





Vision OTA PTA:

How can OTA/PTAs best contribute to Canada's health care system?

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Background/setting the stage

The role of occupational therapist assistants (OTAs) and physiotherapist assistants (PTAs) in Canadian health care has steadily evolved over the past few decades. These health care team members are employed as OTAs, PTAs, OTA/PTAs, rehabilitation assistants (RAs), or therapist/therapy assistants (TAs) depending on the province and the employer. In the past, many of these assistants were trained on the job without formal education. OTA and PTA education programs in Canada have existed and collaborated over the past 20 years. But in the past decade more formal recognition of those education programs and of OTA and PTA roles has existed. This recognition is due in part because of increased consistency between education programs, in part due to the publication of the Practice Profile for Support Personnel in Occupational Therapy (CAOT, 2009) and the Essential Competency Profile for Physiotherapist Assistants in Canada (NPAG, 2012) and in part as a result of the development and implementation of an accreditation program for OTA & PTA education programs. While accreditation is voluntary for all programs (OTAs and PTAs are not regulated in Canada except in the province of Québec, where physical rehabilitation therapists (PRTs) are regulated by the OPPQ), the availability of accreditation has resulted in the creation of membership eligibility criteria for students and graduates of accredited programs at the Canadian Physiotherapy Association (CPA) and the Canadian Association of Occupational Therapists (CAOT). And there is a growing awareness on the part of employers, occupational therapists (OTs), and physiotherapists (PTs) of the quality of graduates from these accredited programs.

The education programs currently affiliated with the accreditation body are almost exclusively programs which jointly train OTAs and PTAs, and whose graduates identify as “OTA/PTAs” or “OTA and PTAs”. While these graduates are often employed as either OTAs or PTAs, the number of employers choosing to hire jointly trained OTA/PTAs from accredited education programs with the ability to complete tasks assigned by either an OT or a PT is growing. The number of high quality graduates from accredited OTA/PTA education programs will continue to increase, and these key health care team members will continue to join the workforce. Yet there lacks an overall shared vision for how OTA/PTA practice might evolve in the coming years.

Where did the idea of a vision for OTA/PTA practice come from?

During its October 2015 strategic planning, the OTA & PTA Education Accreditation Program (EAP) gathered key stakeholders together to contribute to goals being developed for the accreditation program. During these facilitated discussions the concept of a vision for how OTA/PTAs could best contribute to health care teams was brought forward and it was recognized that not all key stakeholders were present to collaborate towards such a vision, nor was the group sure that all stakeholders would agree about the potential contribution that OTAs and PTAs could make. Therefore, the concept of Vision OTA PTA was tabled until the right stakeholders could be brought to the table together.

Stage 1 – The survey

In early 2017 a ten-member Steering Committee representing key stakeholders was convened with the goal to establish a context to discuss such a vision. As Steering Committee members, we represent the CAOT, CPA, COPEC, OTA & PTA EAP, Physiotherapy Education Accreditation Canada (PEAC), the Canadian Alliance of Physiotherapy Regulators (CAPR) and the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO), as well as a practising PTA representing the National Physiotherapist Assistant Assembly (NPAA) of CPA and a practising OTA from Saskatchewan. Initially we planned a face-to-face forum to gather perspectives as a starting point for the work of the Committee. When insufficient funding was secured for an in-person meeting, we instead developed and circulated a survey to the members of all key stakeholder groups to identify barriers and facilitators to the contribution of OTAs and PTAs to Canada’s health care system. The questions targeted topics such as practice context, supervision, regulation, and resources relating to current and future OTA and PTA practice. We needed to know whether there were disparate views about how OTAs and PTAs practice currently and about how they might practice in five to ten years; this would be a starting point for the next stages of the project. The survey was circulated to as many OTs, PTs, OTA/PTAs, PRTs, and other health care professionals as we could reach through our membership and our networks nationally. We received 1549 survey responses from 584 PTs, 125 OTs, 834 OTA/PTAs, 20 PRTs, and 6 other regulated health professionals.

What else was happening in the worlds of OT and PT?

In October 2017, Mandy Snively and Jacklyn Penner, OTA/PTAs working at Hamilton Health Sciences Centre (HHSC), reported on a research project titled “OTA & PTA Current role and perceptions within interprofessional health care teams” following an online survey and focus groups conducted across HHSC sites. The webcast is archived on the OTN website.

In 2018 two OTAs (Caity Heath and Jeena Parmar) and an OT (Naomi Hazlett) in Toronto created the Occupational Therapist and Physiotherapist Assistant Coalition of Canada (OPACC). The launch is planned in late 2018 and involves a website and an online discussion platform available to help connect OTs, PTs, and OTA/PTAs.

Throughout 2017/2018 the National Physiotherapy Advisory Group (NPAG), a coalition of national physiotherapy related organizations (CAPR, CPA, PEAC, and the Canadian Council of Physiotherapy University Programs [CCPUP]) began including the revision of the current Essential Competency Profile for Physiotherapist Assistants in Canada on their meeting agendas. However, it remains unclear who should fund the much-needed revision of this competency profile and how best to coordinate the revision. There have also been preliminary thoughts about developing a joint OTA/PTA competency profile in collaboration with the OT profession which would replace the Essential Competency Profile for Physiotherapist Assistants and the Practice Profile for Support Personnel in Occupational Therapy.

What did the Vision OTA PTA survey results tell us?

We have a lot of data from the quantitative and qualitative responses gathered in late 2017 and have begun the data analysis. Here is what we know so far.



We asked respondents to choose Yes/No/I don't know to a series of statements. The five statements most endorsed by OTA/PTAs (shown as Yes %), compared with the responses from PRTs, OTs, and PTs are:

Statement: "I would like..."	OTA/PTA Yes %	PRT Yes %	OT or PT Yes %
OTA/PTAs working everywhere that PTs and OTs are working and willing to supervise	97	75	73
OTA/PTAs working in private OT and PT practice	92	65	79
the "assistant" title standardized nationally (i.e. always "OTA/PTA", or "therapist assistant" or "rehabilitation assistant" or similar)	95	60	83
OTA/PTAs working where there are periodic onsite supervision AND constant remote supervision by the supervising OT or PT	75	55	53
OTA/PTAs regulated by their own college	74	30	31
(as compared with...) OTA/PTAs regulated by OT or PT regulators	46	70	55

Here are the statements least endorsed by OTA/PTAs (shown as No %):

Statement: "I would like..."	OTA/PTA No %	PRT No %	OT or PT No %
OTA/PTAs working only in institutional/facility settings	82	75	76
OTA/PTA to work only where there is constant supervision	80	65	48
OTA/PTA to remain unregulated	72	90	72

From this information, we can see that most respondents would like to see the regulation of OTA/PTAs, but there are differing opinions about whether there should be an OTA/PTA-specific regulatory college or whether the existing OT and PT colleges should regulate OTA/PTAs. Further to this, regulators are likely able to identify several barriers to achieving regulation, especially in the short term. With these responses alone, we have identified disparate views about what the future should hold with respect to the regulation of OTA/PTAs.

We can also see that 75% of OTA/PTAs support working not only where there is constant supervision from the supervising

OT or PT but also when periodic or remote supervision is possible. OTs and PTs are less supportive of this model (53%) and yet most regulatory practice standards allow for it, provided the supervising OT or PT has confirmed the OTA/PTA's competency to perform the task and a clear communications strategy has been discussed and documented.

In another series of survey questions, respondents were asked about the contribution of OTA/PTAs to the Canadian health care system in the future, and to rate on a scale of 1-5 (low value-high value) the value of actions which would optimize that contribution. The actions most valued by OTA/PTAs are:

Action	OTA/PTA Mean rating/5	PRT	OT or PT
Provision of more continuing education (related to OTA/PTA for OTA/PTAs and for OTs and PTs)	4.5	3.7	4.0
Ensuring an OTA/PTA voice at provincial and national levels	4.4	3.8	3.7
The ability to influence change in OTA/PTA practice in your workplace (i.e. to have a voice)	4.4	3.6	3.7

The actions least valued by OTA/PTAs include:

Action	OTA/PTA Mean rating/5	PRT	OT or PT
Ongoing eligibility for membership in relevant associations	3.8	3.7	3.6
Development of a certification examination for OTA/PTA (with or without regulation)	3.8	3.5	3.6

The value placed on "Provision of more continuing education" confirms past research that has identified the need for the provision of continuing education geared to the practice of OTA/PTAs.

What is happening with the project now?

Further analysis of the survey's quantitative and qualitative data will undoubtedly reveal more about the perspectives held by respondents, but this analysis has not yet been completed. However, an informal review of the survey comments has been used to inform Stage 2 of this multi-stage project. With funding generously provided by CPA, CAPR, and CAOT, the Steering Committee has contracted Garnette Weber and itracks to facilitate a series of online focus group discussions. The Steering Committee secured ethics approval from the Behavioural Research Ethics Board at the University of British Columbia and recruited over 100 participants from across the country (OTs, PTs, OTA/PTAs, educators, regulators, employers, and patients) to participate in online discussions on September 20, 21, and 24, 2018. The participants provided further online input on October 23 and 24 when they clarified or expanded upon the summary of responses gathered from the earlier discussions. A thematic analysis is being conducted to add to the quantitative and qualitative data already gathered in the earlier survey.

The preliminary survey results were presented at Congress Montreal18 and an abstract has been submitted to WCPT Con-

gress 2019 for consideration. A presentation of the project to INPTRA in Geneva in May is also being prepared.

Next steps

Defining the role of OTA/PTAs now and into the future will benefit not only OTA/PTAs but the patients, OTs, PTs, and other health care team members who work with them. Further, when there is better clarity about what OTA/PTAs can contribute to service delivery models in all contexts, then employers can better understand health human resource needs, and policy makers can align policies appropriately. Our process ensures that we include OTA/PTAs as it is their future in health care being discussed.

Throughout this project, our knowledge has evolved about what is required to best optimize the contribution these team members can make to the health and wellness of Canadians in partnership with OTs and PTs. We have made efforts to ensure that the collective voice of clinicians, educators, employers, and regulators in both OT and PT practice contexts in Canada is heard. And at the conclusion of the project, we will be able to articulate a vision for the evolving role of OTA/PTAs. More importantly, we hope to have collectively determined a path forward to achieve it. 🌟

Steering Committee:

Grace Torrance, Canadian Occupational Therapist Assistant and Physical Therapist Assistant Educators Council (COPEC)

Amanda Walton, OTA & PTA Education Accreditation Program (OTA & PTA EAP)

Janet Craik, Canadian Association of Occupational Therapists (CAOT)

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Kathy Davidson, Physiotherapy Education Accreditation Canada (PEAC)



About Kathy Kathy Davidson is a physiotherapist and an independent consultant. One of her roles is as Executive Director of Physiotherapy Education Accreditation Canada, and she also works with the College of Physical Therapists of BC. She is an Adjunct Professor in the Occupational Science and Occupational Therapy Department at the University of British Columbia and teaches in UBC's Master of Rehabilitation Sciences online program. Her past and current consulting work relates to accreditation and regulation with several health professions in Canada. She currently chairs the Vision OTA PTA Steering Committee.



About Chantal Chantal Lauzon is the Senior Practice Manager at the Canadian Physiotherapy Association. She is focused on professional practice issues such as the role of physiotherapist assistants as well as program planning for CPA Congress and Forum. @CPA_Chantal

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Resource:

Occupational Therapist and Physiotherapist Assistant Coalition of Canada (OPACC) www.opaccanada.org