

Executive Summary of “Access Denied: A report by the Supervision Taskforce of the Ontario Psychological Association”

Supervision in the past:

For many years, psychologists and psychological associates¹ have been supervising others in the provision of psychological services. This included both training psychologists and other professionals, and supervision which was conducted after registration. This supervising role permitted greater access to high-quality psychological services, with the involvement, direction and oversight of a psychologist providing quality assurance for the patient while enhancing the skills of psychologists and health professionals from different disciplines.

Benefits of this model of supervision:

- When a psychologist provides supervision, they retain ethical and legal responsibility for the treatment of a patient who will be seen by a supervisee. A client seen by a supervised, registered professional who is a member of another regulatory body has the protection of two colleges.
- With one clinical psychologist for every 900 Ontarians with a mental illness, the demand for psychological services far outweighs the supply. This was a productive, ethical way to meet the demand for mental health services in Ontario.
- Psychologists have the most extensive and in-depth training and experience in the diagnosis and treatment of mental disorders.
- Supervision by a psychologist increases the quality of service.
- For many decades, supervision allowed psychologists across North America to increase the number of people with access to our services.
- Psychologists are critically important in providing clinical direction and diagnostically informed treatment of patients under their care.
- By extending their reach through supervising others, psychologists have been able to:
 - ~ Be involved in the treatment of more patients
 - ~ Ensure accurate diagnosis
 - ~ Provide clinical direction
 - ~ Retain ethical and legal responsibility over the care received by their patients
 - ~ Reduce wait-times for the public to receive psychological service, and increase access to services overall
 - ~ Reduce the demands on the public system
 - ~ Aid in supporting a return to productivity through the application of sound clinical practices in the context of accurate ongoing diagnosis
 - ~ Provide benefit to patients, supervisees, and third-party payers such as insurers

¹ We will use the term “psychologists” to include both titles in the remainder of the document, as they are functionally identical. All clinical members of the College of Psychologists of Ontario have access to the controlled acts of psychotherapy and communication of a diagnosis, regardless of their title. Most psychologists in Ontario hold doctorate degrees; psychological associates hold Masters level degrees, and with extensive additional training, are registered as psychological associates; some with Masters level degrees have obtained the title of “psychologist” through registering in other provinces and importing the title to Ontario, in accordance with interprovincial trade legislation.

The challenge:

According to our College, supervision is now limited by a definition supplied by the Regulated Health Professions Act. Supervision is referenced in only one context in the Act, which indicates that unregistered providers who are in training can perform controlled acts under the supervision of a member of the profession. Our college interprets this as defining supervision as *something that can only occur in the context of training*. The dire result is that psychologists can no longer provide supervision to registered members of any health college. (However, we have obtained a legal opinion that the RHPA does not prohibit such supervision).

The supervision issue applies only to the Controlled Act of Psychotherapy, but in practice, the distinction between “psychotherapy” and “the controlled act of psychotherapy (CAP)” remains dismally unclear. Most psychologists have abandoned supervising at all, in case in the course of treating an individual, it morphs into the CAP. Those working with insurers would have to invest an inordinate amount of time trying to prove whether the act has taken place in treatment. Dealing with insurer denials, antics, and unreasonable paperwork requirements to justify what we’re doing, is more than many psychologists are willing to take on. Evidence suggests that insurers are simply interpreting the College’s position to mean that psychologists cannot supervise other professionals; they are not splitting hairs over whether the CAP is performed.

Importantly, other Colleges have not adopted the same position as CPO regarding supervision, despite being governed by the same legislation. For example, the College of Registered Psychotherapists of Ontario (CRPO) allows its members to supervise other registered professionals who can perform the Controlled Act of Psychotherapy (CAP). This college is being afforded more liberty in working with other professionals than psychologists, and in essence are being provided with a leadership role in multi-disciplinary settings, despite their lesser training.

Similarly, the College of Occupational Therapists of Ontario *requires* its members who wish to perform psychotherapy to seek supervision *after registration*, including from other professionals with access to the Controlled Act of Psychotherapy (CAP), something with CPO tells us is contrary to RHPA. Apparently, CPO’s interpretation of RHPA is unique.

The Impact:

The calamitous result is that thousands of patients currently under our care through supervision will no longer be supported. The results of our survey provide the following insights:

- In order to comply with the newly defined definition of supervision, the average psychologist would need to discharge as many as 17 clients. There are approximately 3100 clinical psychologists in the province, meaning a displacement or termination of tens of thousands of patients in current care.
- Those 3100 clinical psychologists translate to a ratio of approximately 1:900 people dealing with a mental health issue in Ontario. We are simply too small a profession to meet the mental health needs of Ontarians. However, Ontarians benefit from the involvement of a psychologist in their care.
- To date, psychologists report reducing their supervised case load by 13% to adhere to CPO’s position. This percentage will increase as the deadline grows closer, but

psychologists are already struggling to find services for these patients. With few publicly funded services available for these clients, and many psychologists already carrying waitlists and heavy caseloads, most of these clients will go without adequate treatment.

- Many psychologists are choosing to no longer treat MVA clients, as some car insurers will not cover treatment provided under a supervised model, leaving this group of vulnerable clients adrift. The results will likely be psychologists will back out of the industry all together.
- As supervised services will no longer be covered by extended health benefits, psychotherapy will become unaffordable for many, and the treatment of many clients will be terminated. This creates an ethical challenge for many psychologists as vulnerable clients will drop off of caseloads, and be unsupported. Indeed, psychologists are bound to provide continuity of care, placing us in a tenuous position as we are forced to be complicit in creating hardship and possible harm to clients.
- Training opportunities for members of other colleges providing psychotherapy will be curtailed.
- Fewer clients will have access to care which is informed by the diagnosis performed by a psychologist.
- With other colleges being permitted to provide supervision to other professions, there is a significant risk that the vital role of the psychologist as clinical director and supervisor will be severely curtailed, with a corresponding loss in quality of service.
- Our profession is not distributed according to need. It is far easier to obtain psychological services in large urban areas; even mid-sized cities have substantially fewer psychologists per capita than the GTA. Clients located outside these urban centres are going to be most impacted by reduced access to psychologists.

Our legal position versus that of CPO

- RHPA contains no prohibition on the supervision of registered professionals.
- Indeed, there appears to be support in RHPA for collaboration between professions, if we accept that “serious bodily harm” should be interpreted to include psychological harm.
- The RHPA implicitly recognizes the prospect of reduction of harm when treatment is supervised by a person who is authorized to perform the treatment. Where both the supervisor and supervisee are authorized to perform the treatment, then there are two potential parties who would need to defend their actions, and possibly two insurers who might need to pay out. This provides double protection to the client.
- This sudden change in access to clinical supervision is unique to the province of Ontario, throwing the delivery of psychological services into disarray. We conducted an extensive review of psychology colleges in other provinces. There are no limitations on the supervision of non-members in other colleges, placing psychologists in our province at a distinct disadvantage.

The College's position on supervision of other professionals appears to be out of sync with the vision and mission of best serving and protecting the public interest.

What needs to be done

- There is no statutory bar to the CPO amending its position. CPO has the power to permit psychologists to supervise those who are independently authorized to perform the CAP. Psychologists do not need to be limited to providing “training, support, consultation and mentorship” when other professionals are seeing those with the most severe diagnoses and impairments.
- Note that OPA does not object to our obligation to clearly identify both the supervisor and the supervisee on invoices. We firmly believe that supervision by a member of CPO adds significant value to the services provided even by a registered member of a different healthcare profession, and there is no reason to hide this information. Instead, third party payers must recognize that members of CPO extend their responsibilities to some patients through supervision, and therefore, the services are indeed psychological services, and should be treated as such.
- In addition, OPA does not object to Standards which ensure that supervision is meaningful. OPA would be pleased to work with CPO and other groups to identify best practices and formal guidelines with respect to the supervision of psychotherapy, including expectations with respect to frequency of contact with supervisees, record keeping of supervision, and other measures to ensure meaningful supervision takes place.

Next Steps

OPA holds that supervision is an important mechanism by which our vitally necessary profession has worked towards meeting the needs of Ontarians, while reducing the demands on the public system. We feel it is critical to ensure that this system continue in Ontario, as it does in other jurisdictions. Furthermore, we are committed to supporting valuable processes that support meaningful supervision which benefits supervisees, and in turn protects the public.

We look forward to the review of our Report by the College Council. We will work with CPO to develop meaningful guidelines for best practice in providing supervision of registered professionals; we would also be pleased to collaborate in the development of new Standards on the provision of such supervision.

For the protection of the public, we look forward to cooperating with CPO to preserve this important role for psychologists.