OCCUPATIONAL THERAPY

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Occupational Therapy

INTRODUCTION

Occupational therapists (OTs) are health care 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], 2017a). "Occupation" is a broad term that covers more than employment. It also includes activities such as self-care, productivity and leisure activities (CAOT, 2013)—essentially, the activities people need and want to do to lead satisfying, purposeful and productive lives.

As health care professionals, OTs address concerns related to people's ability to engage in everyday activities, both within the health care system and in other social settings such as schools and workplaces. They often work with clients who face challenges in their occupations as a result of accident, disability, disease, emotional or developmental problems, or change related to the normal aging process (CAOT, 2017b; College of Occupational Therapists of Ontario, 2006). OTs also work to promote health and prevent injuries (CAOT, 2017b, 1997; Canadian Institute for Health Information [CIHI], 2006).

OTs aim to empower their clients through collaboration and client-centred approaches to care. Occupational therapy takes a holistic view of a person's ability to participate in daily occupations, placing at its core the interactions between their physical, cognitive, emotional and spiritual abilities and the environments in which they live, work and play.

HISTORY OF THE PROFESSION

The idea that occupation could be used "to promote or restore health" (Friedland, 2011) has been recognized since the times of ancient Egypt. More recent efforts to improve human behaviour through occupation were informed by Enlightenment philosophy and Protestant beliefs, leading to the moral treatment movement of the 18th and 19th centuries (Ikiugu, 2007). Superintendents of mental health facilities noticed that patients who were occupied with work-like activities had better outcomes and were easier to manage (Friedland, 2011). Patients who were able were assigned to work in the hospitals and on the grounds, while others were given craft activities. While the importance of providing opportunities for patients to develop a sense of achievement from occupational activities was recognized, no formal training was available for those who oversaw these activities during this period (Friedland, 2011).

During the First World War, the Department of Soldiers' Civil Re-establishment created emergency courses for ward aides, who were also known as occupational aides, in Toronto and Montreal. The ward aides worked in military hospitals and convalescent homes to help treat injured soldiers (Friedland et al., 2001). The first formal education program for occupational aides was developed in 1918 at the University of Toronto. This six-week program was later lengthened to three months and continued until 1919.

After the war, the role of occupational ward aides was expanded to include work in mental hospitals, tuberculosis sanatoriums, community workshops and general hospitals (Friedland, 2011).

THE FOUNDING OF OCCUPATIONAL THERAPY ASSOCIATIONS

Canada's first occupational therapy organizations were the Canadian Society of Occupational Therapists of Manitoba (CSOTM) and the Ontario Society of Occupational Therapists (OSOT), both formed in 1920 (Friedland et al., 2001). The 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. As a result, the OSOT successfully established a two-year occupational therapy course at the University of Toronto in 1926 (Friedland et al., 2001). At the same time, the CSOTM disbanded due to low member support (Friedland et al., 2001).

In 1926, the Canadian Association of Occupational Therapy (CAOT) was created and became affiliated with the OSOT, the Quebec Society of Occupational Therapists and the Toronto Association of Occupational Therapists. The *Canadian Journal of Occupational Therapy* began in 1933. In 1935, the University of Toronto program was one of only five occupational therapy programs recognized by the American Medical Association, with the other four programs all located in the United States (Friedland, 2006).

INTERNATIONAL RECOGNITION AND GROWTH OF THE PROFESSION

When World War II broke out in 1939, the CAOT offered to send some of its almost 1,000 members overseas to treat injured soldiers (Friedland et al., 2001). At this time, the field of occupational therapy was not well developed in Great Britain, leading to a shortage of OTs to serve in the war effort. British authorities had great respect for Canadian-trained OTs and requested Canadian OTs to serve in the British Red Cross. However, it was not until 1943 that 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, the CAOT advocated for allowing only fully trained OTs to work for the military, even requiring OTs who had taken short courses in 1918–19 and served in the First World War to take additional training. To meet the required training standards, the CAOT partnered with the Canadian Red Cross (Cockburn, 2001). Canadian OTs who worked overseas helped to create occupational therapy programs and departments in Britain. By the end of World War II, 47 Canadian OTs had served overseas (Cockburn, 2001).

In 1946, recognizing that occupational therapy needed research to support and promote its continuing involvement in health care, the University of Toronto lengthened its program to three years (Friedland, 2011). After the war, the CAOT advocated for the expansion of the University of Toronto program to other locations, including Quebec and the western provinces (Cockburn, 2001). In 1950, occupational therapy programs were combined with physical therapy. In the 1970s, an increasing emphasis was placed on evidence-based practice, so occupational therapy was separated from physiotherapy, with the exception of the University of British Columbia, which kept the two disciplines together until 1983.

EDUCATION AND TRAINING

Core competencies for OTs include:

- Expert ability to enable occupation;
- Communication and collaboration;
- Practice management;
- Field work education support; and
- The ability to serve as an advocate and change agent for clients.

OTs are also expected to participate in ongoing learning to maintain their education and skill level and to contribute ethically to their profession (Association of Canadian Occupational Therapy Regulatory Organizations [ACOTRO], 2011).

MASTER'S DEGREES IN OCCUPATIONAL THERAPY

In 1987, the University of Alberta became the first Canadian university to offer a master's program in occupational therapy (OSOT, 2013). Throughout the 1990s, the percentage of OTs with master's degrees increased from 5% to 17%; the numbers of doctoral degrees showed a more moderate increase from 0.03% to 1.7% (Green, Lertvilai, & Bribriesco, 2001). As of 2008, all accredited occupational therapy programs in Canada must lead to a master's degree. As of 2017, there are 13 master's-level program in occupational therapy offered in Canada. These programs are offered at the University of British Columbia, the University of Alberta, the University of Saskatchewan, the University of Manitoba, Western University, McMaster University, the University of Toronto, Queen's University, the University of Ottawa, McGill University, Université de Sherbrooke, Université du Québec à Chicoutimi and Dalhousie University.

The move to require master's degrees for OTs was a result of changes in practice over the years, such as reductions in occupational therapy departments (Green et al., 2001). This shift required OTs to be more independent and make evidence-based practice decisions without the support of more experienced practitioners in the same department. The changes were largely driven by new funding arrangements for health services, education, client demographics, increasing private practices and OT self-regulation. As a result, undergraduate entry-level occupational therapy programs have been largely phased out in Canadian universities. Two universities in Quebec, however, still offer continuum programs that combine occupational therapy undergraduate and master's degree programs into a single five-year program: Université de Montréal and Université Laval (CAOT, 2010).

TABLE 1: Occupational therapy graduates, by year of graduation and institution, Canada, 2007–2016

School	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Alberta	92	83	84	104	98	91	100	45*	29	34
British Columbia	39	50	49	53	45	46	46	34	44	44
Dalhousie	46	54	50	53	51	56	56	33	52	46
Laval	65	60	43	–	62	40	52	44	52	68
Manitoba	41	51	53	49	44	46	49	44	40	43
McGill	46	52	58	28*	59	55	65	47	63	63
McMaster	52	54	60	61	58	–	–	54	61	57
Montréal	89	98	93	–	101	82	99	96	90	105
Ottawa	38	29	54	26	28	36	36	34	33	33
Queen's	51	43	71	63	64	66	65	50	75	67
Sherbrooke	–	–	–	–	20	30	41	33	42	44
Toronto	85	77	83	81	77	85	82	64	67	95
Trois-Rivières	–	–	–	–	–	31	31	34	26	30
Western	48	50	46	56	49	53	54	48	40	44
Total	692	701	744	574	756	717	776	660	714	773

* Represents the first class of the new professional master's degree, after which graduates are eligible to apply for a license to practice.
– Data is not applicable or does not exist.
Source: CIHI Occupational Therapists, 2016 Data Tables

BECOMING A REGISTERED OCCUPATIONAL THERAPIST

To become a registered OT in Canada, students must:

- Graduate from a Canadian university; and
- Graduate from an occupational therapy program accredited by the World Federation of Occupational Therapists.

In addition to course work, students must complete 1,000 hours of clinical practicum to become certified. Individuals who graduate more than 18 months before becoming a candidate for certification must have practiced 750 hours within the last three years or 1,550 hours within the last five years. In all provinces except Quebec, candidates must successfully complete the National Occupational Therapy Certification Examination (NOTCE) before practicing as an OT (CAOT, 2017c).

Table 1 shows the breakdown of occupational therapy graduates between 2007 and 2016 at each university in Canada, both undergraduate and master's level.

MASTER'S PROGRAM ENTRY REQUIREMENTS

Entry requirements for occupational therapy master's programs vary among universities, but most programs require at least a related four-year undergraduate degree with a minimum B average. Because the application process is extremely competitive, the actual average of entrants is much higher (OSOT, personal communication, July 10, 2015). While there is no specific prerequisite program for admission, there are prerequisite courses for many programs and a background in anatomy, psychology, physiology or a similar subject is recommended. Some universities interview candidates to determine which applicants best fit the program. Other programs rely on personal statements, résumés, references and multiple mini-interviews to assess fit.

ASSESSMENT AND CERTIFICATION OF INTERNATIONALLY TRAINED OTS

As of May 2015, internationally educated OTs must be assessed by the Substantial Equivalency Assessment System and pass the NOTCE (ACOTRO, 2011). This process ensures internationally trained OTs meet the same standards as Canadian graduates. Internationally trained OTs who are offered positions before completing this process may seek a provisional registration that allows them to practice until the next available NOTCE date (ACOTRO, 2011). After passing the examination, internationally trained OTs are permitted to register with a provincial regulatory body and begin practice in that province (CIHI, 2006). Table 2 shows the countries of origin of Canada's internationally trained OTs.

TABLE 2: Occupational therapist supply, by country of graduation (international), Canada, 2016

Country of graduation	Number
United States	265
Great Britain	218
Indonesia	140
Philippines	108
Australia	104
South Africa	60
Hong Kong	51
Iran	27
New Zealand	22
Ireland	20
Other	137
Total	1,152

Source: CIHI Occupational Therapists, 2016 Data Tables

As of 2017, McMaster University offers an occupational therapy examination and practice preparation program for internationally educated OTs through the OTepp Certificate Program. The CAOT also offers several preparatory tools, including the Trial Occupational Therapy Examination, the Trial Occupational Therapy Examination Manual and the Occupational Therapy Examination Module (see https://caot.in1touch.org/site/notce/totem?nav=sidebar for more information). The CAOT is currently requesting more funding from the Canadian government to support these bridging programs and projects (CAOT, 2011).

DEMOGRAPHICS

Early OTs were mostly women who practiced in the military hospitals where their clients were located. Female practitioners continue to dominate the profession: 92% of OTs in Canada are women (CIHI, 2012). Table 3 shows the provincial/territorial breakdown of OTs by gender. Table 4 shows the provincial/territorial distribution of OTs in Canada between 2007 and 2016. The majority of OTs practice in Ontario, Quebec and British Columbia.

TABLE 3: Proportion of female occupational therapists by jurisdiction, 2016

Jurisdiction	Number	Female (%)
British Columbia	1,954	88.3
Alberta	1,870	90.3
Saskatchewan	299	87.9
Manitoba	541	92.0
Ontario	5,189	92.4
Quebec	4,593	92.2
New Brunswick	332	93.0
Nova Scotia	468	90.7
Prince Edward Island	56	90.3
Newfoundland and Labrador	187	89.9
Yukon, Northwest Territories, Nunavut	38	89.2
Canada	17,034	91.4

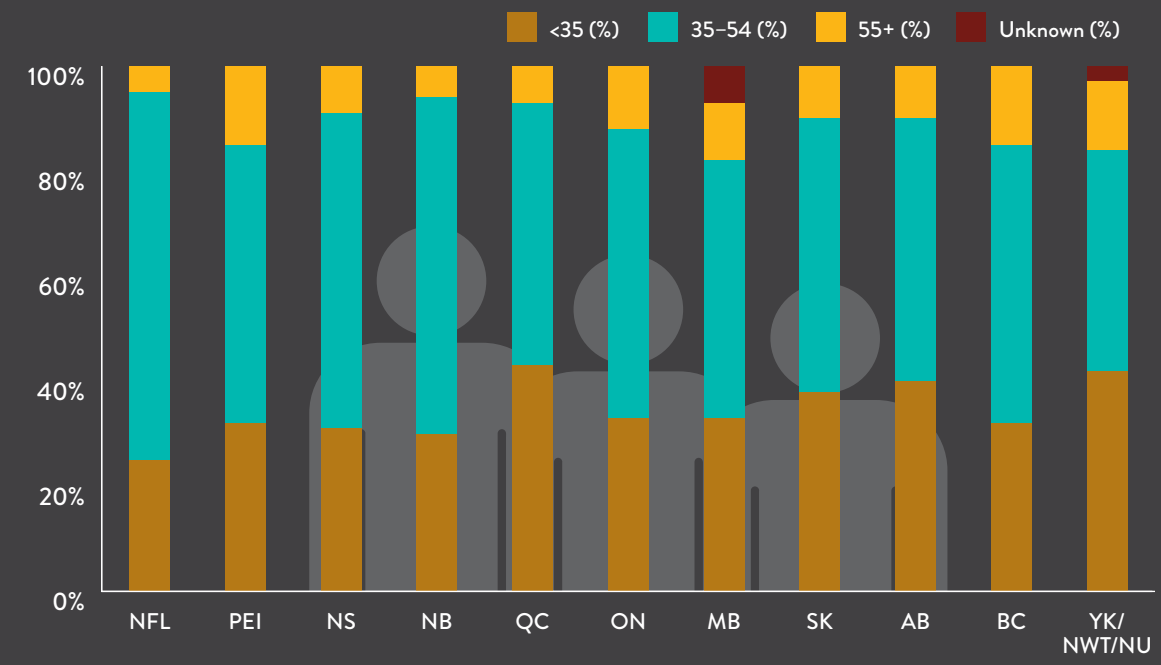
Source: CIHI Occupational Therapists, 2016 Data Tables

TABLE 4: Occupational therapist supply, by jurisdiction, 2007–2016

Jurisdiction	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
British Columbia	1,526	1,525	1,654	1,714	1,800	1,874	1,950	2,025	2,112	2,213
Alberta	1,462	1,485	1,546	1,569	1,655	1,762	1,835	1,947	2,036	2,072
Saskatchewan	214	249	264	287	309	321	330	341	334	340
Manitoba	468	496	513	536	556	574	600	635	646	632
Ontario	4,180	4,298	4,456	4,632	4,780	4,908	5,097	5,226	5,457	5,616
Quebec	3,789	3,945	4,109	3,790	3,961	3,953	4,545	4,711	4,826	4,980
New Brunswick	272	298	313	328	318	323	331	329	344	357
Nova Scotia	339	371	397	413	439	445	471	481	495	516
Prince Edward Island	39	42	44	45	46	49	50	51	58	62
Newfoundland and Labrador	145	153	154	163	173	183	185	192	205	208
Yukon, Northwest Territories, Nunavut	20	24	30	32	28	30	34	39	39	38
Canada	12,454	12,886	13,480	13,509	14,065	14,422	15,428	15,977	16,552	17,034

Source: CIHI Occupational Therapists, 2016 Data Tables

Figure 1: Occupational therapist supply, by percentage age group and jurisdiction, 2016



Source: CIHI Occupational Therapists, 2016 Data Tables

Figure 1 presents the distribution of occupational therapists by age in each province/territory.

In 2019, there were 18,906 occupational therapists in Canada, an increase of 3.6% from 2018 (CIHI 2020). The increase is also reflected in the per population rate which in 2019 was 51 for every 100,000 Canadians, up from 49.3 in 2018 (CIHI 2020).

More than 40% of OTs work at least 36 hours per week (full time); of these, 20% work for more than one employer. Of those who work 21 to 35 hours per week, 16% work for multiple employers. About 12% of OTs who work 20 hours or less per week work for more than one employer (CIHI, 2012).

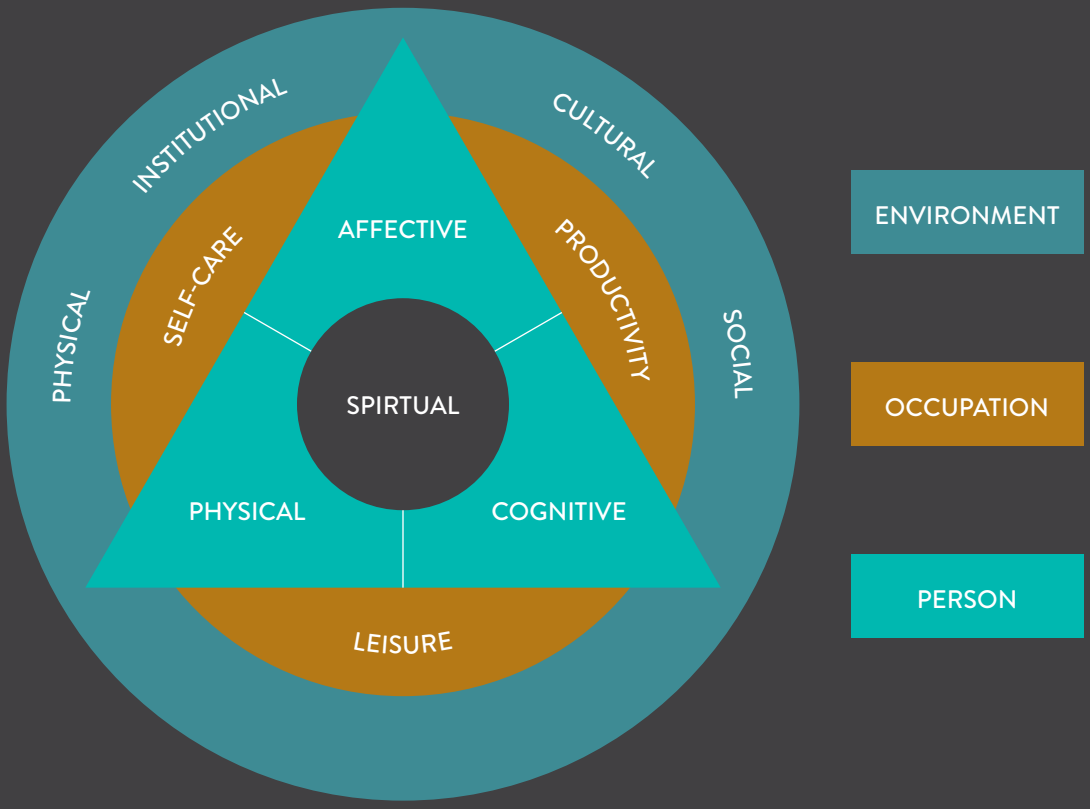
SCOPE OF PRACTICE

The Canadian model of occupational performance, as illustrated in Figure 2, is one of the foundational frameworks for occupational therapy practice. The framework emphasizes the values and beliefs held by OTs that:

- Occupation plays an important part in creating and expressing meaning in life and promoting health;
- People are unique and should be treated with dignity; and
- These values ultimately lead to a client-centred approach to practice (CAOT, 1997).

As such, occupational therapy focuses on the interactions between people and their environments and occupations.

Figure 2: Canadian model of occupational performance



Source: Enabling Occupations: An Occupational Therapy Perspective, CAOT, 1997

Occupational therapy embraces a definition of health that is more than the absence of disease. OTs believe occupation enables people to achieve and maintain their health and wellbeing. This view of health is consistent with the World Health Organization's definition of health as outlined in the 1986 Ottawa Charter for Health Promotion, which describes health as the ability "to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment."

Further, the capacity to engage in and perform the daily occupations necessary for health and wellbeing is understood to be a function of the interactions among a person's characteristics, abilities, occupations and environment, which includes cultural, institutional, physical and social components (CAOT, 1997). For this reason, OTs are often uniquely involved in thorough assessments and interventions related to a clients' environments.

SPECIALIZATION

Due to the historical value placed on a generalist approach to care, most occupational therapy colleges do not officially acknowledge specialties within the field or allow OTs to advertise any specialty. However, this is beginning to change and the CAOT now supports specialization. Unofficial specializations include hand therapy, cognitive and dementia care, and home modification.

REGULATION OF THE PROFESSION

All provinces in Canada regulate occupational therapy; however, the titles used for the profession vary across the country. There are currently no regulatory bodies for the territories. Table 6 presents the titles used in each province, the statutes regulating occupational therapy, the years they were enacted and the regulatory bodies.

TABLE 5: Titles and controlled acts for occupational therapy by province

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 Therapy Act*	1991	College of Occupational Therapists of Ontario (COTO)
Quebec	Ergothérapeute / Occupational Therapist	Code des professions / Professional Code	1973	Ordre des ergothérapeutes du Quebec (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)

* Degree conferred by the University of Nebraska's School of Allied Health Professions PA Program.

COVERAGE OF SERVICES AND REMUNERATION

Public and private health insurance plans offer limited coverage of occupational therapy services. Funding for occupational therapy services may come from the following sources:

- Hospitals;
- Rehabilitation centres;
- Family health teams;
- Community health centres;
- Assertive community treatment teams;
- Community care access centres;
- Workplace Safety and Insurance Board;
- Veteran Affairs Canada;
- Insurance providers; and
- Private funding sources (OSOT, 2017).

Because occupational therapy services are not uniformly funded or consistently covered by health insurance plans across Canada, the level of access varies from province to province. Ontario, for example, covers services that are provided as part of home and community care, within schools, and included in mental health services. Beyond these specific circumstances, clients usually require private insurance plans or out-of-pocket payments.

The CAOT and various provincial organizations, such as the OSOT, are advocating for equitable access to occupational therapy for all Canadians, including greater coverage of occupational therapy services by private insurance companies and through employee benefits (CAOT, 2013).

SALARY

There are a variety of factors that influence OT salaries, including experience, type of employer, geographic location and type of practice (e.g., private versus hospital). OTs with extensive experience or a doctorate degree may command higher wages, sometimes as a result of holding more senior positions such as specialist, department head, instructor or researcher (Hick, 2005).

Table 6 lists hourly wages of occupational therapists by province according to the 2017 Labour Force Survey (Government of Canada, 2017).

TABLE 6: Estimated wage distribution of occupational therapists by province , 2017

Province	Wage (dollars per hour)		
	Low	Median	High
British Columbia	31.00	38.42	42.00
Alberta	28.21	38.75	49.00
Saskatchewan	31.61	38.65	41.74
Manitoba	29.00	36.00	41.35
Ontario	28.85	41.00	42.50
Quebec	20.80	35.90	43.00
New Brunswick	28.57	35.16	42.00
Nova Scotia	28.57	35.16	42.00
Prince Edward Island	N/A	N/A	N/A
Newfoundland and Labrador	N/A	N/A	N/A
Nunavut	N/A	N/A	N/A
Canada	26.00	37.69	44.05

Source: Labour Force Survey, 2017

OCCUPATIONAL THERAPY AND INDIGENOUS HEALTH

The CAOT recognizes that occupational therapy plays an important role in influencing the health and wellbeing of Indigenous people and in ensuring their access to occupational justice through effective, compassionate, culturally safe and collaborative services (CAOT, n.d.). OTs focus on collaboration, partnership and relationship building, which allows them to advocate for Indigenous health issues. OTs promote the use of occupational therapy services by Indigenous populations, advocate for access to OTs and encourage Indigenous people to pursue careers in occupational therapy. CAOT initiatives also aim to bring Indigenous health to the forefront of conferences and national health forums, and to provide educational and networking opportunities between OTs and Indigenous communities.

KEY ISSUES FOR THE PROFESSION

- As with many health care professions, internationally trained OTs face challenges in becoming licenced in Canada, such as determining equivalency of training to streamline the qualification process.
- There is an ongoing need to include coverage for occupational therapy services in extended health insurance plans.
- There is a need to improve processes for facilitating collaboration between OTs and occupational therapy assistants to best meet client needs.
- Advocacy is needed to increase access to occupational therapy services for rural and remote populations, Indigenous communities and veterans.
- Changing government priorities, funding cuts and losses of OT roles in long-term care homes lead to gaps in services for some populations and locations. Integrating OTs into family health teams could help address some of these gaps.

CONCLUSION

Occupational therapists work collaboratively with their clients and make evidence-based decisions to improve people's overall health and wellbeing. The profession has evolved greatly since its origins in the 1800s. It is currently a female-dominated, growing field that more than doubled in size from 7,575 in 1997 to 17,034 in 2006. Today, there is increasing pressure for provincial governments to increase funding for occupational therapy services, especially outside of hospital settings.

ACRONYMS

CAOT	Canadian Association of Occupational Therapists
CIHI	Canadian Institute for Health Information
CSOTM	Canadian Society of Occupational Therapists of Manitoba
NOTCE	National Occupational Therapy Certification Examination
OSOT	Ontario Society of Occupational Therapy
OT	Occupational therapist
OTepp	Occupational Therapy Examination and Practice Preparation

ADDITIONAL RESOURCES

Canada

- Canadian Occupational Therapy Foundation
- Canadian Association of Occupational Therapists
- OTepp

Alberta

- Alberta College of Occupational Therapists
- Society of Alberta Occupational Therapists

British Columbia

- College of Occupational Therapists of British Columbia

Manitoba

- College of Occupational Therapists of Manitoba
- Manitoba Society of Occupational Therapists

New Brunswick

- New Brunswick Association of Occupational Therapists

Newfoundland and Labrador

- Newfoundland and Labrador Occupational Therapy Board
- Newfoundland and Labrador Association of Occupational Therapists

Nova Scotia

- College of Occupational Therapists of Nova Scotia
- Nova Scotia Society of Occupational Therapists

Ontario

- College of Occupational Therapists of Ontario
- Ontario Society of Occupational Therapists

Prince Edward Island

- Prince Edward Island Occupational Therapy

Quebec

- Ordre des ergothérapeutes du Québec

Saskatchewan

- Saskatchewan Society of Occupational Therapists

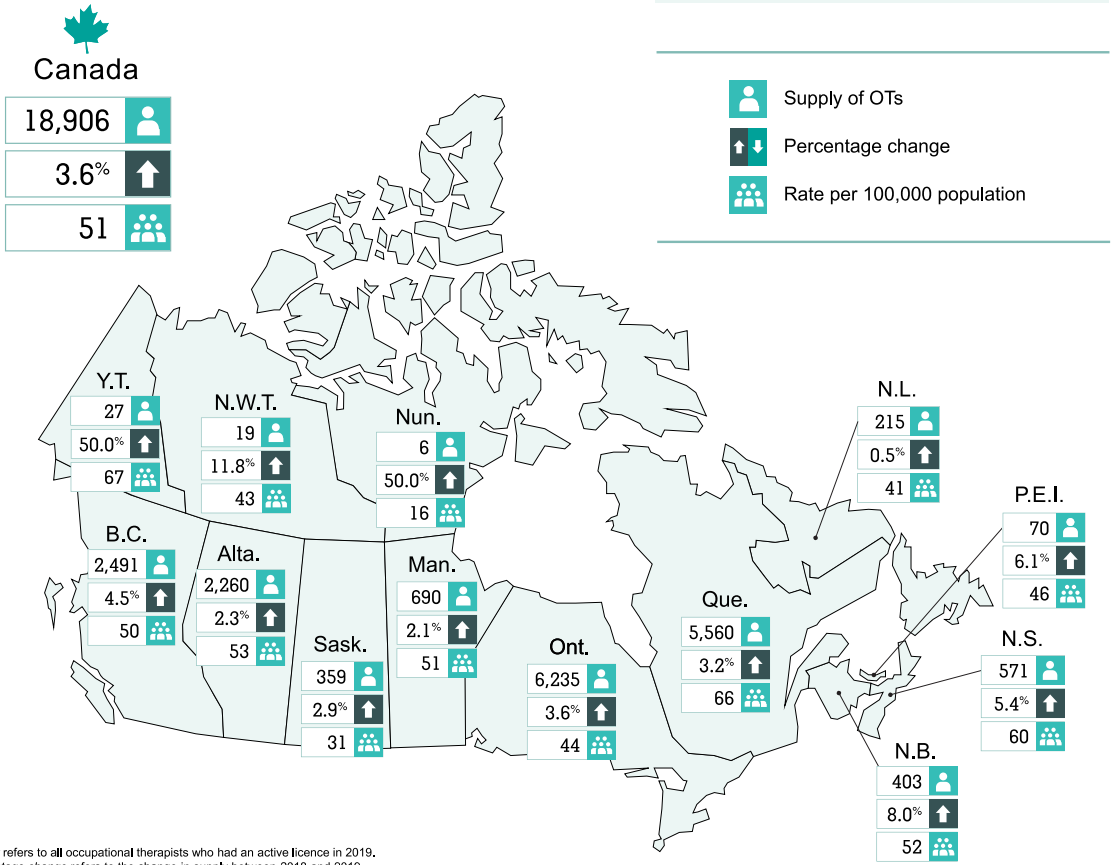
Yukon

- Association of Yukon Occupational Therapists

Occupational therapists (OTs)

Supply, percentage change and rate per 100,000 population, Canada, 2019

Occupational therapists per 100,000 population provides a baseline count. It may not account for regional variations across provinces and territories. Differences in numbers of occupational therapists working full time versus part time can affect comparability between jurisdictions.



Notes
Supply refers to all occupational therapists who had an active licence in 2019.
Percentage change refers to the change in supply between 2018 and 2019.
2018 population estimates from Statistics Canada were used.
Sources
Health Workforce Database, 2020, Canadian Institute for Health Information; Statistics Canada, 2018.

CIHI

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