



**FAIRLEIGH
DICKINSON
UNIVERSITY**

Metropolitan Campus
School of Psychology (T-WH1-01)
1000 River Road
Teaneck, New Jersey 07666
201-692-2300 Voice
201-692-2304 Fax
www.fdu.edu

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Honorable Deb Matthews, MPP
Ministry of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister Matthews,

I am writing in support of the request to award appropriately trained psychologists in Ontario the authority to prescribe. Any decision about scope of practice for a profession requires balancing the goal of maximizing freedom of choice/access to care with that of public safety. In this case, the empirical record clearly supports the proposed expansion in scope.

First, there is a clear shortage of specialty mental health prescribers. No one can argue with this assertion. Studies consistently demonstrate that 60-80% of all medications for mental disorders are prescribed by primary care physicians. These physicians are dedicated, conscientious, and caring, and they have valiantly filled the gap created by the lack of appropriate psychiatric services. However, they are diagnosing and treating mental disorders with little or no formal training in the diagnosis of mental disorders or in alternatives to medication. It is no surprise then to find they rely heavily on medications, even when such medications should not represent the first-line treatment. The result is over-medication and unnecessary medication. Allowing appropriately trained psychologists to prescribe would substantially increase the population of specialty mental health prescribers, increase the proportion of such prescribers who are familiar with circumstances in which alternatives to medication are superior, and reduce costs associated with using a physician as the primary prescriber.

This argument only makes sense if prescribing psychologists are safe, and there the record is clear. Psychologists will only be allowed to prescribe after having completed at least five years of graduate training in psychology, becoming licensed as a psychologist, completing an additional three years of training, and becoming licensed as a prescriber. Consider that in five years a physician becomes licensed to prescribe over 4000 medications and participate in any medical procedure from childbirth to surgery. In contrast, a psychologist who wants to prescribe spends three years learning approximately 100 medications (including their interactions with other drugs) and the

small set of medical procedures relevant to their prescription (e.g., reading lab test results, performing and interpreting a physical examination).

However, the case for psychologists as safe prescribers is not just logical; it is also data-based. Psychologists have now prescribed for more than 20 years in the U.S. military; they have written hundreds of thousands of prescriptions in two U.S. states where psychologists can prescribe (Louisiana and New Mexico); they have served as prescribers in the U.S. Public Health Service and Indian Health Service. In all that time, not one complaint has ever been lodged against a prescribing psychologist. What is particularly telling is that not one physician has ever complained about the performance of a prescribing psychologist to a licensing board.

I am the Director of the M.S. Program in Clinical Psychopharmacology at Fairleigh Dickinson University. Fairleigh Dickinson is one of three institutions designated by the American Psychological Association as meeting the association's guidelines for preparing psychologists to prescribe. It is also one of the few U.S. universities I know that has a campus in Canada, located in Vancouver, B.C. So far, Fairleigh Dickinson has graduated over 100 psychologists with a master's degree in clinical psychopharmacology. We have graduates who have prescribed in the military, in the Public Health Service, in the Indian Health Service, and in the states where psychologists are currently authorized to prescribe. Let me highlight the accomplishments of two of our graduates.

Dr. Marlin Hoover is a prescribing psychologist in New Mexico. He is also one of two prescribing psychologists on the faculty of the Southern New Mexico Family Medicine Residency. His job includes serving as the primary course instructor on psychopharmacology for every family practice resident trained in southern New Mexico. Dr. John Andazola, a family physician and the Director of the Southern New Mexico Family Medicine Residency where Marlin teaches, has stated of the prescribing psychologists on his faculty, "I have found their knowledge of psychopharmacology superior to mine. ... The education they provide is high quality, safe and evidence-based. ... The psychologist faculty tend to use non-medication therapies before they use medications, and when medications are needed they provide the highest quality evidence-based therapy available and tend to use less medications than the typical community physician. In fact I have seen our psychologists reduce and simplify the medication regimens of patients that present to our clinic, which improves patient safety." Clearly, Dr. Andazola, who hired Dr. Hoover for this position, thinks Dr. Hoover has the medical training necessary to prescribe.

Dr. Kevin McGuinness is a Captain in the U.S. Public Health Service. He is one of the Public Health Services' Ready Responders, an elite corps of 80 officers who can be deployed at any time to respond to an emergency such as Hurricane Katrina. In 2005, he served on special assignment to the U.S. Navy as a Commander aboard the USNS Mercy, a hospital ship deployed to Indonesia in response to the devastation caused by the tsunami. There he provided both pharmacological and therapy services. Capt. McGuinness was awarded the Navy Meritorious Unit Commendation, Global War on Terror Service Medal, and the DoD Humanitarian Service Award in a designated Hostile Fire Imminent Danger area for his efforts. Currently he is placed at a community health center in New Mexico where psychiatric care was previously unavailable. Clearly his

physician superiors in the U.S. Navy and Public Health Service thought his training was sufficient.

Psychologists are a highly trained, ethically bound profession. They will not enter into the obligations of being a prescriber frivolously. The fact that they have designed a curriculum that requires three additional years after completion of the doctorate reflects a profession that perceives the role of the prescriber with great caution. Allowing psychologists to prescribe in Ontario will improve access to care without reducing public safety. I hope you will look beyond the emotional appeals of its opponents, and recognize it is the logical choice.

Sincerely,

A handwritten signature in cursive script that reads "Robert McGrath".

Robert McGrath, Ph.D.
Director, Ph.D. Program in Clinical Psychology
School of Psychology T-WH1-01
Fairleigh Dickinson University
Teaneck NJ 07666
voice: 201-692-2445