doctors of bc

August 5, 2026

Professional Regulation and Oversight
Ministry of Health
Email: PROREGADMIN@gov.bc.ca

Doctors of BC values the opportunity to provide input on the proposed creation of a net-new restricted activity to help shape the regulation of psychotherapy in BC. As a next step, **we request a meeting with the Ministry of Health, together with the BC Psychiatric Association (BCPA), to elaborate on the preliminary feedback outlined below and discuss the nuances and potential implications of the Ministry's proposal.**

The creation of a new restricted activity to assist in the regulation of psychotherapy requires time and meaningful engagement with those currently providing this form of care to avoid any unintended impacts on access to mental health services in BC.

While we support the Ministry's goal of ensuring mental health services are provided by authorized and qualified professionals, without a clear definition of "higher-risk" in the context of psychotherapeutic care interventions, it is difficult for physicians to provide a comprehensive response to this consultation.

Risk assessment in the treatment of mental health conditions is complex and multi-factorial, requiring careful consideration of a patient's history, clinical situation, and the therapeutic relationship between a patient and their health care professional, alongside the modality of treatment.

Based on the limited timeframe to engage physicians, what we heard from our members include:

- Physicians are supportive of improved oversight and accountability; however, there must be a balance between regulation and patient access. Doctors fear that being overly prescriptive in regulation may restrict patient access and increase costs and pressure on an already overburdened mental health care system.
- Psychedelic-assisted therapies carry significant risk and require careful consideration of patient vulnerability, assessment for medical suitability, understanding of psychopharmacology, and training in the management of medical comorbidities. Other psychotherapies for specific populations can also carry "higher-risk" in certain treatment contexts. A further conversation is needed to discuss the nuances of these interventions and the risks involved.
- Regulatory colleges play a significant role in managing competency, ensuring continuing education, and shaping eligibility requirements for licensure. These

factors will be critical to protecting patient safety, while maintaining access to high-quality care.
- Effective regulation should be based on qualifications to practice psychotherapy, with increasing levels of education, specialized training, supervision, and other competencies based on the complexity and acuity of the patient.

Again, Doctors of BC welcomes the opportunity to meet with government and is happy to facilitate a meeting among the Ministry of Health, the BCPA, and others to discuss this further. Additionally, we have attached remarks from Dr Nicholas Ainsworth, BCPA President, that summarize high-level feedback from their membership and a compilation of feedback from members of the UBC Psychotherapy Program Committee for the Ministry's consideration.

Sincerely,

Deborah Viccars
Executive Vice President, Policy, Strategy & Legal Affairs
Doctors of BC

Feedback from Dr. Nicholas J. Ainsworth, President, BC Psychiatric Association

The BC Psychiatric Association appreciates the opportunity to engage with the BC Ministry of Health regarding ongoing efforts to regulate the practice of psychotherapy in BC. Our Board of Directors and Membership collectively possess extensive expertise in psychotherapy theory and practice, and we are eager to be involved in the process moving forward.

Concerning the initial request for input regarding which psychotherapies and which populations could be considered for a "high-risk" definition, and which classes of practitioners should be permitted to perform such "high-risk" psychotherapies, we heard two strong themes of feedback from BCPA Members:

1. There is confusion about what is intended to be the definition of "high-risk psychotherapy" itself, without which many Members found it difficult to provide examples of therapies relevant to such a designation. Some members also expressed misgivings about defining any psychotherapies as "high-risk", citing concerns about worsening accessibility and increasing stigma. We urge the Ministry to either provide clarity on the intended definition, or to seek input more explicitly on what the definition should be.
2. There was concern about the relative brevity of the initial consultation process, which did not provide sufficient time for many Members and expert groups (e.g., the UBC Psychotherapy Program) to provide duly considered feedback. It is my express wish on behalf of the BCPA Membership that our Association, among others, be directly engaged with in further stages of this process, to ensure that it directly incorporates the expertise of psychotherapy practitioners of various designations (FRCPC, RPsych, RCC, etc).

Thank you for your consideration.

Best regards,

Dr. Nicholas J. Ainsworth, MD, PhD, FRCPC
President, BC Psychiatric Association

Compiled Feedback from Members of the UBC Psychotherapy Program Committee

Although overall we are supportive of regulations on the term 'psychotherapy' 'psychotherapist', we ask the Ministry of Health to provide further clarification on the term "high-risk psychotherapy." Without a definition, the term is confusing and it is difficult to provide a consultative opinion on this.

We wonder if the Ministry of Health may be using a similar definition of risk as the Ontario regulations of the Controlled Act of Psychotherapy ((https://crpo.ca/apply-to-crpo/controlled-act-of-psychotherapy/).

There are opinions among our UBC Psychotherapy Program colleagues that psychotherapy may not be inherently "high-risk" when it is offered by practitioners who have extensive training in psychopathology and psychotherapy with quality supervision.

Therefore, a minimum criteria for eligibility should be considered for this proposed "restricted activity."

Furthermore, risk appraisal is complex and requires consideration of not just simply the modality of treatment but a multifactorial approach to patient and therapist factors and the clinical situation.