

Issue brief – Psychologists

Considerations for lawmakers before expanding psychologists’ scope of practice

The American Medical Association believes that all health care professionals play an integral role in the delivery of health care in the United States. The health and safety of patients are threatened, however, when non-physicians are permitted to perform services that are not commensurate with their education or training. While some scope expansions may be appropriate, others definitely are not. This issue brief lays out key considerations for lawmakers when contemplating legislation that expands psychologists’ scope of practice to include prescribing medications.

Psychologists receive no medical training

There is often confusion about the difference between psychologists and psychiatrists

- **Psychologists** are not medical doctors. Psychologists are trained to study cognitive, emotional, and social processes and behavior, but they are not trained in medicine.
- **Psychiatrists** are medical doctors (MDs or DOs). As physicians, all psychiatrists undergo rigorous, broad-based medical education. Medical school and residency provide a comprehensive education in all organ systems and the biological, chemical, pharmacological and behavioral aspects of the human condition.

	Psychiatrists	Psychologists
Patient care hours	12,000 – 16,000 hours	1 year (~1,920 hours)
Residency	4-6 years	1 year internship (additional postgraduate hours may be required for state licensure)
Basic sciences coursework required	1,352 hours on average	0 hours
Total medical training	8-10 years	None

Psychiatrists

Psychiatry is a medical specialty focused on the prevention, diagnosis, and treatment of mental, addictive, and emotional disorders. **A psychiatrist is a medical doctor (MD or DO) qualified to assess and treat both the mental and physical aspects of psychological disturbance.** All psychiatrists undergo four years of medical school followed by at least four years of residency training in psychiatry.

The four-year medical school curriculum focuses on fundamental principles of medicine and its underlying scientific concepts. It includes required courses and labs on anatomy, biochemistry, genetics, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine. **The total number of hours of required basic sciences coursework based on the average across reporting medical schools is 1,352.** Clinical sciences studies encompass all organ systems, including the important aspects of preventive, acute, chronic, continuing, rehabilitative, and end-of-life care.

Following medical school, physicians must complete a four-year residency program to become a psychiatrist. Through psychiatry residency programs, physicians attain a high order of knowledge about the diagnosis, treatment, and prevention of all psychiatric disorders, as well as other common medical and neurological disorders that relate to the practice of psychiatry.

Medical education and clinical training equip psychiatrists to develop a treatment plan that addresses multiple organ systems, to order and interpret tests within the context of a patient's overall health condition, and to perform differential diagnosis, which is the process of differentiating between conditions that share similar signs or symptoms. Psychiatrists are trained to understand the complex relationship between emotional and other medical illnesses.

Psychologists

Psychologists study the human mind and behavior using non-medical means. They are trained to study cognitive, emotional, and social processes and behavior. Clinical psychologists may interview patients, administer diagnostic psychological tests, and provide psychotherapy.

While psychologists' education is extensive—including at least 3 years of graduate study and completion of a 1-year internship—the focus of study does not relate to the human body. For example, in the entire course of their training a psychologist may only take one course in biology. Undergraduate science courses are generally not a prerequisite for the doctoral program.

Clinical psychologists are well-trained to provide psychological services, but they are not trained in medicine. Before and during their required 1-year internship, all students in an accredited psychology doctoral program learn about systems of psychology and the affective, biological, cognitive, developmental, and social aspects of behavior. They develop competencies in research, ethical and legal standards, diversity, professional values, communication and interpersonal skills, assessment, intervention, supervision, and consultation and interprofessional skills. This knowledge base is central to the practice of psychology, but it is distinct from the rigorous education in multiple organ systems needed in the practice of medicine. **Psychologists are not trained to develop differential diagnoses or to prescribe and manage medication for psychiatric illness—they are not equipped to provide the medical care of a psychiatrist.**

State Advocacy Issues

RxP legislation threatens patient safety

Each year, legislative activity in several states seeks to expand psychologists' scope of practice to permit them to prescribe powerful medications. Known as RxP legislation, these proposed bills jeopardize the health and safety of Americans, putting those with mental illness—who are more likely to suffer from comorbid medical conditions—disproportionately at risk.

The AMA opposes legislation or regulation to allow psychologists prescriptive authority.¹ AMA policy states that prescriptive authority should be reserved for physicians who have undergone the rigorous education and training required to obtain a medical degree.² The AMA urges all people, including physicians and patients, to consider the consequences of any health care policy that places patient care at risk by granting prescriptive authority to those who have not received appropriate medical education and training.

Prescribing medications is medical care that psychologists are not trained to provide

The prescribing of medications for psychiatric illness constitutes medical care, the provision of which requires thorough knowledge of all body systems. Psychologists do not have the training necessary to provide medical care.

The interplay between mental illness and physical illness is highly complex. Mental illness does not exist in a vacuum. A high proportion (as many as 50%) of patients suffering from mental illness also suffer from medical illness, and when assessing for mental illness, a physician must always first rule out non-psychiatric physical illness. Symptoms that appear to derive from mental illness may actually be symptoms of infection, cancer, or other serious medical disorders. Comorbidities also complicate care—when prescribing, a psychiatrist always must determine how the medication would interact with any co-occurring physical conditions or with other medications the patient takes, as psychotropic medications can interact (sometimes dangerously) with non-psychotropic medications. It takes the eye of a highly trained physician to distinguish between symptoms of mental illness and signs of underlying physical illness, and to identify the proper course of treatment.

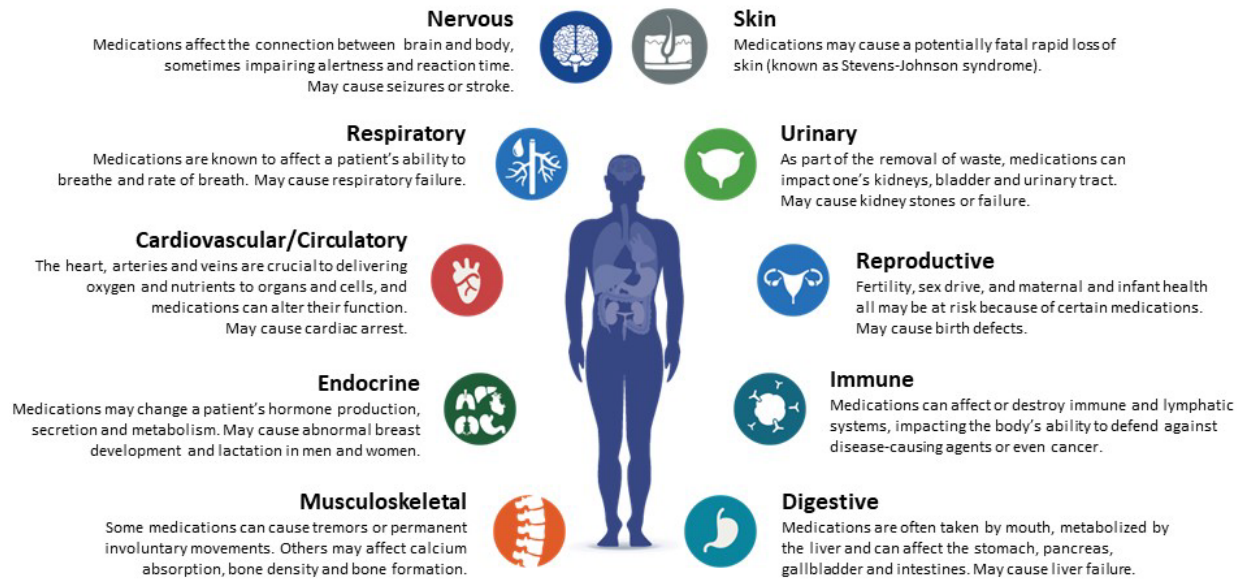
Further, psychotropic medications are among the most powerful available to modern medicine and should be prescribed with great care. Medications used for treatment of psychiatric disorders do not stop at the brain; these medications affect every system in the body, and those who prescribe must have full education and training of the body and all its systems. Because of their effects on multiple organ systems, the use of psychotropic medication often involves regular laboratory work and medical monitoring, which physicians are equipped to do. The management of psychotropic medication requires expert knowledge spanning beyond mental health.

¹ AMA Policy, H-345.989. Psychologist Prescribing.

² AMA Policy H-160.949. Practicing Medicine by Non-Physicians

Psychiatric Medications Affect All Body Systems

Safe, appropriate prescribing requires expert medical knowledge of all body systems.



Prescribing Can't Be Taught In Just Ten Weeks

Medications used for treatment of psychiatric disorders do not stop at the brain; these medications affect every system in the body, and those who prescribe must have full education and training of the body and all its systems.

Safe prescribing requires comprehensive medical education – a crash course is insufficient

RxP legislation typically seeks to grant psychologists prescriptive authority upon completion of a training program in psychopharmacology. These programs are not sufficient to train psychologists to prescribe safely. Usually haphazard online crash courses offered in the equivalent of ten weeks, some programs claim to teach individuals with zero educational background in chemistry, biology, or anatomy all of the biological foundations of prescribing medications in as little as 90 hours.

The training programs proposed by organized psychology to prepare psychologists to prescribe psychotropic medications will not provide psychologists with the medical training necessary to prescribe safely. There is no recognized standard for a master's degree in psychopharmacology. The model curriculum developed by the American Psychological Association is a two-year program of evening, weekend, or home study courses, requiring as little as 400 hours of didactic instruction—far less than half the time a medical student spends in training in just one year of medical school. The accompanying clinical practicum involves only 100 patients.³

³ American Psychological Association (ApA), Model Education and Training Program in Psychopharmacology for Prescriptive Authority. <https://www.apa.org/about/policy/rxp-model-curriculum.pdf>. Accessed Sep. 21, 2022.

Upon completion of their doctoral degree, psychologists will have been required to receive zero hours of training in basic sciences, including zero hours of training in biology, zero hours in anatomy, and zero hours in pathophysiology. It is implausible—and indeed, dangerous—to expect that a two-year, largely distance-learning, often part-time, masters’ degree course in prescribing would compensate for years of training in basic sciences and comprehensive education on the medical model.

To compare, psychiatrists first earn their MD or DO and only then go on to specialize in the diagnosis and treatment of mental disorders and substance use disorders. Psychiatrists thus spend 12 or more full-time years and over 10,000 hours in training—4 years of undergraduate study in sciences, 4 years in medical school, and at least 4 years in residency—during which they are exposed to patients representing a wide range of physical and psychiatric conditions. This rigorous medical training includes extensive science coursework and clinical experience encompassing all human body systems. It cannot be replicated in a training period that spans a matter of weeks.

Prescriptive authority for psychologists is an inadequate and unsafe solution to access to care problems

RxP legislation is not a widespread solution for provider shortages or access to care concerns. It is a high cost, low impact response to the mental health crisis that puts patients at risk.

Data from states where psychologists may prescribe show that granting prescriptive authority to psychologists will not increase the number of providers practicing in rural areas. Currently there are fewer than 250 prescribing psychologists in the US across only 5 states that allow psychologists prescriptive authority. Workforce studies from these states demonstrate that, on the whole, psychologists have not relocated to rural areas, but instead still tend to practice in the same locations as psychiatrists. There has not been an increase in access to care, and there is no reason to think this will change if psychologists are granted prescriptive authority more broadly.

Importantly, granting prescriptive authority to untrained individuals is an unsafe solution to provider shortages. The responsibility for patients’ medical care must rest with professionals who have medical training and experience. RxP legislation puts vulnerable patients suffering from mental illness—who are more likely to suffer from co-morbid medical conditions—at risk.

Telemedicine and Collaborative Care Agreements can truly improve access to psychiatric services

There are evidence-based ways to improve access to mental health care that are far better than putting patient safety in the hands of untrained professionals.

- **Telemedicine:** Telepsychiatry has high patient satisfaction ratings, and evidence shows that telepsychiatry is comparable to in-person care when it comes to therapeutic engagement, quality of care, validity of assessment, and clinical outcomes.⁴ Telemedicine has been highly successful in bringing mental health care to otherwise underserved areas.
- **Collaborative Care Model:** The Collaborative Care Model integrates mental and primary health care, extending the reach of psychiatrists by leveraging partnerships with other health care

⁴ American Psychiatric Association (APA), Telepsychiatry Toolkit: The Evidence Base. <https://psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit/evidence-base>. Accessed Oct. 12, 2022.

professionals. In the Model, psychiatrists, primary care providers, and other behavioral health care providers collaborate using shared care plans, providing care to patients at a familiar location. The psychiatrist provides guidance and makes diagnostic and treatment recommendations from onsite or via telehealth. The Collaborative Care Model is one of the best-studied and highly effective ways to improve access to mental health care, with over 90 randomized control trials demonstrating its effectiveness.

Legislative efforts that promote telemedicine or the Collaborative Care Model are safe and effective alternate solutions for lawmakers interested in addressing concerns related to access to mental health care.

Conclusion

Psychologists are highly respected members of a mental health care team who are well trained to provide psychological and behavioral services, but they are not trained to practice medicine. The prescription and management of psychotropic medications is medical care requiring the skills and expertise of a physician. A crash course in prescribing is not sufficient to give psychologists—who often have no background in science—the depth and breadth of medical knowledge necessary to prescribe medications safely. Leaving medical care in the hands of untrained professionals puts patients at risk. Telemedicine and the Collaborative Care Model are safe and evidence-based alternative approaches to improving access to mental health care.

Appendix: Overview of state prescriptive authority requirements

Idaho, Illinois, Iowa, Louisiana, and New Mexico have legislation in place granting certain psychologists prescriptive authority. The educational, clinical, and supervisory requirements vary across each of these states. The following state requirements apply to licensed psychologists holding a doctoral degree.

	Idaho	Illinois	Iowa	Louisiana	New Mexico
Supplemental coursework	Post-doctoral Master’s in Clinical Psychopharmacology (at least 2 years and equivalent to advance practice psychiatric nurse practitioner)	Specific undergraduate-level biomedical courses 60 credit hours other specific graduate-level didactic coursework	Post-doctoral Master’s in Clinical Psychopharmacology (30 credit hours)	Post-doctoral Master’s in Psychopharmacology	450 hours classroom training in psychopharmacology
Clinical experience	400 hours clinical training as part of the Master’s program	14-month full time clinical training (comparable to NP, PA, or MD training)	400-hour practicum	N/A	80-hour practicum in clinical assessment and pathophysiology, plus 400-hour general practicum treating at least 100 patients with mental disorders
Other requirements			Obtain malpractice insurance	Obtain Controlled/Dangerous substance permit and controlled substance DEA registration	Obtain malpractice insurance
Scope of practice	After two years of supervised prescribing, the psychologist may prescribe psychotropic drugs under the collaboration of the patient’s licensed medical provider and order lab tests without supervision.	After two years of supervised prescribing, the psychologist may register for a mid-level practitioner-controlled substance license under the Illinois Controlled Substances Act, allowing them to prescribe to patients aged 17-65 who aren’t pregnant or suffering from certain mental illness. They may not prescribe Schedule III benzodiazepines. Must maintain a written collaborative agreement with a physician.	After two years of supervised prescribing, the psychologist may prescribe psychotropic drugs under a written practice agreement with a physician. and order lab tests.	With three years of supervised prescribing including the treatment of at least 100 patients (25 or more involving psychotropics and 25 or more involving antidepressants), the recommendation of two supervising physicians, and the recommendation of the Medical Psychology Advisory Committee, a psychologist may prescribe after discussion with the patient’s primary physician.	With two years of supervised prescribing and successfully undergoing peer review by the board and state board of medical examiners, the psychologist may prescribe under a collaborative agreement with a supervising clinician. and order lab tests independently.