developed? If they need to be developed, please articulate how long this would take.

At present, there are no accredited education or training programs in Ontario or elsewhere in Canada that prepare psychologists to prescribe psychotropic medications. While a few American universities offer post-doctoral Master of Science in Clinical Psychopharmacology programs, these are designed for jurisdictions where psychologists already have prescriptive authority, which is not yet the case in Ontario.

If Ontario proceeds with expanding psychologists' scope of practice to include prescribing, new education and training programs would need to be developed in collaboration with universities, the CPBAO, and the Ministry of Health. Establishing such programs including covering curriculum design, supervised practicum components, and accreditation, would likely take approximately two to four years to implement.

5. Are there specific mental health and addictions conditions that should be considered? If yes, what specific medications should be considered?

Scope expansion should not proceed unless educational programs are independently accredited, maintain doctoral-level rigour, and demonstrate safety outcomes.

6. If these proposals were to proceed, what are those diagnostic tests that would be ordered and what would the anticipated annual volume of these tests be? Please specify volume by type of diagnostic test.

If these proposals were to proceed, the types and volumes of diagnostic tests ordered would depend on patient population, scope of practice, and medication monitoring requirements. Conservative estimates would likely include bloodwork (e.g., CBC, liver and kidney function tests) and ECGs to ensure safe prescribing and monitoring of psychotropic medications. However, accurate projections of annual test volumes would require pilot data and evaluation once the program is operational.

7. Please describe the potential utilization/ordering patterns, including scenarios where ordering each type of diagnostic test might be appropriate.

Expertise in psychopharmacology and complex medical monitoring is required to determine appropriate utilization or ordering patterns for diagnostic tests. Specific scenarios for ordering each type of test should be guided by professionals trained in prescribing and monitoring psychotropic medications.

8. What is the mechanism that will support interprofessional collaboration between psychologists and primary care providers if these proposals were to proceed?

   Mandatory record-sharing and document protocols, integrated electronic health records, standardized referral guidelines and consultation pathways, and regular multidisciplinary case conferences are mechanisms that would support collaboration.

9. What are anticipated costs and/or savings to patients and/or the health system if these proposals were to proceed?

   Impacts are context dependent. If psychologists' services remain privately funded, patients may face higher out-of-pocket costs, worsening inequity. System-level savings are unlikely unless prescribing services are integrated within publicly funded care models.

I urge you to ensure that all Ontarians have access to the services provided by psychologists by expanding OHIP coverage. Financial means should not determine whether someone can receive the mental health care they need. It is essential that high quality patient care is of preeminent importance, and that the Ministry prevents the lowering of training and entry-to-practice standards for psychologists.

Sincerely,

Erin Ariss, RN
Provincial President
Ontario Nurses' Association