Health Professions Regulatory Advisory Council

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April 27, 2006

Hon. George Smitherman
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister,

The Health Professions Regulatory Advisory Council is pleased to submit to you its first report in response to your referral letter of February 7, 2005. Your request for advice was wide-ranging, and for us, invigorating. We believe that the recommendations contained in this report are foundations for sound public policy, backed by solid analysis and formulated with the involvement of hundreds of people. We want to articulate the sense of urgency with which we provide this advice to you – many of our recommendations respond to matters that have been outstanding for some time. Throughout, we have attempted to identify emerging challenges – not only in Ontario but around the world – that will bring fast-paced change while still demanding safety and quality in services and skills of our health professionals.

Health care is provided by people, for people. The way that people work together, the opportunity for people to work to the utmost of their knowledge and skills, the mechanisms that can assist people to work most effectively and that make the delivery of care by professionals more transparent and accountable are matters that we have reflected on, and that have helped shape our advice to you.

We look forward to working with you in the next phase of this important dialogue.

Yours truly,

Barbara Sullivan, Chair

Barry Brown

Peter Sadlier-Brown

Kevin Doyle

Ennis Fiddler

Mary Mordue

Regulation of Health Professions in Ontario:
New Directions

INTRODUCTION

The Health Professions Regulatory Advisory Council (HPRAC) is submitting this report, ***Regulation of Health Professions in Ontario: New Directions*** to the Minister of Health and Long-Term Care following a year of extensive consultations with health professionals, associations, regulatory colleges and hundreds of individuals who have an interest in the extensive and direction-setting questions that the Minister put to HPRAC in February 2005.

HPRAC's advice has been strengthened markedly by the involvement of numerous individuals and organizations from across Ontario who contributed significant time and financial resources to make thoughtful contributions against tight deadlines for this ambitious undertaking. HPRAC is grateful for their expertise, experience and keen involvement in the debate and in the crafting of public policy options.

HPRAC estimates that close to 2,000 individuals and organizations participated in its work.

Urgency

The recommendations in this report will contribute to maintaining Ontario's cherished position as a leader in the regulation of health professions. They address matters affecting the efficiency, accountability, performance, quality and transparency of our health professionals and the Colleges that regulate them. Many issues on which HPRAC is now making recommendations have been outstanding for a number of years. Some now require urgent attention.

More than ever, health professionals must be able to adopt new technologies and changing methods of service delivery, while incorporating advanced knowledge into their practices. HPRAC's recommendations take into account the need to facilitate both professional and systemic progress. They acknowledge that people in Ontario want to be certain that they are receiving the best and safest care from the most qualified, up-to-date professionals. And they confirm that the regulators need the appropriate tools to do their work efficiently.

The way Ontarians view health care has changed dramatically in recent years. Many more people are focussed on wellness, and they are considering alternate and complementary approaches to the care they receive. HPRAC's recommendations acknowledge the need to regulate emerging health professions, with the goal of providing Ontarians with access to alternative health services, while ensuring that those who provide such care are answerable for its efficacious delivery.

HPRAC Affirms Ontario's Health Professions Regulation System

HPRAC views Ontario's current health professions regulation system as the most appropriate vehicle for the self-governance of our health professions. *The Regulated Health Professions Act, 1991 (RHPA)* was

far-sighted when it was introduced, and it remains a model that other jurisdictions seek to emulate. HPRAC's *New Directions* does not propose a new model of regulation; it sets out new directions within the current self-regulatory model.

Responding to the Minister's Letters

HPRAC's *New Directions* report is submitted to the Minister of Health and Long-Term Care in response to his letter of February 2005 (Appendix A). In approaching this mandate, HPRAC combined several inter-related questions into one major Legislative Framework project that is central to the Advisory Council's current advice. Analysis and recommendations respecting the legislative framework are presented in Chapter 2 of this report.

Other matters included in the Minister's request were examined individually. To ensure consistency, the implications of HPRAC's analyses and recommendations on these matters were integrated into advice provided for the overall legislative framework. Recommendations at the request of the Minister respecting the regulation of psychotherapy, optometrists, opticians, hearing care, naturopathy and homeopathy, kinesiology, pharmacy technicians, and personal support workers are presented in chapters 3 to 10 of this report.

HPRAC's Consultative Process

The Minister asked HPRAC for advice on many health regulatory issues. In response, HPRAC reviewed previous recommendations, examined practices, experiences and legislative provisions in other jurisdictions, conducted wide-ranging consultations through a variety of mechanisms, engaged in extensive analysis, and completed an in-depth clause-by-clause review of the *RHPA*.

The literature and jurisdictional reviews and consultations for all projects were undertaken during the period February 2005 to January 2006. These reviews enabled HPRAC to identify emerging issues, outstanding concerns, and regulatory interventions in other jurisdictions aimed at addressing similar matters. The jurisdictional reviews generally covered experiences in the Republic of Ireland, the United Kingdom, Australia, New Zealand and states and provinces in North America. Some of the projects entailed a review of initiatives in jurisdictions in Europe, India and South Africa. A review of jurisprudence, legal principles and precedents was carried out as appropriate.

HPRAC placed great importance on hearing the views and suggestions of the widest possible cross-section of interested Ontario individuals, colleges, associations and other groups in reaching its conclusions. To that end, the Advisory Council posted opportunities for stakeholder participation on its website. As well, letters inviting participation were sent to individuals and organizations throughout the province. HPRAC used a variety of methods to solicit information and expertise, including key informant interviews, telephone interviews, Internet surveys, individual

meetings, workshops, focus groups, public hearings, circulation of discussion papers and written submissions. Presentations were made to a number of organizations. Advertisements for public hearings were placed in major daily newspapers in locations where the hearings were held, including Kingston, London, Ottawa, Thunder Bay, Sudbury, Hamilton and Toronto. Brochures inviting written submissions were made available at the public hearing sites and through various organizations and associations.

For the legislative framework project, HPRAC conducted telephone interviews with people from diverse groups, including new Canadians, seniors, individuals in rural and remote areas, youth, complainants, people with disabilities, women, people with many social, cultural and faith backgrounds and voluntary health associations. HPRAC held separate workshops in Toronto with the 21 health regulatory colleges, associations representing health professionals and public members of college councils. Public hearings, held in Toronto and Ottawa, provided additional information and genuinely helpful direction. HPRAC also received numerous written submissions.

For those projects relating to new professions under the *RHPA*, or for professions currently regulated under the *RHPA*, information was obtained through jurisdictional reviews, key informant interviews, workshops, focus groups, public hearings, presentations, discussion papers and written submissions.

Awareness of the Role of Regulatory Colleges

The primary duty of health self-regulatory colleges in Ontario is to protect the public interest. While colleges may be making significant strides in this direction, their existence, mandate, goals and achievements are not well-known to the public. As patients become more informed consumers of health care services and seek more accountability by health care professionals and health care institutions, the interaction between colleges and the public must be cultivated and communication activities expanded. This became clear to HPRAC throughout the preparation of this report.

Reconfiguring Existing Colleges, and Establishing New Ones

There are currently 21 health regulatory colleges under the *RHPA* governing 23 health professions. HPRAC's recommendations for the regulation of new professions will result in the reconfiguration of existing colleges and establishment of new stand-alone colleges. HPRAC anticipates that over the next few years there will additional requests for other health professions to be brought under the *RHPA*, or situations where it is advisable to do so. New models within the *RHPA* may be suitable in these circumstances, particularly if current provisions are not feasible or warranted, or where public confusion exists. This report identifies some options that can be considered in the future.

For several new professions for which regulation is being recommended, it will be necessary to establish transitional councils. Each new profession will have different challenges to address and, therefore, the transitional

body for each new profession will have to be structured differently and assigned a different mandate and timeline. These issues are discussed in the specific chapters respecting these new professions.

HPRAC is firmly convinced that adopting the recommendations put forward in *New Directions* will keep Ontario focussed on the future of health care. The Advisory Council also recommends regular reviews of the *RHPA* and profession-specific Acts to ensure that Ontario's health professionals stay abreast of the changes that are taking place with breathtaking speed in all health care areas, and that regulatory colleges are able to work effectively and efficiently.

The intent of the *Regulated Health Professions Act* was that it would be "living legislation". Legislative consideration should occur as a matter of course, and not once every 15 or 20 years.

HPRAC submits that its recommendations are sound and will bear the test of time. For that reason, it urges the Minister to use his influence to invigorate the dialogue and examine HPRAC's recommendations with a view to early implementation.

REGULATION OF PSYCHOTHERAPY

The Minister's Question

In February 2005, the Health Professions Regulatory Advisory Council (HPRAC) received a referral[1] from Hon. George Smitherman, Minister of Health and Long-Term Care, in which he sought advice from HPRAC on:

> whether psychotherapy should be an additional controlled act under the *Regulated Health Professions Act, 1991, (RHPA)* and if so, which regulated professions should have psychotherapy in their scopes of practice and how standards should be set and measured; and
>
> whether psychotherapists should be regulated under the *RHPA* as a profession, what their scope of practice should be and what controlled acts they should be authorized to perform, as well as any protected titles, and whether it is appropriate that psychotherapists be regulated under an existing profession-specific act.

HPRAC's Response

HPRAC's central response is that psychotherapists and psychotherapy should be regulated in Ontario under the *Regulated Health Professions Act (RHPA)* with a new profession-specific statute, the Psychotherapy Act, that would include an enforceable scope of practice and title protection; and those existing health regulatory colleges whose members practice psychotherapy should develop comparable standards of practice for their members.

1. History of the Referral

The Minister's referral is not the first time psychotherapy has come under consideration. In 2001, HPRAC raised the issue in its report, *Adjusting the Balance: A Review of the Regulated Health Professions Act*, noting that several stakeholders had recommended that psychotherapists be regulated and that psychotherapy be made a controlled act under the *RHPA*.

At that time, the Advisory Council concluded that "regulation of psychotherapists and/or making psychotherapy a controlled act should be reviewed with reference to the nature and extent of associated risk of emotional harm…[and that] the Minister invite a request for a referral from appropriate psychotherapy groups on amending the *RHPA* to list the additional controlled act of psychotherapy." The Minister, in the interest of time, chose to refer the matter to HPRAC directly without a request from a sponsoring organization.

[1] Minister's Referral Letter, February 2005, Appendix A

2. The Consultation Process

In response to the Minister's referral, HPRAC embarked on a multi-stage consultation process to seek the views of interested individuals and organizations and examine issues related to possible regulation of psychotherapy. In the course of its review, the Advisory Council prepared and distributed background documents, including a jurisdictional review, a review of case law findings, and a detailed questionnaire. It conducted two-day workshops with representatives of 20 stakeholder groups to discuss matters relevant to the questions posed by the Minister, and to assist in the development of a discussion paper. Subsequently, the discussion paper was widely circulated, and HPRAC hosted eight public consultations in seven cities across Ontario. By November 2005, HPRAC had heard 66 presentations from a broad range of interested parties, and received more than 100 written submissions, all of which were analyzed and considered in the formulation of recommendations. These activities were supplemented by numerous interviews to provide additional clarity on specific issues, along with literature, jurisdictional and case law reviews.

3. Background

3.1 The Current Situation in Ontario

Under Ontario's present regulatory framework, anyone may represent him or herself as a psychotherapist, or use the title "psychotherapist" regardless of credentials, training, education, experience or lack thereof. Similarly, as psychotherapy is not a Controlled Act, psychotherapy may be provided by anyone in Ontario, regardless of their education, training or experience.

While members of currently regulated professions who provide psychotherapy are subject to regulatory action for failure to adhere to appropriate standards in their treatment of patients or clients, there are few standards or qualifications for members of these regulated professions specific to the practice of psychotherapy.

Individuals providing psychotherapeutic services in Ontario can be grouped into five categories:

1. Regulated professionals (psychologists, social workers, physicians, psychiatrists, and nurses, etc.);

2. Trained and qualified practitioners voluntarily affiliated with non-statutory professional associations exercising self-regulatory functions;

3. Trained and qualified practitioners not affiliated with any professional body;

4. Untrained practitioners without credentials who are not affiliated with any professional body; and

5. Those who provide psychotherapeutic services but are exempt or excepted from regulation under sections 29, 30 and 35 of the *RHPA* (Counsellors, Spiritual Counsellors, Aboriginal Healers).

3.2 What is Psychotherapy?

For more than a century, psychotherapy has been a central treatment approach for many individuals suffering from mental health problems, and an important component of Ontario's system of mental health services. The publication, *Standards and Guidelines for the Psychotherapies*,[2] summarizes the four basic psychotherapeutic orientations: psychodynamic, cognitive/behavioural, strategic/systems, and experiential. Within each are various modalities that a practitioner may utilize in patient care.

Forms of Psychotherapy[3]

	Individual	Group	Family
Psychodynamic	• Psychoanalysis • Focal therapy • Psychodynamic psychotherapy	• Insight-oriented heterogeneous group therapy	• Insight-oriented marital/family therapy
Cognitive/ Behavioural	• Cognitive treatment of depression • Rational-emotive therapy	• Group treatment of agoraphobia, • Assertiveness training groups	• Behavioural marital/family treatment
Strategic/Systems	'Uncommon therapy'	• Most heterogeneous group therapies	• Structural family therapy • Strategic family therapy • Paradoxical family therapy
Experiential	• Client-centered therapy • Existential therapy	• Gestalt • Psychodrama • Most homogeneous group therapies	• Experiential family therapy

Psychotherapy is most often characterized by an intense client-therapist relationship which often involves the examination of deeply emotional experiences, destructive behaviour patterns and serious mental health issues.

The practice of psychotherapy is distinct from both counselling, where the focus is on the provision of information, advice-giving, encouragement and instruction, and spiritual counselling, which is counselling related to religious or faith-based beliefs.

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[2] *Standards and Guidelines for the Psychotherapies*, Cameron, P,. Ennis, J. & Deadman, J., Eds., University of Toronto Press, 1998

[3] Clarkin, J.F., Frances, A.J. & Perry, S.W. (1995). The Psychosocial Treatments. In R. Michels (Chairman, Editorial Board) *Psychiatry*. Philadelphia: Lippincott

3.3 How People Receive Psychotherapy Services

At different times in their lives, Ontarians may receive psychotherapy services in a health care facility, such as a hospital, clinic or mental health centre, or by engaging in individual, family or group therapy provided by a practitioner in an office, home or residential setting.

It is estimated that more than 4000 psychotherapists practice in Ontario today.[4] Some are from traditional, regulated health professionals such as psychologists and psychiatrists. Others have graduate-level university education or specialized training in particular therapeutic approaches.

The cost of treating mental health problems in Ontario is estimated to be more than $2 billion annually.[5]

3.4 Regulatory Safeguards

There are four inter-related policy objectives within the *RHPA* that are central to the question of regulation: public protection, quality of care, access and accountability. They are achieved through mechanisms built into the Act. Psychotherapy is practiced in Ontario without benefit of statutory regulation. This means that anyone with or without qualifications may call him or herself a psychotherapist and practice psychotherapy.

Under today's *RHPA*, there are no controlled acts that are specifically authorized to psychotherapists in Ontario, and only physical harm to a patient or client is recognized in the statute. While formal accountability for regulated professionals, including social workers, exists, there is no requirement for unregulated professionals to adhere to standards for education and qualification, continuing competence, complaints and disciplinary processes and practice standards. Further, regulated professionals may practice psychotherapy without educational requirements or standards specific to psychotherapy.

3.5 Education and Training

At present, professional psychotherapy training is diverse with little or no harmonization or standardization. This may be due to the presence of many schools of thought within the broad spectrum of psychotherapy as well as the various professional backgrounds of the practitioners. Unlike social work and psychology, for example, there are no schools of psychotherapy affiliated with any university. Rather, there is a broad range of educational settings for psychotherapy training from academic institutions, such as community colleges, to stand-alone training centres or institutes.

Psychotherapy education is also often structured according to whether it is taught as a single component of a broader, professional skill-set (e.g.

[4] These numbers may include some counsellors and individuals providing "therapy" of an indeterminate theoretical basis.

[5] *Selected Costs, Mental Disorders, All Ages, Both Sexes, Ontario 1998*, Public Health Agency of Canada, Economic Burden of Illness On-line. The figure cited does not include costs associated with non-physician providers.

social worker, psychiatrist) or whether it comprises the sole professional foundation (e.g. psychotherapist, psychoanalyst). In the former, competence in psychotherapy is acquired as part of completing general degree requirements, whereas in the latter, training is specialized in psychotherapy alone.

Training for self-identified psychotherapists is varied. Doctoral and master's level psychologists must meet experience requirements working with clients under supervision. Social workers and nurses may have advanced mental health training, including supervised practice experience. For psychiatrists, case supervision is provided during residency training. Other physicians who practice psychotherapy (commonly referred to as "GP psychotherapy") may have little or no formal education in psychotherapy as part of their medical training.

Those outside the currently regulated professions who practice psychotherapy may have completed many years of psychotherapy education and supervised practice – or none at all. Some have completed undergraduate or master's degrees in fields related or unrelated to their careers as psychotherapists. Others have completed programs offered by centres specializing in psychotherapy training, such as the Adler Professional Schools, the Centre for Training in Psychotherapy, the Gestalt Institute, the Ontario Association of Jungian Analysts, and the Toronto Institute for Psychoanalysis. Still other practitioners have received training in Europe or the United States where educational programs in psychotherapy are more numerous. Some have enrolled in programs for which the main entrance qualification is "life experience."

Elements common to all types of formal psychotherapy training include the ability to: listen to and understand clients and patients and attend to nonverbal communication, develop and maintain a therapeutic alliance with patients and clients, understand the impact of the therapist's own feelings and behaviour so they do not interfere with treatment, and recognize and maintain appropriate therapeutic boundaries.

3.6 Current Regulation

Several regulatory colleges include members who provide psychotherapy services. These are the College of Psychologists of Ontario (CPO), the College of Physicians and Surgeons of Ontario (CPSO), the Ontario College of Social Workers and Social Service Workers (OCSWSSW), and the College of Nurses of Ontario (CNO). Practitioners associated with these colleges must meet the qualifications and standards established by their Colleges. CPO, CPSO and CNO are governed by the *RHPA*; OCSWSSW is governed by the *Social Workers and Social Service Workers Act, 1998*.

Psychotherapy services are also provided by persons outside the currently regulated professions. Among this group, some are members of voluntary, self-regulatory professional associations such as the Ontario Society of Psychotherapists, and the Ontario Association of Consultants, Counsellors, Psychometrists and Psychotherapists. These organizations establish education and experience qualifications and practice guidelines for members.

Generally, these include completion of a didactic learning program plus a specified number of hours of supervised practice experience.

Other practitioners have no professional affiliations and adhere to no identifiable standards or codes of ethics.

3.7 Other Jurisdictions

In Canada, Alberta recently restricted the "provision of a psycho-social intervention in cases of substantial thought, mood, perception, orientation or memory disorder that grossly impairs judgement" to six regulated health professions. British Columbia has been reviewing the possible regulation of psychotherapy/clinical counselling as a subset of counselling for several years. While Quebec has formally regulated a number of professions, including but not limited to psychologists, psychoeducators and social workers, the regulation of psychotherapy remains under consideration.

In the United States many states restrict the practice of psychotherapy through a range of approaches – from voluntary registration with a state board to formal licensing.

The United Kingdom is considering mandatory registration for psychotherapists. The UK currently has a voluntary system of self-regulation that brings together 80 voluntary professional associations under the umbrella of the United Kingdom Council for Psychotherapy.

In the spring of 2005, the New Zealand National Psychotherapy Association formally requested that psychotherapy become a regulated profession. Australia is also in the midst of a professional review regarding the regulation of psychotherapists.

4. Factors Informing HPRAC's Recommendation

4.1 Risk of Harm

Given that the practice of psychotherapy often takes place in private, unsupervised settings with emotionally vulnerable patients/clients, it is widely agreed that there is a significant risk of harm inherent in the practice of psychotherapy.

While consequences of substandard or negligent practice may not always be obvious, survey data, professional disciplinary cases and court actions, together with the views of regulators and practitioners in the field based on experience, reveal that incidents of abusive and negligent behaviour with serious consequences for patients or clients, and sometimes third parties, occur in the context of psychotherapy. The risk of harm is one of the main justifications cited by other jurisdictions for regulating the practice of psychotherapy.

There are two major sources of potential harm for patients/clients receiving psychotherapy:

- the nature of the relationship between patient/client and therapist; and

- the failure to properly assess or implement specific psychotherapeutic interventions.

Examples of harm arising from the therapeutic relationship include:

- exploitation and/or abuse of the patient/client;
- engaging in sexual contact or any sexual relationship with the patient/client;
- breaching the patient's/client's privacy/confidentiality through unsanctioned disclosure of clinical information

Examples of harm arising from failure to properly assess or implement care include:

- employing inappropriate treatment approaches, thereby causing delay in appropriate management or resolution of the problem, and possible exacerbation of the patient's/client's condition; and
- failure to identify physical or mental health issues requiring other forms of treatment.

The nature of psychotherapy practice, particularly the intense client-therapist relationship, brings with it special concerns, for example transference (the redirection of feelings and desires to a new object, sometimes the psychotherapist). In addition, an inherent power imbalance exists in the patient-therapist relationship, one that may be manipulated and exploited by an unscrupulous practitioner dealing with an emotionally fragile or vulnerable client.

Throughout HPRAC's consultation process, a large majority of stakeholders clearly stated that there is risk of harm associated with the practice of psychotherapy. This conclusion was confirmed by jurisdictional reviews. In particular, two groups were identified as posing an increased risk of harm to patients or clients:

- Unregulated practitioners engaged in private individual practices, especially those without professional affiliation, supervision, or a circle of peers; and
- Regulated professionals who practice psychotherapy without formal training in psychotherapy.

4.2 Supervision

A significant number of psychotherapists practice independently, often from their own homes, without supervision, institutional constraints or opportunity for peer collaboration or oversight. Many have no affiliation with professional groups or mentors. The number of solo practices appears to be increasing, as fewer institutions and mental health agencies offer psychotherapy.

4.3 Standards of Practice

At present, there are few, if any, consistent professional standards specific to psychotherapy in place for psychotherapists who are members of regulated colleges, and a patchwork of standards for unregulated practitioners who may or may not adhere to voluntary standards of

practice. Health professionals who have been stricken from professional registers and subsequently taken up psychotherapy practice are not accountable to standards of either a professional or voluntary body.

4.4 Consumers

There is a great deal of public confusion about the roles and qualifications of practitioners – psychiatrists, psychologists, psychotherapists and other disciplines – offering psychotherapy. Many people are surprised to learn that psychotherapy is not regulated. They assume psychotherapists are more or less equally qualified. Lack of public awareness exacerbates the risk of harm. In this context, it should be noted that the province's Psychiatric Patient Advocate Office strongly supports regulation of psychotherapy.

4.5 Accountability

The lack of a complaints body or process for unregulated psychotherapists, other than the courts, is seen as a serious public policy shortcoming. It leaves clients or patients at risk and without recourse, except at considerable expense and unwanted public exposure. Many other jurisdictions, including at least a dozen U.S. states, have concluded for this reason that psychotherapy carries a significant risk of harm that warrants some form of regulation.

4.6 Willingness to be Regulated

HPRAC's consultations with stakeholders showed strong support for regulation.[6] Support for regulation is found across a wide range of groups representing both currently regulated and currently unregulated practitioners. Of particular note is the strong support shown by the Ontario Coalition of Mental Health Professionals, representing 4,300 practitioners.[7] Additionally, a large number of practitioners belong to voluntary organizations where a condition of membership is compliance with practice standards, discipline and codes of ethics. This further indicates a willingness to accept the responsibilities of self-regulation.

4.7 Ability to Favour the Public Interest

Two factors demonstrate the commitment of the psychotherapist community to the public interest. One is the existence of a number of voluntary, self-regulating organizations that have established membership qualifications. These bodies have codes of ethics and professional conduct and complaints committees and continuing professional development programs that support the public interest principle. Members pay fees to support their organization's operations.

While membership in one of these professional associations or institutes confers professional recognition and stature on its members, there

[6] Close to two-thirds of stakeholders who made written submissions or oral presentations to HPRAC supported regulation.

[7] The Ontario Coalition of Mental Health Professionals includes 10 professional organizations and six affiliated training institutes.

appears to be a genuine desire on the part of professional organizations to enhance practice standards and professional accountability. In addition, the number of practitioners represented by organizations seeking regulation suggests that the leadership has the support of a sizeable membership base.

The second factor is that regulated colleges, with a number of psychotherapist practitioners, have a duty to favour the public interest over the interest of the profession, and their allegiance to this principle was clear to HPRAC throughout the discussions.

4.8 Access to Service

There is general recognition that psychotherapists provide important mental health services. In some parts of the province, independent psychotherapy services are more readily accessible than mental health services provided in institutional and community mental health settings. HPRAC heard that some employers feared that current mental health workers may not be able to provide some mental health services if a broad definition of scope of practice is employed. Others noted the impact that regulation might have on special populations[8], cultural minorities and under-serviced areas, especially remote and rural communities.[9]

The majority of respondents told HPRAC that to protect the public interest it would be important to expand regulation of qualified psychotherapists beyond those practitioners who are currently regulated to ensure that the services and skills they provide are not lost to the mental health system.

> Admission to practice should not be unduly restricted by unnecessarily onerous or narrow training criteria...admission to the profession should not be limited to currently recognized regulated health professionals, as this would unduly limit public access to well-qualified practitioners with other backgrounds.
>
> College of Physicians and Surgeons of Ontario

It should be noted that the majority of respondents said that regulation should protect the public interest by supporting continued access to psychotherapy services while requiring appropriate high minimum qualifications, standards of practice and public accountability for practitioners.

4.9 Regulating the Practice or the Professional

The Minister asked HPRAC for advice on whether psychotherapy or psychotherapists should be regulated. Differences between the two approaches – regulating the activity versus regulating the professionals who provide the activity, and their implications, are not easily grasped, particularly by those unfamiliar with regulatory concepts. Were

[8] "…the types of services that our counsellors provide…are based on cultural and traditional values…Regulating psychotherapy and counselling would be detrimental to our clientele as they would be underserviced." Ontario Native Education Counselling Association.

[9] "Highly restrictive regulation would virtually eliminate counselling and psychotherapeutic service in rural communities in Ontario." Family Services London/Thames Valley

psychotherapy to be designated a controlled act, the activity of psychotherapy would be regulated, and authorization to perform the act would be given to a limited number to practitioners with appropriate qualifications. Were psychotherapists to be regulated, their scope of practice relating to psychotherapy would be defined in the statute, and they would be limited to acting within the scope. This question was made more complex by the fact that the psychotherapist cohort is made up of both regulated professionals and unregulated practitioners. For the latter, neither controlled act nor scope of practice provisions would apply.

5. Summarizing the Case for Regulation

Based on analysis of the risk of harm to the public posed by the unregulated practice of psychotherapy, developments in other jurisdictions, and thoughtful opinion and experiences of professionals, practitioners and members of the public, HPRAC has concluded that regulation is in the public interest. Regulation will reduce the risk of harm in the practice of psychotherapy in the following ways:

- **Entry-to-practice –** Introduction of high minimum educational and supervised practice requirements for entry-to-practice will provide assurance that those who are registered as psychotherapists have the foundational skills and are qualified to provide psychotherapeutic services.

- **Quality Assurance –** Participation in professional quality improvement, professional development and continuing competence activities will provide opportunity for peer collaboration, case review and institutional or collegial oversight.

- **Improved Accountability –** Clients or patients of currently unregulated practitioners will gain new recourse for incidents of alleged incompetence, professional misconduct, sexual abuse or other boundary violations through complaints and discipline processes of a regulatory body.

- **Enforcement –** Statutory regulation will establish complaints, discipline and quality assurance programs. With professional regulation comes accountability, ultimately through a system of penalties, including loss of registration.

6. HPRAC's Initial Conclusions

After extensive examination and analysis of the salient issues, HPRAC reached the following conclusions:

1. Both psychotherapy and psychotherapists should be regulated.

2. Psychotherapy can be distinguished from supportive counselling. Counselling that is the provision of information, encouragement, advice and instruction about emotional, social, educational or spiritual matters is not psychotherapy.

3. Any new regulatory framework should address both currently regulated and currently unregulated practitioners.

7. Regulatory Options Considered

Having concluded that psychotherapists and psychotherapy should be regulated in Ontario, HPRAC considered a number of regulatory options.

7.1 Voluntary Self-Regulation

Because of the risk of harm associated with the practice of psychotherapy, and the overwhelming consensus by a broad spectrum of stakeholders that statutory regulation is needed, the status quo, including voluntary self-regulation, was not seen as a viable option. Voluntary self-regulation, while useful, lacks powers of enforcement.

7.2 Registry of Practitioners

Another option considered is a registry of psychotherapists in Ontario. Initially, practitioners would be encouraged to join the registry on a voluntary basis and provide information about their practice areas, training and qualifications. This would be accessible to the public and could raise public awareness. While a registry would provide a limited form of public protection, it would not filter out unqualified practitioners, set standards or provide a complaints and discipline process. As is now the case, anyone with or without qualifications would be able to practice psychotherapy, call him or herself a psychotherapist and be included in the registry. Ultimately, this was rejected as a stand-alone option because it would not provide sufficient public protection.

7.3 Title Protection

Title protection, by itself, is the weakest form of regulation on the continuum of regulatory options. Under the *RHPA*, title protection provides a measure of public protection by identifying providers who have met qualifications for registration in the College concerned. It does not, however, stop others from engaging in activities normally performed by those entitled to use the title. It only prevents others from using the protected title(s). For this reason, HPRAC did not consider title protection, on its own, as providing adequate public protection.

7.4 Regulation within an existing College

HPRAC considered whether it would be possible to add practitioners to existing Colleges. Under this option, currently unregulated practitioners wishing to designate themselves as psychotherapists would be required to join an existing College. Some in this category may have credentials that would qualify them for registration with an existing College. For others lacking such qualifications, a new class of registrant would have to be created within one or more existing Colleges.

The greatest obstacle to this option is extremely limited support from both regulated and unregulated practitioners. Furthermore, no College appeared willing to take on this added regulatory burden. This option, too, was rejected.

7.5 Controlled Act

HPRAC considered defining a controlled act of psychotherapy and limiting its practice to those authorized to perform it under the *RHPA*, either as members of an existing *RHPA* College or of a new College.

A controlled act of psychotherapy would provide the highest level of regulation and public protection. The disadvantage is that it would require a precise definition of the act of psychotherapy comparable to the wording of the 13 existing controlled acts under the statute. This is not viable, because psychotherapy is a process and cannot be characterized as a single act.

The controlled act approach would also bring with it the requirement for significant change to the *Social Workers and Social Service Workers Act, 1998*, including the addition of a new regulatory principle for the social work profession. A number of social workers practice psychotherapy. If changes to the Act were not made, social worker-psychotherapists would be required to qualify for dual membership in either an existing or new *RHPA* College in addition to their own professional College.

Concerns were expressed to HPRAC that a controlled act of psychotherapy would stifle the evolution of a dynamic and maturing discipline. HPRAC concluded that adding an additional controlled act of psychotherapy in the *RHPA* was not a workable option.

7.6 Amending the *RHPA* Harm Clause

The *RHPA* harm clause (Section 30) prohibits individuals, other than regulated health professionals acting within their scope of practice, from treating or advising someone about their health in circumstances where it is reasonably foreseeable that serious physical harm may result. The effect of the harm clause is to prohibit either lay persons or professionals acting outside their scope of practice from performing potentially harmful activities related to a person's physical health.

An amendment to the *RHPA* harm clause to include psychological or emotional harm could serve to prohibit individuals, other than regulated health professionals acting within their scope of practice, from treating or advising someone about their health in circumstances where it is reasonably foreseeable that serious emotional, psychological or physical harm may result.

HPRAC is of the opinion that mental health should be considered as part of the health of an individual in addition to physical health. This is further discussed in the Legislative Framework report.

8. Preferred Approach to Regulation

HPRAC is convinced that the *RHPA* is the preferable regulatory model, and that psychotherapy should be regulated under the Act through a new College of Psychotherapists.

HPRAC proposes that both the practice of psychotherapy and its practitioners be regulated by way of title protection and an enforceable scope of practice within the *RHPA*.

9. A New Regulatory Framework for Psychotherapy

9.1 Establishing a New College of Psychotherapists

HPRAC has concluded that a new College of Psychotherapists should be established under the *Regulated Health Professions Act, 1991*.

While some respondents argued for a regulatory framework outside the *RHPA*, the reason often cited was the belief that regulation under the *RHPA* would exclude currently unregulated practitioners. HPRAC proposes that practitioners who are currently unregulated would be required to become members of the new College.

Practitioners who are now regulated would continue to be regulated under their own Colleges.

9.2 Composition of the Council of the College

HPRAC recommends that the Council of the College be composed of at least six and no more than nine persons who are members elected according to the College's by-laws and at least five and no more than eight persons appointed by the Lieutenant-Governor-in-Council. The Council would elect a President and Vice-President annually from among its members.

9.3 Cross-Professional Collaboration

To ensure that members of all regulatory colleges who practice psychotherapy have benefit of broad standards that can be applied to the unique circumstances of their professions, HPRAC recommends that the Council of the College of Psychotherapy establish an Advisory Committee to include representatives of the College of Psychologists of Ontario, College of Physicians and Surgeons of Ontario, Ontario College of Social Workers and Social Service Workers, and the College of Nurses of Ontario.

9.4. Members of Existing Colleges

HPRAC has concluded that members of existing *RHPA* Colleges and of the Ontario College of Social Workers and Social Service Workers, who already practice within regulatory frameworks established by the *RHPA* and *Social Work and Social Service Work Act* (1998) respectively, should be able to provide psychotherapy without having to become members of an additional, new regulatory body.

They would, however, be required to demonstrate compliance with qualifications and standards specific to psychotherapy. Since the College of Social Workers and Social Service Workers is outside the *RHPA* framework, (having its own stand-alone Act), a specific provision would be required to include this key group of professionals in the regulatory framework for psychotherapy. Such a provision is recommended.

9.5 Standards in Existing Colleges

In the course of its work, HPRAC heard significant concern that existing Colleges have yet to establish specific educational qualifications and standards to adequately support the safe and effective practice of psychotherapy by their members. HPRAC shares that concern.

HPRAC recommends that the Colleges of regulated professionals who practice psychotherapy (the Colleges of Psychologists, Social Workers and Social Service Workers, Nurses, and Physicians and Surgeons) develop, implement and enforce their own minimum qualifications and standards of practice specific to psychotherapy. If the existing Colleges fail to develop standards specific to psychotherapy, their members who practice psychotherapy would be required to adhere to standards of the College of Psychotherapists.

9.6 Title Protection and Representation

Title protection protects the public interest by providing patients with a clear way to identify whether a practitioner has the minimum educational and other qualifications to practice psychotherapy under the purview of an appropriate regulatory body.

A protected title or titles must be understandable to the public, and there should be a recognized link between the title(s) and the services being provided. While stakeholders support protection of the title “psychotherapist,” some expressed concern about limiting title protection to a single title. A number of participants suggested that other titles be included, including “psychotherapist/counsellor”, “marriage and family therapies” or “art therapist”.

HPRAC is convinced, however, that the title “psychotherapist/counsellor” would lead to confusion regarding the scope of the regulated activity by suggesting that all counselling activities fall within the regulatory framework. Other titles, as appropriate, can be added by regulation.

Under the *RHPA*, title protection is supported by “holding out” restrictions. These restrictions prohibit persons, other than members of a regulatory College, from representing themselves (‘holding themselves out’) as members of that College, either directly by using the protected title, or indirectly by using words or conduct to suggest they are authorized to identify themselves as such.

The title “psychotherapist” is widely used and accepted by practitioners, other health care professionals, patients, clients and members of the public. For this reason HPRAC recommends that “psychotherapist” be the protected title.

9.7 Enforceable Scope of Practice

HPRAC has concluded that the risk of harm presented by psychotherapy is serious enough to warrant removing it from the public domain and requiring those who perform it – whether they call it psychotherapy or something else – do so within a regulatory framework that establishes and enforces high minimum qualifications and standards.

Currently, the activities regulated by the *RHPA* fall into two general categories and regulatory approaches:

- Acts that present a risk of harm to patients such that they are listed in the *RHPA* as "Controlled Acts". Controlled acts can only be performed by members of specified *RHPA* Colleges who, in order to become members, must meet relevant minimum qualifications and standards.

- Acts that do not present a risk of harm that warrant removing them from the public domain as controlled acts. Performance of these non-controlled acts is not limited to members of *RHPA* Colleges. While members of *RHPA* colleges may perform these acts while acting within the scope of their respective professions, there is no prohibition to prevent others from performing them too (including members of other *RHPA* Colleges and unregulated practitioners).

The problem, however, is that the *RHPA*'s controlled act approach is unworkable for psychotherapy. This is because it is impossible to single out a clearly discernible act that forms part of the practice of psychotherapy (and is unique to it) that serves to create the risk of harm for patients. Rather, it is the process of the practice of psychotherapy (and variable elements within that process) that creates this risk of harm.

HPRAC's recommended solution to this problem is to introduce into the *RHPA* framework the concept of a legally enforceable scope of practice for psychotherapy for all practitioners. The relevant provision would describe the nature and extent of the activities that will be subject to this new regulatory framework regardless of the title or label used by a practitioner, and prohibit practitioners of existing Colleges who are not qualified to practice psychotherapy and those who are not members of the new College of Psychotherapists from practicing within that scope.

Establishing a legally enforceable scope of practice for psychotherapy will protect the public interest in two important ways:

- It will provide better protection against practitioners who may seek to evade the new regulatory framework simply by using a title other than the protected title or titles (i.e. title-dodging). This is an important point given the wide range of titles used by those who currently practice psychotherapy.

- It will help communicate to members of the public the range of activities for which membership in the new College is required to ensure minimum educational and other qualifications for practice.

While this recommended approach adds a new regulatory method to the *RHPA*, it has been followed in other jurisdictions to regulate psychotherapy (including, for example, Arizona, Florida and California). Moreover, this is not an approach that is foreign to the regulation of health professions in Ontario. Legally enforceable scopes of practice were a feature of the former *Health Disciplines Act* (Ontario).

For these reasons, HPRAC recommends an enforceable scope of practice for psychotherapists in Ontario.

9.8 Proposed Scope of Practice

HPRAC proposes the following description of psychotherapy form the scope of practice in the new regulatory framework:

> Psychotherapy is the provision of a psychological intervention or interventions delivered through a therapeutic relationship for the treatment of cognitive, emotional or behavioural disturbances.

This proposed scope takes into account the comments received throughout HPRAC's consultation process.

The scope of practice would apply to a member in good standing of the College, the College of Psychologists of Ontario, the College of Physicians and Surgeons of Ontario, the Ontario College of Social Workers and Social Service Workers, and the College of Nurses of Ontario who has met the qualifications specific to the practice of psychotherapy as established by their College.

It is to be noted that the initial emphasis of regulation for all practitioners (both currently unregulated and regulated) will be upon the creation of generally applicable qualifications for entry to practice and standards of practice (i.e. requirements that are relevant to all practitioners rather than prescriptive standards specific to each modality within the general field of psychotherapy).

9.9 Exceptions and Exemption – Counselling, Religious Care and Aboriginal Healer

The current *RHPA* contains two exceptions and one exemption pertaining to spiritual and religious care:

- counselling for the purpose of emotional, social, educational or spiritual matters (s. 29(2) of the *RHPA*).

- treating a person by prayer or spiritual means in accordance with the tenets of the religion of the person giving the treatment (ss. 29(1)(c) and 30(5)(c) of the *RHPA*).

- Aboriginal healers providing traditional healing services to aboriginal persons or members of an aboriginal community and aboriginal Midwives are exempt under (s.35 (1)(a)(b) of the *RHPA*).

Given that the proposed new regulatory framework will not encompass counselling, the first exception presents no issue. However, HPRAC recommends that for additional clarity, an exception should be included in the Psychotherapy Act specifying that it "does not apply to counsellors providing information, encouragement, advice or instruction about emotional, social, educational or spiritual matters."

Commentators strongly supported the proposition that faith-based practitioners who provide psychotherapy during the course of spiritual or religious care should meet the same qualifications and standards as other practitioners of psychotherapy. This is a matter that should be reviewed further.

As noted, Aboriginal healers are exempt from the *RHPA*, and HPRAC recommends that there be no change in the exemption for the purposes of the new Act.

9.10 Access to the Controlled Act of Communicating a Diagnosis

The clinical diagnosis of mental or emotional disorders utilizes criteria from the *Diagnostic and Statistical Manual of the American Psychiatric Association* (DSM-IV TR), and is often supported by psychological testing. Currently, a limited number of professionals are permitted under the *RHPA* to diagnose and therefore to "communicate a diagnosis."

It is important to recognize that psychotherapists work from a treatment plan based on three elements: the patient's difficulties or treatment goals; articulation of the obstacles that stand in the way of achieving those goals; and the technique(s) or relationship(s) that can help the patient to learn how to address these obstacles.

Prior to engaging in psychotherapy with a patient, all therapists need to formulate the case and develop an appropriate treatment plan. Assessment plays an important role in the latter. The nature of this assessment may be based on factors that are broader than a Diagnostic and Statistical Manual of the American Psychiatric Association syndrome, or may be based on diagnostic information provided by a physician or psychologist, and then forms the basis of the treatment plan. With respect to the former, the nature of the assessment may be guided by the therapist's professional training and is intended to view the presenting problem through a particular lens or framework. Psychotherapists with a social work background for example, may assess for a link between systemic factors and symptom expression, while those trained in working through the body might assess for a link between areas of physical tension and symptoms. While this may be informative for the practice of psychotherapy, this type of assessment falls short of the threshold for a clinical diagnosis of a mental or emotional disorder.

Because clinical diagnosis is not a key component in the performance of psychotherapy and because training in psychotherapy does not extend to training in clinical diagnosis HPRAC recommends that the controlled act of "Communicating a Diagnosis" is not required for psychotherapy.

10. Transition to Regulation

HPRAC recommends that a Transitional Council be established to oversee a structured transition to regulation of the College of Psychotherapy over a three-year period. The main functions of the Transitional Council would be to:

- Develop a list of practitioners who identify themselves as practicing psychotherapy.
- Identify a core body of knowledge common to all psychotherapy practice, with an emphasis on common foundational elements, and develop educational and experience qualifications and equivalencies for registration.
- Identify education and training programs to enable educational institutions to develop and tailor curricula, as required.
- Enable practitioners to acquire additional training, if required.
- Collaborate with existing Colleges whose members practice psychotherapy with regard to standards.
- Develop registration, complaints and discipline programs and processes.
- Develop communications programs to provide information to regulated and unregulated psychotherapists and members of the public.

10.1 Composition of a Transitional Council

Members of a Transitional Council, its chair and vice-chair would be appointed by the Lieutenant-Governor-in-Council, on the recommendation of the Minister of Health and Long-Term Care. The Transitional Council, in turn, would appoint a Registrar.

In addition to the Chair and Vice-Chair, HPRAC recommends that the Transitional Council be composed of at least six and no more than nine people who are currently unregulated practitioners of psychotherapy; at least five and no more than eight public members; at least four and no more than six representatives (collectively) of the Colleges of Psychologists, Physicians and Surgeons, Social Workers and Social Service Workers, and Nurses.

The purpose of including representatives of the existing Colleges is to ensure their involvement in the development of qualifications and general standards for the practice of psychotherapy. The Colleges have regulatory expertise to contribute to this effort, and would themselves be tasked with similar responsibilities with respect to psychotherapy, and to develop qualifications and standards specific to psychotherapy for their members who practice it.

It is not contemplated that representatives of existing Colleges on the Transitional Council would become members of the governing council of the new College. Their appointments to the Transitional Council would terminate when the new College is officially established. It is anticipated, however, that the existing Colleges would continue to work with the College of Psychotherapists through an Advisory Committee once the permanent council is in place.

10.2 Entry to Practice Requirements

A major task of the Transitional Council would be to establish the foundational qualifications and the educational equivalencies for entry to practice as a psychotherapist, and provide for continuing competence of members.

This would include the identification of common principles from the various approaches to psychotherapy training in Ontario. These principles could then serve as minimum training standards, that along with operational evaluation criteria, would designate those eligible for entry to practice. To that end, there are two categories of training experiences that should be included in the Transitional Council's evaluation – those that are formative and sufficient and those that are professionally supportive but insufficient.

1. **Formative Professional Development:** The essential educational experiences that comprise psychotherapy training are a combination of didactic coursework and supervision of clinical cases. This is intended to impart the knowledge, skills, attitudes and values that promote psychotherapeutic competence. Each modality of psychotherapy has a theoretical body of knowledge that must be mastered and its application in clinical treatment by therapists in-training must be supervised. A duration of two years of this type of training would be a minimum training period required.

2. **Continuing Professional Development:** Attending a brief training workshop or participating in a longitudinal seminar without case supervision would not contribute to the formative qualification for a psychotherapist, but would support continuing education once the professional designation had been attained.

10.3 Communications

The Transitional Council should implement a strategic communications program targeted to practitioners and members of the public to convey the following messages:

- The purpose of regulation is not to exclude currently unregulated practitioners. It is intended to bring them into a regulatory framework to support safe, effective and accountable practice in the public interest.

- Currently unregulated practitioners themselves will play a significant role in the transition to regulation, including a role in establishing qualifications and standards.

- Regulated practitioners will meet accountability standards established by existing Colleges.

11. Conclusions

Psychotherapy and psychotherapists are not regulated in any comprehensive or consistent way in Ontario. Anyone, with or without credentials, may practice psychotherapy and call him/herself a psychotherapist.

Psychotherapy is provided by a spectrum of practitioners, ranging from regulated health professionals (physicians, psychologists, social workers), to those with master's degrees in psychology plus specialized training in psychotherapy, and those who have little or no formal training.

Overwhelmingly, respondents to HPRAC's *Discussion Guide*, and speakers at public consultations told us that the practice of psychotherapy by unskilled practitioners poses a risk of harm to the public. Harm may result from inappropriate assessment and treatment, delayed referral to qualified professionals, and abuse of clients sexually, emotionally and financially. The potential for abuse is heightened when psychotherapy is practiced in isolation without supervision or peer support.

The potential for harm to vulnerable clients has been recognized by other jurisdictions, which are considering regulation or have introduced regulatory schemes.

HPRAC's analysis supports a conclusion that the potential for harm by unskilled or unscrupulous practitioners of psychotherapy calls for regulatory intervention. HPRAC has examined a number of regulatory options, including: 1) the creation of a registry 2) amending the *RHPA* harm clause; 3) title protection; 4) title protection with scope of practice; 5) regulating unregulated practitioners under an existing College; and 6) designating a new controlled act for psychotherapy under the *RHPA*.

HPRAC evaluated these options while weighing the public interest, the need for professional accountability, and access issues. HPRAC concluded that title protection and an enforceable scope of practice provide the best balance, and that the most appropriate statutory vehicle is the *RHPA*, which provides a comprehensive yet flexible approach to regulation.

Following a reasonable transition period, during which practitioners would be asked to submit information to the Transitional Council as part of a provincial Registry or List, HPRAC recommends that a permanent regulatory body, the College of Psychotherapists, be established.

One of the first steps in the regulatory process would require existing regulatory Colleges whose members practice psychotherapy (College of Psychologists of Ontario, College of Physicians and Surgeons of Ontario, Ontario College of Social Workers and Social Service Workers, and the College of Nurses of Ontario) to develop high minimum qualifications, general practice guidelines and continuing competence requirements specific to the practice of psychotherapy for their members who practice

psychotherapy. This could be accomplished by means of a directive from the Minister under a provision of the *RHPA*.

A collaborative interdisciplinary approach to the practice of psychotherapy by Colleges is fundamental to protecting the public interest, and ensuring that people who need psychotherapeutic services can rely on qualified practitioners from a range of disciplines.

A critical consideration is the need for public education, including how to find a qualified practitioner, clients' rights and how to lodge a complaint against a practitioner. A public awareness campaign on the process leading to regulation will be essential for both practitioners and members of the public.

12. Recommendations

HPRAC recommends to the Minister:

1. That psychotherapy and psychotherapists be regulated under the *Regulated Health Professions Act*.

2. That a College of Psychotherapists of Ontario (Ordre des psychothérapeutes de l'Ontario) should be established.

3. That an enforceable scope of practice of psychotherapy should be defined in the Act, and that the scope of practice should restrict the practice of psychotherapy to certain regulated professionals, and that an exemption for certain activities should be included as follows:

   (1) Psychotherapy is the provision of a psychological intervention or interventions, delivered through a therapeutic relationship, for the treatment of cognitive, emotional or behavioural disturbances.

   (2) No person other than a member in good standing of the College, the College of Psychologists of Ontario, the College of Physicians and Surgeons of Ontario, the Ontario College of Social Workers and Social Service Workers, and the College of Nurses of Ontario who has met the qualifications specific to the practice of psychotherapy as established by their College shall engage at any time in any of the activities as set out in (1).

   (3) The Act does not apply to counsellors providing information, encouragement, advice or instruction about emotional, social, educational or spiritual matters.

   (4) Notwithstanding (3), treatment that goes beyond the bounds of counselling should not be exempted.

4. That the Council of the College should be composed of (a) at least six and no more than nine persons who are members elected in accordance with the College's by-laws; (b) at least five and no more than eight persons appointed by the Lieutenant-Governor-in-Council who are not members of the College, another College or Council under the *RHPA*.

5. That the Council of the College should establish an Advisory Committee to include representatives of the College of Psychologists of Ontario, College of Physicians and Surgeons of Ontario, Ontario College of Social Workers and Social Service Workers, and the College of Nurses of Ontario.

6. That the Council should have a President and Vice-President elected annually by Council from among its members.

7. That every member of the College who practices psychotherapy or resides in Ontario and who is not in default of payment of the annual membership fee should be entitled to vote in an election of members of the Council.

8. That the use of the title "psychotherapist" should be restricted to members of the College and members of the College of Psychologists of Ontario, the College of Physicians and Surgeons of Ontario, the College of Social Workers and Social Service Workers, and the College of Nurses of Ontario who are qualified to practice psychotherapy.

9. That a person who is not a member of the College, or a member of the College of Psychologists of Ontario, the College of Physicians and Surgeons of Ontario, the Ontario College of Social Workers and Social Service Workers, and the College of Nurses of Ontario who practices psychotherapy should not represent him or herself as a person who is qualified to practice psychotherapy in Ontario.

10. That the Lieutenant-Governor-in-Council, on recommendation of the Minister, should appoint, for a period of three years, a Transitional Council, Chair and Vice-Chair.

11. That the Transitional Council should be composed of a Chair; a Vice-Chair; at least six and no more than nine persons who are currently unregulated practitioners of psychotherapy; at least four and no more than six persons who are nominated by the College of Psychologists of Ontario, the College of Physicians and Surgeons of Ontario, the College of Social Workers and Social Service Workers, and the College of Nurses of Ontario; and at least five and no more than eight persons who are not currently unregulated practitioners of psychotherapy or members of a regulated College or Council under the *RHPA*.

12. That the Transitional Council should have the authority to appoint a Registrar and the Registrar and the Council's committees should have the authority to accept and process applications for the issuance of certificates of registration, charge application fees and issue certificates of registration.

13. That the Transitional Council and its employees and committees should have the authority to do anything that is necessary or advisable until the Council is established.

14. That upon appointment of its members, the Transitional Council should move immediately to develop:

    (a) A list of currently unregulated psychotherapists including the names of persons who practice psychotherapy, their education and training, billing practices, as well as the form of psychotherapy that each registrant practices.

    (b) High minimum qualifications for the practice of psychotherapy.

    (c) General standards of practice for psychotherapy.

    (d) Quality assurance programs for psychotherapy.

    (e) The educational qualifications and equivalency standards to address the registration of currently unregulated practitioners.

15. That the Minister of Health and Long-Term Care should issue a direction under section 5 (1) (d) of the *RHPA*, and the Minister of Community and Social Services should issue a direction under Section 11 of the *Social Work and Social Service Workers Act*, requiring the College of Psychologists of Ontario, the College of Physicians and Surgeons of Ontario, the College of Social Workers and Social Service Workers and the College of Nurses of Ontario to establish high minimum qualifications and general standards for the practice of psychotherapy in their professions.

16. That where one or more of those Colleges, in the opinion of the Ministers, fails to establish the qualifications and the necessary mechanisms to implement and enforce these qualifications and standards within the time specified by the Ministers in their directives, the qualifications established by the College of Psychotherapists should be deemed to apply.

17. That subject to the approval of the Lieutenant-Governor-in-Council, and with prior review of the Minister, the Council of the College of Psychotherapy of Ontario should be authorized to make regulations

    - Prescribing high minimum qualifications for the practice of psychotherapy.

    - Prescribing and governing the therapies involving the practice of the profession and prohibiting other therapies.

    - Exempting modalities that do not constitute the practice of psychotherapy.

    - Adding protected titles.

    - Any matter relevant to the profession of psychotherapist and/or the practice of psychotherapy.

18. That complementary amendments should be made to the *Nursing Act, 1991*, *Medicine Act,1991*, *Psychology Act,1991* and *Social Workers and Social Service Workers Act, 1998*.