Vision OTA PTA

March 15, 2019

EXECUTIVE SUMMARY

The occupational therapist assistant (OTA) and physiotherapist assistant (PTA) Vision Project (*Vision OTA PTA*) brought together stakeholders from across Canada to discuss the desired future state for OTAs and PTAs in relation to topics such as competency profiles, areas of practice, consistency of titles, regulation, and professional association membership. Despite the ongoing evolution of OTA/PTA practice in Canada, there is no single organization/body which represents the OTA/PTA perspective, nor an agreed-upon vision of how these important healthcare team members can best contribute to the health and wellness of Canadians in partnership with occupational and physiotherapists.

The project has been led by the Vision OTA PTA Steering Committee, whose membership represents the following key stakeholder groups: CAOT[1], CPA[2], NPAA[3], ACOTRO[4], CAPR[5], PEAC[6], OTA & PTA EAP[7], COPEC[8], OTA (currently vacant) and PTA. The project to date has involved the following stages:

- **Stage 1**: In the fall of 2017, a national survey of key stakeholders generated 1543 responses on a range of topics related to the practice of OTAs and PTAs currently and into the future. The survey results demonstrated agreement in some areas, but other areas required more engagement with stakeholders to clarify future options. The responses resulted in the identification of key areas of interest for further discussion in Stage 2.
- **Stage 2**: In the fall of 2018, focus group discussions were facilitated online in two phases to further explore the key areas identified in Stage 1:
  - Phase 1: September 20-24, initial questions to generate discussion and share perspectives
  - Phase 2: October 23-26, targeted discussion topics to establish consensus and suggest actions to achieve the desired future state

Funding for Stage 2, the online discussions, was provided by CAOT, CPA, and the CAPR with in-kind contributions from all Steering Committee member stakeholder representatives. Steering Committee members wish to thank all members and their stakeholder organizations for their contributions. Heartfelt thanks also go to the participants who have engaged with the project either at the time of the survey or as part of the online discussions, including those who expressed interest in participating but were not selected to join the discussions; their perspectives have been pivotal to the development of the key messages described here.

[1] Canadian Association of Occupational Therapists
[2] Canadian Physiotherapy Association
[3] National Physiotherapist Assistant Assembly
[4] Association of Canadian Occupational Therapist Regulatory Organizations
[5] Canadian Alliance of Physiotherapy Regulators
[6] Physiotherapy Education Accreditation Canada
[7] The OTA & PTA Education Accreditation Program
[8] The Canadian Occupational Therapist Assistant & Physiotherapist Assistant Educators Council

Methodology

The methodology used for Stage 2 was qualitative and iterative and was a two-phase process (see above) using online discussion boards. The outcome of phase 1 was used to identify areas of agreement and areas that required clarification in phase 2. Participants (n=110) were selected by the members of the Steering Committee based on agreed-upon demographics such as location, experience, discipline, and role to ensure broad representation.

The results are described with qualitative analysis of themes and quantitative graphics. Although the quantitative results are not intended to be representative of all OTA and PTA stakeholders, they describe areas of agreement, with unique and jointly-held views highlighted through thematic analysis. Key messages were developed after report analysis by the project Steering Committee.

The online discussions were built around the creation of and agreement about what were termed the *Current State* and *Desired Future State* of OTA/PTA practice in Canada. In phase 1 of the discussions (facilitated in September 2018), questions to participants sought to first explore how OTA/PTA practice exists currently (the *Current State*) and how participants envision OTA/PTA practice five to ten years into the future (the *Desired Future State*). Phase 2 presented both States to participants and revisions were made until consensus was reached. The key messages below are derived from aspects of the agreed-upon Desired Future State. Details about both States are available in the final report of phase 2.

Key Messages

These actionable key messages are presented not in order of priority but in order of the discussions that took place online. The Steering Committee considers each key message representative of one aspect the desired future state and of equal importance. The committee acknowledges that some actions described may be more easily achievable than others, and that the achievement of some may need to wait until other work has been completed.

Recommend creation and better communication of educational materials to support standards of practice for supervision of OTA/PTAs

There was consensus from participants that in the *Current State*, there is generally strong support for the existing OT and PT regulatory supervision models. However, challenges exist in the ability of OTs and PTs to assign tasks to OTA/PTAs due to scarcity of resourcing of OTs and PTs to allow for time to invest in supervisory tasks and due to variability in the competencies of practising OTA/PTAs. There was also agreement that there is variability in the awareness, interpretation, and application of supervision and assignment regulatory practice standards. OTA/PTAs hold competencies that at times are not recognized by OTs and PTs and therefore OTA/PTAs are not provided the opportunity to perform tasks they are competent to deliver. Conversely, OTs and PTs may not be aware of the limitations of OTA/PTA competency and their own regulatory supervision requirements and OTA/PTAs are consequently assigned tasks beyond their competence. This was confirmed during the online discussions when examples were provided of higher-risk activities being performed by OTA/PTAs either without supervision or outside of what is permitted in regulatory supervision standards.

The *Desired Future State* included the ability of OTA/PTAs to work to their full potential within established supervision regulatory standards. It was agreed that to achieve this, OTs and PTs need to be more aware of regulatory standards and need to be adequately resourced to provide appropriate supervision. Additionally, OTA/PTAs must be aware of the limits of their own competence and the tasks that are prohibited from being performed by OTA/PTAs according to OT and PT regulatory standards. While educational materials exist (primarily within jurisdictional regulatory colleges for both OT and PT) there is a disconnect between these resources and their application in the practice environment. Regulators are encouraged to find ways to better disseminate the regulatory requirements to registrants and OTA/PTAs and similarly, educators in OT, PT, OTA and PTA educational programs are encouraged to build on those resources in the delivery of their curricula in order to prepare their graduates to be advocates for the use of OTAs and PTAs to their full potential.

Recommend investigating the feasibility of a certification program through CAOT/CPA

Participants discussed the development of a registry, a national certification program and/or regulation for OTA/PTAs. The level of support of regulation of OTA/PTAs varied within participant groups. Employers, educators, and regulators generally did not support regulation, or did not support regulation at this time. Within the OTA/PTA participant group, 70% indicated support for regulation, but some of those indicated that it would only be a long term goal. Many barriers to regulation were identified by all groups of participants. Examples included lack of government support for additional regulatory colleges or regulated professions, and the perception that the practice of OTA/PTAs is of minimal risk to the public.

All participant groups indicated that clear transparent criteria for inclusion on a registry would be important, along with the use of a consistent title. Several of the participants mentioned that a registry would be more valuable if coupled with standards and perhaps a certification process. (e.g. Registry of Certified OTA/PTAs).

It was understood that while certification would not ensure protection of title, it could assist in standardization if employers adopt the practice of hiring only those certified by a national association. Certification would promote accreditation which increases consistency and confidence in the educational standard, and would ensure that those OTA/PTAs who are not graduates of an accredited education program have a way to demonstrate they meet the same standard and provide the same standard of care. The majority (62.5%) of OTA/PTA participants indicated they would be willing or very willing to prepare for, cover the costs of, and write a certification exam although concerns were raised about accommodating clinicians who have been working for many years since completing their education. The benefits of certification were explored and key considerations in the development of a certification process were identified as:

- allowing OTA/PTAs who graduated before accreditation was available to demonstrate they have the necessary skills to achieve certification
- including separate categories for OTAs, PTAs and dual trained/practising OTA/PTAs
- including a standardized national exam and/or skills assessment to ensure a minimum level of competence
- ensuring it is affordable/cost effective

There was consensus of the importance that clarity about the differences, benefits, barriers, and impact of certification should be part of the development of a certification process. Fifty percent of participants expressed support for a joint organization established through CAOT and CPA to be responsible for the development and implementation of a certification process for OTA/PTAs, rather than a standalone national organization for OTA/PTAs only. One participant suggested establishing a joint organization through CAOT, CPA, and COPEC.

Recommend exploring the creation of a joint CAOT/CPA membership tier for OTA/PTAs

Ninety percent of participants in phase 1 thought OTA/PTAs should be members of a national professional association, and there was discussion in phase 2 around two possible scenarios leading to this outcome.

- **Scenario 1:** A Collaborative Joint Group – The Canadian Association of Occupational Therapists (CAOT) and Canadian Physiotherapy Association (CPA)
- **Scenario 2:** OTA/PTAs create a national association separate from CAOT and CPA

Benefits of scenario 1 were found to far outweigh those of scenario 2. Of the 15 OTA/PTAs who responded to this question, 12 (80%) indicated scenario 1 would best support the desired future state. All participant groups expressed a strong preference (37/52 or 71%) for scenario 1 to best achieve the desired future state.

Sixty-five percent of all participants and 71% of OTA/PTA participants expressed a preference for a joint association that supports both the OTA and PTA disciplines, rather than separate discipline-specific associations. The most common reasons for the preference of a joint organization included alignment with education programs, support of dual trained OTA/PTAs, facilitation of higher membership numbers, and support of certification and/or registration.

Recommend use of consistent title

Ninety-five percent of participants in phase 1 indicated the need for a consistent title nationally for educational preparation, employment, and supervision models, rather than the range of titles currently used for OTA/PTAs in Canada. The desired future state identified that the title for individuals being supervised by OTs and/or PTs should move away from "support personnel" and generic titles and instead reflect the dual role. Options presented to participants were:

- Occupational **Therapist** Assistant**/**Physio**therapist**[9] Assistant
- Occupational **Therapy** Assistant**/**Physio**therapy** Assistant
- Occupational **Therapist** Assistant **&** Physio**therapis**t Assistant
- Occupational **Therapy** Assistant **&** Physio**therapy** Assistant

Sixty-two percent of respondents preferred the use of **therapist** in the title. In a separate question 62% of respondents preferred the use of "/" in the title. Reasons given for the preference revolved around making the need for OT or PT supervision explicit in the title, as well as to avoid the breach of OT & PT regulatory

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[9] where the terms physical therapist/physiotherapist and physical therapy/physiotherapy are used interchangeably

practice standards, OTA/PTAs working without supervision, and lack of clear definition of the role for the public.

Twenty-seven percent of respondents preferred the term **therapy** in the title. Reasons included that the term suggested that the OTA/PTA helps the patient, is a member of the overall rehabilitation team working in an assistant role, and should not be an assistant to a specific OT or PT but rather to the therapy service overall.

While the majority of participants preferred a "/" symbol over a "&" symbol, the reasons offered for these preferences were highly variable. Generally, participants suggested that the use of "&" implied that an individual acts as both an OTA and a PTA in separate roles (and would be more appropriate when looking to be inclusive of single-discipline clinicians), whereas the use of "/" implied a combined OTA/PTA role.

Overall, there was clear agreement that a consistent title must be used nationally, and the preference was slightly in favour of **therapist** and **symbol "/"** in the title (**Occupational Therapist Assistant/Physiotherapist[10] Assistant**). Therefore it is the recommendation that this title be used in contexts where assistants are working under the supervision of an OT or a PT. From a regulatory perspective, the title OTA/PTA should not be used when supervised by or assigned a task by other health professionals.

Recommend creation of a dual competency profile

In the current state, there are separate OTA and PTA competency profiles. Although the overwhelming majority (92% of all participants) indicated a dual competency profile would meet their needs and those of their stakeholders, only 65% included a dual competency profile in the desired future state. There was discussion about the timing and responsibility of developing a dual competency profile, and participants were provided with the following description of a dual profile:

> *A dual profile would include competencies common to both OTAs and PTAs that are required of both disciplines (e.g. ethics, professionalism, communication, record keeping). At the technical skill level, the profile would diverge and include OTA-specific and PTA-specific skill-level competencies. Assistants practising in only one discipline would be held to the common competencies and the skill-level competencies of the one discipline. Thus the profile would be applicable to single trained/practising OTAs, single trained/practising PTAs and to dual trained/practising OTA/PTAs.*

Participants debated whether the dual profile should be developed prior to or after a certification process as the two were seen as linked; the timing of the OT CORECOM project (which will combine the existing OT competency profile and the existing OT practice profile) was also seen to be a consideration. Additionally, it was unclear who should be responsible to lead and fund such a project to develop a dual profile.

The most common reasons expressed for the development of a dual competency profile were to better align the competencies with the education programs/accreditation process and the practice environment, and to incorporate the competencies into future certification.

[10] Where physical therapist/physiotherapist and physical therapy/physiotherapy are used interchangeably

Conclusion

This important project resulted in consensus among participants about the *Desired Future State* of the practice of OTA/PTAs in Canada in five to ten years. While there are many actions identified by the participants toward attainment of the desired future state, some are more achievable than others, and these Key Messages focus on those which the Steering Committee consider potential first steps. These Key Messages will be circulated to the relevant stakeholder groups for further discussion. Stage 3 of this project is yet to be determined, pending dissemination of this report and anticipated subsequent conversations among stakeholders.

Stakeholder Organizations

A collaboration of:

Steering Committee Members

Current Members	Organization
Alison Douglas	CAOT
Amanda Walton	OTA & PTA EAP
Amy Stacey	NPAA and practising PTA
Chantal Lauzon	CPA
Denis Pelletier	CAPR
Grace Torrance	COPEC
Heather Cutcliffe	ACOTRO
Kathy Davidson, Chair	PEAC
Vacant	Practising OTA
Past Members	**Organization**
Avril McCready-Wirth	Practising OTA
Janet Craik	CAOT