Rapid Decision Support

A product of the Contextualized Health Research Synthesis Program
Newfoundland & Labrador Centre for Applied Health Research

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This Rapid Decision Support report was published on Apil 30, 2025. This report includes summaries of interviews conducted by CHRSP researchers with experts in the field of Clinical Psychology. Any references and links to information in this report capture the status of available information at the date of publication. Readers are cautioned that this information may change/ become out of date after publication.

We further caution readers that researchers at the Newfoundland & Labrador Centre for Applied Health Research are not experts on the subject topic and are relaying information provided by others. This report has been produced quickly, and it is not exhaustive.

Rapid Decision Support Clinical Psychology Workforce: Summary of Consultations with two Leading National Experts

Overview of the Issue/Background

Decision-makers in Newfoundland and Labrador Health Services (NLHS) are working to address a 45% vacancy rate in the clinical psychology workforce within hospital settings. The Clinical Psychology Working Group has been tasked with assessing whether the current Program Management Model, a shift to a Departmental Model, or a hybrid approach would best support NLHS's efforts to reduce vacancies and justify the investment required to reorganize hospital-based clinical psychology services across the province.

> *Psychology is organized in various models within health care settings. While independent Departments of Psychology were the norm in the 1980s, they were replaced to a large degree with Program Management Models. Of the various differences between the models, the key difference is responsibility and authority over the staff and their professional activities. The Departmental Model centralized these within the professional department while Program Management Models centralized these within services and programs* [SOURCE: Background Document from CPSA].

The experts interviewed in this report answered questions formulated by decision-makers, clinical psychologist leaders from the Clinical Psychology Working Group in NL, and CHRSP researchers, all of whom collaborated to determine key report objectives. The questions pertained to various factors that

may affect recruitment and retention amongst clinical psychologists, such as workplace support, autonomy, reporting structures, salaries, and work environment. Although the questions were originally written to reflect inquiries about the specific benefits and challenges of the Departmental Model, the expert responses reflected their personal experiences working within various models with the Provincial Model adapted in Manitoba being recommended by the expert from that province.

Key Definitions

Program Management Model: A model of organization where clinical psychologists and their related tasks and processes are broadly housed under programs within a hospital (e.g. eating disorder clinic, oncology clinic, etc.)

Matrix Model: A hybrid approach between Program Management and Departmental Models.

Departmental Model: A model of organization wherein clinical psychologists and their related tasks and processes are housed under a dedicated Clinical Psychology Department

Provincial Model: A model of organization (for this report, the model used in Manitoba) that centralizes services, planning, and recruitment on the provincial level with support from regional, specialty, and site authorities.

Jurisdictions Included in this Report

Ontario and Manitoba, Canada

Methods

The Experts

CHRSP researchers conducted interviews with two leading national experts identified by the Clinical Psychology Working Group in NL:

- Insights on the organization of psychology services in **Manitoba** were provided by:
  Dr. Lesley Graff, Ph.D., Professor and Head of the Department of Clinical Health Psychology at Max Rady College of Medicine, Rady Faculty of Health Sciences, University of Manitoba, Provincial Medical Specialty Lead-Clinical Health Psychology Shared Health Manitoba Winnipeg, MB.

- Insights on the organization of psychology services in **Ontario** were provided by:
  Dr. Ian Nicholson, C.Psych., Assistant Professor [part-time, limited duties], Graduate Education, Faculty of Education, Assistant/Adjunct Professor, Department of Psychology, Faculty of Social Sciences.

The Questionnaire

The Clinical Psychology Working Group requested that CHRSP researchers ask Dr. Graff and Dr. Nicholson to answer the following questions regarding the organization of Clinical Psychology services in hospital settings under a Departmental Model:

1. Could you describe how the Departmental Model for clinical psychology services works within the setting(s) you are familiar with?
    i. Has this always been the case in your setting or have there been significant changes in services organization that would be helpful for us to understand?
2. What is the Team mix within the Departmental Model, regarding the utilization of Master's /Ph.D.- prepared clinical psychologists, as well as any other types of health care providers in the model?
3. Briefly describe the availability of support staff for clinical psychologists.
4. Briefly describe the reporting structure in the Departmental Model.
5. How much autonomy do clinical psychologists have under the Departmental Model to manage their own caseloads?
6. What are the vacancy rates for clinical psychology positions in jurisdictions using the Departmental Model?
    i. Are you able to tell us about these rates pre- and post-implementation of a Departmental Model?
    ii. Have the vacancy rates improved? Have they gotten worse?
7. What salaries are being offered to clinical psychologists working in hospitals under a Departmental Model?
8. Based on your knowledge of the Departmental Model, please describe overall aspects of the model that appear to work well. What have you observed as key challenges in using this model?
9. How are allied health professions organized in terms of workforce models in other hospitals and what are the challenges and benefits with each model?
10. Please provide links to any additional resources that will support decision makers in a better understanding of the Departmental Model, as opposed to the Program Management Model, or some kind of hybrid model of clinical psychology services in hospital settings in Canada.

Modes of Communication

Initial contact with the subject experts was through email, with the opportunity for Drs. Graff and Nicholson to provide written replies to the survey questions listed above and to include links to information. Both experts elected to augment these responses at virtual meeting(s) to review the questions in more detail.

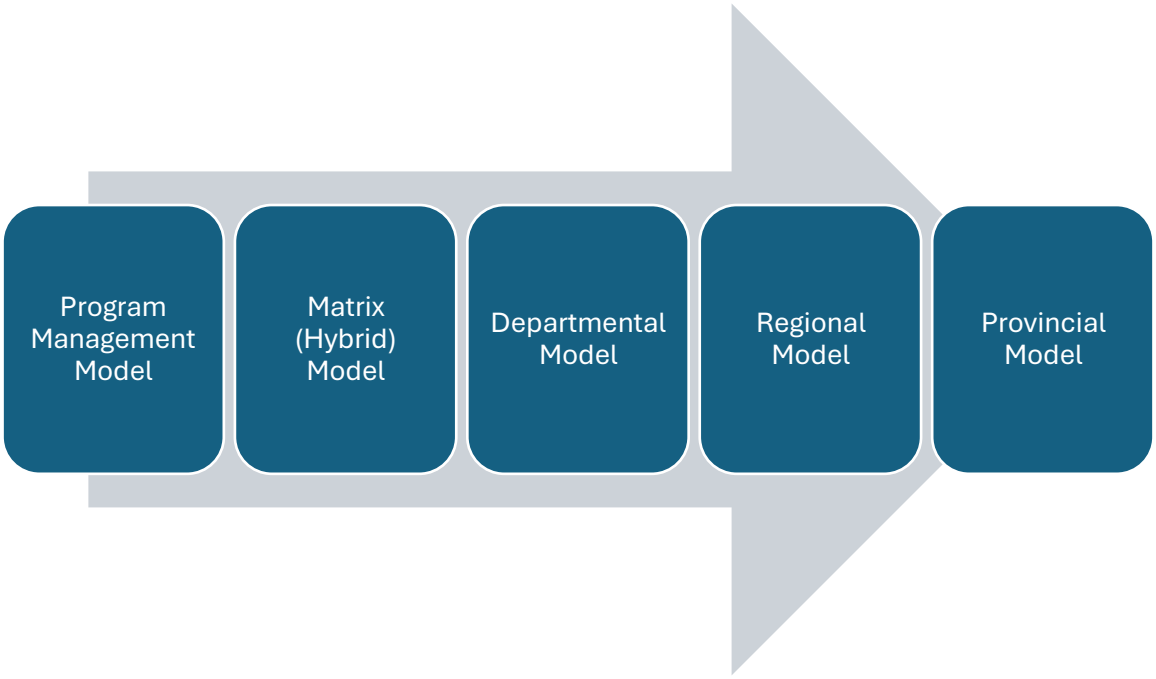
Our interview with Dr. Nicholson took place on February 7th, 2025. The interview with Dr. Graff was held on March 20th, 2025.

Summary of Consultations with Leading Canadian Experts

Background: Understanding the Continuum of Organizational Models

Both expert interviews highlighted that clinical psychology organizational models in Canada exist on a continuum, ranging from Program Management Models to fully centralized Provincial Models. This context is essential for understanding the information outlined in this report. Although the interview questions were focused on a Departmental Model, both experts discussed their individual experiences with various models across this continuum.

The Continuum of Organizational Models:



Dr. Graff provided the following information about models along this continuum, based on her experience:

- At the beginning of the continuum is the Program Management Model, which may be characterized by a more compartmental structure. For example, if a psychologist is hired into a neurology clinic in a Program Management Model, the psychologist may have limited connection with psychologists outside this clinic. In the case of a Program Management Model, hiring and professional oversight are managed at the program level, often with little coordination across services.
- The Departmental Model falls in the middle of the continuum and promotes professional integration. This model connects psychologists through a more centralized professional network that enables flexible resource allocation across services. Instead of individual clinics or programs

making isolated staffing decisions, the Departmental Model has a broader view of system needs and can respond accordingly.

- The Provincial Model extends beyond the Departmental Model on the continuum by giving psychology leadership direct responsibility for managing the psychology workforce at the provincial level.
- Both the Departmental and Provincial Models offer greater flexibility than the Program Management Model, particularly in how psychologists are dispersed and supported.

Summary of Questionnaire Responses

1. Could you describe how the Departmental Model for clinical psychology services works within the setting(s) you are familiar with?

i. Has this always been the case in your setting or have there been significant changes in services organization that would be helpful for us to understand?

Dr. Nicholson - Ontario:

Dr. Ian Nicholson described his experiences working under both Departmental and Program Management Models during his career in Ontario from the 1990s - 2020s. Over the course of his career, he has held a variety of titles under a range of working models, including serving as Manager for Psychology and Audiology at the London Health Sciences Centre, Director of the Centre for Mental Health Research at the University of Waterloo, and President of the Canadian Psychological Association.

- He noted that the organizational models for hospital psychology services in Ontario have shifted over time and continue to shift in response to internal pressures. In some cases, systems have reverted to earlier models. There has been a significant shift in the model within the past year.
- Dr. Nicholson emphasized that Departmental and Program Management Models should not be viewed as entirely separate structures; rather, they exist on a continuum. Many organizations operate with elements of both models. Dr. Nicholson used the analogy of walking with two feet: Departmental and Program Management Models need to work in synchrony, not in isolation.
- The distinction between the two models often comes down to the degree of emphasis placed on each model within the organization and which model is given more authority or influence in decision-making.
- Ultimately, **Dr. Nicholson expressed preference for the Departmental Model,** as it offers advantages in recruitment, retention, and workforce cohesion.

Dr. Graff- Manitoba:

Dr. Lesley Graff draws on 30 years of experience with evolving models of clinical psychology service delivery in Manitoba. Her insights focused on the current provincially led model, which builds on principles of the Departmental Model but operates at a broader, system-wide level. Dr. Graff is the

Provincial Medical Specialty Lead for Clinical Psychology with Shared Health Manitoba and is also a Professor and Department Head at the Max Rady College of Medicine, University of Manitoba.

Current Model: Provincial Model

- Dr. Graff noted that Manitoba currently operates under a publicly funded, Provincial Model. Psychology services are centrally coordinated across all hospital programs and community sites through Shared Health Manitoba. This model is further along the continuum than the Departmental Model, as services are organized, distributed, and managed at the *provincial* level.
- Everyone works together much more closely to plan and to coordinate care as a province. The operational money now sits at Shared Health instead of in one region. Shared Health has centralized many operations such as ordering, laundry, and legal to be centralized while also working alongside the health regions in other areas.
- Dr. Graff serves as the Provincial Medical Specialty Lead for clinical psychology and oversees nearly all psychologists in the province.
- Dr. Graff noted that in Manitoba, psychologists are on medical staff and trained at the doctoral level, very much like physicians, thereby aligning them with physicians in terms of training and governance.
- She commented that how you structure the profession within the health system correlates with psychologists' satisfaction within the system. The Provincial Model allows psychologists to work to their full scope of practice and allows psychologists to know each other and to share clinical process knowledge.
- Provincial leads like Dr. Graff hold dual roles, both clinical and academic, which also helps to integrate training, research, and service delivery. Clinical psychologists are closely tied to academia through the University of Manitoba. Many staff hold joint appointments, residents train across all sites, and psychologists also contribute to educating medical students.
- In terms of service coordination, local psychologists working in primary care deliver region-specific services, while specialized psychology services (e.g., epilepsy surgery, bariatric surgery, chronic pain, sleep disorders, anxiety disorders) are provincially led and accessible to patients across the province.
- As a Medical Specialty lead, Dr. Graff plays a key role in provincial workforce planning for clinical psychology. She collaborates with regional health authorities and connects across primary care, medical specialties, and mental health services. Her responsibilities include identifying where psychologists are needed and communicating workforce needs/vacancies to government.
- Feedback from psychologists in Manitoba is that their current model is more professionally satisfying.
- **Dr. Graff recommended that NL adopt a similar Provincial Model** for clinical psychology services. She highlighted the importance of coordinating services across the entire province, ensuring equitable access whether individuals live in urban or rural areas or require specialized care. She also advised against thinking about services in isolated health silos.

Changes in Services Organization in Manitoba

- Dr. Graff described that over the past 30 years, Clinical Psychology services in Manitoba moved from a hospital-based Departmental Model to a regional model, and most recently to a Provincial Model. This evolution has been based on the principal desire not to disperse psychologists in a Program Management Model.
- Experience with Departmental Model (Pre-2000s):
    - Psychology services were originally organized by individual hospitals, and psychology functioned as a hospital department that was centrally managed at the local level.
    - Staff worked across different areas of the hospital. Psychologists were recruited into a shared pool and worked within interprofessional teams but remained connected through a Departmental professional network.
    - Over time, this model evolved while maintaining the same core principles but applied at progressively larger system levels, enabling system-wide coordination.
- Experience with Regional Model of Clinical Psychology (~1999):
    - In 1999, Manitoba began shifting to a regional model of clinical psychology.
    - Previously, hospitals operated independently, often competing for resources and only serving patients from their immediate area. Under the regional model, psychologists became responsible for patients across the entire health region.
    - This marked a move from hospital-based departments to a centralized regional program that oversaw operations, service planning, and workforce mapping.
    - Winnipeg served as the main base and developed strong partnerships with rural and northern regions.
- Experience with a Provincial Model (2019):
    - Within the last 6 years the Shared Health Provincial Health Authority was developed.
    - Shared Health works alongside the regional authorities but centralizes many functions (e.g., ordering, laundry, legal).
    - Psychologists continue working in existing locations, using the same resources and relationships, but under a broader provincial mandate.
    - This shift meant working together much more closely to engage in provincial planning and to coordinate psychology services as a province.

2. What is the Team mix within the Departmental Model, regarding the utilization of Master's /Ph.D.- prepared clinical psychologists, as well as any other types of health care providers in the model?

Dr. Nicholson- Ontario:

Dr. Nicholson explained that the team mix in Ontario is largely dependent on the hospital's needs. However, clinical psychologists need to have a doctorate to practice as regulated providers.

- The team mix depends largely on the province, and the clinical focus and needs of the hospital.

- Accreditation standards for doctoral programs require supervision by doctoral-level psychologists, contributing to a high proportion of doctoral-trained psychologists in Canadian hospitals.
- Doctoral-level psychologists receive broader training, including areas like program evaluation.
- Staffing decisions should align with organizational needs.
- Psychology assistants or psychometrists (unregulated providers) handle administrative tasks, often supporting psychologists with testing and scoring. Interpretation of the test is done by a regulated provider.

Dr. Graff- Manitoba:

Dr. Graff described the team mix in Manitoba from the point of view of the current Provincial Model. Teams include Master's, PhD/PsyD and bachelor's prepared staff, with only PhD/PsyD educated individuals able to register and practice as clinical psychologists.

Team Mix- Provincial Model Manitoba	Description
Clinical Psychologists	• Doctoral-level providers with a Ph.D. in Clinical Psychology or a Doctor of Psychology (PsyD) degree
Psychology Associates	• Master's-level providers who, with sufficient training, supervision and licensure with the province, can practice independently. • Master's level providers have a broad scope, including psychological testing, conducting straightforward clinical intakes, and co-leading structured psychotherapy programs. • There are only a few independent psychology associates practicing in the province
Psychology Assistants (PAs)	• Bachelor's or Master's-level trained providers • Those with a bachelor's level are usually psychometrists (e.g., conduct testing for various diagnostic assessments). • Master's-level PAs assist psychologists with psychological testing, conducting straightforward clinical intakes, and co-leading structured psychotherapy programs. • PAs typically work part-time in Manitoba and may be students completing their doctoral training. • A few full-time positions exist which tend to be for people who are more interested in a career role. • Overall, there are more PAs in the province in comparison to Psychology Associates; however, there are more psychologists than PAs.

Dr. Graff highlighted the mutual benefit of doctoral level Psychology Assistants working part-time in the Provincial Model.

- Psychologists get the benefit of working with motivated, bright individuals who will eventually be colleagues; conversely, PAs get experience working in the system and gain a better understanding of the work involved in the system.
- She encouraged decision-makers in Newfoundland and Labrador to consider a similar staffing structure, noting that Memorial University's clinical psychology training program may offer a valuable pool of doctoral students seeking part-time experience. PA roles may pay more than other student jobs and could expose trainees to public clinical work early on, increasing the likelihood of retaining them within the public system after graduation.

Dr. Graff also noted some challenges employing PAs in Manitoba's Provincial Model.

- She noted that in Manitoba they have explored increasing PA numbers in their staffing but experience similar compensation challenges that exist with psychologists. As the disparity between remuneration in the public sector and private sector has grown, some PAs now earn in private practice what doctoral psychology students are earning in the provincial health system. This is making it harder to attract students to part-time PA roles in the provincial system, a challenge that extends upward to doctoral-level positions.
- Dr. Graff also described that because many part-time PAs are students, there can be a high turnover for those positions as doctoral students leave PA jobs to enter residency programs.

3. Briefly describe the availability of support staff for clinical psychologists.

Dr. Nicholson- Ontario:

In Dr. Nicholson's experience, shifting from a Departmental Model to a Program Management Model has caused reductions in support staff for clinical psychologists. He described various consequences of these reductions, as outlined below.

- Administrative cuts have resulted in psychologists taking on clerical tasks such as filing and scheduling, which reduces clinical productivity by diverting time away from patient care. These are duties that could be handled by less specialized staff.
- Historically, under the Departmental Model, departmental secretaries typically provided administrative support. In the Program Management Model, these responsibilities were shifted to the program heads, often without sufficient support/resources.
- Transitioning back to a Program Management Model, many clinical psychologists were not provided with adequate administrative assistance, leaving programs unable to fully absorb the additional workload.

Dr. Nicholson also described that in private practice, clinical psychologists often have secretarial support. Typically, support would include administrative staff taking care of booking appointments,

administrative tasks, printing reports, filing as well as Psychometrists and/or Psychology Assistants that conduct Psychometry and run necessary testing.

He also noted that psychologists typically require more administrative support than other professionals due to their specialized work. Dr. Nicholson highlighted that one downside of the Program Management Model is the inequitable distribution of administrative support across different programs, and that this can frustrate staff.

Dr. Graff- Manitoba:

Dr. Graff mainly described the availability and benefits of administrative support staff for clinical psychologists based on Manitoba's current Provincial Model (with a focus on secretarial support).

- Secretaries are considered frontline staff in Manitoba and an essential service for running a clinic.
- Manitoba's Provincial Model is aiming to align their staffing model with the one used in Medicine with ratio of about 0.2 secretaries for every 1.0 clinical psychologists. The idea behind this is to minimize the clerical work required from psychologists and to maximize their clinical work given that it is more costly to have psychologists completing administrative tasks such as booking appointments. Manitoba has not reached this exact ratio yet but are working towards it.
- In some settings, psychologists may be continuing to book their own appointments, but for the most part they are not. This speaks to the reality that good support is now in place in some settings, whereas other settings have room for improvement.

Dr. Graff explained that the budget for secretaries in Manitoba is often managed at the site level and there is sometimes sharing of secretaries between sites (particularly). Requests for new funding go to government but otherwise can be managed at the site level through operational budgets or sometimes through clinical budgets. Sometimes administrative services are almost regionally managed, but in many cases, the budget is managed at the site and negotiations occur with the site about what supports are available.

In terms of the availability of support staff, Dr. Graff described that this has been more of a challenge under conditions of expansion when clinical positions may get approved for additional funding without the funding for support staff, such as secretaries and resident trainees.

- When expanding a program or service it is important to consider not just the clinical people you need, but the support staff that you need as well.
- The government's role in Manitoba is to decide which parts of a service expansion proposal to fund and to what extent. Sometimes, government funds the entire proposal or clinic expansion, other times, it funds only the clinical components without funding support staff. However, to maintain effective clinical services, it is essential to also fund administrative staff who handle

tasks like booking appointments, following up with patients, sending reports, and organizing patient groups.

Dr. Graff also mentioned that there is interest in the use of medical scribes as additional support staff. In the U.S.A., medical scribes take on tasks such as taking notes, conducting interviews and drafting first reports and are bachelor trained. Dr. Graff is now working on a project with psychiatrists about the use of medical scribes; however, she suggested that secretarial support is a first and fundamental requirement to book patients, get reports out, and organize patient groups. She described medical scribes as a useful addition that could lessen administrative burden in terms of clinical documentation to help save some clinical time, beyond filling the secretarial role.

4. Briefly describe the reporting structure in the Departmental Model.

Dr. Nicholson- Ontario:

Dr. Nicholson explained that in the Departmental Model, psychology staff typically report to the department head for discipline-specific matters. However, the reporting structures and the division of responsibilities between department and program leadership can vary across organizations.

- Reporting structures exist along a continuum, depending on how much authority is granted to the department versus the program.
- Staff evaluations, hiring, and performance reviews may involve both program and department leadership, depending on organizational policies.
- In the Departmental Model, department heads can require staff to participate in discipline-specific activities such as meetings and retreats. In contrast, in a Program Management Model, clinical psychologists may not be permitted by their program managers to attend these activities.

Dr. Graff- Manitoba:

Dr. Graff described the reporting structure under the Provincial Model in Manitoba. Overall, the main roles include a Provincial Medical Specialty Lead, Regional Leads, Specialty Leads and Site Leads who all work closely together. All levels report to the Chief Medical Officer for Shared Health.

- **Provincial Medical Specialty Lead**: Dr. Graff is the Provincial Medical Specialty Lead for Clinical Psychology with Shared Health Manitoba and oversees nearly all clinical psychologists in the province and reports to the Chief Medical Officer as well as the Dean of Medicine (e.g., Shared Health Manitoba Organizational Structure LINK).
- **Regional Leads**: This includes a lead for the urban/Winnipeg region as well as a rural Northern lead. The regional leads report into the Regional Medical Officers (see Winnipeg RHA Organizational Chart LINK).
- **Specialty Lead:** An example of a Specialty Lead would be a Child Services Lead who would oversee all the child services and child psychologists. Specialty Leads would be involved in processes like hiring child psychology positions and performance reviews.

- **Site Lead:** A senior clinical psychologist would be the Site Lead/Clinic Director. The role includes taking care of staffing, patient flow, and working with a site CMO regarding site services and operations. The Site Lead may also have different responsibilities, depending on site needs.

5. How much autonomy do clinical psychologists have under the Departmental Model to manage their own caseloads?

Dr. Nicholson- Ontario:

Dr. Nicholson explained that the autonomy of clinical psychologists will depend largely on how management is structured and implemented, which can vary in both the Departmental and Program Management Models, with Departmental Models, generally speaking, providing for greater autonomy. Key considerations below highlight the need for thoughtful coordination between leadership and staff.

- In the ideal case, a department manager and program manager would collaborate to determine an appropriate and productive caseload for the psychologist.
- When caseload expectations are too high, it can affect the validity of assessments, especially given the time demands of psychological testing.
- In terms of workload and productivity, expectations should reflect the psychologist's defined role within the team. For example, if a psychologist is expected to conduct program evaluation in addition to clinical duties, this should be factored into productivity measures.
- Problems can arise when there is a mismatch between actual roles and productivity expectations, resulting in targets that are unrealistic for clinical psychologists.
- These issues relate back to the core question of what the psychologists' role is on the team, whether leadership is aware of that role, and how productivity is defined for that role.
- Clinical psychologists in different specialties or roles will have different tasks and responsibilities, each requiring varying amounts of time. Leaders need to understand these differences to set appropriate expectations.

Dr. Graff- Manitoba:

Dr. Graff described the autonomy of clinical psychologists in Manitoba under the Provincial Model, highlighting the following points:

- Psychologists manage their own caseloads. There is a leadership structure for the province as described under Question # 4 on Page 11.
- Even in a Provincial Model, clinics and programs retain a degree of autonomy, particularly when it comes to operational decisions, such as hiring.
- Sometimes, in other organizational models, decisions are made in siloes by individual program managers; in contrast, in the Provincial Model, the emphasis is on supporting the entire workforce at the provincial level. The overall services and coordination of this model are set up the same way as they are for physician colleagues.

- Clinics are able to regularly review patient flow, which is treatment-based where there is group and individual work. Information on patient flow and administrative support is reported up to the government, especially for new investments. These reviews provide information on the direct pattern of patient flow and demonstrate the impact of administrative support.
- Because psychology leaders manage psychologists in the Provincial Model, issues such as patient flow and administrative support are also managed and reviewed at that level.

6. What are the vacancy rates for clinical psychology positions in jurisdictions using the Departmental Model?

i. Are you able to tell us about these rates pre- and post-implementation of a Departmental Model?

ii. Have the vacancy rates improved? Have they gotten worse?

Dr. Nicholson- Ontario:

Dr. Nicholson explained that vacancy rates tend to be higher under the Program Management Model in Ontario. In this structure, depending on the strength of the program, psychologists may feel less professionally connected, both to their discipline and to the hospital. Clinical psychologists are specialized staff, similar to physicians. This high level of specialization also means psychologists often stay in the same role or program for extended periods, which can further limit opportunities for broader professional engagement or mobility.

- Under the Departmental Model, he described that:
  - Retention rates have improved historically but recent trends indicate that new psychology graduates are moving directly into private practice.
  - Private practice offers higher pay, more respect, increased autonomy, and more flexibility.
- A number of years ago, while at the Canadian Psychological Association, Dr. Nicholson noted that a national survey of psychologists found the following results, although this information was not published, nor was one particular organizational model indicated as a context for the survey results:
  - 30—40% of psychologists surveyed who were working in the public sector said they were likely to move to private practice
  - Fewer than 5% of private sector psychologists said they would move to the public sector.
  - Autonomy and professional respect were the top two reasons for psychologists considering leaving the public sector.
  - Pay ranked as the third most important factor- a significant, but not a primary driver for moving to private practice.

Dr. Graff- Manitoba:

While Dr. Graff did not specifically address vacancy rates pre- and post-implementation of a Departmental Model, she did offer information on vacancy rates pre- and post- pandemic within the Provincial Model in Manitoba.

- Dr. Graff noted that since the COVID-19 pandemic, vacancy rates for clinical psychologists in Manitoba have increased from around 14–15% pre- pandemic to approximately 30% post-pandemic. This increase can be mainly attributed to people moving from public practice to private practice in Manitoba after having re-evaluated their work-life balance. It may also be for financial reasons with psychologists discovering that they can work two or three days per week in private practice and earn the same amount as they would working 5 days a week in the public system.
- Psychologists have been vocal with the Government of Manitoba that this issue needs to be addressed. Some clinics are starting to contract private psychology services. This results in the health system paying more for psychological services when the province has to rely on private contractors to fill positions. Also, this trend will make it harder for Manitoba to recruit for public positions if it is known that there is an opportunity for clinics to privately contract their services at private market rates to serve the public system.

7. What salaries are being offered to clinical psychologists working in hospitals under a Departmental Model?

Dr. Nicholson- Ontario:

Dr. Nicholson noted that clinical psychologists with doctoral-level training typically earn between $100,000-$140,000 annually in hospital settings. He also emphasized that there were no significant changes in salary associated with the transition between organizational models in Ontario.

Dr. Graff- Manitoba:

Dr. Graff responded in terms of the Provincial Model in Manitoba. She mentioned ongoing work on a national jurisdictional scan that will compare salaries across provinces- a study underway now in Manitoba. Looking across the country, she estimated that hourly salaries for clinical psychologists generally range from the mid-$50s to the low-$70s per hour. Manitoba, specifically, is at the lower end of that spectrum, which poses a challenge in terms of recruitment and retention. She suggested that salaries for psychologists need to sit between $90 and $115 per hour to remain competitive with private practice rates, which may range from $230 to $280 per hour in Manitoba. Better aligning public system salaries with private practice rates is an investment that would reflect both the value of clinical psychology work and the need to attract and retain qualified professionals within the Provincial Model. She cautioned against provinces just copying the rates from other jurisdictions and instead suggested the

need to be a leader in terms of salary in an effort to attract and retain clinical psychologists within the Provincial Model.

Other points made by Dr. Graff that support aligning salaries:

- In asking clinical psychologists now working in the private sector what would attract them back to the public sector, the answer she has received is usually related to salary expectations.
- 13 years ago, Manitoba offered a 70% bump in salaries to forensic psychologists, and they haven't lost a forensic psychologist since (under Dr. Graff's operations).
- It is also important to recognize that policy making in this area is not only about matching private remuneration rates but must also emphasize the benefits of having more psychologists working in the provincial health system. Psychologists can alleviate the burden on physicians to help lower comorbidity and improve patient outcomes.

Overall, Dr. Graff encourages Newfoundland and Labrador to move towards a provincially led model. While Manitoba is currently facing retention challenges post-pandemic, she noted that pre-pandemic, the Provincial Model in Manitoba was doing much better than other provinces in terms of bringing in expertise. She believes this could be transferrable to NL, given the geographic similarities e.g., both provinces have dispersed populations with most health professional resources concentrated in a central hub, like Winnipeg in Manitoba and St. John's in NL.

8. Based on your knowledge of the Departmental Model, please describe overall aspects of the model that appear to work well. What have you observed as key challenges in using this model?

Dr. Nicholson- Ontario:

Strengths of the Departmental Model

- Psychology department managers typically have greater influence in decision-making and are expected to be included in program development and planning. This ensures psychology leadership has a formal voice in key discussions around budgets and services. This formal representation is often lacking in program-based models.
- The departmental structure allows for some flexibility in reallocating psychologists to areas of need, provided there is cooperation from the programs involved.
- Department heads who oversee larger teams and budgets hold greater power and authority within the organization.
- Having a department leader ensures a broader organizational perspective rather than a narrow program-based focus.

Challenges of the Departmental Model

- Departmental influence depends heavily on the cooperation of the programs.
- Conflicts can arise between department and program leadership which can leave the department in a difficult position.

- It is challenging to reallocate staff when one program has a surplus of resources and another is understaffed, as programs often hold tightly to their own budgets and personnel, even when sharing would benefit the overall system.
- Reassigning staff without program agreement can create tension with both program leadership and frontline staff. Without program buy-in, departmental leaders face significant challenges making effective decisions regarding staffing and resources.
- The department head role carries significant responsibility, often without increased compensation, making recruitment difficult.
- Many psychologists are trained as clinicians, not administrators. Yet, in a Departmental Model, the department head is expected to take on substantial administrative duties such as performance evaluations and routine management tasks that may fall outside their expertise or interest.

Dr. Nicholson noted another challenge with the Departmental Model is that budgets are often set at the hospital or organizational level for the entire psychology department, not by individual program. This can lead to staff cuts based on overall numbers, without recognizing that some programs might already be under-resourced or have higher needs.

Dr. Nicholson also pointed out that in a Program Management Model, program leaders usually have more influence when it comes to staffing and budgets. Because they are closer to the day-to-day work, they tend to have a better sense of what their team needs and can make a stronger case for resources. In contrast, a pure Departmental Model can blur those differences as program-level needs get rolled into a single department budget, important details can get lost when decisions are made at a higher level.

Dr. Graff- Manitoba:

Dr. Graff answers this question according to her knowledge of the Provincial Model currently in place in Manitoba.

Strengths of the Provincial Model

- The model has contributed to improved recruitment and retention. While the pandemic brought some challenges, overall retention has been stronger.
- The feedback from psychologists in Manitoba is that their current model is more professionally satisfying. Many feel that this governance structure has really supported them as professionals (hold respect similar to physician colleagues) and improved their quality of work life. In other models (e.g. Program Management Model) a psychologist may work under a manager who doesn't fully understand their training or their role. This may drive the psychologist towards private practice where there is better compensation and respect for the profession.
- The Provincial Model enables psychologists to work to their full scope of practice, to contribute their expertise more meaningfully in clinical decision-making and have autonomy to bring good care to patients.

- The Provincial Model provides room for innovation and improvement whereby psychologists at most clinics have developed or improved treatments for patients. As examples psychologists in the Provincial Model:
    - Were early adopters of telehealth to bring anxiety treatment to individuals in rural and remote areas of the province,
    - Were able to quickly implement virtual care during the pandemic because clinical psychologists were already experienced in providing services through telehealth,
    - Were among the first in the province to shift a significant portion of services to group-based models whereas prior to the Provincial Model, psychotherapy was always individual.
- The model fosters strong professional networks. Psychologists are more likely to know each other and share clinical knowledge.
- The model allows system-wide flexibility. Psychologists can be reassigned across hospitals and programs to fill gaps, provide temporary coverage, or respond to new demands as they arise.
- This coordinated, system-wide approach, similar to how some medical specialties are organized, enables ongoing responsiveness to workforce needs and helps psychology leaders identify where services must grow or evolve.

Challenges of the Provincial Model

In discussing the challenges, Dr. Graff primarily highlighted ongoing issues that Manitoba continues to face despite the successes of the Provincial Model. Many of these challenges are longstanding or structural in nature, and the Provincial Model has, in many respects, provided a useful foundation to begin addressing them.

1. Vacancies:
    - Dr. Graff noted that vacancy rates partly reflect broader system issues, including a national shortage of clinical psychologists. Despite population growth and increasing mental health needs, the number of training seats at many universities has remained stagnant in many universities for many years and the consequence of this is being seen today. She added that Manitoba recently doubled training seats in doctoral and residency programs to help address this issue.

2. Remuneration in the public sector
    - While Manitoba has recently expanded its training capacity for psychologists, increasing the number of trained professionals alone does not guarantee improvements to the public health system if many of these individuals choose to work in the private sector to earn a significantly better income.
    - This wage gap disproportionately impacts single parents and primary income earners, who may feel they have no choice but to leave the provincial system positions for better-paying private opportunities.

- She suggested improving remuneration for psychologists to at least lessen the gap between private and provincial system rates as a solution.

Dr. Graff suggested that to attract and retain applicants, it is necessary to offer compensation and incentives that do not just match remuneration found in other jurisdictions but instead to show leadership by offering improved salaries for these positions.

3. Paperwork & Lack of administrative support
    - Dr. Graff noted that psychologists still have a lot of paperwork to contend with. She also mentioned a need for more administrative support for clinical psychology staff as further detailed in question #3 above. She pointed out that the more clerical work you ask the psychologist to do, the less clinical work they can do.

9. How are allied health professions organized in terms of workforce models in other hospitals and what are the challenges and benefits with each model?

Dr. Nicholson- Ontario:

Dr. Nicholson pointed out that the term "Allied Health" is viewed as problematic in healthcare as it implies that these professional roles exist primarily to support physicians rather than being integral to healthcare teams. He suggested: "other health professionals" as alternative terminology.

In relation to the organization of other professions, he mentioned that: some professions, such as Audiologists, Respiratory Therapists, and Medical Imaging Technologists follow a Departmental Model due to their work across multiple programs and that Pharmacists also follow a similar model.

Dr. Graff- Manitoba:

Dr. Graff discussed that Psychologists in Manitoba are closely aligned with the physician model. She also noted that Pharmacists seem to be moving into the same sort of Provincial Model. Pharmacists remain primarily site-based, though some aspects of their work such as planning and procurement are provincially focused. As well, she mentioned that other disciplines in the health system like physiotherapy tend to operate under more of a program-managed or matrix model. For example, physiotherapists are typically hired within specific programs and report both to a program lead and a professional lead.

10. Please provide links to any additional resources that will support decision makers in a better understanding of the Departmental Model, as opposed to the Program Management Model, or some kind of hybrid model of clinical psychology services in hospital settings in Canada.

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