OCCUPATIONAL THERAPISTS

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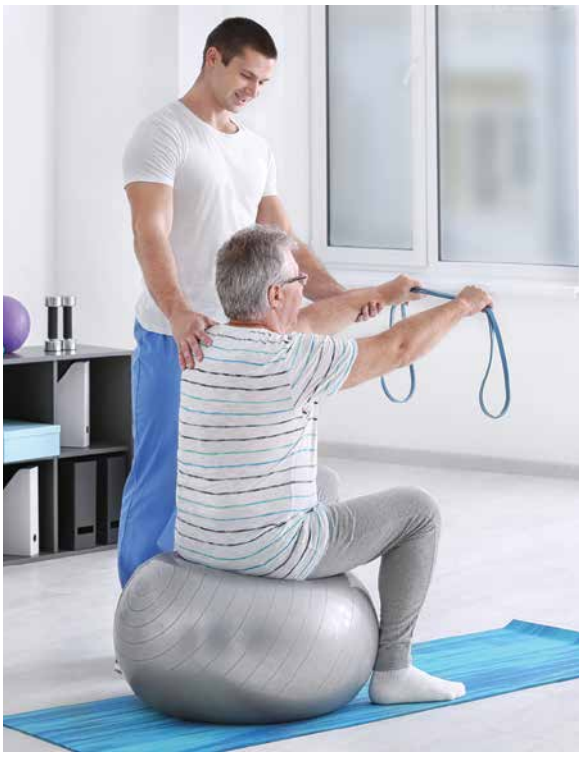
Occupational Therapists



Introduction

Occupational therapists (OTs) are healthcare professionals who help people participate in the everyday occupations that are both meaningful to them and necessary for maintaining their health and wellbeing (Canadian Association of Occupational Therapists [CAOT], 2017). Occupational therapy takes a holistic view of a person's ability to participate in daily occupations, supporting the interactions between physical, cognitive, emotional and spiritual abilities and the environments in which people live, work and play (CAOT, 2017). In this context, "occupation" is a broad term that covers more than employment. It also includes the activities people need and want to do to lead satisfying, purposeful and productive lives (CAOT, 2017). OTs often work with clients who face challenges because of accident, disability, disease, emotional or developmental problems, or change related to the normal aging process. OTs also work to promote health and prevent injury (Canadian Institute for Health Information [CIHI], 2006).

At its core, occupational therapy is focused on promoting occupational participation, defined as having access to, initiating and sustaining valued occupations within meaningful relationships and contexts (Egan & Restall, 2022). OTs use collaborative, relationship-focused approaches to explore the meaning and purpose of occupations and are uniquely equipped to address the occupational needs of individuals across their lifespan (Association of Canadian Occupational Therapy Regulatory Associations [ACOTRO], Association of Canadian Occupational Therapy University Programs [ACOTUP], & CAOT, 2021). OTs help people achieve their goals and enhance their quality of life, often by addressing systemic or individual barriers to participation (ACOTRO et al., 2021).

OTs practise in all of Canada's provinces and territories. They work with people of all ages and backgrounds in a wide range of practise areas in both the public and private sectors, including within the healthcare system and in other social settings such as hospitals, mental health programs, rehabilitation settings, home and community settings, child development centres, long-term care facilities, workplaces, schools, and primary care offices (CAOT, 2022b). They are valued members of interprofessional teams, often taking on leadership roles. They are also involved in education, research and policy development in universities, colleges, associations and governments (ACOTRO et al., 2021).

History of the Profession

Although occupational therapy celebrated its 100-year anniversary in North America in 2017 (American Occupational Therapy Association, 2022), the idea that occupation could be used "to promote or restore health" has been recognized since ancient Egypt (Friedland, 2011). Superintendents of mental health facilities had long observed that patients who were occupied with work-related activities had better health outcomes and recognized the importance of providing opportunities for patients to develop a sense of achievement from occupational activities (Friedland, 2011). However, no formal training was available for

History of occupational therapist assistants

The role of occupational therapist assistant (OTA) was introduced to North America in the 1950s (Salvatori, 2001). The OTA role in the United States emerged earlier and developed at a faster pace than in Canada, starting with formal training in the 1950s. A short-lived OTA program operated out of the Kingston Psychiatric Hospital in Ontario from the 1950s to the 1970s, but was terminated as federal grants were no longer available (Salvatori, 2001). In 1991, the first rehabilitation assistants in Canada graduated from the assistant training program in Kelowna, British Columbia. In 1993, the Ontario Society of Occupational Therapists published a position statement declaring its support for the assistant role and outlining guidelines for responsibilities, supervision and quality assurance. In 1997, CAOT published *Guidelines for the Supervision of Assigned Occupational Therapy Service Components*, followed by the *Toolkit on Support Personnel* in 1999. OTAs are currently supported by the *Practise Profile for Occupational Therapist Assistants* (CAOT, 2018b) and by standards of practise for OTs supervising OTAs under seven of ten regulatory bodies in Canada. The number of college programs in Canada that graduate OTAs is currently unknown.

those who oversaw these activities before the First World War (Friedland, 2011). Around this time and with the support of the medical profession, the profession was born out of several converging social activist movements.

During the war, the Department of Soldiers' Civil Re-establishment created emergency courses for war aides, also known as occupational aides, in Toronto and Montréal. The war aides worked in military hospitals and convalescent homes to help treat injured soldiers (Friedland et al., 2001). The first formal education program for vocational aides was developed in 1918 at the University of Toronto (Friedland, 1998). This six-week program was later lengthened to three months and continued until 1919. By 1926, a two-year course to train OTs was introduced (Jongbloed, 1984).

After the war, the role of OTs was expanded to include work in mental hospitals, tuberculosis sanatoria, community workshops and general hospitals (Friedland, 2011). During the Second World War, the Government of Canada granted OTs permission to serve overseas in the Royal Canadian Army Medical Corps as a division of the Nursing Corps (Cockburn, 2001). Once this permission was granted, CAOT advocated for allowing fully trained OTs to work for the military, requiring OTs who had taken short courses in 1918–1919 and served in the First World War to take additional training. At this time, the field was not yet well developed in Europe, and Canadian OTs who worked overseas were well respected for their knowledge and helped create occupational therapy programs and departments in Britain (Cockburn, 2001). By the end of the Second World War, 47 Canadian OTs had served overseas (Cockburn, 2001).

In 1946, recognizing the need for research to support and promote the continuing involvement of occupational therapy in healthcare, the University of Toronto lengthened its program to three years (Friedland, 2011). After the war, CAOT advocated for the expansion of the University of Toronto program to other locations, including Québec and the western provinces (Cockburn, 2001). In 1950, occupational therapy programs were combined with physical therapy, and OTs graduated as physical and occupational therapists. In the 1970s, increased emphasis on evidence-based practise led to the separation of occupational therapy from physiotherapy (except at the University of British Columbia, which kept the two disciplines together until 1983).

Education and Training

In 1987, the University of Alberta became the first Canadian university to offer a master's program in occupational therapy (Ontario Society of Occupational Therapists, 2013). The move to require master's degrees for OTs was a result of changes in practise over the years, driven by health and social system reform, changing client profile and health status, a growing knowledge base, the growth of private practise, and national mobility (CAOT, 2018c; Green et al., 2001). As a result, OTs gained greater autonomy and were empowered to make evidence-based practise decisions without requiring the support of other medical personnel. Throughout the 1990s, the percentage of OTs with master's degrees increased from 5% to 17%, while the percentage of OTs with doctoral degrees showed a more moderate increase from 0.03% to 1.7% (Green et al., 2001).

By 2008, all accredited occupational therapy programs in Canada led to a master's degree, with the exception of two universities in Québec that combine bachelor's and master's degree programs in occupational therapy into a single five-year program (CAOT, 2018c). Currently, ACOTUP recognizes 14 entry-level degree programs in occupational therapy in Canada. These programs are offered at:

- Dalhousie University
- McGill University
- McMaster University
- Queen's University
- Université de Montréal
- Université de Sherbrooke
- Université du Québec à Trois-Rivières
- Université Laval
- University of Alberta
- University of British Columbia
- University of Manitoba
- University of Ottawa
- University of Toronto
- Western University

Whether they have master's or bachelor's degrees, all OTs are expected to meet the same standards for practise and are responsible for ongoing education to remain current with new developments in the profession (CAOT, 2018c).

Unified national competencies

Before 2021, OTs in Canada operated according to three competency documents: *Essential Competencies of Practise for Occupational Therapists in Canada* (ACOTRO, 2011), *Profile of Practise of Occupational Therapists in Canada* (CAOT, 2012) and the *Référentiel de compétences lié à l'exercice de la profession d'ergothérapeute au Québec* (Ordre des ergothérapeutes du Québec, 2010, revised 2013). ACOTRO, ACOTUP and CAOT believed a single competency document would clarify occupational therapy as a profession in Canada by reducing confusion, ensuring consistency and avoiding duplication. To that end, the three organizations worked together to create the *Competencies for Occupational Therapists in Canada*, published in 2021.

The competencies are grouped thematically into six domains:

- Occupational therapy expertise
- Communication and collaboration
- Culture, equity and justice
- Excellence in practise
- Professional responsibility
- Engagement with the profession.

The following are some examples of how the competencies can be used (ACOTRO et al., 2021):

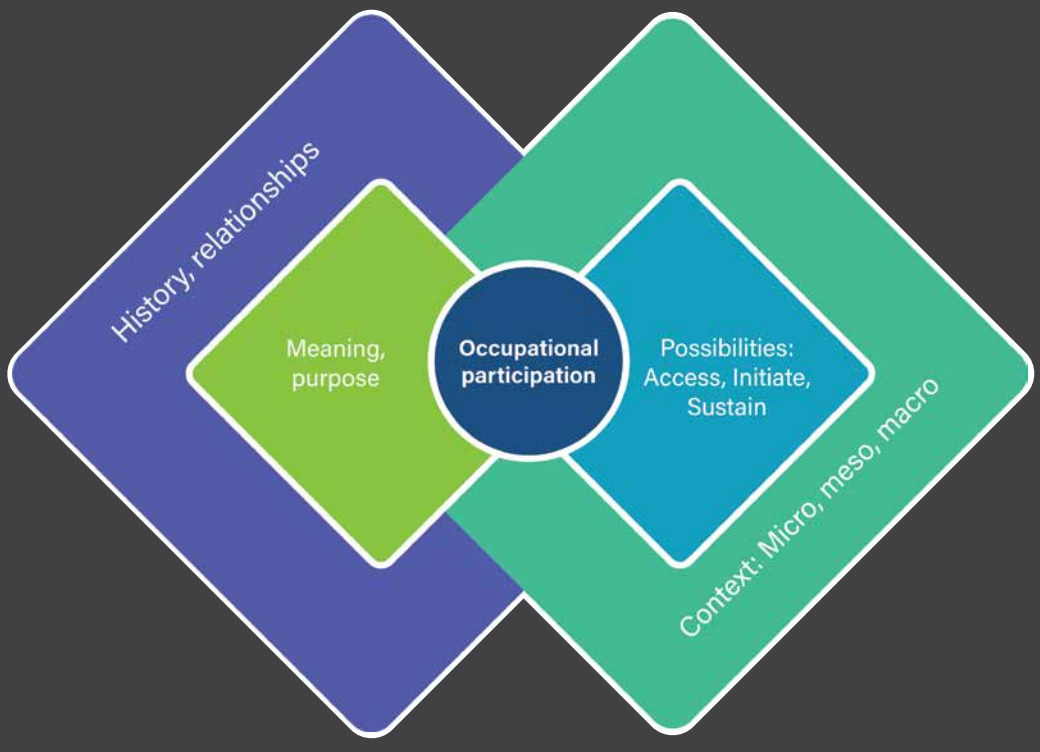
- OTs can use the competencies for self-reflection, continuing competence and professional development in their day-to-day practise.
- Educational programs for OTs and OTAs can use the competencies to guide curriculum requirements for occupational therapy practise in the context of learning outcomes and assessment.
- Occupational therapy regulators can use the competencies to guide the governance of the profession.

- Professional associations can use the competencies to support efforts to advance excellence in occupational therapy.
- For students, internationally educated OTs and OTs re-entering the profession, the competencies describe the requirements for occupational therapy practise in Canada.
- OTAs can use the competencies to differentiate between their own roles and responsibilities and those of the OT.
- People accessing occupational therapy services can use the competencies to inform their expectations for safe and effective occupational therapy practise.
- Employers can use the competencies for planning related to recruitment, orientation, on-the-job training, performance management and organizational development.
- Researchers can use the competencies to establish collaborative relationships and design research questions related to occupational therapy practise.
- The public can use the competencies to learn about the profession.
- Other professional groups and interprofessional teams can use the competencies to help them understand the roles OTs play.
- International agencies can use the competencies to provide information about the credentialing of OTs.

Scope of Practise

As of 2022, the Canadian Model of Occupational Participation (CanMOP) is the new national model of occupation representing modern occupational therapy practise in Canada (see Figure 1). It centres on occupational participation, defined as "having access to, initiating and sustaining valued occupations within meaningful relationships and contexts" (Egan & Restall, 2022). This is an evolution from previous occupation models, which focused on occupational performance and occupational engagement.

Figure 1: Canadian model of occupational participation (printed with permission)



Source: Egan & Restall, 2022.

OTs first consider "the purpose and meaning of the things that the person or collective needs or wants to do" (Egan & Restall, 2022), which are affected by their history and relationships. OTs listen attentively to the perspectives of the individual and/or collective to understand "whether they feel [their] needs have been met and, if not, listening for people's criteria for determining when the need is satisfied" (Egan & Restall, 2022). They then consider micro, meso and macro factors that create implicit or explicit barriers to occupational participation and address these factors to improve access for people. They also co-create plans to allow individuals and collectives to initiate participation in valued occupations and to sustain their participation over time. The CanMOP confirms occupation as the profession's primary concern by placing occupational participation at the centre of the model. This focus on occupational participation helps ensure the meaning and context of occupations are considered. OTs work to enable their clients to do the occupations they want to do, with the people they wish, and within the environment that is important to them.

Collaborative relationship-focused occupational therapy

To help clients achieve occupational participation, OTs use the Canadian Occupational Therapy Inter-relational Practise Process (COTIPP) framework. The purpose of the COTIPP framework is to "describe the collaborative, inter-relational and rights-based practise of occupational therapy" (Egan & Restall, 2022).

According to Egan & Restall, 2022, "collaborative means that occupational therapists work with people in partnership, respectful of their knowledge and aspirations. Inter-relational means that all beings, ancestors, the natural environment, inanimate objects, knowledge, ideas, beliefs, customs, protocols and identities have relationships within and among each other. [Prioritizing] the inter-relational aspects of multiple relations that individuals and collectives experience is a necessary condition for quality occupational therapy practise."

OTs value rights-based practise and self-determination because they recognize that decision-making occurs within and depends upon social contexts. Through rights-based practise, OTs acknowledge and account for constraints on choices and possibilities related to occupational participation and can strive for individual and collective justice and equity" (Egan & Restall, 2022).

As shown in Figure 2, the COTIPP framework includes six action domains in which OTs work to promote occupational participation:

- Connect
- Seek understanding and define purpose
- Explore occupational participation
- Co-design priorities, goals, outcomes and plan
- Trial plan, explore change and refine plan
- Plan for transition

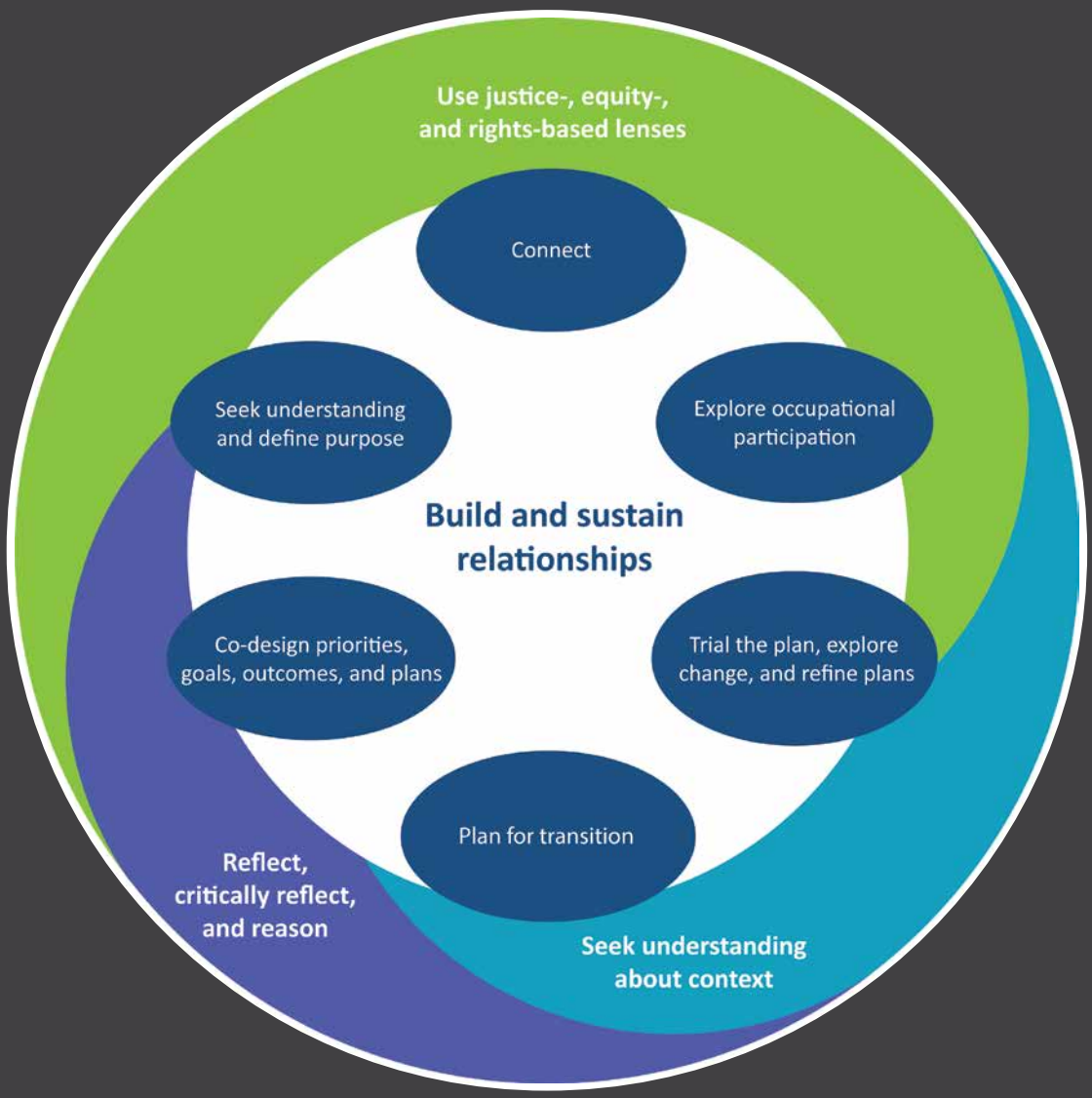
The essential process of building and sustaining relationships is at the centre of the model. The outer edge of the framework presents an additional three foundational processes:

- Seeking to understand context
- Reflecting and reasoning
- Using justice-, equity- and rights-based lenses (Egan & Restall, 2022)

The COTIPP framework is flexible and can be applied to OTs working with individuals, families, groups, communities and populations, as well as to institutional and community settings. Its three underlying assumptions are that occupational therapy:

- Is different in every context
- Often (but not always) has a defined beginning and end
- May follow a step-by-step process but, is more often an iterative process that influences and responds to context and relationship (Egan & Restall, 2022)

Figure 2: Canadian occupational therapy inter-relational practise process framework (printed with permission)



Source: Egan & Restall, 2022.

Specialization

As it currently stands, occupational therapy does not regulate specialists within the profession in Canada. However, the profession is often categorized in specific areas of practise. Between 2009 and 2011, Canadian OTs explored the concept of "advanced competencies" to address OTs working in specialized areas of practise, without requiring "specialization" acknowledgement from a regulatory body (von Zweck, 2012). It was determined that these advanced competencies could not be gained from entry-level occupational therapy education, and that they needed to be attained through additional education. At the time, CAOT position statements and regulatory standards of practise were used to support the concept that advanced competencies promote specialization (e.g., driver rehabilitation) (von Zweck, 2012).

The 2013 Occupational Therapy Canada Forum noted that specialization within the profession has been a focus for some time, with interest from regulatory and national/provincial associations. A common concern identified was that "entry-level educational programs are accredited to teach broad-based competencies, while job markets for occupational therapists increasingly require more advanced levels of knowledge and skills" (Freeman et al., 2013). An environmental scan conducted to examine the implications of generic competency-based education found that OTs may, through practise or additional training, specialize in a range of generalist roles such as primary healthcare or rural and remote services, or in specific fields such as neuro-cognitive rehabilitation, assistive technologies, psychotherapy, driving assessments, healthcare or social service management, and life care planning.

The environmental scan recommended that OT organizations come to a common understanding of specialization in occupational therapy and establish definitions for advanced practise, generalist and specialist roles (Freeman et al., 2013). The World Federation of Occupational Therapy position statement titled *Specialisation and Advanced Occupational Therapy Competencies* (2014) recommended that specialist status should include five components:

- Being a regulated OT
- Having three years' experience in the area of specialty
- Having a master's degree
- Participating in structured clinical supervision
- Creating a professional profile that conveys knowledge and skills in relation to specialized competency

CAOT currently identifies 5 dozen or so areas of practice (CAOT, 2022b). These areas of practice can also be used to find an OT or a CAOT member, and is used for mentorship matching within the new CAOT mentorship program which was launched in fall 2022. These areas of practice help OTs working in specialized areas access resources, practice networks and mentorship opportunities to support ongoing clinical practice.

Regulation of the Profession

Occupational therapists are regulated health professionals in all 10 provinces. (ACOTRO et al., 2021). There are currently no regulatory bodies for the territories, nor is there any territorial legislation specific to occupational therapy. Many OTs working in the territories register with or maintain registration with a provincial regulatory body, but there are significant limitations in these cases. For example, provincial regulatory bodies do not have jurisdiction in the territories and cannot investigate complaints in the territories. Standards of practise may also differ between provinces and the territories. However, an increasing number of health professions, including OTs, may be licensed under the umbrella of a general act covering health professions (or similar) in each territory.

Table 1 presents titles used in each province and territory, statutes regulating occupational therapy, years enacted and the regulatory bodies.

TABLE 1: Titles and statutes for occupational therapy by province and territory

Province	Titles	Statute	Year enacted	Regulatory body
British Columbia	Occupational Therapist	Occupational Therapists Regulation under the *Health Professions Act*	2000	College of Occupational Therapists of British Columbia (COTBC)
Alberta	Registered Occupational Therapist / Occupational Therapist	Occupational Therapists Profession Regulation under the *Health Professions Act*	1990	Alberta College of Occupational Therapists (ACOT)
Saskatchewan	Occupational Therapist / Registered Occupational Therapist / Occupational Therapist Certified	*Occupational Therapists Act*	1997	Saskatchewan Society of Occupational Therapists (SSOT)
Manitoba	Occupational Therapist	*Occupational Therapists Act*	2002	College of Occupational Therapists of Manitoba (COTM)
Ontario	Occupational Therapist	*Occupational Therapists Act*	1991	College of Occupational Therapists of Ontario (COTO)
Québec	Ergothérapeute / Occupational Therapist	Code des professions / Professional Code	1973	Ordre des ergothérapeutes du Québec (OEQ)
New Brunswick	Occupational Therapist	*New Brunswick Association of Occupational Therapists Act*	1988	New Brunswick Association of Occupational Therapists (NBAOT)
Nova Scotia	Occupational Therapist	*Occupational Therapists Act*	1998	College of Occupational Therapists of Nova Scotia (COTNS)
Prince Edward Island	Occupational Therapist / Registered Occupational Therapist	Occupational Therapists Regulation under the *Regulated Health Professions Act*	1988	Prince Edward Island College of Occupational Therapists (PEIOT)
Newfoundland and Labrador	Occupational Therapist	*Occupational Therapists Act*	2005	Newfoundland and Labrador Occupational Therapy Board (NLOTB)
Yukon	Occupational Therapist (used, but not controlled)	While Yukon has a *Health Professions Act*, OTs are not currently included in the Act.	2003	None. The Government of Yukon is responsible for the professional licensure of those included in the *Health Professions Act*.
Northwest Territories	Occupational Therapist (used, but not controlled)	While Northwest Territories has a *Health and Social Services Professions Act*, OTs are not currently included in the Act.	2015	None. The Government of the Northwest Territories is responsible for the professional licensure of those included in the *Health and Social Services Professions Act*.
Nunavut	Occupational Therapist (used, but not controlled)	None that applies to OTs	N/A	None. The Government of Nunavut has a registrar of health professions; however, OTs are not included.

Becoming a registered occupational therapist

The registration process depends on whether an OT was educated in Canada or internationally (ACOTRO, 2022). For internationally educated OTs (IEOTs), the Substantial Equivalency Assessment System (SEAS) is the first step in the process to confirm their eligibility to register to work in Canada (with the exception of Québec, which follows a different process). Canadians who have graduated from occupational therapy programs outside Canada are also considered IEOTs and required to complete the SEAS process.

Once an applicant confirms being either a Canadian-educated OT or an IEOT who has successfully completed the SEAS process (except for Québec), they may register in the province in which they intend to practise (ACOTRO, 2022). Though all provinces follow a similar process, each regulator processes requirements regarding academic, professional and employment eligibility differently. If an OT moves from one province to work in another, they must register with the regulatory organization in the province to which they move. All 10 provinces have signed the *Labour Mobility Support Agreement* to support OTs moving from one jurisdiction to another (ACOTRO, 2022).

All registrants (except those in Québec) must take the National Occupational Therapy Certification Examination administered by CAOT. IEOTs who have completed the SEAS process and Canadian-educated OTs can apply to work with a restricted or provisional licence while waiting to write the exam. Registered OTs must renew their registration annually by demonstrating proof of continuing competence.

Canadian occupational therapy associations

Canada's first occupational therapy organizations in 1920 were the former Canadian Society of Occupational Therapists of Manitoba and the Ontario Society of Occupational Therapists (OSOT) (Friedland et al., 2001). OSOT's objectives were to study occupations suitable for various types of disability, advance the profession and disseminate knowledge about the field. To reach these objectives, it recruited influential individuals such as the president and the dean of the Faculty of Medicine at the University of Toronto to its advisory board. In 1926, the Canadian Association of Occupational Therapy was created and became affiliated with the former Québec Society of Occupational Therapists, the former Toronto Association of Occupational Therapists and OSOT. In 1961, the Canadian Association of Occupational Therapy was changed to the Canadian Association of Occupational Therapists (L. Sheehan, personal communication, June 28, 2021).

The provincial associations currently operating in Canada are:

- Society of Alberta Occupational Therapists
- Manitoba Society of Occupational Therapists
- Ontario Society of Occupational Therapists
- New Brunswick Association of Occupational Therapists
- Nova Scotia Society of Occupational Therapists
- Prince Edward Island Occupational Therapy Society
- Newfoundland and Labrador Association of Occupational Therapists

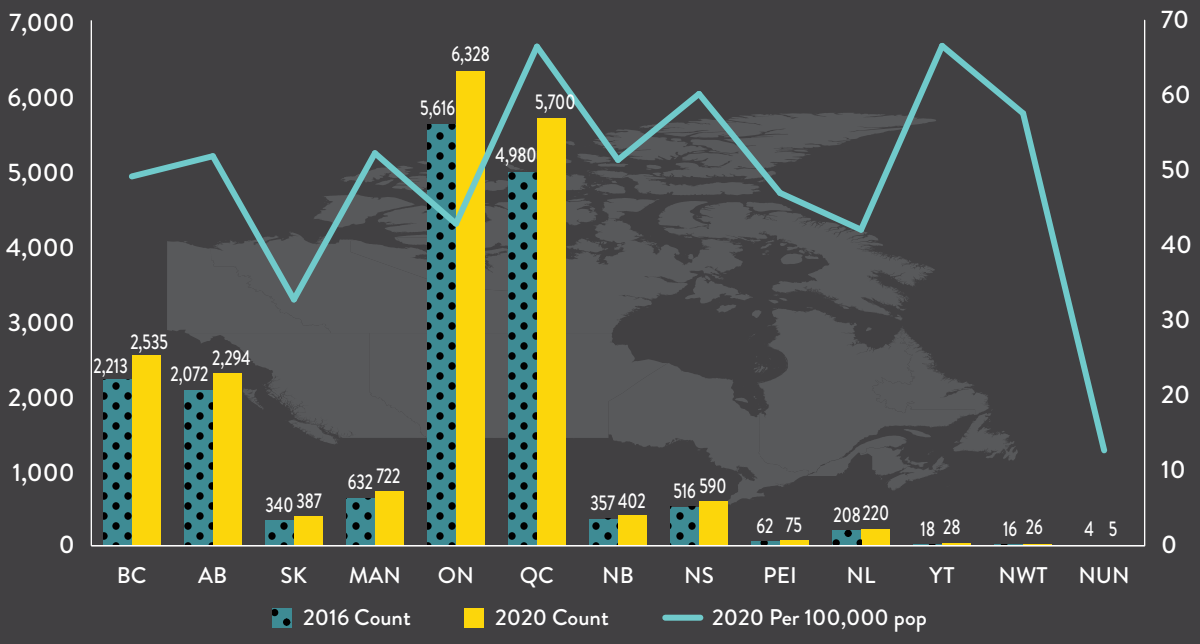
The Canadian Association of Occupational Therapists supports four chapters in regions where associations do not exist: British Columbia, Québec, Saskatchewan, and the North (representing Yukon, the Northwest Territories and Nunavut) (CAOT, 2022d).

Demographics

Historically, sex and gender have been lumped together in the collection of data, despite referring to two different things (CIHR, 2022a). Sex refers to the biological traits of humans and animals linked to the chromosomal features, gene expression, and sexual anatomy; this is usually classified as female or male. Gender however refers to how people perceive themselves, and is not confined to a binary (i.e., woman/man). In 2018, the Institute of Gender and Health (IGH) at the Canadian Institute for Health Research (CIHR) began executing a five-year strategic plan entitled: Science is *Better with Sex and Gender* (CIHR, 2022b). Its mission is to foster research excellence in sex and gender and apply these findings in practise to address challenges facing men, women, girls, boys, and gender-diverse people. Moving forward, CIHR plans to ensure that health research in Canada addresses both biological and sociocultural (i.e., gender) differences between diverse groups of people (CIHR, 2022c). Thus, future data collection of the profession will be more reflective of gender identity and in how the profession is represented.

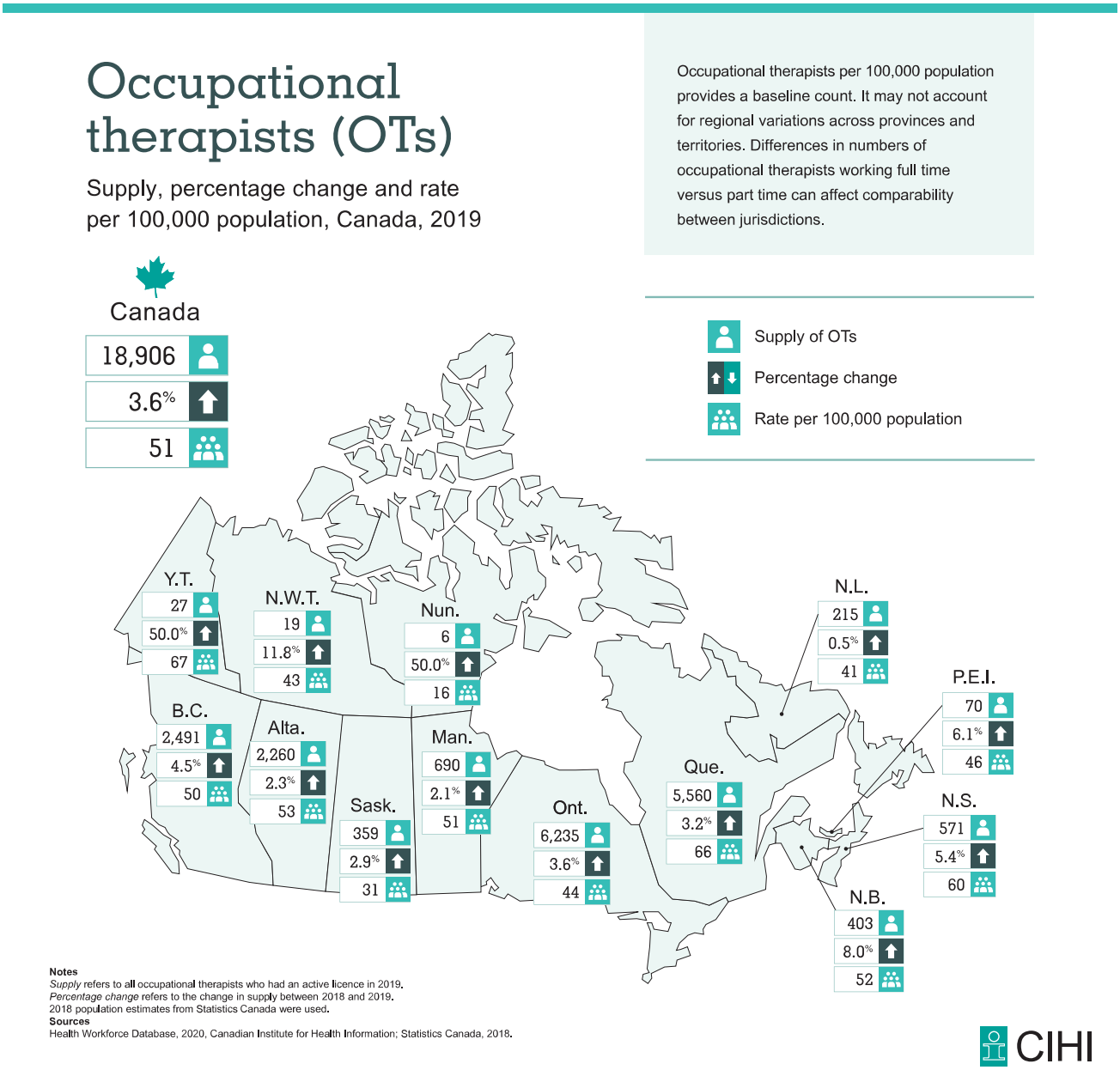
Figures 3 and 4 present the number and distribution of OTs by province and territory. In 2020, there were 19,312 OTs in Canada, an increase of 13% from 2016 (CIHI, 2022). The per-population ratio of 51 OTs for every 100,000 Canadians has held fairly steady since 2018 (CIHI, 2022).

Figure 3: Occupational therapists per province/territory and per 100,000 population



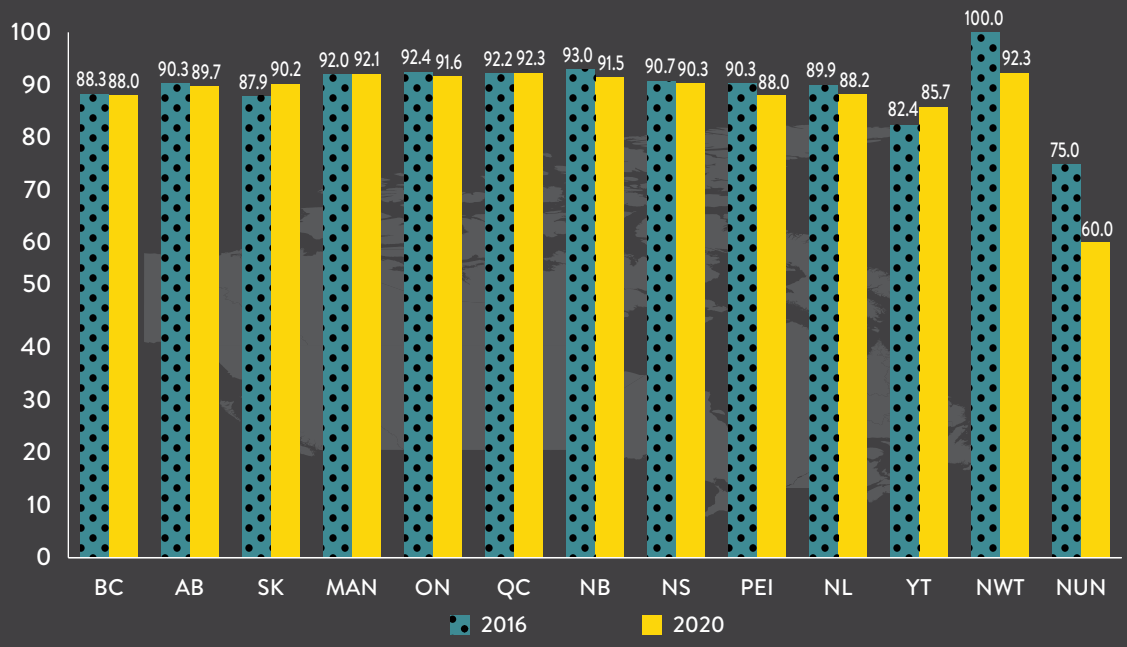
Source: Canadian Institute for Health Information, 2022, Health Workforce Database.

Figure 4. Occupational therapists across Canada



In terms of gender, most early OTs were women who practised in military hospitals where their clients were located. According to gender data based on binary collection methods, female practitioners continue to dominate the profession, with percentages remaining fairly stable across all provinces and territories since 2016 (see Figure 5).

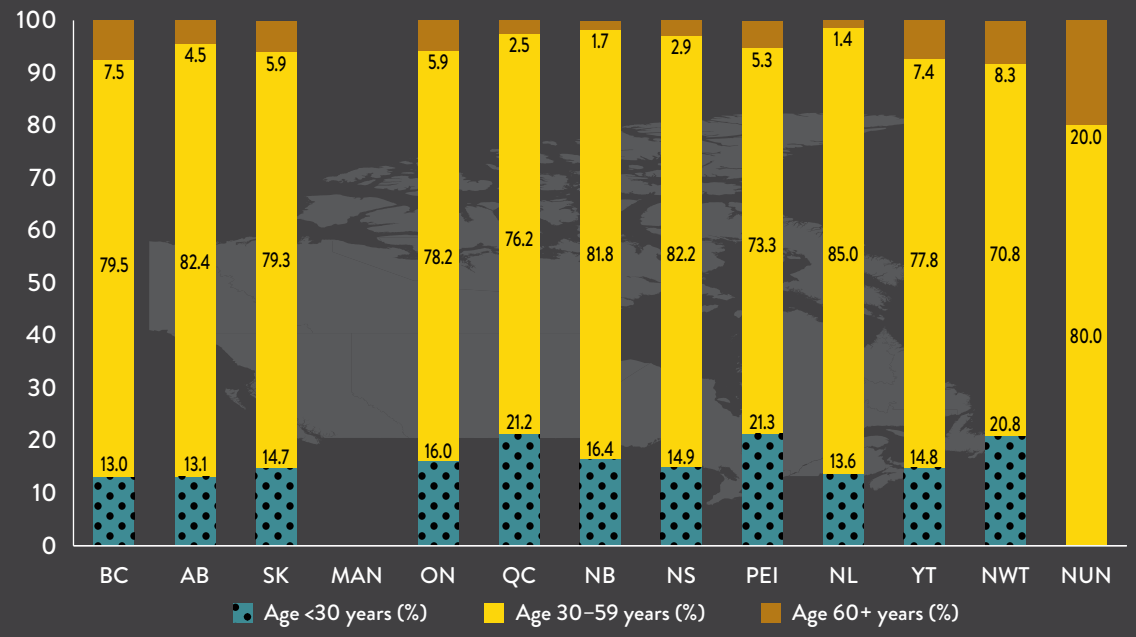
Figure 5: Percentage of occupational therapists who identify as women by province and territory, 2016 and 2020



Source: Canadian Institute for Health Information, 2022, Health Workforce Database.

Figure 6 shows the age distribution of OTs across provinces and territories.

Figure 6: Age distribution of occupational therapists by province and territory, 2020



Source: Canadian Institute for Health Information. 2022. Health Workforce Database.

Coverage of Services and Remuneration

Many public and private health insurance plans offer coverage of occupational therapy services (CAOT, 2022c). Funding for occupational therapy services may also come from hospitals, rehabilitation centres, primary care teams, community health centres/teams, national organizations and other private funding sources. Because these services are not uniformly funded or consistently covered by health insurance plans across Canada, the level of access varies regionally, and full coverage usually requires private insurance plans or out-of-pocket payments. CAOT and various provincial organizations are advocating for equitable access to occupational therapy for all Canadians, including greater coverage by private insurance companies and through employee benefits (CAOT, 2022c).

OT salaries are affected by a variety of factors, including experience, employer, geographic location, labour agreement and type of practise (e.g., private versus hospital). OTs with extensive experience or a doctorate degree may command higher wages, often because these qualifications enable them to hold more senior positions such as specialist, department head, instructor or researcher (Hick, 2005). Table 2 shows the range of hourly wages earned by OTs across the country.

CAOT advocates for OTs to be compensated based on the competencies they demonstrate to meet the demands of their practise environment (CAOT, 2018c).

TABLE 2: Hourly wages for occupational therapists by province/territory

Province/territory	Low wage ($/hour)	Median wage ($/hour)	High wage ($/hour)
British Columbia	25.00	42.00	50.00
Alberta	37.50	47.70	53.00
Saskatchewan	28.85	41.78	45.12
Manitoba	30.22	39.93	42.07
Ontario	35.00	43.08	50.00
Québec	30.00	38.46	45.00
New Brunswick	24.00	39.00	45.00
Nova Scotia	30.77	39.00	41.00
Prince Edward Island	N/A	N/A	N/A
Newfoundland and Labrador	42.50	45.59	51.00
Yukon	N/A	N/A	N/A
Northwest Territories	N/A	N/A	N/A
Nunavut	N/A	N/A	N/A
Canada	31.25	41.63	49.63

Source: Government of Canada, 2022.

Current Issues for Occupational Therapists

Equity and justice

A collaborative made up of CAOT, ACOTUP, ACOTRO, the Alliance of Canadian Occupational Therapy Professional Associations and the Canadian Occupational Therapy Foundation as members of Occupational Therapy Canada is in the process of finalizing a joint position statement on equity and justice. Expected in fall 2022, this statement will name and redress the systemic oppressions that have led to inequities across health, social and economic systems, and can be actioned by the occupational therapy community (CAOT, 2022a). These systemic oppressions compromise occupational justice for under-represented equity-seeking and deserving groups, including those who identify as Indigenous, Black, racialized, 2SLGBTQIA+, disabled and/or living with invisible/episodic/fluctuating conditions. The position statement will complement the new competencies for OTs in Canada (ACOTRO et al., 2021) as well as the CanMOP and COTIPP framework. It will also serve as a social accountability/intersectionality framework to foster conditions that shift normative and dominant cultures, dismantle systemic barriers, repair harm, support healing, eradicate discrimination and enable the co-creation of spaces that promote occupational justice within occupational therapy practise (CAOT, 2022a).

Indigenous health

CAOT acknowledges the impact of colonialism and injustices perpetrated historically and ongoing into the present, and prioritizes moving forward in alliance with First Nations, Métis and Inuit peoples toward social and occupational justice and self-determination.

CAOT (2018a) recommends that OTs review and reflect on the principles of the Truth and Reconciliation Commission Calls to Action (2015) and the United Nations Declaration on the Rights of Indigenous Peoples (2007) and consider how they align with the profession's core values. Reflecting on these principles can guide and transform occupational therapy to become more culturally safe and provide space for Indigenous worldviews, knowledge and self-determination.

Occupational therapy plays an important role in supporting the health and wellbeing of Indigenous peoples and in ensuring access to occupation through effective, compassionate, culturally safe and collaborative services. CAOT also advocates for bringing Indigenous health to the forefront of conferences and national health forums, and for providing educational and networking opportunities between OTs and Indigenous communities.

COVID-19 and occupational therapy

The spread of COVID-19 in Canada and around the world has had varied impacts on occupational therapy practise and study. CAOT's top priority is the health and safety of occupational therapy practitioners, students and clients. To this end, CAOT has compiled resources to support OTs on its COVID-19 webpage. The page also includes information on the long-term effects on occupational participation for clients in all settings. Resources will be updated to reflect the changing landscapes of practise in relation to COVID-19.

Conclusion

The past decade has seen tremendous evolution in the profession of occupational therapy, including a shift toward occupational justice through the development of competency in cultural and equitable service provision. At its core, this includes engaging in the process of truth and reconciliation with Indigenous individuals and communities, and examining the ways in which the profession may act in oppressive and harmful ways toward those who identify as Indigenous, Black, racialized, 2SLGBTQIA+ and/or disabled, as well as those with mental health conditions or living with invisible/episodic/fluctuating conditions. A new model and framework have been developed to help OTs promote occupational participation through collaborative relationship-focused practise.

Some of the key priorities that will guide the future direction of the profession are:

- Continued advocacy within the regional health-care systems, at all levels of government and for the Canadian public about the value and benefit of occupational therapy to improve quality of life through participation in meaningful occupation
- Continued advocacy to increase access to occupational therapy for rural and remote populations, Indigenous communities, veterans, persons aging in place, persons living in long-term care homes, persons experiencing mental health issues, and those whose access to services is limited due to financial or environmental restrictions
- Identification of reasons for attrition, job shortages/surpluses and ratios of OTs to population, along with ongoing advocacy to include coverage for occupational therapy in extended health benefits plans
- Strategic reflection to formally acknowledge the breadth of expertise that exists within the profession by aligning education, regulatory and practise experience with the dozens of areas of practise
- The building of ongoing collaborations within and between occupational therapy associations, regulatory bodies, universities and colleges to better support Canadian OTs and OTAs
- Improvement of Canadian licensing processes for IEOTs.

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Acronyms

ACOTRO	Association of Canadian Occupational Therapy Regulatory Organizations
ACOTUP	Association of Occupational Therapy University Programs
CanMOP	Canadian Model of Occupational Participation
CAOT	Canadian Association of Occupational Therapists
CIHI	Canadian Institute for Health Information
COTIPP	Canadian Occupational Therapy Inter-relational Practise Process
IEOT	Internationally educated occupational therapist
OSOT	Ontario Society of Occupational Therapists
OT	Occupational therapist
OTA	Occupational therapist assistant
SEAS	Substantial Equivalency Assessment System

Additional Resources

- Association of Canadian Occupational Therapy Regulatory Organizations acotro-acore.org/
- Association of Occupational Therapy University Programs acotup-acpue.ca/English/index.php
- Find an OT (Canadian Association of Occupational Therapists) caot.ca/site/pt/findanOT?nav=sidebar
- Canadian Occupational Therapist Assistant and Physical Therapist Assistant Educators Council copec.ca/
- Occupational Therapy, Truth and Reconciliation, and Indigenous Health caot.ca/site/adv/Indigenous

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