

*Advocating for an expansion of Psychologist's scope of practice to including prescriptive authority to improve access, reduce wait times, and enhance patient safety.*

## **Background**

On 28 June 2007, former Minister of Health and Long-Term Care (MOHLTC), The Hon. George Smitherman, requested the advice of the Health Professions Regulatory Advisory Council (HPRAC) on several important health issues, one of which was the prescribing of drugs by non-physician health professionals.

In January 2009, HPRAC released “Critical Links: Transforming and Supporting Patient Care”, a report recommending a regulatory system that would enable Ontario’s health professionals to practice to the full extent of their training and abilities. Allowing additional qualified health professionals to prescribe was considered integral to more efficient and effective patient-centred care.

## **OPA and Prescriptive Authority (RxP)**

In 2007, OPA established a Task Force to examine the issue of prescription privileges for Psychologists\*, and to explore the interest of the members in pursuing this expansion of practice. The OPA membership was surveyed, and 83 % of respondents were supportive of this initiative. The Prescriptive Authority Committee was subsequently struck to prepare the submission to the MOHLTC.

On 9 November 2012, OPA forwarded a letter to The Honourable Deb Matthews, Minister of Health and Long Term Care, requesting that the scope of practice of doctoral-level Psychologists in Ontario be expanded to include prescriptive authority for psychotropic medications, accompanied by a 150-page document in response to the HPRAC questionnaire for increasing scope of practice, and supporting letters from the College of Psychologists of Ontario, and representatives of US jurisdictions who have been granted prescriptive authority.

## **Issues in the Current System**

Under the traditional primary health care model, patients are expected to discuss their mental health concerns with their family physician and, if indicated, they are referred to a psychiatrist. Changing health trends, such as the aging population and the rising rates of mental illness, and critical shortages in the number of practicing psychiatrists have resulted in significant gaps in mental health services. Health Links have discovered that a high percentage of the 5% of the population that utilize 80% of the healthcare dollars have severe persistent mental disorders or have multiple comorbidities with a mental health/addiction or dementia overlay.

Given significant patient caseloads, many psychiatrists are unable to offer psychotherapeutic interventions and provide only medication management. With the shortage of psychiatrists, many family physicians that may lack specific training in psychology or psychopharmacology find themselves in the position of treating mental health issues. Some Ontario residents still do not have a regular family physician, including some of the most vulnerable people facing the challenges of mental illnesses and addictions. These patients must seek services through walk-in clinics and hospital emergency departments. Patients who require hospitalization encounter difficulties accessing community-based follow-up care. This results in unnecessary re-hospitalizations that prolongs suffering and increases the economic burden of mental illness.

## The Benefits of RxP

Waiting lists for assessment and treatment (largely due to a shortage of psychiatrists) have been shown to increase suffering, chronicity, severity, and the risk of harm for people with mental illness in terms of suicidality, homelessness, violence and conflict with the law, which impacts our society as a whole.

RxP would result in shorter wait times, and improve patient health, safety, and outcomes, and economics by preventing deterioration in status and the need for more intensive treatment, and reducing the burden on walk-in clinics and hospital emergency rooms.

RxP Will Address Service Gaps By:

- Increasing the ability of Ontarians with mental illness to access necessary services when they are needed;
- Reducing unnecessary emergency room visits and re-hospitalizations;
- Ensuring consistency of care by combining psychotherapy and pharmacotherapy;
- Easing the pressure on family physicians to treat and manage mental health issues and chronic health care conditions relating to mental health issues;
- Eliminating multiple appointments (i.e., from family physician to psychiatry and back to family physician for monitoring); and,
- Reduce burden on psychiatry waitlists.

RxP Will Increase Patient Safety By:

- Reducing prescribing of psychotropic drugs in Ontario by those not specializing in mental health assessment and treatment which has been shown to result in overprescribing which has significant detrimental health effects to patients;
- Combining psychopharmacological and psychotherapeutic interventions; and,
- Working collaboratively with family physicians to provide competent diagnosis, comprehensive treatment recommendations, and monitoring of medication efficacy.

## Training for Prescribing Psychologists

We have recommended that the College of Psychologists of Ontario follow the APA recommended training model, which involves completion of:

- A post-doctoral Masters of Science degree in clinical psychopharmacology (*450 hours of didactic instruction in basic science, neurosciences, physical assessment and laboratory exams, clinical medicine and pathophysiology, clinical and research pharmacology and psychopharmacology, clinical pharmacotherapeutics, research, and professional, ethical, and legal issues*)
- A supervised clinical experience
- A capstone competency evaluation
- The Psychopharmacology Examination for doctoral-level Psychologists (PEP).

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\* \* *Please note: The term “Psychologist” in this document refers to doctoral-level Psychologists only.*