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in Psychology**

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Assessment Submission for Entry-to-Practice Credential Change

Prepared by:

Nova Scotia Board of Examiners in Psychology

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Submitted to:

Nova Scotia Department of Health and Wellness

NOTE:

This report is evergreen and is based on information and data available to NSBEP on the day of submission. NSBEP is continuing consultation with registrants and relevant community partners and future versions will be updated accordingly.

Dedication

This submission is dedicated to the memory of Dr. Robin McGee, a compassionate and devoted advocate for best practices in psychology throughout Nova Scotia. Her unwavering spirit, dedication to excellence, and deep commitment to helping others have left an enduring mark on the field.

EXECUTIVE SUMMARY

This submission from the Nova Scotia Board of Examiners in Psychology (NSBEP) addresses two critical recommendations aimed at strengthening Nova Scotia's mental health care system:

1. **Formal Credential Change:** We propose raising the entry-to-practice (ETP) standard for psychologists from the current master's-degree level to a doctoral-degree level. This change is essential to align Nova Scotia with the standards set by most North American jurisdictions and to meet the evolving mental health needs of our population.
2. **Creation and Support of PsyD Programs:** To facilitate this transition, we recommend the establishment and robust support of Doctor of Psychology (PsyD) programs in Nova Scotia. These programs will provide the intensive training and clinical experience needed to produce highly skilled psychologists ready to serve across various sectors, including public health, education, and private practice.

Why These Changes Are Essential for Nova Scotians

Nova Scotia currently has the lowest credentialing standard of any province in Canada. We are among those with the lowest ETP degree requirement (master's), the lowest number of minimum practice hours to qualify for registration (500), and the lowest monthly candidate supervision hours (2 per month). The Canadian Psychological Association (CPA) has recommended a national doctoral standard since the 1980s. CPA-accredited doctoral programs ensure that training meets consistent minimum standards for professional practice, a benchmark that master's programs cannot achieve because they are not eligible for CPA-accreditation.

The mental health needs of Nova Scotians have increased and become more complex, particularly since the beginning of the pandemic¹. To meet this demand, Nova Scotia needs more sophisticated mental health providers and diagnosticians. Master's training, while valuable, is no longer sufficient to address today's needs nor to prepare graduates to manage complex mental health conditions by the time they enter practice.

Challenges with Current Master's Training

Master's programs are constrained by time and scope, they lack the time and/or capacity to adequately cover critical areas such as psychopathology, evidence-based intervention, equity, diversity and inclusion, ethics, interprofessional education, supervision, telepsychology and psychopharmacology. The rapid advancement of psychological research, particularly in understanding neurodevelopmental disorders like autism spectrum disorder (ASD) and attention-deficit/hyperactivity disorder (ADHD), further underscores the need for more comprehensive training.

Currently, it takes master's-level psychologists approximately 6 years from the start of their graduate program to achieve full licensure in Nova Scotia. Master's programs require 1 to 1.5 years of coursework and a minimum of 500 supervised clinical hours, followed by 4 years of supervised practice on the Candidate Register. This timeline, coupled with minimal direct supervision while on the Candidate Register (often just 2 hours per month in supportive and not

accountable supervision), delays their ability to work independently and limits their capacity to manage complex cases effectively. Currently, the 4-year supervision period for master's graduates is intended to provide additional training, but this model fails to be sufficiently systematic or standardized, with the result that there are inevitably gaps in the knowledge and skills base of master's-level psychologists. The recommended changes to ETP will enable longer, more in-depth and comprehensive pre-graduate educational preparation and supervised clinical training, while reducing the post-graduate supervision period, producing more skilled practitioners in a shorter timeframe.

Benefits of the Proposed Changes

1. **More Psychologists, Ready Sooner:** The PsyD model reduces the time to full licensure from approximately six years under the master's pathway to five years, while also increasing the scope of practice and competency. This accelerated timeline means more psychologists will be available to serve Nova Scotians more quickly, addressing critical shortages in mental health services.
2. **Enhanced Training and Competency:** PsyD programs require a minimum of 2200 hours of supervised clinical training, compared to the current 500 hours required under the master's degree standard. This better prepares new psychologists to handle the increasing complexity of mental health issues from the moment they enter the field.
3. **Support Across Sectors:** Graduates of PsyD programs will be equipped with advanced training, enabling them to provide leadership, supervision, and direct care in diverse settings, including public health, schools, and private practices. Their skills will support the broader health care system and meet the specific needs of vulnerable populations.
4. **Investment in Future Workforce:** Government funding for PsyD programs at Acadia University and Mount Saint Vincent University (MSVU) is a strategic investment in Nova Scotia's psychology training infrastructure. PsyD programs are better positioned to develop competencies in areas such as school and clinical psychology, ensuring that clinicians are well prepared to deliver front-line services and manage the mental health needs of children, adolescents, and adults at the point of entry into professional practice. Notably, the location and type of graduate program have relevance for retention. Collected data show that doctoral-level psychologists trained and supported in Nova Scotia are far less likely to leave NS than doctoral-level psychologists who are trained outside of NS. Master's-level psychologists trained in NS are more likely to leave than their doctoral counterparts trained in NS. Having more doctoral-level programs locally will lead to more psychologists staying in NS. Relying on other provinces to provide NS with doctoral psychologists is unreliable.
5. **Preserving Existing Expertise:** By retaining current master's-level practitioners, we maintain the valuable contributions of currently experienced psychologists while elevating the baseline for new entrants. This approach respects the work of current professionals while ensuring future psychologists meet the highest standards.

Conclusion

This proposal represents a forward-thinking strategy to elevate the quality and availability of mental health care in Nova Scotia. By adopting a doctoral entry-to-practice standard and supporting the creation of PsyD programs, we are investing in a stronger, more capable mental health workforce which can better meet the needs of our communities. These changes will lead to improved health outcomes, reduced wait times, and a more efficient mental health care system, while preserving the expertise of current practitioners. The government can confidently present these recommendations to the public as essential steps toward a healthier, more resilient Nova Scotia. With more psychologists with greater competencies ready to serve in a shorter timeframe we are ensuring that Nova Scotians receive the high-quality mental health care they deserve. This initiative is a net benefit for the province, enhancing public well-being and building a mental health system that is equipped for the challenges of today and tomorrow.

Assessment Submission for Entry-to-Practice Credential Changes

Nova Scotia Department of Health and Wellness

INTRODUCTION

To support the process for managing requests for changes to entry-to-practice (ETP) credentials in Nova Scotia, this document has been created to facilitate analysis by government of the impacts these changes have to delivery of care.

Principles:

- 1) *Analysis of a change to an ETP credential will be based on:*
 - a) *evidence of public need and benefit;*
 - b) *improved client outcomes; and/or*
 - c) *a significant change in the provision of health services delivery.*

- 2) *Proposals for a change to an ETP credential must be linked to:*
 - a) *a significant increase in competencies required to practice in a health profession having occurred or is being contemplated; and/or*
 - b) *a significant expansion in the scope of practice for a health profession having occurred or is being contemplated.*

- 3) *Proposals for changing ETP credentials should take into consideration the interdependence of various health professional groups as well as current and potential models of health services delivery.*

- 4) *Proposals for changing ETP credentials should demonstrate that implementation can occur in a manner that is not unduly disruptive of the professional workforce or the educational infrastructure.*

SUBMISSION

The submission is designed to highlight the key factors that provide documented evidence to support the request for a change to an ETP credential. Should there be items or implications not identified in the posed questions that you consider vital, please include them in your response.

To complete this submission, you may find it necessary to involve others in its preparation. Please seek the required input from employers, educators, regulators, professional associations, other jurisdictions, students, and other professions etc., where relevant. The completed submission should integrate all essential information and include all perspectives.

FOUNDATIONAL INFORMATION

TERMINOLOGY

REGULATORY BODY means the provincial or territorial body authorized in legislation to regulate the profession of psychology. In Nova Scotia the Regulatory Body is the Nova Scotia Board of Examiners in Psychology (NSBEP).

CANADIAN PSYCHOLOGICAL ASSOCIATION (CPA) is the national fraternal association for the science, practice and education of psychology in Canada. CPA is the body that accredits Canadian doctoral programs and residencies.

ACCREDITATION is a process that assures the educational community and the general public that a particular program meets the standards that are considered important for professional psychology training. In Canada, the CPA accredits only doctoral-level programs in professional psychology. Master's programs in psychology are not eligible for accreditation.

CPA ACCREDITATION STANDARDS FOR DOCTORAL AND RESIDENCY PROGRAMS IN PROFESSIONAL PSYCHOLOGY assist programs in ensuring that students/residents acquire the knowledge and develop the skills that will enable them to become competent professional psychologists in the areas of clinical psychology, clinical neuropsychology, counselling psychology and/or school psychology. The link to the 2023 CPA Accreditation Standards² is below:

[HTTPS://CPA.CA/DOCS/FILE/ACCREDITATION/CPA%202023%20ACCREDITATION%20STANDARDS_EN_WEB.PDF](https://cpa.ca/docs/file/accreditation/cpa%202023%20accreditation%20standards_en_web.pdf)

PSYCHOLOGIST means a person who is fully registered/licensed for the independent practice of psychology as a member of a provincial or territorial body authorized in legislation to regulate the profession of psychology and who has been granted use of the title “psychologist” by that body.

PSYCHOLOGICAL ASSOCIATE means a person who is fully registered/licensed for the independent practice of psychology as a member of a provincial or territorial regulatory body authorized in legislation to regulate the profession of psychology and who has been granted use of the title “psychological associate” by that body.

REGISTERED/LICENSED refers to registered, licensed, certified, chartered, or any other term describing statutory regulation of psychology practice. The terms registered and licenced are equivalent. To reduce confusion, we will only use the term registered in this document because this is the Nova Scotia terminology.

CANDIDATE REGISTER OR PROVISIONAL PRACTICE are terms for psychologists who have completed their graduate degree in psychology but are not yet fully registered or fully licensed to practice. In most provinces, there is a period of additional supportive or accountable supervision that takes place post-degree. The post-degree supervision continues until the candidate or provisional psychologist has completed the required number of hours and passes any oral or written exams required. In Nova Scotia, the term used is Candidate Register Psychologist or Psychologist, Candidate Register.

FULLY REGISTERED/LICENSED means that the applicant has no current restrictions or limitations to registration/license, has no outstanding fees or dues, and has met competency requirements in the jurisdiction of registration/licensure.

GRADUATE DEGREE means a degree obtained at a recognized institution, following a bachelor’s (i.e., undergraduate) degree.

MASTER’S DEGREE is a graduate degree usually requiring between one and two years of study. Master’s degrees in psychology typically require two years of study including coursework, practica, and internship. Master’s degrees in psychology may also include a master’s thesis.

DOCTOR OF PHILOSOPHY (PHD) DEGREE is a doctoral degree usually requiring between three and seven years of study. On average, PhD degrees in applied psychology specialties (e.g., clinical, school, neuropsychology) require seven years to complete and are comprised of coursework, practica, and a significant amount of original/independent research (i.e., comprehensive/qualifying papers and doctoral dissertation) followed by a year-long pre-doctoral residency in a clinical setting. Although a PhD degree can lead to qualification for clinical practice, the primary focus of PhD programs is academic and research training.

DOCTOR OF PSYCHOLOGY (PSYD) DEGREE is a doctoral degree in an applied psychology specialty (e.g., clinical, school, neuropsychology) that has a primarily applied, professional, practitioner focus, similar to an MD. The objective of the PsyD is to train highly skilled, doctoral-level clinicians to develop and provide high-quality mental health services to clients, to provide supervision to trainees, and to evaluate interventions and programming being delivered in various settings. As part of PsyD training, students complete coursework, extensive practica, and applied research. PsyD programs are typically comprised of three years of coursework and clinical training followed by a year-long full-time predoctoral residency in a clinical setting.

PRACTICUM is a clinically focused field placement that takes place during a graduate program and is often associated with course-credit. These placements take place while the student is enrolled in courses and/or is completing other program requirements. During practica, students are supervised by psychologists who are responsible and accountable for the clinical service provided. CPA recommends that one hour of supervision be provided for every four hours of clinical service activities and that a minimum of four hours of supervision be provided each week.

INTERNSHIP OR RESIDENCY is an intensive clinical experience completed prior to completing the graduate degree. Once students have completed coursework and the required amount of practicum hours, they complete a focused time of providing clinical services. During this focused time, students are supervised by psychologists who are responsible and accountable for the clinical service provided. CPA recommends that one hour of supervision be provided for every four hours of clinical service activities and that a minimum of four hours of supervision be provided each week.

For some time, the terms *internship* and *residency* have been used interchangeably to refer to this focused period. We will use the term (*pre-doctoral*) *residency* to refer to the focused period of clinical service that happens at the end of doctoral programs, since this is the term that the CPA uses, and the term *internship* to refer to the focused period of clinical service that happens at the end of master's programs.

ACCOUNTABLE SUPERVISION refers to situations in which a student or a candidate register psychologist is being supervised by a fully registered psychologist who is responsible and accountable for the clinical service provided. The fully registered psychologist directly observes the student or candidate psychologist and signs any notes or reports produced.

SUPPORTIVE SUPERVISION refers to situations in which a candidate register psychologist is supervised by a fully registered psychologist, but the fully registered psychologist is not responsible or accountable for the clinical service provided. Some direct observation is recommended. Supervision is primarily supportive and consultative in nature and might consist of discussion of broad clinical issues, case conceptualization, ethics, and other professional practice issues. The fully registered psychologist does not have to sign notes or reports produced by the candidate psychologist.

MUTUAL RECOGNITION AGREEMENT (MRA) of the Regulatory Bodies for Professional Psychologists in Canada. In June 2001, in order to comply with obligations under the Agreement on Internal Trade (AIT), Chapter 7 (Labour Mobility), the MRA was developed by the national regulators of Psychology in Canada. The MRA establishes the conditions under which a psychologist who is fully registered/licensed to practice without supervision in one Canadian jurisdiction will have their qualifications recognised in another jurisdiction that is a party to this agreement.

The signing parties on the MRA agreed that the threshold levels of competence and public safety in the practice of psychology must be established, maintained and upheld by regulators to ensure public protection.

THE ASSOCIATION OF CANADIAN PSYCHOLOGY REGULATORY ORGANIZATIONS (ACPRO) is a national organization of 11 provincial and territorial regulators for the practice of psychology in Canada. ACPRO members have a shared interest in standards for entry-to-practice and interjurisdictional practice.

ACPRO POSITION STATEMENT. In 2014, ACPRO provided a Position Statement outlining the position of ACPRO on a National Standard for entry-to-practice requirements for practice in Psychology. This statement was provided to offer consistency with the public-protection mandate for the Canadian Psychology Regulators³.

This Position Statement can be accessed at this link:

<https://acpro-aocrp.ca/wp-content/uploads/2020/03/ACPRO-Position-Statement-National-Standard-November-2014.pdf>

The Position Statement indicated that the National Standard for registration as a psychologist is graduation from a doctoral program in Psychology accredited by the Canadian Psychological Association (CPA).

The Position Statement indicated that in the absence of graduation from a CPA-accredited program, the degree in psychology should meet specified educational criteria in order to ensure that the psychology program provides the graduate with the knowledge, skills and abilities substantially equivalent to a graduate of a CPA-accredited program.

STEPS TO BECOMING A FULLY REGISTERED PSYCHOLOGIST IN NOVA SCOTIA

In Nova Scotia, applicants for registration as psychologists are required to show they have completed a master's, doctoral, or equivalent degree in psychology that is acceptable to NSBEP.

In 2015 the NSBEP adopted the ACPRO position that the National Standard for registration as a psychologist should be graduation from a doctoral program in Psychology accredited by the Canadian Psychological Association. Consequently, a CPA-accredited doctoral program in Psychology is automatically an acceptable degree to NSBEP.

In the absence of graduation from a CPA-accredited doctoral program in Psychology, the degree is reviewed by NSBEP to determine whether it meets the educational qualifications and training program elements as set out in the ACPRO position statement that will deem the graduate to have the knowledge, skills and abilities substantially equivalent to a graduate of a CPA-accredited program.

This review by NSBEP includes evaluating foundational knowledge and core competency requirements earned in psychology courses and hours of supervised (accountable supervision) practica, internship, or residency training. In Nova Scotia, a *minimum* of 500 combined hours of supervised practica, internship, and/or residency time is required.

If an applicant's training meets all of the requirements, they are placed on the Register of Candidates. There are three additional requirements that applicants must complete before their name is placed on the Register of Psychologists.

- The candidate must pass the Examination for Professional Practice in Psychology (EPPP) exam within two years of beginning candidacy.
- While working full-time (i.e., a minimum of 1500 hours per year), the candidate must receive supportive supervision for a minimum of two hours each month. Candidates with a doctoral degree that included a CPA-accredited residency year must complete one year of supportive supervision. Candidates with a doctoral degree that did not include a residency must complete a minimum of two years of supportive supervision. Candidates with a master's degree must complete a minimum of four years of supportive supervision.
- Once the minimum period of supportive supervision has been completed, the candidate may apply to have a formal oral examination scheduled. Supportive supervision must continue until the oral examination is passed. Once the candidate passes the oral examination, their name is placed on the register, and they can refer to themselves as a Registered Psychologist.

NOTE: All provinces have a similar process. Differences are highlighted in the answer to question 2 below.

Question 1:

Describe the submitting organization(s) and provide key contact information.

Explanatory Notes

Provide the name of the profession and a brief description (as necessary) of the organization proposing the change. Provide contact information, including: primary contact person, title, address, telephone, e-mail address, etc.

The profession is Psychology.

The organization proposing the change is the Nova Scotia Board of Examiners in Psychology (NSBEP). We are the body responsible for credentialing and regulating the practice of psychology in our province. Our role is “to serve and protect the public, to preserve the integrity of the profession, and to retain public confidence in the ability of the board to regulate the practice of psychology”⁴.

Primary Contact: Dr. Gordon Butler, NSBEP Registrar

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Question 2:

Describe the proposal in detail.

Explanatory Notes

Identify the existing and proposed ETP credential. Identify if the proposed credential reflects an advanced practice role currently in place. Describe the proposed ETP. Describe why the change needs to be incorporated into the ETP requirements. Does the current ETP credential in your discipline/profession differ between provinces and territories? If so, explain the differences. Provide any evidence-based research that will demonstrate that the requested change to the ETP credential will address any of the rationales identified (benefit to public, health outcomes, and/or improve the provision of health services delivery).

Identify the existing ETP credential

The existing ETP credential for psychology is a master's or doctoral degree that is acceptable to NSBEP. (See detailed information in Foundational Information section.) Acceptable degrees must include a *minimum* of 500 hours of practicum and/or internship.

The proposed ETP change

NSBEP proposes that the entry-to-practice (ETP) standard for the profession of psychology be a CPA-Accredited Doctoral Program or equivalent. This does not reflect an advanced practice role currently in place.

Describe the proposed ETP

The proposed ETP for psychology will be a doctoral degree in psychology (i.e., PhD or PsyD) that meets the CPA-accreditation requirements. The key elements of CPA-accreditation include:

Knowledge and Skills:

A. Training in the general psychology core content areas – minimum of 3 years full-time graduate studies.

1. The biological bases of behaviour
2. The cognitive-affective bases of behaviour
3. The social-cultural bases of behaviour
4. Individual differences, diversity, growth and lifespan development
5. The historical and scientific foundations of psychology
6. The foundations of psychopharmacology

B. Foundational competencies

1. Individual, social and cultural diversity
2. Indigenous interculturalism
3. Evidence-based knowledge and methods
4. Professionalism

5. Interpersonal skills and communication
6. Bias evaluation, reflective practice
7. Ethics, standards, laws, policies
8. Interprofessional collaboration and service settings

C. Functional Competencies

1. Assessment
2. Interventions
3. Consultation
4. Research Design and test construction
5. Program development and evaluation
6. Supervision

Practicum: Practicum training is integrated with instruction through coursework and begins early in students' graduate training. Practicum settings are service provision environments with training as one of their core roles.

- **A minimum of 300 hours of supervised practicum training in direct, face-to-face client contact** to prepare the student for residency.
- The supervisor is responsible for the psychological services provided by the student. **A minimum of 1 hour of supervision for every 4 hours of direct service-related activity.**
- In addition to direct service and supervision, students participate in support activities (e.g., writing progress notes, report writing, consultation, case presentations, literature reviews etc.).
- The minimum number of practicum hours obtained would be 600 and no more than 1000 hours of practicum training is recommended.

Residency: A CPA-accredited residency (or its equivalent) is required. Support of the host institution, including financial support for residents, is provided. A Director of Training is appointed. Applicant's qualifications are reviewed to determine readiness and fit with the program. Program is offered by a group of psychologists reporting to a Professional Practice Leader or Chief Psychologist.

- **Full-time 1600 hours** or part-time over two years
- Compliance with APPIC/CCPPP procedures
- **At least 4 hours per week individual supervision from doctoral-level supervisor**
- Support activities: Clinically relevant activities in support of direct service

Evaluation, Due Process: The graduate program and residency must have developed policies and procedures for student evaluation. Students also evaluate faculty. At a minimum, performance and progress are evaluated on an annual basis.

We note that it is not possible for a two-year master's program to meet the current CPA-accreditation standards, and it is the position of NSBEP that all psychologists should have the same level of training upon entry to practice.

CPA and ACPRO have provided their position that the doctoral standard is the recognized level of training for designation as a psychologist in Canada:

In 2019, the National Conference on the Future of Professional Psychology Training in Canada met to update national training standards⁵. The doctoral standard was restated as the appropriate level of training for designation as a psychologist in Canada. It was recommended that the Doctor of Psychology (PsyD) degree should be expanded across the country as the minimal degree for practice. Other summit recommendations included guidelines for supervision, a commitment to issues of equity, diversity and inclusion, the importance of technological literacy in training, and teaching of collaboration competencies in training.

Accredited programs assure consistency in training and allow regulators to compare similar degrees and education in terms of foundational knowledge and skills.

The Examination for Professional Practice in Psychology (EPPP) is the foundational knowledge exam that is presently in place in Canadian provinces as a requirement for licensure as a psychologist. The EPPP is only one of several methods used to determine readiness for autonomous practice. The EPPP assessment provides licensure boards with information on their Candidates' general knowledge of psychology. The Association of State and Provincial Psychology Boards (ASPPB) has recommended a passing score of 500/800 for this examination. A passing score assures Regulatory Boards that a candidate has demonstrated at least the minimal knowledge necessary for independent practice. A 2024 ASPPB report found that over 76% of candidates from accredited-doctoral programs passed the EPPP the first time writing the exam (2019-2023). Candidates from nonaccredited programs had a pass rate of 48.80%⁶. The significant difference in pass rates, based upon thousands of candidates, signals that accredited programs seem to be better aligned with the foundational knowledge required for independent practice in psychology. There is no suggestion that people who score higher on the EPPP will be better practitioners. The EPPP is designed to protect the public from those who do not have sufficient basic knowledge about psychology to be licensed.

Describe why the change needs to be incorporated into the ETP requirements

In the past twenty years, since the implementation of the MRA, the practice of psychology and the mental health landscape have changed substantially.

Some key changes include:

- **Increased awareness, severity and complexity of mental health issues** – There is a growing recognition that mental health is integral to overall health. Research has shown that the *rates of individuals reporting psychiatric symptoms have increased substantially* in the past several years⁷⁻⁹.
- There has also been an *increase in rates of serious mental illness*, defined as “a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities”¹⁰. Additionally, many individuals are exhibiting *multiple co-occurring conditions*^{11,12}. The increased complexity of mental health conditions has complicated assessment, diagnosis and treatment.
- **Increased need for mental health practitioners with broader diagnostic ability** – *Advanced training and opportunities for specialization are required* to accurately assess mental health disorders including but not limited to autism spectrum disorder, bipolar disorder, psychosis, obsessive compulsive disorder, eating disorders, traumatic brain injury, posttraumatic stress disorder, substance and non-substance use disorders. Doctoral programs provide more substantial and diverse clinical training so that clinicians are prepared at entry-to-practice to assess and treat a broader range of psychological conditions. Upon entry to the profession, master’s psychologists are typically not sufficiently trained to assess, diagnose and treat these listed conditions. Pursuing specialized training after entering the profession, when it’s not part of an integrated graduate program, presents challenges in standardizing the quality and scope of the training. Ensuring that both training and supervision are adequate to properly assess and treat often vulnerable client populations becomes difficult. Developing new competencies post-graduation can take years, and finding qualified mentors or supervisors to support these training opportunities is often challenging.
- **Focus on specific populations** – There has been a growing recognition of the unique mental health needs of specific populations, including Indigenous, Black Nova Scotians, 2SLGBTQIA+ and other equity-deserving groups. These populations often have higher rates of mental health issues but significantly less access to mental health professionals who have the *specific training to provide culturally competent care*. CPA-accredited doctoral programs are required to incorporate individual, social and cultural diversity into their courses and training.
- **Technological Innovations and Telehealth** – Technology has increased the potential to make mental health support more accessible. Training in technology must be incorporated into training programs and is challenging to add to an already time-limited master’s training program.
- **Emerging Research, Program Development and Evaluation**- Research in the field of mental health has grown, leading to better understanding and treatment of various mental health conditions. To keep up with evolving research and ensure that evidence-based practices are being effectively implemented, psychologists with rigorous training in research, program development and evaluation are necessary. It is challenging to add this to an already time-limited master’s training program.

- **Supervision** – Supervision and mentorship hours help to refine diagnostic and treatment skills, enhance self-efficacy and clinical competence. There are significant discrepancies in the amount of supervision provided in master’s vs doctoral training programs. Additionally, the importance of training in the provision of supervision has been increasingly recognized¹³.
 - Supervision is a competency of CPA-accredited doctoral programs, but it is difficult to add this to an already time-limited master’s training program. Training in supervision and opportunities to supervise result in more capable and competent psychologists.

Overall, the mental health landscape in Canada has become more supportive, inclusive and responsive to the needs of individuals experiencing mental health challenges. However, several factors have made doctoral-level training more essential than ever before. These factors include an increase in the number of individuals seeking diagnosis and treatment, greater severity and comorbidity of diagnoses, shifts in society’s demographics and ethnocultural makeup, a growing need for technological competence, the requirement for well-trained and experienced supervisors, and the demand for robust research and effective program development, implementation, and evaluation.

Master’s training no longer adequately prepares clinicians for entry into the profession of psychology. NSBEP, in alignment with CPA and ACPRO, maintains that the doctoral standard should be the recognized level of training for designation as a psychologist in Canada. Transitioning to the doctoral entry-to-practice (ETP) model would help Nova Scotia avoid the reputational risk of adhering to outdated education and service delivery standards.

Need for Doctoral-Level Entry to Practice

The CPA recommends the doctoral degree as the entry-to-practice standard for registration as a psychologist in Canada. In addition to the CPA, other levels of psychology leadership in North America have adopted the doctoral entry-to-practice standard including the Association of Canadian Psychology Regulatory Organizations (ACPRO), the American Board of Professional Psychology (ABPP), and the Association of State and Provincial Psychology Boards (ASPPB). As noted above, in 2014, ACPRO passed a position statement that “The National Standard for registration as a psychologist is graduation from a doctoral program in Psychology accredited by the Canadian Psychological Association,” noting that there are “substantial differences in the knowledge, skills, and ability in training” between master’s and doctoral training³.

Despite consensus among psychology leadership organizations endorsing the doctoral degree as the entry-to-practice standard, and unlike other regulated health professions (e.g. medicine), currently there is no common academic entry-to-practice requirement for the practice of psychology across jurisdictions. The regulation of psychological practice is a provincial and territorial responsibility. In psychology, there is variability in degree requirements (i.e., master’s versus doctoral), and variability in what constitutes the graduate degree itself. There is significant variability with respect to the amount of coursework and practical training required to be eligible for registration across the country. This is onerous for registration bodies across

Canada, as degrees from nonaccredited programs require individual evaluation. Additionally, while psychology is not the only profession that regulates multiple titles (for example, nursing distinguishes between nurse practitioners, registered nurses, and practical nurses), in provinces where psychological associates with a master's degree are differentiated from psychologists with a doctoral degree, there is generally no distinction between master's and doctoral-level practitioners in their scope of practice¹⁴.

CPA has advocated for more homogeneity in the training, preparedness and regulatory requirements of professional psychologists across Canada's jurisdictions.

The CPA position on the **Entry to Practice for Professional Psychology** in Canada makes the case that all would be better served if jurisdictions regulating psychology adhered to a consensus standard for registration to ensure the competent practice of psychology throughout the country¹⁴.

With less variability in credentialing of psychologists:

- Regulatory bodies would be more efficient, and able to provide clearer policies and parameters in assessing the qualifications of mobility applicants.
- Students would have clearer guidelines concerning what programs ensure eligibility for practice across Canada, reducing unnecessary, inefficient, and costly confusion for both students and regulatory bodies.
- The exact, necessary qualifications of psychologists would be easier to convey to, and be better understood by, consumers of care and other partners and stakeholders (e.g. other health professions, government, and administrators).

The skill sets and expertise with which psychologists can contribute most effectively to Canada's mental health are those more assuredly obtained within a doctoral-level professional psychology program¹⁴.

Given changing societal needs and the responsibility of regulators to ensure public protection, NSBEP is in agreement that the standard for registration as a psychologist should be graduation from a CPA-accredited doctoral program in psychology.

Although individuals with master's and doctoral training in psychology share a generally common foundational knowledge base, may employ similar interventions, follow the same ethical standards, and receive supervised experience, ***master's programs lack the time to provide the same level of both educational training and practical, supervised experiences in comparison to doctoral programs.*** CPA does not accredit master's programs because of this lack of time. Because master's programs cannot be accredited, there is no quality-control for these programs. Some are very good, but others are not, and it is difficult and extremely time-consuming for regulatory bodies to identify which graduates of master's programs are qualified and what they can be expected to competently do at entry to practice^{15,16}.

The Nova Scotia Context:

1. Universal Mental Health Care (UMHC) in Nova Scotia:

- On October 13, 2023, a commitment to universal mental health and addictions care for all Nova Scotians was made through legislative changes.
- The implementation of UMHC will significantly change how health services are delivered in the province.
- The government's goal is to reduce mental health care disparities and ensure everyone has access to necessary care.
- People who have faced systemic barriers to accessing mental health care (e.g., economic, educational, social) will be able to access UMHC. Because of the association between the social determinants of health including lower socioeconomic status, limited education, restricted access to and quality of health care, and minimal social support, these individuals are likely to have complex clinical profiles.
- There is growing recognition of the unique mental health needs of specific populations, including Indigenous, 2SLGBTQIA+, and other marginalized groups. Providing culturally competent care that considers equity, diversity, and inclusion is essential.
- The government aims to reduce wait times for autism spectrum disorder and ADHD assessments, these assessments require specialized diagnostic skills.

2. School Psychology:

- School psychologists are working as front-line mental health service providers. The students referred to school psychologists are typically those who are experiencing the most significant learning and behavioral problems.
- Those students often do not have access to private insurance or the resources to pay for assessment through other means (e.g., private practice). Many of these students are from families who have faced systemic barriers to accessing mental health care.
- Students are often on wait lists for several years before being assessed, which results in exacerbation of problems as they remain undiagnosed and untreated.
- The Auditor General's report released on June 11, 2024, revealed an increase of 60 percent in reported violent incidents at school from 2016-17 to June 2023. Training in behaviour management or violence prevention is limited across the school system. Children's development will be negatively impacted if changes are not made by Nova Scotia schools. Doctoral-level school psychologists would take on leadership roles, provide supervision, and conduct complex assessments and interventions to help address violence in schools.

3. Triage/Stepped-Care Model:

- A variety of professionals, such as Social Workers, Registered Counselling Therapists, and Occupational Therapists, are increasingly performing tasks traditionally done by psychologists in Nova Scotia.

- Distinguishing among the training and competencies of different mental-health professionals and understanding their variety and depth of skills are necessary to ensure the most effective routes for referral, assessment, diagnosis and evidence-based treatment and to reduce confusion among those seeking and referring others for services.
- Assessment, diagnosis, and evidence-based treatment for complex mental health disorders are the key roles that psychologists play within the broader system.
- Doctoral-level training in research, consultation, program development and evaluation, teaching and supervision equips psychologists with the skills to provide leadership that will result in more efficient delivery of tiered health care/stepped care in Nova Scotia.
- Doctoral-level psychologists also have the background to provide training/supervision, and consultation to other mental-health professionals.

The practice of professional psychologists has become increasingly complex. Adopting doctoral-level entry-to-practice in Nova Scotia will support the implementation of UMHC and demonstrate that the government is responding to the significant rise in reported school violence identified by the Auditor General in June 2024, as well as the increasing mental health concerns of children and youth in the Nova Scotia education system.

The need for additional mental-health services in Nova Scotia, requires more than simply increasing the numbers of graduates. Our province requires more doctoral-level psychologists equipped to triage, deliver, and tailor the most complex services in accordance with client and societal needs. Assessment and diagnosis, evidence-based treatment for the most serious mental health disorders, leadership and supervision, research and evaluation, and consultation are areas in which doctoral-level psychologists are equipped to offer distinct services to Nova Scotians. Training programs and regulators have a responsibility to ensure that psychologists are fully competent and ready to provide high-quality care, especially to children, youth and adults with complex needs, upon entry to practice.

Doctoral training leads not only to acquisition of a broader range and higher level of assessment and intervention skills, but to a deeper understanding of normal and abnormal psychological development, which enables practitioners to adapt more readily to complex mental-health needs and the presentation of multiple problems.

A change to the entry-to-practice requirement will lead to the province having more psychologists who are better equipped upon entry to the field to make accurate diagnoses, assess complex clients with multiple co-occurring conditions, and choose and implement the most effective evidence-based treatments, while providing culturally competent care. Addressing systemic issues and meeting broader health policy goals will best be achieved by a change to the doctoral-level entry-to-practice.

In Nova Scotia there are three universities providing graduate-level training programs for future psychologists. Dalhousie University has a CPA-accredited Clinical Psychology PhD program. Acadia University offers a master's-level Clinical Psychology program and Mount Saint Vincent University (MSVU) offers a master's-level School Psychology program.

Faculty at Acadia and MSVU are currently developing proposals for a Doctor of Psychology (PsyD) degree program. Acadia and MSVU are in agreement that the time-limitations of a master's program unduly constrain the depth and breadth of training they can provide. The time for supervised, practical experience is similarly shortchanged in these programs. Master's graduates at the entry level have foundational skills in evidence-based assessment and treatment, but do not have sufficient knowledge and training to independently work with complex clients.

The PsyD program typically takes four years to complete, including a one-year clinical residency, whereas the PhD program usually requires six to seven years, also including a one-year clinical residency.

Does the current ETP credential differ between provinces and territories?

Despite the affirmation of the doctoral standard by CPA, the current ETP credential and licensing/registration requirements vary significantly between provinces and territories.

The different entry-to-practice requirements between provinces and territories are complicated and difficult for potential registrants and the public to understand. One standard (doctoral) across the country would reduce the confusion caused by variability in credentialing of psychologists. The differences between jurisdictions in academic credentials, hours of pre- and post-graduate training and supervision required for registration are highlighted below.

Academic Credentials

Currently, none of the three territories independently registers psychologists. They all recognize and would register a psychologist who is currently registered in another province. Nunavut and the Northwest Territories require that anyone who is not currently registered in another province have their academic credentials evaluated by the College of Alberta Psychologists. The Yukon does not currently have a mechanism for this and just recognizes psychologists who are registered in other provinces.

All provinces have specific requirements for the academic credential that is necessary for registration. These requirements are very similar because they all follow the ACPRO standards. Essentially, all provinces require that applicants for registration have graduated from a CPA-accredited doctoral program or that their degree meets reasonably similar requirements (See Appendix A in the attached ACPRO Position Statement).

Academic Degrees Required for Registration and Resulting Professional Titles

Some provinces recognize only doctoral degrees while others recognize both master's and doctoral degrees. In some provinces, psychologists with master's degrees have different titles and/or different allowable scopes of practice. Please see Table 1 for detailed information.

Nova Scotia's academic credential requirements are generally consistent with those of other provinces, in accord with the ACPRO guidelines. However, Nova Scotia is one of only four provinces (and the two territories that follow Alberta's model) that allows those with master's degrees to use the title, "Psychologist" (rather than "Psychological Associate"). Although

Saskatchewan allows master’s-level psychologists to use the title “Psychologist”, they distinguish between master’s and doctoral-level practitioners by allowing psychologists with doctoral degrees to use the term Registered Doctoral Psychologist. BC allows registration as a School Psychologist with a master’s degree, but limits scope of practice. Because the Yukon does not have legislation governing the practice of psychology and no body responsible for registering psychologists, they are not included in the following sections.

Table 1
Academic Degrees Required for Registration and Resulting Professional Titles by Province

Province or Territory	Master’s Degree Title	Doctoral Degree Title
British Columbia	School Psychologist *	Psychologist
Alberta	Psychologist	Psychologist
Saskatchewan	Psychologist	Doctoral Psychologist
Manitoba	Psychological Associate	Psychologist
Ontario	Psychological Associate	Psychologist
Quebec	N/A: Registration not permitted	Psychologist
New Brunswick	N/A: Registration not permitted	Psychologist
Nova Scotia	Psychologist	Psychologist
Prince Edward Island	Psychological Associate	Psychologist
Newfoundland and Labrador	Psychologist	Psychologist
Northwest Territories	Psychologist	Psychologist
Nunavut	Psychologist	Psychologist
Yukon Territory	No legislation governing practice of psychology	

* This is a recent (May, 2024) change in British Columbia. A master’s-level school psychologist is only permitted to practice “within a learning environment” and to make a diagnosis identifying a mental condition or disorder as it relates to learning and intellectual functioning.

Required Accountable Supervision Hours as Part of Training

All provinces and the two territories require some accountable supervision hours to have occurred as part of psychology training. All supervision acquired as part of training is accountable supervision in that a registered psychologist is responsible for the quality of the student’s work. The number of required hours varies considerably from place to place. Please see Table 2 for detailed information.

It is important to note that of the provinces listing specific numbers, Nova Scotia has the lowest requirement for the number of accountable supervision hours acquired during doctoral training of any province or territory in the country. With respect to the requirements for psychologists with master's training, only Manitoba has a lower number of required hours; however, as discussed in the next section (and in Table 3), Manitoba makes up for this by having post-graduate supervision requirements that are very stringent.

Table 2
Required Accountable Supervision Hours as Part of Training by Province

Province or Territory	Master's Degree Hours	Doctoral Degree Hours
British Columbia	Practicum: 300 hours	Practicum: 600 hours
	Internship: 1200 hours	Residency 1600 hours
Alberta	No specific requirement	No specific requirement ¹
Saskatchewan	No specific requirement	No specific requirement ¹
Manitoba	Total: 250 hours	Total: 750 hours ²
Ontario	Requires supervised practicum or internship but no hours specified	Practicum: 600 hours
		Residency 1500 hours
Quebec	N/A: Registration not permitted	Practicum: 700 hours
		Residency 1600 hours
New Brunswick	N/A: Registration not permitted	Practicum: 600 hours
		Residency 1600 hours
Nova Scotia	Total: 500 hours	Total: 500 hours ²
Prince Edward Island	Practicum: 300 hours	Practicum: 600 hours
	Internship: 850 hours	Residency 1700 hours
Newfoundland and Labrador	Total: 600 hours	Total: 600 ²
Northwest Territories	No specific requirement	No specific requirement ¹
Nunavut	No specific requirement	No specific requirement ¹

¹ While there is no specific requirement for supervision while in training, those with doctoral degrees will typically have accrued a minimum of 600 practicum and 1600 residency hours.

² While fewer hours are required, those with CPA-accredited doctoral degrees will have accrued a minimum of 600 practicum and 1600 residency hours.

Post-Graduate Supervision Required while a Candidate or Provisional Psychologist

The provisional register (designated the “Candidate Register” in Nova Scotia) following the completion of a psychology degree in Canada assists in ensuring the competency and readiness of new psychology professionals. During this period candidates practice under the supervision of registered psychologists. This supervision helps to ensure that candidates adhere to ethical and professional standards, and to assess new psychologists’ competence and readiness for practice. The candidate register acts as a safeguard for the public and provides an opportunity for psychologists entering the field to refine their skills and address any areas of weakness.

An obligation of supervision prior to licensure/registration is to ensure the welfare of the client throughout all aspects of service delivery. This responsibility obliges professional psychology supervisors to ensure they have sufficient objective data about the service recipients and the care provided throughout the duration of service delivery, to support quality of clinical oversight in advocacy of competency development ⁵.

The hours of supervision, and the type of supervision provided while on the candidate or provisional register vary among provinces and territories.

All provinces except Quebec and British Columbia require some period of post-graduate supervision. In all provinces, independent (i.e., non-supervised) practice is not permitted until all required exams are completed. Therefore, the supervision requirements discussed below are all minimum requirements; supervision may need to continue until all exams are passed. See Table 3 for detailed information.

For most provinces, post-graduate supervision continues to be accountable supervision. The exceptions to this are Nova Scotia, Prince Edward Island, and Newfoundland, where supervision is supportive. Comparing these three provinces, Nova Scotia requires the least amount of post-graduate supervision.

With respect to post-graduate supervision for people with doctoral degrees, all provinces except Quebec and British Columbia, both of which have no specific requirement, require one year of post-graduate supervision. Nova Scotia requires two years but will waive one year if the candidate has completed a one year, CPA-accredited pre-doctoral residency.

There is a wide range of requirements for post-graduate supervision with registration at the master’s-level. Most provinces that allow registration at the master’s-level require multiple years of post-graduate supervision in recognition of the lack of supervision received during their shorter training experience.

Ontario has the most stringent requirements: four years of post-graduate supervision at the master’s-level *before* someone is allowed to be on the supervised practice register. During these four years, the individual cannot refer to themselves as a psychologist and all of the supervision is accountable. Once this four-year period is completed, the individual can apply for a certificate for supervised practice. Then they must complete an additional year of accountable supervision before becoming a Psychological Associate.

Manitoba and Nova Scotia each require four years of post-graduate supervision at the master’s-level. In Manitoba, this is accountable supervision whereas in Nova Scotia, supervision is supportive in nature.

Newfoundland and Labrador and Prince Edward Island both require only two years of supportive (not accountable) supervision but have higher requirements than Nova Scotia for the number of hours per month (8 and 4 hours respectively).

The exceptions to the requirement for multiple years of post-graduate supervision for master’s-level registration are Saskatchewan and Alberta, as well as the Northwest Territories and Nunavut, both of which rely on Alberta’s model of registration. These provinces and territories require only one year of post-graduate supervision at the master’s-level. This is accountable supervision time. Although supervision is only for one year, both Saskatchewan and Alberta have higher requirements for supervision hours each month. Alberta requires about nine hours per month (1 hour in supervision for every 15 hours of practice) and Saskatchewan requires about 6 hours per month (a minimum of six hours of individual supervision for each 160 hours of practice of psychology).

British Columbia has no specific requirement for post-graduate supervision at the master’s-level, except that it must continue until all exams are passed.

In summary, British Columbia, Nova Scotia, and Prince Edward Island have the lowest requirements for post-graduate supervision at the master’s-level. It is important to note, however, that Prince Edward Island does distinguish master’s-level practitioners with the title Psychological Associate and that in British Columbia, master’s-level practitioners are designated only as School Psychologists, with a limited scope of practice.

Nova Scotia does not distinguish master’s-level practitioners by title or through scope of practice and requires less post-graduate supervision time than any other province that has master’s-level practitioners using the title, “Psychologist”.

Table 3
Post-Graduate Supervision ¹ Required while a Candidate/Provisional Psychologist by Province

Province or Territory	Master’s Degree Hours	Doctoral Degree Hours
British Columbia	No specific requirement ²	No specific requirement ²
Alberta	1 year: 1600 hours	1 year: 1600 hours ³
Saskatchewan	1 year: 1500 hours	1 year: 1500 hours ³
Manitoba	4 years: 6000 hours	1 year: 1500 hours

Ontario	4 years: 6000 hours before applying for supervised practice status 1 year: 1500 hours during supervised practice	1 year: 1500 hours
Quebec	N/A: Registration not permitted	No specific requirement ²
New Brunswick	N/A: Registration not permitted	1 year: 1600 hours
Nova Scotia	4 years: 6000 hours SUPPORTIVE SUPERVISION 2 hours per month	1 year: 1500 hours SUPPORTIVE SUPERVISION 2 hours per month
Prince Edward Island	2 years: 3400 hours SUPPORTIVE SUPERVISION 4 hours per month	1 year: 1700 hours SUPPORTIVE SUPERVISION 4 hours per month
Newfoundland and Labrador	2 years: 3200 hours SUPPORTIVE SUPERVISION 10 hours per month in year one 8 hours per month thereafter	1 year: 1600 hours SUPPORTIVE SUPERVISION 8 hours per month
Northwest Territories	1 year: 1600 hours	1 year: 1600 hours
Nunavut	1 year: 1600 hours	1 year: 1600 hours

¹All supervision is accountable unless otherwise indicated

² Accountable supervision must continue until all required exams are passed

³ Requirement for one year (1600 hours) of post-graduate supervision is waived if a CPA-accredited pre-doctoral internship was completed.

The comparison tables document the significant differences between accredited-doctoral and nonaccredited master's-level psychology programs across the country.

CPA-accredited doctoral psychology programs require:

- a minimum of three academic years of full-time graduate study at the doctoral-level (as detailed on pg.10; Canadian Psychological Association, 2023)

- Pre-graduate Practicum
 - a recommended 300 hours of direct, face to face client contact plus additional hours of training in professional activity (e.g., report writing case management, consultation)
 - a minimum of one hour of supervision for every four hours of direct service-related activity
 - the minimum number of practicum hours obtained would be 600 and CPA recommends no more than 1000
 - the supervisor is accountable for the client services

- Pre-graduate 1600-hour residency
 - with a minimum rate of four hours per week of supervision for full-time residents
 - the supervisor is accountable for the client services.

All doctoral-level psychologists trained by CPA-accredited programs and who complete a CPA-accredited residency complete a minimum of three years of academic coursework, follow a prescriptive standards' competency framework, and require a minimum of 2200 (600 practicum, 1600 residency) hours of clinical training as part of their graduate program. All clinical hours obtained during training (i.e., practica and residency) are supervised by a doctoral-level psychologist who is accountable for the clients.

In contrast, master's-level psychology training programs typically require one to two years of academic study, are not accredited, and the number of client hours and supervision hours provided to students in practicum or internships varies substantially among programs and is significantly less than doctoral programs.

Current entry-to-practice requirements in Nova Scotia do not require post-degree, accountable supervision for candidates on the Candidate Register. This approach does not provide master's-level candidates with adequate supervised clinical training to ensure they are sufficiently prepared and competent when they begin practice in the field. Since master's programs are not accredited, it is challenging for NSBEP to verify the skills and competencies of these candidates.

While it is possible to require more accountable supervision of master's-level candidates, this type of supervision demands significant time, effort, and responsibility, making it less appealing to psychologists outside academic or hospital settings. Given loss of their own clinical time, private practitioners who are willing to supervise would likely require compensation, placing an additional financial burden on master's-level candidates. For these reasons, NSBEP aligns with the CPA in recommending a shift to a doctoral-level entry-to-practice requirement.

Provide any evidence-based research that will demonstrate that the requested change to the ETP credential will address any of the rationales identified (benefit to public, health outcomes, and/or improve the provision of health services delivery).

The public benefits from accurate assessment, diagnoses, and empirically-based treatments. Accurate diagnosis of psychiatric conditions and skilled implementation of specific treatment strategies leads to:

- more targeted and effective treatment plans ¹⁷
- potential cost savings by preventing the escalation of untreated conditions that may require more intensive care
- improved long-term functioning in children who have received accurate diagnoses and appropriate interventions in childhood or adolescence

Accurate psychological diagnosis will assist in ensuring effective treatment, managing risks, reducing healthcare costs, improving client satisfaction and adherence, and enhancing long-term outcomes.

The need for a more robust mental health service is supported by statistical evidence that indicates that there is a higher prevalence of mental health disorders in Nova Scotia.

- Nova Scotia has a higher mental illness occurrence rate (41.72%) compared to the national average (33.1%)¹⁸.

The increasing complexity of mental health cases, particularly since the pandemic, necessitates a higher level of training for psychologists, in particular in supporting individuals with attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder (ASD), and stress-related disorders (such as acute stress disorder and posttraumatic stress disorder).

- The disability rate in Nova Scotia is about 1:3 (37.9%) compared to the national average of 27%¹⁹.

Nova Scotia reports staggering wait times for diagnostic services for children.

- Nova Scotia has approximately 1,200 cases a year for autism diagnoses alone²⁰.

With the complexity of mental health cases on the rise (a recent APNS survey indicated that 84% of responding psychologists have experienced increased patient complexity over the past decade), there is a clear need for more qualified professionals who are ready to assess and treat the most serious mental health conditions at entry-to-practice.

Overall, the comprehensive training, extensive clinical experience and supervision, and rigorous research focus of doctoral programs in psychology better equip graduates with the skills necessary to serve more diverse and specific populations, and to make more accurate and reliable diagnoses at the entry-level compared to those with master's-level training.

As noted above, Nova Scotia's intention to extend public access to mental health and addictions care requires recognition of the diverse and specific mental health needs of the individuals who access these services. Nova Scotia's support of diversity, equity and the needs of underserved and/or disadvantaged populations, including but not limited to First Nations, Inuit and Metis, official language minority communities, rural and remote communities, children, racialized communities (including Black Canadian) and 2SLGBTQIA+, requires that mental health professionals have the training and skills to adequately service these individuals. All accredited doctoral training programs in psychology are required to include instruction and practical training in working with diverse populations; by changing the ETP to the doctoral-level, we can be confident that graduates will have the necessary skills set to work with diverse clients.

Psychology practitioners have an ethical obligation to assure they are suitably trained in the skills and techniques necessary for providing the services offered. Psychologists should offer only services for which they have established their competence. New psychologists with master's-level training have not had time to acquire sufficient clinical training, supervision, or experience to meet the diverse service needs of the majority of individuals who will access services through universal mental health care. As noted previously, other provinces *attempt* to account for this by requiring a significant number of hours of post-degree accountable supervision while on the candidate register.

Doctoral-level-training is necessary for entry-level psychologists to be capable of assessing and treating many of the underserved Nova Scotians who are most in need of mental health services.

There is a need for more psychologists in Nova Scotia. This need will best be met by more doctoral-level training, which will provide more psychologists who, at entry-to-practice, are competent and capable of applying their skills to more diverse and complex populations compared to those with master's training at the entry-level. Entry-level doctoral psychologists differentiate themselves from other mental health care practitioners by their years of academic coursework, the depth and breadth of training and experience that comes from practicum and residency requirements, the doctoral-level supervision provided in their accredited graduate programs, and their capacity to supervise and oversee other mental health care professionals (e.g., team lead on a stepped care model).

Completion of accredited doctoral psychology training results in entry-level psychologists who are ready to assess and treat children, youth and adults with the most complex conditions. Clients with serious mental illness are arguably those most in need of services and are often on the longest wait-lists due to the limited numbers of clinicians with training to accurately diagnose and/or provide the appropriate, evidence-based treatments for them.

Benefits of a Change to ETP to Schools, Children, and Youth

The current government has indicated a desire to increase the diversity of mental health care services that are available through the public health care system and a Universal Mental Health Care (UMHC) pilot project is currently underway. Schools are an ideal venue in which to deliver UMHC in an accessible and equitable manner and providing comprehensive mental health

services in schools has the potential to contribute significantly to the wellbeing of children, youth, and families throughout the province²¹. Doctoral-level school psychologists would be best placed to meet the needs of increasingly diverse students and families, as they have the depth and breadth of training and expertise necessary to assess, diagnose, and treat the complex range of mental health, learning, and behavioural disorders that currently present in public schools.

The prevalence of mental health problems among Canadian children and youth is increasing. In their recent Call to Action, the Canadian Academy of Child and Adolescent Psychiatry (CACAP) stated that 20% of Canadian youth have a mental health diagnosis, but only 25% of those receive mental health services²². The CACAP also notes that the pandemic has complicated pre-existing mental health problems in Canadian youth through social isolation, stress, school closures, decreased structure, anxiety, and trauma, all of which have resulted in significant increases in the need for mental health services. Psychiatrists and other mental health professionals have reported a sharp increase in emergency department visits for youth presenting with suicidality, self-harm, depression, anxiety, substance abuse, eating disorders, somatic symptoms, and conversion disorders. These difficulties are exceptionally complex to assess, diagnose, and treat. The Canadian Pediatric Society states that it is essential to identify and treat mental health problems early to promote health development and to ensure that these difficulties do not persist into adulthood²³.

In Nova Scotia there are currently long waitlists for children requiring assessments for ADHD and ASD, both of which are complex to assess and diagnose. The proposed change to ETP would ensure that school psychologists have the depth and breadth of training necessary to assess and diagnose these disorders, meaning that waitlists could be reduced. Additionally, almost all children and youth in the province attend school, so the majority of children and youth who are on waitlists and/or who are receiving intervention for mental health concerns through emergency departments, community clinics, and private practices will also need support while they are at schools. School psychologists are uniquely trained and well-placed to provide direct support to these students and to the educational professionals working with them in schools²⁴; however, reports from our school psychology colleagues indicate that they are consistently being asked to provide services to students with exceptionally complex learning, behaviour, and mental health profiles and often do not feel prepared or competent to support these students and their families.

The demographics of students attending public schools have also changed significantly in recent years. For example, the province has seen an increase in the numbers of immigrant newcomers and refugees who have fled from war, civil unrest, or other significant threats to their safety. School psychologists are now working with students who do not speak English or French as their first language and who might also be experiencing significant and complex mental health difficulties as a result of the trauma they experienced.

School psychologists typically see the most complex cases, as many of these students and families are not in a position to access private services and often find it difficult to access public services through NS Health or the IWK because of barriers such as lack of transportation, inability to take time away from work, and/or access to care for other children. Other barriers include complex geographical boundaries. There are frequent shortages in service providers for

children in rural areas, and the IWK does not generally accept children outside of HRM because of waitlist constraints. Having appropriate services available in the students' community school is the best way to break down these barriers.

Although master's-level school psychologists strive to provide ethical and competent services to students, their training has not prepared them for the complex difficulties that many students in schools currently experience. Their training has focussed primarily on cognitive and academic assessment, fundamental skills that all psychologists need. Master's programs do not have time to teach and provide the supervision of practice needed to be competent to assess, diagnose, and treat the students who require services the most. It has been argued that school psychologists should only focus on the assessment of learning (i.e., cognitive and academic assessment) because the assessment, diagnosis, and treatment of more complex cases is better managed through the mental health system. This argument is specious. Difficulty with learning is multi-factorial and often results from a mental health disorder. The process of diagnosing a learning disability must, by definition, also include assessment of other factors (including other mental health diagnoses) which could better explain the difficulty with learning. For example, a child with social anxiety disorder, or a child with complex trauma, may be experiencing difficulty with learning because their mental health concerns and stressors are resulting in their being unable to concentrate in class. Additionally, other mental health symptoms can exacerbate learning difficulties and should be considered when developing and implementing recommendations to assist students. For example, a child who has both social anxiety disorder and a learning disability may have more challenges than a child who has only one of these conditions. If other mental health diagnoses are not evaluated as part of an assessment for learning difficulties, problems and disorders may be missed, which, if left unrecognized and untreated, could result in escalating problems for the child. An assessment that is too narrow in scope will result in limited ability to make recommendations that would significantly improve the student's overall well-being in school and life. Obtaining an accurate diagnosis and treatment not only improves students' academic opportunities and health but also removes them faster from the backlog of referrals for assessment and treatment, freeing up space to allow others to access help. Inadequate assessment and therapy can lead to students lingering in the system for longer periods of time, tying up resources that could be used elsewhere.

At the moment, many school psychologists must frequently advise students and parents to seek services elsewhere, because assessment, diagnosis, and intervention for disorders and difficulties such as (but not limited to) ADHD, ASD, anxiety, depression, and trauma are beyond their scope of practice. This is inefficient and inequitable, especially for families in rural areas, families from low SES backgrounds, and for those who do not have a family doctor. It is also ethically problematic for psychologists, who can be put in the position of having to assume a diagnosis without sufficient information.

A change to the ETP would ensure that doctoral-level psychologists would be working in schools, thereby allowing for efficient implementation of UMHC at the community level and more efficient and earlier assessment, diagnosis, and treatment of a much wider range of disorders and difficulties than is currently available in schools. This, in turn, could decrease the burden on families who would not need to travel long distances to health centres, be placed on long waitlists for ASD and ADHD assessment or pay for private psychological services.

Question 3:

Describe anticipated implications of changes should the proposal move forward and should the proposal not move forward.

Explanatory Notes

Identify and describe in detail the impact of moving forward and not moving forward with the changes on the education system, students (current and future), current registrants/license-holders/members, attraction and licensing of domestic (labour mobility) and internationally educated health professionals in this profession (including any relevant educational opportunities or bridging requirements), other health professionals, human resources (short and long term), financial resources, and indigenous groups and/or other equity-deserving or underserved populations. Identify if other changes are needed in addition to the ETP credentials to support the full impacts being realized (i.e., does success depend on changing of care delivery models, or health authorities/institution/employer policies changing).

Impact of moving forward and not moving forward with the changes on the education system and students (current and future).

The impact of moving forward with the proposed changes on the education system and students would mean that the two universities in the province currently offering master's-level training in psychology (i.e., Acadia and MSVU) would need to offer doctoral-level training. Both Acadia and MSVU are receptive to this and are currently developing proposals for PsyD programs.

A move to doctoral-level psychology training will likely result in:

- **Attraction of Highly Qualified Personnel (HQP)** to the province. PsyD programs are very attractive to students wishing to pursue careers in professional psychology. Offering PsyD programs has the potential to attract excellent students from across the country; **if these students have good training experiences in the province, they are likely to stay here**, thereby contributing to mental health service delivery.
- **Higher Quality Supervision and Mentorship.** Students in doctoral programs are required to receive instruction in supervision; this means that they are better prepared to provide supervision and mentorship as practicing psychologists.
- **Increased Opportunities for Funding.** Students in doctoral programs are eligible to receive funding from the tri-agency and provincial agencies for three years, as opposed to master's students, who can receive funding for only one-year.
- **Advanced Clinical Training.** Students in doctoral programs receive advanced clinical training, enhancing their ability to address complex mental health issues.
- **Cultural competence.** Students from doctoral programs are better prepared to meet the needs of diverse populations due to the fact that training in diversity is required for CPA-accreditation.

- **Greater career opportunities and specialization.** Doctoral students and graduates will have a wider range of employment opportunities.
- **Contribution to Research.** Doctoral students and graduates often engage in research, contributing to advancements in psychological science and evidence-based practices.
- **Increased accessibility of Mental Health Services.** Psychology trainees will be able to serve Nova Scotians in student-clinics after only a year of study, under the supervision of registered psychologists, providing increased, low-cost access to assessment and treatment services to Nova Scotians.
- **More ready to practice psychologists, faster.** The current model of PhD trained psychologists takes approximately 7-8 years to produce an independently practicing, fully registered psychologist, while the master's-trained psychologist takes 6 years. The proposed PsyD model would reduce the time from entry to a graduate program to independent practice to 5 years, with the addition of increased training and supervision *and approximately 1600 additional hours of direct supervised experience and an additional year of academic training, compared to masters-trained psychologists.*

The impact of not moving forward with the proposed changes on the education system and students is that Nova Scotia will continue to attract psychologists who have graduated from non-accredited master's programs who are not sufficiently trained to assess and treat serious mental illness and who are not eligible for registration in several other provinces. To mitigate this, NSBEP would need to change the current supervision requirements for master's-level candidate register psychologists by substantially increasing supervision hours and type of supervision. NSBEP would need to monitor all master's-level candidates and psychologists to ensure they are practicing within their scope, an option that is likely not feasible, for reasons outlined below.

Impact of moving forward or not moving forward for current registrants/license-holders/members

Moving forward with doctoral-level ETP would not have a significant impact on current registrants. Legacy Registered Psychologists with master's-level credentials would be permitted to continue practicing under their current licensure.

Not moving forward with the proposed changes would mean that there would need to be significant changes to post-degree supervision requirements for new graduates. This would place an additional burden on current registrants, and likely reduce the amount of time they would be able to spend providing clinical services in a variety of settings. Supervisors would likely request compensation for the increased time required for supervision, placing additional financial burden on candidate register psychologists.

Impact of moving forward or not moving forward with respect to attraction and licensing of domestic (labour mobility) and internationally educated health professionals in this profession (including any relevant educational opportunities or bridging requirements)

It is unlikely that moving forward with the proposed changes will have any impact on psychologists trained domestically, since fully registered psychologists can move between provinces and keep their title (i.e., based on AIT). With respect to internationally educated applicants, if they are not meeting acceptable criteria, they may not be eligible for licensing in Nova Scotia.

Although psychologists who are fully licensed/registered with a master's degree in psychology will be able to relocate to NS based on the Mutual Recognition Agreement of the Regulatory Bodies for Professional Psychologists in Canada, those who are not yet fully registered in another jurisdiction may not be eligible for licensure without a doctoral degree.

There are concerns that if we do not move forward with doctoral entry-to-practice, Nova Scotia will increasingly attract psychologists with lower levels of education and skill who are unable to obtain registration in other jurisdictions. Oversight of psychologists at the entry-level with a master's degree is already challenging. Moving forward with doctoral entry-to-practice would strengthen NSBEP's confidence in those entering our profession, and reduce the level of oversight that is requiring increasingly more time and resources from the Board. Nova Scotia should not have the least rigorous standards for registration requirements for professional practice in Canada.

It is not the role of NSBEP to provide retraining for individuals who are inadequately prepared to meet the needs of Nova Scotians with resources to become competent. We need psychologists who come prepared with sufficient education and training from their academic programs.

Impact of moving forward or not moving forward with respect to other health professionals:

A move to require doctoral-level training for psychologists may result in:

- **Higher Standards.** Psychologists with doctoral-level training will bring advanced expertise and knowledge to the healthcare team, potentially improving the overall quality of care for patients.
- **Specialized Clinical Skills.** Doctoral-level psychologists will have more specialized skills to address complex mental health issues, contributing to better patient outcomes.
- **Comprehensive Care.** Advanced training can lead to more effective integration of psychological services within broader healthcare settings, promoting comprehensive patient care.
- **Educational Opportunities.** Other health professionals may benefit from continuing education opportunities and workshops led by doctoral-level psychologists.
- **Mentorship.** Doctoral-level psychologists can serve as mentors for other health professionals, encouraging higher standards and lifelong learning.

- **Interdisciplinary Research.** Increased emphasis on research within doctoral programs can foster more interdisciplinary research collaborations, benefiting various health disciplines.
- **Less confusion.** Doctoral-level training may make the roles of other mental health professionals more easily defined, thereby leading to increased clarity among the public.

Impact of moving forward or not moving forward with respect to human resources, financial resources:

A move to doctoral-level ETP will result in the need to modify the current psychology training programs at Acadia and MSVU, which will result in upfront costs for the universities and the Province.

Impact of moving forward or not moving forward with respect to indigenous groups and/or other equity-deserving or underserved populations.

- To make doctoral programs more accessible, financial support, scholarships and bursaries aimed at underrepresented groups should be offered.
- The new CPA-accreditation standards emphasize an inclusive curriculum that addresses cultural competence and the unique needs of diverse populations, which may attract students interested in serving these communities.
- Master's-level programs have no requirement to include coursework/practica focused on diverse populations.
- Institutions will need to commit to diversity through policies and practices that promote equity and inclusion.

Identify if other changes are needed in addition to the ETP credentials to support the full impacts being realized (i.e., does success depend on changing of care delivery models, or health authorities/institution/employer policies changing).

Changing the ETP credential to doctoral-level will result in reduced problems within the health authorities and with employers. Currently, there is reluctance to hire individuals with master's degrees in psychology because of the limited training and supervision of entry-level graduates. Psychologists with master's-level training are also not able to provide supervision to psychology students completing CPA practica and residency placements. New doctoral-level graduates would have the training to work in any public or private setting and policies with respect to hiring would no longer be an issue.

There are reasons that faculty at Acadia and MSVU have requested moving to a PsyD model. Faculty in these programs rightly assert that it is ethically imperative to provide training that equips students to meet the evolving demands of the profession of psychology. These are the same reasons that NSBEP has wished to move to the doctoral-level of entry-to-practice. The increased complexity of psychology and the increasing need to provide services to clients with serious mental illness and co-occurring conditions requires more training and practical experience than is possible in a 2-year program.

Terminal master's programs are a barrier, not a shortcut, to getting "boots on the ground." Master's-level psychology programs are undesirable to both students and faculty, and do not provide the depth and breadth to address the complex mental health needs presenting in public systems or the needs of many who will be accessing services through Universal Mental Health Care.

The PsyD programs at Acadia and MSVU address the need for more training. In our opinion, this is in the best interest of the public.

Question 4:

Describe any consultation processes and outcomes that have occurred or are planned.

Identify partners, communities, impacted parties, and/or interested parties that have been consulted or will be consulted. This could include, registrants/licence holders/members, other relevant health professionals (regulated and unregulated who may be impacted by changes), employers, educational institutions, students, other regulators, unions, professional associations, provincial/territorial governments, health authorities, indigenous groups, and groups representing other equity-deserving or underserved communities.

Describe how consultation was performed and feedback received. Official responses and position statements should be included. A summary of support, risks identified, and responses to feedback from the submitting organization should be provided. If applicable, mitigation strategies for concerns/risks should be included.

If consultation has not occurred, please explain, and provide information on anticipated concerns/risks from applicable groups. What consultation will occur to support implementation should the submission be approved?

To begin our approach to the ETP application, we reviewed previous commissioned documents and our past applications. NSBEP has been recommending a change to the doctoral standard since 2011, affirming this stance in 2014. NSBEP reviewed these documents in preparation for the current submission, and determined they were no longer appropriate to the current application as **these documents are over a decade old and are no longer germane to the practice of psychology in Nova Scotia in 2024.**

Consultation

NSBEP's Equity and Inclusion Committee consulted with the following bodies at our invitation:

- b. Students at Acadia and some graduates
- c. Faculty at MSVU
- d. Students at MSVU and some graduates
- e. Advanced Education
- f. Department of Education and Early Childhood Development.
- g. Nova Scotia Regulated Health Professions Network

Faculty at Acadia. We met with Acadia's clinical faculty virtually on January 27, 2023. They shared the work they have done to develop a PsyD program. They were explicit about their opinion that master's-level training is no longer sufficient for the complexity of the cases and the growth in professional requirements. We have had several consultations since to understand their proposal.

Students at Acadia. We held a private virtual meeting with students and graduates of the Acadia program on June 6, 2023. All of them expressed the need for more training, and all said they would prefer a PsyD. They also expressed frustration that master's-level degrees are not funded, whereas doctoral degrees are. They were attracted by the prospect of a paid one-year internship, as it would increase the financial support they need.

Faculty at MSVU. We met with MSVU clinical faculty on January 23, 2023. All stated that the current master's-level program was not long enough for them to provide students with the skills required to meet the complex mental health and learning needs of students in public schools. They expressed their ethical concerns with continuing to train students in a program that lacks sufficient time to fully prepare them for the complexities of the job. We have continued to consult with them to understand their proposal.

Students at MSVU. We held a private virtual meeting with MSVU students and graduates on June 8, 2023. All were supportive and interested in the PsyD program. One of their primary concerns was the financial burden of the master's-level degree. Master's programs are not well funded to support students. In contrast, doctoral students can access funding. The paid internship would further reduce the financial burden of a PsyD. All doctoral psychology internships are required to pay interns.

Nova Scotia Advanced Education and Department of Education and Early Childhood Development.

At our invitation, two meetings were held with some government stakeholders. We met with Greg Ells and Joe Meahan on February 24, 2023, and met again with them along with Annie Baert from DOEECD on April 11, 2023. The view was expressed that school psychologists do not need more training and that Schools Plus can meet the mental health needs of students.

We countered that Schools Plus in the region is mostly managed using social workers and community college-prepared youth workers. These providers assist students and families to follow a plan and to access services; however, they are not qualified to make diagnoses. Under the idea of "the right provider at the right time," Schools-Plus workers are well-placed to work with families AFTER diagnosis and treatment planning, but they cannot replace school psychologists.

Regulated Health Professions Network (June 2023). Using our network access, we asked our fellow health providers about the pros and cons of change to the doctoral ETP level. We kept it active for a month, during which none responded.

Indigenous and African-Nova Scotian Communities.

We were in preparation for discussion about the ETP standard with these communities (e.g., Delmore Buddy Daye Learning Institute, Mikmaw Kina'matnewey) when the call for this application was made in November 2023.

It is notable that cultural diversity and indigenous interculturalism are both currently included as foundational competency requirements in CPA-accredited doctoral programs. In contrast, cultural diversity and indigenous interculturalism are not listed as core competency requirements for the practice of psychology as outlined in the 2004 Mutual Recognition Agreement (MRA).

Question 5:

Describe alternatives to the ETP credential change that have been explored.

Explanatory Notes

Identify any alternative options that have been explored. Describe risks (including public safety risks and impacts to delivery/programs) and benefits of each. Explain why they have been determined ineffective or not ideal for addressing the objective(s) of this submission.

The alternative option being explored by NSBEP, if the doctoral-level entry to practice is not accepted, is changing the nature of supervision and the supervision hours required while individuals are on the candidate register.

Presently, Nova Scotia requires master's-level graduates who have 500 hours of practicum or internship training and are eligible for the candidate register to complete two hours a month of supportive supervision for a period of four years (96 hours of supportive supervision over the period of 4 years). As shown in Tables 2 and 3, this is a fraction of the candidate supervision hours required in the majority of other provinces.

It is likely that other provinces have adjusted their requirements to better align with the realities of professional practice and training needs.

NSBEP proposes that supervision for master's-level candidate register psychologists be increased to a minimum of eight hours a month (i.e., two hours a week), and that supervisors provide accountable, rather than supportive, supervision for all work completed by the candidate register psychologist (i.e., required to co-sign all reports for a minimum of 1700 hours). This number of clinical hours with accountable supervision would then be closer to the number of accountable hours obtained by psychologists with doctoral training. An additional 2 years of clinical training with supportive supervision would then be required of master's-level candidates.

Notably, although the clinical hours with accountable supervision would be increased, resulting in increased supervision and oversight of new master's-level graduates in the year after entry to the profession, the supervision will not be comparable to supervision provided within a doctoral training program. Four hours per week of supervision is required in CPA residency programs. Given that supervision while on the candidate register would not be part of an integrated program of study, an accredited program or residency, there would continue to be uncertainty about the type/intensity and content of supervision the candidate is receiving.

As evidenced by the work of ACPRO in developing a national standard, even though other provinces have more robust master's-level supervision, such additional supervision is more of a mitigation than a long-term solution such as doctoral registration.

Consistent with the public protection mandate of the Canadian Psychology Regulators the following is the position of ACPRO on a National Standard for entry-to-practice requirements for practice in Psychology.

The National Standard for registration as a psychologist is graduation from a doctoral program in Psychology accredited by the Canadian Psychological Association (CPA).

In the absence of graduation from a *CPA-accredited* program, a graduate of a Psychology program that meets the educational qualifications as specified in Appendix A will be deemed to have the knowledge, skills and abilities substantially equivalent to a graduate of a *CPA-accredited* program.

NSBEP would have to carefully review master's-level applicants' identified areas of practice to ensure that they are not providing services outside their scope, and supervision reports would need to be carefully reviewed to ensure adequate supervision. Review of supervision reports, particularly for master's-level candidates, is already onerous for the Registrar and Assistant Registrar. Given forthcoming changes with the Regulated Health Professionals Act (RHPA), and the increasing RHPA responsibilities of the Registrar, it is likely that if a transition to the doctoral-level standard is not accepted, additional staff and resources will be required to keep up with the regulation of psychologists and protection of the public.

There are also concerns that master's-level candidate register psychologists will be unable to find supervisors willing to commit to the increased number of hours of supervision (2 hours a week vs. 2 hours a month) and the responsibilities of accountable supervision. Essentially, supervisors would be responsible for providing training that would be reasonably equivalent to a residency at the doctoral-level. This would be very difficult to do without psychologists carving out time to provide this supervision, taking away from their own practice (versus supervisors in a doctoral residency who do this as part of their employment responsibilities). Practicing psychologists who agree to take on this level of supervision would have less time to provide their own client services, thereby leading to decreased patient contact in public and private systems. The increased work and level of responsibility placed on supervisors may result in less willingness to supervise.

It is likely supervisors would expect compensation for the substantially increased time and commitment required for supervision, which will result in increased financial responsibility for the candidate register psychologist resulting in even more barriers to entering this profession, especially for marginalized populations.

Currently, many master's-level candidate register psychologists struggle to find a supervisor for the required four years. The proposed changes to supervision requirements would make it even harder for candidate register psychologists to secure supervisors, which would create a bottleneck in the training system, slowing or halting progress toward increasing the number of well-trained psychologists in Nova Scotia.

In effect, retaining the credentialing of psychologists with master's degrees will gradually reduce the number of qualified mental health practitioners available to assess and treat individuals with complex issues. As a result, Nova Scotia would increasingly diverge from the rest of Canada in terms of psychologist training and credentialing. Without sufficient doctoral programs and residency opportunities, the province can expect fewer doctoral licensing applications, and the resources needed to credential master's-level graduates will fall short of meeting the needs of Nova Scotians.

Transitioning to a doctoral-level standard is thus seen as the most effective solution to ensure high-quality, ethical, and comprehensive mental health care in Nova Scotia.

In summary, if the doctoral ETP were to be established in NS:

- The knowledge gap between applicants would be eliminated. We can be confident that due to CPA-accreditation, that all applicants have had a consistent education, have the same competencies, hands-on clinical training and amount and quality of accountable supervision.
- Our candidate registry requirement would be for one year, and candidates would be highly trained given their doctoral-level program, which is likely to better attract candidate supervisors.
- CPA-accreditation requires that the clinical supervisor on practica and internship be a doctoral psychologist. ETP change would mean that eventually every supervising psychologist would be a doctoral psychologist. This will greatly amplify our training opportunities across a variety of NS public settings.

For Nova Scotian psychology to grow, our graduate programs must have governmental investment.

In our opinion, retaining terminal master's programs would be misguided. That path would not provide a viable continuity plan to address the evolving mental health needs of Nova Scotia and goes against decades of advice from Canada's major accrediting body.

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Appendix A

A Private Practice Perspective

I am writing in my capacity as a NSBEP board member, a clinical psychologist, and the owner of Erica Baker Psychological Services Limited (EBPS) - a private practice with more than 25 psychologists specializing in the assessment of children, youth, and adults with known or suspected learning and mental health disorders (www.ericabaker.ca). The purpose of this letter is to address the crucial need for doctoral-level psychologists within our private practice system and the province as a whole.

The clinical profiles of the children referred to EBPS have undergone a profound transformation, exacerbated by the challenges intensified during the COVID-19 pandemic. We have observed significantly higher rates of referrals for autism spectrum disorder, attention-deficit/hyperactivity disorder, intellectual developmental disorder, complex trauma, traumatic brain injury, addictions, anxiety, depression, gender dysphoria, eating disorders, and learning disorders. Almost every child/youth/adult we assess exhibits co-occurring issues, necessitating careful triaging, assessments and evidence-based interventions. There are very few straightforward referrals to our practice.

In my 20 years of operating EBPS, our practice has overseen the training of dozens of psychology practicum students, residents, and psychologists on the Candidate Register, spanning the master's, PsyD, and PhD levels. With extensive experience in training, recruiting, and supervising psychologists in private practice, I am well-acquainted with the needs of psychology trainees and entry-level psychologists. Given my roles on the NSBEP and NSBEP Entry Level Committee and as a leader of psychologists who supervises psychology trainees, I believe I can offer insight into the need for a PsyD program in Nova Scotia.

Despite being one of the largest assessment-based practices in the province, our practice's waitlist extends several months; it is more than 6 months long for many of the doctoral trained clinicians due, in part, to their more specialized skills and ability to see a broader range of clients. Master's-level psychologists who have been in the practice for more than 5 years, and who have obtained specialized training (e.g., in autism spectrum disorder and/or DSM-5-TR differential diagnoses), also have longer wait lists. In the past two years, 11 new psychologists have joined my practice, with five at the master's-level and six at the PsyD or PhD level. Without hesitation I can assert that entry level psychologists at the PsyD and PhD levels operate on a fundamentally different level compared to those entering practice with a master's-level degree. Although master's-level psychologists will become excellent with time, they require significantly more time, training, supervision, and mentoring than their doctoral-level counterparts.

At EBPS, we provide continued supervision and support for psychologists needing additional guidance as they enter the workforce. Doctoral-level psychologists, in particular, require substantially less time and support compared to master's-level psychologists. Doctoral-level psychologists have completed more academic courses, have more extensive hands-on training, possess in-depth knowledge of DSM5-TR conditions, demonstrate greater confidence and experience in assessment and report writing, are more efficient, and are better equipped to handle

complicated cases. Doctoral-level psychologists, upon completion of their program, are generally prepared to take on the most complex cases, master's-level psychologists are not. The mentoring model provided at EBPS is uncommon. Few practices can offer the consultation, shadowing and mentorship available in our practice. If similar models existed, I might support a continued master's-level training program. However, as a practice owner, I find it extremely concerning that there are master's-level psychologists entering private practice and the school system without the necessary training or supervision to accurately identify, assess, and treat complex cases.

It is increasingly rare for us to encounter clients without co-occurring disorders. New psychologists may be unaware of what they don't know, and without sufficient training, psychologists may struggle to properly identify, assess, and treat their clients. Many master's-level psychologists are likely taking on clients that they should not be. There is a reason that master's-level psychologists in Nova Scotia are required to be supervised for 4 years following completion of their program. However, in my opinion, the 4 years of supervision (2 hours per month) at only 96 hours in total from a supervisor who often is not directly involved with the psychologist in the workplace, is insufficient. The candidate register supervision of master's-level psychologists does not come close to the in-person training and residency requirements of a doctoral-level program.

Psychologists must provide cognitive and psychodiagnostic assessments and be familiar with, or able to provide, evidence-based interventions for mental health disorders. Master's-level psychologists who have just completed their training and enter my practice lack the skills to deliver comprehensive services and must be paired with more experienced psychologists to ensure they minimize harm and maximize benefit to their clients. Having to pair up a master's-level psychologist with another psychologist, because they do not have sufficient training upon completion of their program, reduces the number of clients that can be seen and is an inefficient use of time, resources and services.

We do not need more master's-level psychologists. We need more doctoral-level psychologists ready to tackle complex cases from the outset. There is a reason accredited training programs are at a doctoral-level and require supervision by doctoral-level psychologists. Without an increase in doctoral-level psychologists in Nova Scotia, our mental health care system will remain inefficient. Missed diagnoses and inadequate treatment can lead to worsened conditions and even more of a burden on the health care system.

While the government has suggested that master's programs are more accessible and cost-effective, this comes at a cost to everyone. Psychologists should play a pivotal role in addressing the complex needs of our communities, and two years of training at the master's-level are no longer sufficient.

Appendix B

Educational Mapping

A request was made for NSBEP to provide Educational Mapping in our application.

NSBEP has not undertaken special “Educational Mapping” of curriculum and competency requirements. We are uncertain what is meant by it in this context. This undertaking was not requested as part of any previous application.

To our understanding, Educational Mapping involves defining the core learning outcomes, the content of current curriculum, and any gaps between the two.

We also must clarify that unlike some other provinces, NSBEP has no power to direct the curriculum of graduate programs.

CPA is the Canadian authority for defining competency. In 2023 the CPA Accreditation Standards for Doctoral and Residency Programs in Professional Psychology, provided a standards’ competency framework that outlines the prescriptive and outcome elements deemed necessary by the Canadian psychological community for training in professional psychology and its competent practice. Doctoral-level programs are expected to offer training for both foundational competencies and functional competencies. Foundational competencies include: Individual, social and cultural diversity; Indigenous interculturalism; Evidence-based knowledge and methods; Professionalism; Interpersonal skills and communication; Bias evaluation, reflective practice; Ethics, standards, laws and policies; and Interprofessional collaboration and service settings. Functional competencies include: Assessment, Interventions, Consultation, Supervision, Research, and Program Development and Evaluation. Further, these competencies are underpinned by a thorough education in the general psychology core content areas (i.e., the biological bases of behaviour and psychopharmacology; cognitive– affective bases of behaviour; social–cultural bases of behaviour; individual differences, diversity, growth, and lifespan development; and the history of psychology). The Accreditation Panel indicated that concepts such as “diversity” broadly construed, equity, social justice, access, oppression and marginalization, non-Western areas of study, women and gender studies, and Indigenous interculturalism and history should be incorporated into general psychology core content areas. **Nonaccredited master’s programs in psychology do not have a prescriptive and outcome elements competency framework to guide them.**

The table below shows a comparison of Acadia’s master’s curriculum to that of Newfoundland’s PsyD. It shows at a glance the poverty of a master’s program relative to a PsyD. The gap in what is taught underscores that master’s-level curriculum is simply not enough to teach today’s competencies.

**Curriculum for the Clinical Psychology Program
at Acadia University**

**Curriculum for the PsyD Program
at Memorial University**

<p>Year 1 - Term 1 Acadia University</p>	<p>PSYC 5113: Research Design and Statistics 1 PSYC 5023: Adult/Child Assessment: Foundations PSYC 5043: Ethical Decision Making PSYC 5053: Psychotherapy 1: Foundations PSYC 5013: Seminar PSYC 5960: Thesis</p>	<p>Year 1 - Term 1 PSYD Memorial University</p>	<p>Psychology 6602: Research Design in Clinical Psychology Psychology 6620: Principles of Adult Assessment and Diagnosis Psychology 7010: Practicum in Ethics and Relationship Skills Psychology 6612: Adult Psychopathology Psychology 6670: Interprofessional Education Psychology 7020: Practicum in Adult Assessment and Diagnosis</p>
<p>Year 1 - Term 2 Acadia University</p>	<p>PSYC 5033: Adult/Child Assessment: Advanced Skills PSYC 5063: Psychotherapy 2: Intervention Skills PSYC 5123: Research Design and Statistics 2 PSYC 5013: Seminar PSYC 5960: Thesis</p>	<p>Year 1 - Term 2 PSYD Memorial University</p>	<p>Psychology 6623: Child Psychopathology, Assessment and Diagnosis Psychology 6630: Principles of Intervention with Adults Psychology 6611: Ethics of Professional Practice Psychology 6670: Interprofessional Education Psychology 7021: Practicum in Adult Assessment and Diagnosis II Thesis Research</p>
<p>Year 2 - Term 1 Acadia University</p>	<p>PSYC 6073: Clinical Practicum and Psychopathology PSYC 5960: Thesis</p>	<p>Year 1 - Term 3 PSYD Memorial University</p>	<p>Psychology 7022: Practicum in Child Assessment and Diagnosis Thesis Research</p>
<p>Year 2 - Term 2 Acadia University</p>	<p>PSYC 6083: Clinical Practicum and Psychopathology PSYC 5960: Thesis</p>	<p>Year 2 - Term 1 PSYD Memorial University</p>	<p>Psychology 6631: Principles of Child Intervention Psychology 6633: Psychopharmacology Psychology 6670: Interprofessional Education</p>

			Psychology 7030: Practicum in Assessment and Intervention I Thesis Research
		Year 2 - Term 2 PSYD Memorial University	Psychology 6000: Advanced Statistics Psychology 6670: Interprofessional Education Psychology 7031: Practicum in Assessment and Intervention II Thesis Research
		Year 2 - Term 3 PSYD Memorial University	Comprehensive Exam Psychology 7032: Practicum in Assessment and Intervention III Thesis Research
		Year 3 - Term 1 PSYD Memorial University	Psychology 6650: Clinical Supervision Psychology 6670: Interprofessional Education Psychology 7033: Practicum in Advanced Assessment and Intervention I Thesis Research
		Year 3 - Term 2 PSYD Memorial University	Psychology 7034: Practicum in Advanced Assessment and Intervention II Psychology 6670: Interprofessional Education Thesis Research
		Year 3 - Term 3 PSYD Memorial University	Psychology 7035: Practicum in Rural Intervention and Interprofessional Practice Thesis Research
		Year 4 PSYD Memorial University	Predoctoral Internship/Residency