



## **Submission on proposed changes to certain psychologists' scope of practice to advance access to certain mental health services in Ontario**

The College of Family Physicians of Canada (CFPC) and the Ontario College of Family Physicians (OCFP) recognize the need for system reform to improve access to care. However, expanding scopes of practice without regard for other professional scopes only fragments care and undermines continuity between providers.

As the population ages, patients typically have more complex, chronic conditions and there are more prescription medications and diagnostic tests.<sup>i</sup> Managing this complexity and its effects on a patient's health requires the broad medical expertise of a family doctor.

The CFPC and OCFP assert that scope of practice reforms achieve best results when aligned with team-based care according to the [Patient Medical Home](#) (PMH) vision for family practice in Canada.<sup>ii</sup> In the PMH, family physicians lead teams to provide accessible, high-quality care for their patients. Canadians are better served by an established, well-connected interprofessional team of health care professionals, which can include psychologists, who provide high-quality, compassionate, and timely care.

Fragmenting care by dividing prescribing and diagnostic responsibilities among multiple providers can undermine continuity, increase duplication, and compromise patient safety.<sup>iii iv</sup> Continuity of care – ensuring that a patient receives care from the same provider (or an established team) over time – [has been shown](#) to significantly improve a patient's health and decrease the acuity and cost of their interactions with the health care system. A 2025 study shows that compared to primary care providers, patients of prescribing psychologists had 138% higher rates of psychiatric emergency department use and 175% higher rates of psychotropic polypharmacy.<sup>v</sup>

A key aspect of continuity of care is ensuring that patient health information is available to all providers in a patient's network of care. Pursuing additional scope expansion in the absence of integrated digital records further deepens fragmentation of care and patient safety risks. Rather than introducing isolated prescribing roles, the Ontario government must prioritize building a digital infrastructure that connects psychologists, family physicians, and other health providers across settings of care.

The government's proposal also raises questions about the education and training required for safe prescribing. For family physicians, advanced pharmacological and diagnostic competencies are developed over five to seven years of extensive medical school and residency education and training, along with continuing professional development activities. **By contrast, the postdoctoral Master of Science degree in clinical psychopharmacology (MSCP) does not exist in Canada.** While programs can be developed using foreign MSCP programs, it is important to consider the significant time, resources, and oversight required to launch a new program, that is comparable with existing medical standards, focused on patient safety.<sup>vi</sup>



Prescribing and laboratory test interpretation requires comprehensive medical training, clinical judgement, and the expertise to differentiate between medical and psychiatric diagnoses. This includes understanding a patient's full health context, such as comorbidities, medication-related syndromes, concurrent treatments, and social determinants of health. Further, psychologists are not positioned to provide ongoing monitoring and follow-up, which is critical in chronic disease management to ensure adherence and adjustment of treatment in response to ongoing changes in chronic conditions and different life stages.<sup>vii</sup>

Equitable access to care must be a priority for any health care system reform. **Seventy percent of psychologists practice in the private sector.**<sup>vii</sup> This has concerning implications for mental health care accessibility in Ontario. Challenges are especially acute for those lacking adequate workplace or extended health coverage.<sup>viii</sup> As a result, many Ontarians, particularly those in disadvantaged populations, cannot afford mental health care through these private providers.

Expansion of diagnostic tests must consider the additional effect on limited system resources and patient access to timely care, as well as how psychologists would manage incidental findings on diagnostic tests they order.

As the foundation of the health care system, family physicians must be meaningfully engaged by the Ontario government as any reforms are considered. True health care transformation must include the integration of psychologists into family physician-led health care teams aligned with the [Patient's Medical Home](#), as well as expansion of publicly covered mental health services. The team-based approach would improve the quality of care received by Ontarians and save costs across the health care system.<sup>i</sup> We urge the Ontario government to reconsider these proposed changes and to focus on policies that reinforce coordinated, team-based primary care, ensuring that all Ontarians receive safe, effective, and continuous care with the expertise of family physicians.

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<sup>i</sup> Canadian Medical Association. Why Canada's health system needs (a lot more) team-based care. 2024. <https://www.cma.ca/our-focus/workforce-planning/why-canadas-health-system-needs-lot-more-team-based-care>

<sup>ii</sup> College of Family Physicians of Canada. A new vision for Canada: Family Practice—The Patient's Medical Home 2019. Mississauga, ON: College of Family Physicians of Canada; 2019.

<sup>iii</sup> Halli-Tierney AD, Scarbrough C, Carroll D. Polypharmacy: Evaluating Risks and Deprescribing. Am Fam Physician. 2019 Jul 1;100(1):32-38. PMID: 31259501.



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<sup>iv</sup> Yeung EYH. There should only be one most responsible provider. *Can Pharm J* (Ott). 2020 Sep 25;153(6):317-318. doi: 10.1177/1715163520958021. PMID: 33282015; PMCID: PMC7689630.

<sup>v</sup> Hughes PM, Niznik JD, McGrath RE, Tak CR, Christian RB, Sleath BL, Thomas KC. Assessing the safety and efficacy of prescribing psychologists in New Mexico and Louisiana. *Am Psychol*. 2025 Oct;80(7):1019-1031. doi: 10.1037/amp0001373. Epub 2024 Jul 25. PMID: 39052357; PMCID: PMC11840812.

<sup>vi</sup> Idaho State University. Master of science in clinical psychopharmacology.

<https://coursecat.isu.edu/graduate/college-of-pharmacy/cp/mscp/>

<sup>vii</sup> MacCallum L, Dolovich L. Follow-up in community pharmacy should be routine, not extraordinary. *Can Pharm J* (Ott). 2018 Feb 8;151(2):79-81. doi: 10.1177/1715163518756586. PMID: 29531619; PMCID: PMC5843118.

<sup>viii</sup> <https://www.psych.on.ca/getmedia/5d9c963c-50a4-4295-81ce-466987596ebc/2024-Ontario-Psychological-Services-Report-Comprehensive-Fee-Survey-and-Analysis-of-Practice-Diversity-Across-Public-and-Private-Sector-FINAL.pdf>