

OPA Response to the College's Characterization of Consultation Feedback

March 4, 2026

We would like to share concerns about an observed shift in CPBAO's characterization of public feedback. At the outset of the consultation, CPBAO stated on its website that *"Under section 95(1)(1.4) of the Health Professions Procedural Code, Schedule 2 of the Regulated Health Professions Act, 1991, the college is required to circulate proposed regulations to registrants, the public, and stakeholders for at least 60 days."*

In October of 2025, OPA raised concerns about limited transparency and circulation of CPBAO's consultation to the broader public. In subsequent communication, the College asserted that the survey had been widely shared beyond its website through Twitter (X), LinkedIn, and Facebook as part of the effort to meet consultation requirements. OPA also circulated the survey broadly, including through mainstream media and social media.

As results emerged, a clear majority of the nearly 10,000 respondents indicated the proposals were not in the public's best interest. Although 60% of respondents identified as "members of the public," later College communications reframed these respondents as psychology adjacent and "not a representative sample of the Ontario public." Absent from these characterizations is proportional recognition that patients and their loved ones were among those who self-identified as members of the public.

In a recent social media post, CPBAO again relabelled public member respondents as "Subscribers," a term that was not offered for self-identification purposes in the survey, and that suggests a connection to the College or the field. The College's post defined this public subscribers group as "Graduate students in psychology, retired members (self-identified), other regulated health professionals in Ontario, psychologists in other jurisdictions, and non-registrant professors". Notably, these same definitions were previously used to describe the "other" category in the College's December consultation results summary.

Reframing respondents in a way that differs from the public survey, particularly when the findings do not support the proposal, raises serious concerns about transparency, accountability, and respect for the very public the College is intended to protect.

Surveys conducted by McKillop et al. (2025) yielded findings consistent with the College's own consultation, demonstrating that a majority of respondents do not believe CPBAO's recommendations serve the public interest. While the College has focused on semantic distinctions (e.g., whether or not the consultation constitutes a "vote", and what defines a 'public member'), we remain focused on respecting and honouring the substantive public feedback gathered through a process the College itself described as transparent, RHPA consistent, and intended to engage the public.

Finally, we also note that the College continues to reference the Office of the Fairness Commissioner in its communications regarding these matters. We encourage members to review the recent independent assessment (Miceli, 2026), which examines registration criteria, fairness considerations, and relevant HPARB decisions. As discussions continue, it is our understanding that the Ministry of Health is responsible for reviewing the College's proposals and is actively doing so.

The OPA remains committed to working constructively with the Ministry and relevant partners to ensure that regulatory decisions uphold rigorous standards, expand access to care, and protect the public interest.

On Behalf of the OPA Board of Directors

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