

## Clarifications Following the December Council Vote

January 19, 2026

**Dear OPA Members,**

It has now been several weeks since the CPBAO Dec 12th Council meeting. This has allowed time to further reflect on both the decisions made and the process used to reach them. Since that meeting, unfair misinformation has circulated, which does a disservice to the public as well as our profession.

The Council's decisions have caused significant concern among OPA members, registrants, and the public, particularly regarding the very limited discussion and apparent weighing of public consultation feedback

### **Key Clarifications of some misinformation:**

1. **The consultation was not limited to psychologists.** Approximately 10,000 Ontarians participated in the consultation, with roughly 90% expressing disagreement with the proposed changes; notably, 70% of respondents were identified as public members. It is important to clarify that the category of “public members” included allied professionals, patients and their loved ones, educators, community members, and others who have directly experienced or witnessed the impact of mental health challenges in our communities. Their experiences and voices must not be overlooked.
2. **Member concerns are about public protection, not self-interest.** Members have consistently maintained that their concerns focus on transparency and public safety, because the proposals would give the same title to providers with up to six fewer years of training and experience. Patients deserve clarity when such a vast discrepancy in training exists. Labeling these concerns as “elitist” or “self-interested” misrepresents their purpose, undermines legitimate public-protection concerns, and discourages good-faith participation in regulatory consultations.
3. **These are not minor or technical updates.** While terms like “Modernization” and “Streamlining” sound neutral or positive, they risk masking the real-world implications for

the public: a significant reduction in practical training requirements and registration assessment standards. Decreasing post-graduate training from 4 years to 1 year is a reduction of 75%, plain and simple. Transparency about such changes is essential.

4. **Access must not come at the expense of quality.** OPA deeply supports improving access to psychological services for Ontarians; however, access without quality is not true access. Public protection is central to our mandate, and our approach seeks to maintain training and educational standards while reducing unnecessary barriers and regulatory red tape. The OPA's Ask for Help Today program has consistently been able to match patients with psychologists and psychological associates in as little as two weeks.
5. **Evidence of public-safety risk does exist.** The OPA demonstrated that there indeed exists sufficient evidence from discipline rates in other jurisdictions and the broader research literature to at least warrant a pause before making such drastic changes.
6. **The proposed changes do not align Ontario with national or international standards.** Several other provinces are strengthening, not reducing, their training requirements, while the Canadian Psychological Association (CPA), and internationally the American Psychological Association (APA), continue to recommend doctoral-level preparation for psychologists. Rather than harmonizing standards, the proposed reforms would widen the gap between Ontario and the rest of Canada in terms of training rigor and professional competence. This divergence risks undermining the quality of the profession, constraining meaningful collaboration in research, clinical initiatives, and patient care, and making Ontario a less attractive destination for highly skilled and internationally trained applicants.
7. **Fairness to providers must not override fairness to the public.** While fairness matters, competence does too. We have heard from many of our members from marginalized communities that the assertion that lowering standards is required to create a more diverse psychology registrant body is deeply offensive. Further, regulation is not only about fairness between providers - it is about fairness to the public. Training depth and supervision are core public-protection mechanisms, and titles must reflect real differences in competence and training. For this reason, Psychological Associates undergo significant training to have the full scope of practice of the psychology profession. When training differences are minimized in the name of fairness, the people most affected are the patients relying on clear standards and competent care. While provinces may have varied registration standards, their needs are not uniform; they reflect differences in population, geography, educational capacity, health-care infrastructure, and mental health challenges.

## **Moving Forward**

OPA encourages thoughtful, respectful engagement from members, system partners, and the public. We value collaboration with allied health providers while affirming the unique training and role of psychology in patient care. We remain actively engaged with stakeholders to advocate for balanced solutions that improve access while maintaining strong public-protection standards.

As this work moves into a more behind-the-scenes phase, there may be periods with few updates to share. We will continue to communicate as appropriate and appreciate your patience, trust, and continued engagement.

### **On Behalf of the OPA Board of Directors**

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**Dr. Marlene Taube-Schiff**

**Dr. Michele Foster**

**Dr. Katie Stewart**

**Mr. Richard Morrison**