

Canada's Agreement on Internal Trade (AIT): Some things to think about for the practice and mobility of psychology and other health practitioners

What is the AIT¹?...The AIT, an agreement first signed by federal and provincial and territorial governments in 1994, is intended to facilitate the mobility of Canada's people, investments and services across the country. Chapter 7 of the AIT is directed to the mobility of people and specifies that a qualified worker in one jurisdiction must have access to similar employment in other Canadian jurisdictions. With the AIT, governments hope to create more efficient labour markets, create more opportunities for employers and employees as well as contribute to a collective sense of citizenship.

In January of 2009, to promote compliance with the AIT, amendments to Chapter 7 were endorsed by Canada's first ministers. The amendments were intended to ensure full mobility of workers, clarify expectations and outcomes related to certification and better articulate commitments requisite to complying with Chapter 7.

The objectives of Chapter 7 include the promotion of common standards for certification of workers whenever and wherever possible. It requires that provinces and territories agree to certify workers, already certified in another Canadian jurisdiction, without the imposition of further training, experience, examinations or assessment. A jurisdiction can impose additional requirements to certify a worker who is already certified elsewhere in Canada only if these additional requirements are in the service of a "legitimate objective", an obvious example of which is public protection. A legitimate objective must meet with the approval of government. Any additional requirements of, or conditions imposed on, a worker certified in another jurisdiction can be no more onerous than those demanded of workers already certified in the receiving jurisdiction or applying for certification for the first time within the jurisdiction. Finally, these additional requirements or conditions cannot be disguised restrictions to mobility.

The application of the AIT for health professions...

When the Chapter 7 amendments to the AIT were presented most recently to the Health Action Lobby of which CPA is a member (see footnote), the representatives of the national associations of health professions voiced some common concerns. One was whether the AIT was intended to effect federal regulation of the health professions. We were re-assured that federal regulation was far from the intent or purview of the AIT. Governments have agreed to direct occupations to create the means for mobility of workers. They have not mandated what standards, criteria or mechanisms to which regulatory bodies must subscribe or enforce in the service of mobility. Although governments are not defining or enforcing any particular licensing standard, they are mandating that the regulatory bodies come up with one. The challenge is that regulatory bodies do not necessarily share a common view of what that common standard should be.

¹ The information presented in this section was developed with the aid of slides presented to the Health Action Lobby (HEAL) in April 2009 by a staff representative of the Labour Mobility Coordinating Group, Forum of Labour Market Ministers. HEAL, of which CPA is a member, is an organization made up of national associations of health professional associations and health care organizations.

As reported in the Ottawa Citizen

<http://www.ottawacitizen.com/health/Mobility+risks+patient+health+regulators/1925988/story.html>, the Federation of Medical Regulatory Authorities of Canada is concerned about threats to patient safety when a physician, certified in one jurisdiction, is certified and allowed to practice in another jurisdiction whose standards would not have permitted him or her the same kind of certification. The Ottawa Citizen article quotes the Registrar of one of the medical colleges in Canada: "...the AIT removes the ability of medical regulators to set standards for licensure."

An important question in need of an answer is whether governments will take the position that any standard (even if it is the least rigorous or onerous of jurisdictions' standards) that is acceptable and successful in one jurisdiction, must be acceptable to all jurisdictions. If so, this means that mobility then becomes based on the least onerous entry to practice standard when, one might argue, it should be based on a consensus or commonly held standard among regulators. A consensus or common standard provides more content validity than one that is not commonly held – whether the uncommon standard is one that is more or less rigorous than the majority standard. A more valid standard should provide better public protection and, it is public protection that is the overriding mandate of regulatory bodies.

Herein lays an important role for the professional associations, accrediting and credentialing bodies of our health professions – namely, to call for and support the regulatory bodies in coming up with a standard upon which to facilitate mobility that is based on some consensus view of the training and experience necessary to practice as a health professional. This standard should not be either the least or most rigorous of standards but the one commonly subscribed to and demonstrably predictive of competent practice.

The application of the AIT for psychology practitioners...

The Mutual Recognition Agreement (MRA), developed in 2001, and revised in 2004, by psychology regulators to comply with the AIT (<http://www.cpa.ca/documents/MRA.pdf>) went a long way towards addressing variability in registration requirements across jurisdictions and assuring a mechanism to facilitate mobility for psychologists and psychological associates across Canada. It appears now, however, with the amendments to Chapter 7 of the AIT, the MRA and some of its provisions will be trumped.

As mentioned, and often to a greater extent in psychology than in other health professions in Canada, the entry to practice requirements of psychology practitioners vary considerably from jurisdiction to jurisdiction. There is variability around degree (masters versus doctoral), academic requirements (graduation from a psychology programme with a graduate degree in psychology versus the completion of specific graduate psychology or equivalent courses) title (psychologist versus psychological associate) and, to some lesser extent, scope of practice (differences among jurisdictions in what titles and activities are restricted).

When government presented to the HEAL meeting in April 2009, they were non-committal about how the different title issues in psychology would be affected by the AIT. The MRA currently affords the applicant the title to which they are entitled in the receiving jurisdiction by virtue of degree, rather than the title he or she held in the jurisdiction in which he or she was first certified.

In other words, a psychologist registered with a master's degree in Alberta or Nova Scotia becomes a psychological associate when registered and practicing in Ontario or B.C. It is not clear whether this will continue to be the case under the AIT. If not, the issue is further complicated when the mobility applicant, certified in one jurisdiction, gains access to a title in the receiving jurisdiction that a first time applicant, with the same credentials, would never have access to.

In addition to the uncertainty around title, there is the variability and uncertainty around standards articulated earlier in the article. In psychology, we do not just have variability in degree requirements (masters versus doctoral) we also have variability in what needs to constitute the graduate degree itself. Some jurisdictions require completion of a psychology graduate programme but some allow the completion of a psychology graduate degree and some allow for a graduate degree, not necessarily in psychology, but which includes courses judged to be equivalent to a graduate degree in psychology.

In 2006, CPA reported on a survey of the Canadian Council of Departments of Psychology (CCDP) intended to collect information about terminal masters programmes in psychology in Canada. The results of this survey were reported in the fall 2006 issue of *Psynopsis* and I repeat some of them verbatim here. Only twenty-six percent of respondent programmes (5 out of 19) reported having a master's degree programme intended to graduate students with qualifications for registration as a psychologist or psychological associate in an area of professional psychology (e.g., clinical, counseling, school, neuropsychology). Thirty-seven percent offered a master's degree in an area of psychology that graduates used to obtain registration as a psychologist or psychological associate, even though the programme was not intended to train registered practitioners.

While there are only a few master's programmes that are intentionally training future practitioners through a comprehensively defined and articulated training model and philosophy, there are several departments of psychology that are graduating individuals with a master's degree in an area of psychology that was not intended for professional practice, yet their graduates do go on to register as a psychologist or psychological associate.

There is a difference between a degree and a programme. A programme endeavors to provide organized and comprehensive training, in this instance, in professional psychology. A degree, in the absence of a programme, may graduate students who lack certain competencies that are crucial to the practice of psychology. This creates a greater burden on the regulatory bodies which then have to ascertain whether the graduate of the non-professional programme in fact amassed the competencies necessary for licensure and competent practice in psychology.

Another facet of this topic that was brought to light through our survey is that there are universities that offer terminal master's degrees in departments other than psychology (e.g., departments of Educational Psychology in Faculties of Education). Unfortunately, this information was not available through our survey because the CCDP membership, of course, is limited to departments of psychology. However, a quick perusal of Educational Psychology department websites found numerous university-based programmes, primarily in Counseling Psychology, which offered terminal master's degrees that graduates could use to obtain registration as a psychologist or psychological associate in provinces that register at a master's level.

Some of these programmes do not incorporate substantive psychological content in their curriculum, yet these graduates may attempt to obtain registration as a psychologist or psychological associate in provinces that register at a master's level. Of some concern, was that some of these programmes, offered within Faculties of Education, are not developed or administered by psychology departments at all. This means that professionals, other than psychologists, are training students who will go on to registration as psychologists or psychological associates.

Having entry to practice standards that allow for completion of equivalent coursework and degree, rather than completion of a psychology degree within a programme that is designed to develop and graduate practitioners, poses daunting challenges for psychology's professional identity. The mental health marketplace is a crowded one. Many health providers, regulated and unregulated, have similar and overlapping scopes of practice. (think of the several who lay claim to expertise in psychotherapy, for example). Public systems are challenged to do more with less and what may have once been psychology positions have been replaced by a lesser trained and a less expensive resource. These decisions are based on economics rather than on any evidence about which provider, with what kind of training, is best equipped to successfully treat which person with what kind of problem.

Those child and school psychologists among us are well aware of the challenges when cognitive and intellectual testing is undertaken by other kinds of workers or providers within school environments where psychological services are either not funded or in short supply. If we support an entry to practice standard that permits equivalent courses or degree, rather than completion of a degree within an organized and coherent psychology programme designed to graduate psychology practitioners, challenges of this sort will only be potentiated. How can we, as a profession, lay claim to a unique or specialized skill set or expertise in the absence of an identifiable programme within which these skills or expertise are developed, researched and taught?

CPA has long held the position that the practice of psychology would be better served were we to have a common entry to practice standard across Canada's jurisdictions. The public would be better served were the titles and qualifications of psychologists clear and consistently applied. CPA accredits doctoral programmes in professional psychology rather than degrees and has suggested that the professional degree programme (e.g. PsyD) might be a way to harmonize the training standard for practitioner psychologists. Again to reiterate the survey reported in the fall 2006 issue of *Psynopsis*, the professional degree programme may provide for an efficient route to practice for those psychologists who want to be practitioners and may better accommodate the mid-career masters-prepared professional who wants to further his or her training.

The past few years have witnessed the increased credentialism of several health professions. In 2001, the Canadian Association of Occupational Therapists endorsed the masters degree as the entry to practice standard – this move in response to increasing demands on, and competencies required of, its professionals

http://www.caot.ca/pdfs/FAQS_Masters_employers_gov%20rev%20april%202008.pdf

For similar reasons, the Canadian Physiotherapy Association has called for support for the master's degree as the entry to practice standard for physiotherapists

<http://www.physiotherapy.ca/Public/PublicUploads/222543EnvironmentalFactors.pdf>

Our own profession has witnessed change in legislation in Quebec (parenthetically, the jurisdiction where half the country's psychologists reside and practice) where the entry to practice standard for psychologists is now the doctoral degree.

Again to borrow from the 2006 survey, whether masters or doctoral preparation, the profession, and the clients we serve, will most benefit if the training we provide to our practitioners is organized, comprehensive and teaches to the competencies the profession has earmarked as essential to competent registered practice. This is the message we need to convey to our regulatory bodies to support them in coming up with the consensus standards to facilitate mobility for Canada's psychology practitioners. Even more importantly, this is the standard that we owe to the public our science and practice serves. For more or ongoing information about this issue, please stay tuned to the practice pages of CPA's website and/or get in touch with Dr. Cohen at executiveoffice@cpa.ca