



November 17, 2014

Elinor Larney
Registrar
College of Occupational Therapists of Ontario
20 Bay Street, Suite 900
Toronto, Ontario
M5J 2N8

Dear Elinor,

I am writing on behalf of the Board of Directors of the Ontario Society of Occupational Therapists (OSOT). Over the past year, an increasing number of OSOT members have expressed concern about being unable to display information about their earned credentials to the public, including their referral sources, purchasers, and clients. We sought to determine if these concerns were shared more broadly amongst our members through means of a survey, and we have found that this is a contentious issue amongst respondents¹.

At this time we are writing to **urge the College to amend point (38) of the Professional Misconduct Regulation** (Ontario Regulation O.Reg. 95/07) (COTO, 2007)), which states that “[u]sing a term, title or designation indicating or implying a specialization in the profession” is an act of professional misconduct. **Specifically, we position that this amendment should permit occupational therapists (OTs) registered with the College of Occupational Therapists of Ontario (COTO) to display to the public, in both title and abbreviated designation form, any post-graduate certifications that**

- 1. they have earned through a certifying body that requires participants to engage in a credentialing process** that involves:
 - a. defined eligibility criteria,
 - b. certification after demonstration of competence by the applicant;
 - c. a requirement for a prescribed amount of continuing education, post certification,
 - d. regular re-certification,
 - e. a code of ethics/standards of practice, and

¹ A total of 329 members fully responded to the survey and sufficiently represent the members the survey was sent to, with 95% confidence and ±5% margin of error. Please see Appendix A for details about the survey.

f. a process for handling misconduct/complaints

2. have been approved of by the College of Occupational Therapists (COTO), through review of the certifying bodies and their credentialing processes

Our requested amendment is specific. We understand that some designations may impart insufficient information to actually inform those outside the profession as to their significance, or may appear to have more worth than they actually do. The public may not be well-served in allowing OTs to reflect all additional training they have received, particularly with designations that are difficult to verify in terms of who awarded them and the requirements to receive them.

However, in the interest of public protection, we believe that this amendment, within the scope as we suggest it, does not pose any foreseeable risk to the public. Titles and designations that represent certifications earned through a rigorous credentialing process quickly impart specific, recognizable information that only registrants with the certifying bodies can use, and that can be easily verified by a trustworthy credentialing body. This is very similar to how the designation “OT Reg. (Ont.)” is used.

We believe the College, as protectors of the public, likely has three key areas of concern:

1. Determining competency in relation to the designations

Given our specific definition of certifications, it will not be the responsibility of the College to determine if an OT has the professional competencies to be certified, or even if the OT is practicing in accordance to the particular standards required to keep their certifications. These concerns can remain with the certifying body who certified the OT.

2. Handling complaints from members of the public

Certifying bodies have codes of ethics and/or standards of practice that their registrants must abide by, and should have distinct processes to handle complaints from the public that may include loss of certification.

3. Ensuring the public is not misinformed

The legitimacy and significance of the types of certifications that we support OTs use – along with what is required to attain and maintain them – can easily be validated by the public. As well, certifying bodies generally have public-accessible registers of all the professionals currently certified by them.

While OSOT fully supports the COTO mandate to protect the public, and does believe that the regulation was originally developed in the interest of public safety, we feel the limitations imposed by this regulation cannot always be defended from a public protection point of view. We also believe that in some cases, the imposed limitations may, in fact, restrict public access to occupational therapy services and to information that can impact the health care decisions of Ontarians.

This communication outlines OSOT's position that this point in the regulation, as it currently stands, is inadvertently detrimental to the public, to COTO registrants and to the profession of occupational therapy in Ontario. An amendment is needed in order to better serve the public interest by facilitating informed health care decisions, better acknowledge the enhanced competencies of OTs, and better promote the profession of occupational therapy in Ontario.

1. Detriment to the public, those seeking occupational therapy services in Ontario

i. *Lack of transparency by unintentionally withholding valuable health information*

We note, from COTO's "Guide to Use of Title", the College's stance on transparency in relation to use of the title of occupational therapist:

"Therapists should always represent themselves, their knowledge, skills and abilities in a clear, open and thorough manner. In order to achieve transparency and avoid misleading or misrepresentative information it is essential to consider the general knowledge and expectation of the audience receiving the information."²

OSOT fully agrees with the need for transparency in relation to using the protected title of occupational therapist, and that OTs must accurately reflect their competencies in order to inform the public fairly. However, we feel that prohibiting the display of earned additional certifications ultimately reduces the transparency to the public that COTO seeks to achieve. As a result of the regulation, OTs are required to essentially withhold easy access to information about their certifiable "knowledge, skills and abilities", leaving them unable to communicate their advanced training "in a clear, open and thorough manner". Displaying post-graduate certifications is a quick way to accurately represent tested competencies amongst OTs who have earned them.

Knowledge of the additional and certifiable training that an OT has received is valuable health information for those seeking to receive, purchase, or refer to occupational therapy services. It does not serve the public to hide information about expertise, particularly when these credentials can affect health care decisions. From the survey conducted by OSOT, over 67% of respondents disagreed or strongly disagreed that it was "easy to inform others about [their] additional training without displaying [their] designations," suggesting that, even though there are other means to inform the public about advanced training (such as through verbal dialogue and through one's CV), there is an inability to convey this information clearly and transparently in a timely way to the public or potential customers of an OT's service. We believe this may result in an under-representation of a therapist's true competencies, given that not all OTs have equal experience and expertise. We position that enabling OTs to reflect these particular designations will not be misleading to the public, given that their significance can be explained

² COTO. (2012). "Guide to Use of Title." Retrieved from <http://www.coto.org/pdf/GuidetoUseofTitle2012.pdf>

by both the OT and the certifying body, and that the OT's certification can be easily confirmed by checking the certifying body's public register. Ultimately, we do not believe that our requested amendment puts the public at risk, given its specificity.

ii. *Certifying bodies handle their own related complaints*

It is understandable that one of the College's main concerns may relate to who is responsible for dealing with complaints from the public. This exact concern was also shared by one survey respondent. However, true, verifiable certifying bodies handle public concerns related to the competencies they certify, in relation to their codes of ethics and standards of practice. This often entails a formal ethics committee and/or hearing/disciplinary processes to manage complaints. See Appendix B for examples of how certifying bodies process complaints.

2. Detriment to your registrants, Ontario occupational therapists

i. *Decreased ability to engage in professional self-promotion*

Ontario OTs are currently unable to differentiate their advanced skill sets and competencies from those of other OTs and other healthcare providers (HCPs) as a result of this point in the regulation. While we do not believe that OTs with post-graduate certifications are better clinicians simply by virtue of holding a certificate, it is true that not all OTs have equal degrees of expertise, and that one must meet a high standard in their area of expertise in order to be certified by recognized certifying bodies. OTs with post-graduate certifications have different and, arguably, enhanced clinical reasoning skills in comparison to other OTs or HCPs in their area of practice, as a result of the additional training and ongoing education required by their certifying bodies.

Please see Appendix B, which describes the credentialing process behind five certifications that our members commonly stated they hold. This appendix outlines the intensive eligibility criteria (including education and experience) and requirements for continuing education and re-certification that certified professionals must meet, and serves to emphasize the point that the certification requirements in and of themselves result in OTs having potentially advanced expertise in their field.

Being able to display additional certifications would foster entrepreneurial growth amongst individual OTs, and ultimately enhance the visibility for the whole profession in Ontario. Some certifications may actually be a requirement in order for the OT holding it to be recognized as competent to provide services. This may directly affect OTs' employment options. In particular, over 55% of respondents state they agree or strongly agree that it is difficult to attract clients because they are unable to display earned designations. This suggests that COTO's regulation is unduly restrictive for private practitioners, whose business is directly impacted by their ability to promote their skill set.

A case in point is the Certified Life Care Planner (CLCP) certification. A theme from survey respondents was that clinicians must show that they hold the CLCP designation in order for lawyers and/or the courts to view their life care plans as credible. As well, they are unable to be called as expert witnesses without the credential. Even when OTs do have the CLCP designation, unless they can display this information on their business cards, website, and other promotional materials for others (e.g., lawyers) to quickly access, they may be overlooked and unrecognized as sufficiently qualified. This is particularly unfair given that the OT may be overlooked by a purchaser for unregulated professionals who are CLCPs, but have no restrictions on how they advertise.

ii. *Lack of acknowledgement of commitment to professional development*

The College's "Essential Competencies of Practice for Occupational Therapists in Canada"³ resource and Quality Assurance Program⁴ both clearly indicate the value of professional development (PD) amongst OTs, and OSOT continues to fully support your stance on the importance of maintaining and developing competency and expertise. However, by disallowing OTs to display their post-graduate certification designations, the dedication to professional skill development by those who hold these certifications is perceived as both unrecognized and unappreciated.

Unfortunately, over 38% of respondents agreed or strongly agreed that this point in the regulation affects their desire to get further training in a specialty area. This theme was apparent in the survey comments as well. Particularly striking is that a greater percentage of those who already have a certification agreed with this statement than those who do not have one, suggesting that, in hindsight, they believe the benefits of gaining and maintaining expertise through certification do not outweigh its personal costs, given that they cannot display the resulting designation. It is concerning and disappointing that this regulation could be actively dis-incentivizing the pursuit of advanced training for so many Ontarian OTs, particularly in a profession that so strongly encourages ongoing professional development.

Member satisfaction has been affected by not having their PD commitments recognized, with 75% of respondents agreeing or strongly agreeing that they are frustrated about not being able to display their credentials. A theme from the comments arose around discontent with the College and the regulation itself (see Appendix A for details), suggesting this issue could be inadvertently putting the College in a negative light amongst its registrants. Attention to this issue with the regulation could truly promote mutual respect between the College and its registrants, and may prove to be a perfect opportunity to work towards the "Relational Regulation" leadership priority of the COTO Strategic Framework for 2014-2017, as well as live out the College's Vision to "support registrants in their professional careers"⁵.

³ COTO. (2011). "Essential Competencies of Practice for Occupational Therapists in Canada." Retrieved from http://www.coto.org/pdf/Essent_Comp_04.pdf

⁴ COTO. (2006). "Professional Development." Retrieved from <http://www.coto.org/pdf/ProfDevelopment.pdf>

⁵ COTO. (2014). "Strategic Framework 2014-2017." Retrieved from http://www.coto.org/pdf/strategic_plan.pdf

3. Detriment to the profession of occupational therapy in Ontario

i. *Competitive disadvantage for OTs compared to other healthcare providers*

We observe precedent in other regulators' positions relating to post graduate certifications, both in other professions in Ontario and within the OT profession across Canada. Other allied healthcare providers (HCPs) and related professionals in Ontario – such as physiotherapists (PTs), nurses, speech-language pathologists, and social workers – are permitted by their regulatory bodies to advertise their additional post-graduate credentials (see Appendix C for details). This puts OTs at a competitive disadvantage against other HCPs, both in the public and private sector. For example, consider a new hand surgeon looking to refer his patients for rehabilitation, with a choice between Jane Doe, OT Reg. (Ont). and Jane Doe, PT, CHT. His preferred choice to refer to the PT, who is clearly a certified hand therapist, is obvious – despite the fact that both HCPs are certified hand therapists. In this case, the surgeon's clients are denied access to OT services, because the OT is not able to quickly and effectively communicate that they have an equally advanced skill set. The Certified Life Care Planner example mentioned above also reflects this competitive disadvantage.

Just under half our survey respondents agree or strongly agree with the statement that other HCPs get their referrals because these HCPs display their additional credentials, and just under 59% believe their employment opportunities are affected by this point in the regulation. Ultimately, the majority of respondents (62%) believe this regulation affects their practice. This is clearly a very real issue for OTs and the profession as a whole in Ontario. This point in the regulation does not serve to advance the profession, and inadvertently reduces the visibility of occupational therapy in areas of expertise that could, and perhaps should, be led by occupational therapists, such as hand therapy, driver rehabilitation, and life care planning.

ii. *Majority of other provinces do not have parallel policies*

We reviewed policy documents and personally communicated with the Colleges and/or professional associations of each Canadian province in order to determine if they have similar regulations precluding display of advanced training credentials (see Appendix D for details). Three provinces (Manitoba, Nova Scotia, and Prince Edward Island) have similar policies, either written into the regulation or not. The other six of the nine provinces (British Columbia, Alberta, Saskatchewan, Quebec, Newfoundland & Labrador, and New Brunswick) openly allow for OTs to display their post-graduate credentials to the public. Reasoning behind these open policies included the notion that the College is only responsible for regulating the use of the protected OT title, and that displaying additional training helps justify expertise to the public. Also, policies often have rules around ensuring that the OT title is distinct from the other credentials listed after the OT's name.

Given that the majority of Canada's provincial regulators have allowed for their OTs to display their earned post-graduate credentials, it appears that Ontario's OTs are put at a disadvantage in their ability to provide services, simply due to location. While the majority of survey respondents reported they have not considered relocating as a result of this regulation, 10% of

respondents agreed or strongly agreed that they had considered leaving Ontario to work, so as to better advertise their credentials. That this point in the regulation could be a reason for attrition from the OT profession in Ontario is unfortunate, but also preventable. A theme that came from survey comments was that the regulation is outdated, and a more progressive stance, that supports entrepreneurial growth while protecting the public, is required. We urge the College's consultation with provincial partners to examine how other provinces have managed to continually ensure the public is not at risk, even with their less restrictive policies.

iii. *Over-regulation of the profession in Ontario*

One theme from the survey is that this point in the regulation is needlessly restrictive on members. While the College is responsible for protecting the use of the title and abbreviated designation related to occupational therapy, it could be considered to be an unfair extension of reach to also limit how registrants display post-graduate training outside the profession. As stated above, other regulators in Ontario and across Canada have allowed their registrants to display additional credentials, while still protecting the public.

The College of Physiotherapists of Ontario (CPO), has approached this issue in a different manner (refer to Appendix C). Their Position Statement on Specialty Designations states that "being able to provide information on additional knowledge that a registrant has is useful to both the public and the profession when such services are being sought out".⁶ This position suggests that part of their role is to inform the public of additional training, while still ensuring the public is not misled. In relation to the logistics of using specialty designations, they state that:

"[c]ertifying bodies that grant specialty designations have requirements related to how to maintain the designation. As long as a registrant continues to hold the specialty designation, they may continue to use the specialty title in Ontario. Registrants must make a declaration as part of the annual registration process that they are still eligible to use the specialist title."⁷

Thus, CPO has left the responsibility to the certifying bodies to ensure professionals remain competent in their area of certification expertise.

Recommendations

We recommend that the College consider the following actions:

1. Establish criteria for acceptable post-graduate certification programs as a precursor to allowing OTs to display post-graduate certifications

⁶ CPO. (2012). "Position Statement: Specialty Designations." Retrieved from http://www.collegept.org/Assets/registration/Specialty%20Titles/Position_Statement_SpecialtyDesignations_120328.pdf

⁷ CPO. (n.d.). "Specialization Frequently Asked Questions." Retrieved from http://www.collegept.org/Assets/registration/Specialty%20Titles/COP_SPECIALIZATIONFAQ_2a.pdf

We understand that, as a protector of the public, the College may want to better understand the significance of the specific credentials OTs have earned and want to display, as well as the College role in relation to the certifying body in terms of regulation. Our survey respondents were clear in their belief that this move should be taken with care. Approximately 72% believe that the regulation should be amended to allow the display of credentials requiring certification and not simply any post-graduate training that leads to a certificate. The majority of respondents identified that they believe the College should also pre-approve the validity of these credentials by reviewing the bodies issuing the credentials.

To help initiate the process of recognizing certifications, we attach Appendix B for insight into some common designations held by Ontario registrants. OSOT encourages the College to determine other certifications OTs in Ontario have, and seek to understand if the certifying bodies who issue them meet your standards or criteria as developed above. For example, other designations noted in our survey include Certified Functional Capacity Evaluator (CFCE), Certified Return to Work Coordinator (CRTWC), Certified Work Capacity Evaluator (CWCE), and Certified Neuro-Developmental Treatment therapist (CNDT).

If you have not already done so, we also specifically suggest you consult the College of Physiotherapists of Ontario (CPO). The profession of physiotherapy has taken a national approach (through the Canadian Alliance of Physiotherapy Regulators [the Alliance]) in approving certifying organizations. Specifically, they have “created a Specialty Certification Recognition Committee to review certifying bodies and make recommendations about which programs contain sufficient rigor and should be approved”.⁸ Individual PTs are also able to request that the Alliance look into their personal certification to determine if it meets their standards.

2. Amend point (38) of the Professional Misconduct Regulation to allow OTs registered with COTO to display to the public, in both title and abbreviated designation form, post-graduate certifications earned from credible certifying bodies, as determined above

Our member respondents were clearest on this question. In total, 78.3% of respondents believe this part of the regulation should be amended. Of the remaining respondents, 7.4% believe the regulation should not be amended, and 14.2% said they were unsure. The majority of those who said they were unsure did not have any certifications, suggesting the lack of personal relevance of the issue may have contributed to their response. Likewise, 89% of respondents who do hold a certification believe the regulation should be amended, which is striking, given that these respondents likely know, first-hand, the implications of this regulation on their work, the public, and the profession.

3. Add to the COTO registration/renewal processes the option to allow a registrant to declare they hold a certification valid during that year

⁸ CPO. (n.d.). “Specialization Frequently Asked Questions.” Retrieved from http://www.collegept.org/Assets/registration/Specialty%20Titles/COP_SPECIALIZATIONFAQ_2a.pdf

This will allow registrants to publicly declare they hold a certification, and are using it to inform their practice. Certification information should be available through the College's OT directory, under "OT General Information section" of the OT profile, and thus accessible to the public searching for occupational therapy services. The College should require registrants to provide them with proof of certification/re-certification for each membership year, given that certifications expire unless the therapist becomes re-certified. Registrants will also need explicit instructions around the importance of notifying the College on changes in certification status. These processes underline the principles of self-regulation and are, we believe supported in the College's positions of principled and ethical practice.

4. Update the list of allowable designations when OTs bring forth earned certifications they believe should be recognized by the College and meet COTO identified criteria or standards

We note the example of the physiotherapy Alliance's methods for allowing for ongoing requests to review certifications held by their registrants. Permitting OTs to contribute to and broaden COTO's list of acceptable certifications will allow for a better informed public.

5. Ensure that no new fees are introduced to your registrants as a result of these proposed changes

Our proposed changes do not result in the creation of a new or specialized service or registrant benefit, and, thus, we position that OTs would expect:

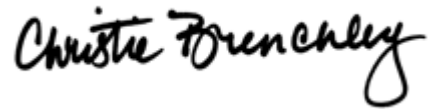
- No registrant-wide fees; there will be no duplication of regulation in relation to these certifications, and thus no need for blanket increases in regulator costs
- Limited or no administrative costs to engage this process or maintenance fees thereafter
- No application fees for registrants desiring to add their certifications to their membership information in the database or OT directory
- No review fees for registrants desiring to request a College review of the validity of their certification

In Summary

OSOT respectfully urges the College to amend point (38) of the Professional Misconduct Regulation (Ontario Regulation O.Reg. 95/07) (COTO, 2007)) to allow for registrant use of "COTO recognized" post-graduate certifications without penalty of professional misconduct. This request is propelled by the concerns of OSOT members, by the need to transparently share information that informs health care decisions amongst members of the public, and by our position that OTs should benefit from their initiatives to maintain a high standard of competency and seek ongoing professional development.

We continue to offer our support as you consider this amendment process, and would be pleased to direct you to OSOT members who are prepared to volunteer their time to help move this forward. OSOT appreciates the College's commitment and initiative to further the profession and improve easy public access to quality occupational therapy services.

Sincerely,

A handwritten signature in black ink that reads "Christie Brenchley". The signature is written in a cursive, flowing style.

Christie Brenchley
Executive Director

Appendix A

OSOT's "Use of Post-Graduate Credentials" survey details

Survey administration

OSOT designed and dispersed a survey titled "Use of Post-Graduate Credentials" via email to those who provide occupational therapy services that are likely most affected by this point in the regulation (including assessment for benefits, medical-legal, driver evaluation/training, hand rehabilitation, psychotherapy, and functional restoration programs). The survey population was limited in the interest of not inundating our membership with member-wide communications. A total of 1958 OSOT members received the survey. The survey was sent out on the evening of Monday July 14, 2014. The survey was open for ~2 weeks, and data was collected the morning of Tuesday, July 29, 2014.

Note: Prior to sending the survey to our members, it was first tested by four OSOT members from four different occupational therapy areas of practice, who edited it for clarity, succinctness, and inclusiveness. Their responses were cleared before data was collected.

Survey sample

Of the total 1958 members who received the survey, a total of 329 members fully completed it during the time it was open (another 97 members had at least started it). A minimum of 322 respondents is required for a 95% Confidence Level⁹ (and a 5% margin of error^{10,11}). Because the actual number of respondents (329) exceeded the minimum number of respondents required (322), we can assume that the responses to the survey are in fact representative of the whole population (*i.e.*, 1958 members) who received the survey.

Survey respondents

Survey responses were nearly evenly divided between those who reported having post-graduate certifications (49.4% of respondents) and those who reported they do not (50.6%). This suggests that this issue is important for our members, regardless of whether or not they currently have a post-graduate certification.

Note: The most popular response to each question generally did not vary depending on whether or not a respondent had a post-graduate certification, suggesting that respondents were responding to the professional issue in a critical way, regardless of their personal interests.

⁹ 95% Confidence Level: The level of confidence in the probability that the survey's results are representative of the population to whom the survey was sent.

¹⁰ 5% margin of error: The $\pm 5\%$ range in which the survey results would fall, given the 95% confidence level

¹¹ Penwarden, R. (2014). "Calculating the Right Survey Sample Size." Retrieved from <http://fluidsurveys.com/university/calculating-right-survey-sample-size/>

Themes from survey comments

Survey respondents wrote a total of 335 optional, subjective comments. The content of these comments were each analyzed to determine if there were themes amongst respondents. General themes and sub-themes representing groups of common comments are listed below:

- Communication of credentials
 - Currently do not display additional credentials because it is prohibited by COTO
 - Credential is written out as a full title, not just as a designation, to avoid confusion
 - Different information is shared depending on the recipient (*e.g.*, clients vs. colleagues) and the means of communication (*e.g.*, verbally, through stationary)

- Competitive disadvantage
 - At a professional/competitive disadvantage in relation to health care professionals because they do not have the same restrictions
 - People may turn to non-OTs in the field/non-OTs may take away OT work

- Personal investment in certifying
 - Worked hard to obtain and maintain additional credentials and strengthen OT skills
 - Never pursued a certification in field of practice, because cannot advertise it

- Implications of certifying and displaying the credential
 - Credit as OTs comes from services; clients/referral sources rely more on reputation than on designations
 - Certification does not necessarily denote specialization in OT; it denotes training complimentary to OT training/a high standard
 - Credentials help raise the profile of OT
 - Could impact the way into insurance and/or affect funders/3rd party payers

- Display of credentials would benefit to the public
 - Important for the public to be able to access this information in order to make educated health decisions and/or understand OT
 - Public would be interested in knowing and/or would have more confidence in knowing they are using the best service provider/an OT with specialized knowledge
 - People don't understand OT scope of practice and/or this could help clarify OT roles

- Impact of the regulation depends on credential and setting
 - OTs are not/less impacted in administrative roles/hospitals, but definitely impacted in private practice or under a fee-for-service model

- CCLCP designation is a necessity in its field, as it is required for a clinician to be recognized by lawyers/the courts (*e.g.*, unable to be called as an Expert Witness in court without the designation, Life Care Plans must be by a CLCP to be recognized as credible by the courts)
- Discontent with the regulation and/or College
 - This regulation is inadequate/outdated
 - COTO is being overly-restrictive
 - COTO needs to be progressive/allow for entrepreneurial growth
- Decision to amend the regulation must be handled with care
 - Thoughtful consideration is needed on how to change the rules, to ensure legitimate designations are displayed, to avoid misrepresentation, and to ensure clarity/transparency
 - Concern for COTO having to regulate/“police” the quality assurance of designations and/or concern about COTO increasing fees
- Potential for attrition (leaving the profession to fully utilize credential)
- Appreciation of OSOT that this issue is being discussed

Appendix B

Description of five example certification programs¹²

| Certification Title (Designation) | Canadian Certified Life Care Planner (CCLCP ¹³)/ Certified Life Care Planner (CLCP) | Certified Hand Therapist (CHT) ¹⁴ | Certified Driver Rehabilitation Specialists (CDRS) ¹⁵ | Certified Psychiatric Rehabilitation Practitioner (CPRP) ¹⁶ | Certified Disability Management Professionals (CDMP) ¹⁷ |
|--------------------------------------|---|--|---|--|--|
| <i>Certifier</i> | <ul style="list-style-type: none"> ▪ International Commission on Health Care Certification (ICHCC) | <ul style="list-style-type: none"> ▪ Hand Therapy Certification Commission, Inc. (HTCC) ▪ Note: Only HTCC can offer this certification | <ul style="list-style-type: none"> ▪ Association for Driver Rehabilitation Specialists (ADED) ▪ Note: Only ADED can offer this certification | <ul style="list-style-type: none"> ▪ Psychiatric Rehabilitation Association | <ul style="list-style-type: none"> ▪ National Institute of Disability Management and Research |
| <i>Purpose of certification</i> | <ul style="list-style-type: none"> ▪ Measure knowledge of “treatment/ maintenance protocol required for a catastrophically disabled individual to sustain life within an acceptable comfort level” ▪ CCLCP certification also ensures “working knowledge of Canadian medical systems” | <ul style="list-style-type: none"> ▪ “Advancing the specialty” through a “credentialing program for occupational therapists and physical therapists who specialize in upper extremity rehabilitation” | <ul style="list-style-type: none"> ▪ “To protect the public by... providing measurement of a standard of current knowledge desirable for individuals practicing driver rehabilitation” | <ul style="list-style-type: none"> ▪ “Distinguishes professionals that have mastered the principles of psychiatric rehabilitation and understand how to implement them in practice” | <ul style="list-style-type: none"> ▪ To fulfill the “quest for excellence and quality assurance in disability management” |
| <i>Eligibility for certification</i> | <ul style="list-style-type: none"> ▪ Min. “3 years' field experience within the 5 years preceding application” | <ul style="list-style-type: none"> ▪ Must be an OT or PT currently registered with profession’s | <ul style="list-style-type: none"> ▪ 4-yr undergraduate degree or higher in a health-related field, | <ul style="list-style-type: none"> ▪ For OTs: <ul style="list-style-type: none"> ○ Min 2000 hrs work experience in a | <ul style="list-style-type: none"> ▪ For those with a “Masters degree in health related field”: |

¹² Please note that this list of certification programs is by no means exhaustive, and represents just a sample of the credible post-graduate certifications that OTs in Ontario may hold.

¹³ All content from this column was gathered from the website for the International Commission on Health Care Certification (www.ichcc.org)

¹⁴ All content from this column was gathered from the website for the Hand Therapy Certification Commission (<http://www.htcc.org>)

¹⁵ All content from this column was gathered from the website for the Association for Driver Rehabilitation Specialists (<http://www.aded.net/>) or from personal communications with ADED’s Executive Director and Past President

¹⁶ All content from this column was gathered from the website for the Psychiatric Rehabilitation Association (<http://www.uspra.org/certification/cprp-certification>)

¹⁷ All content from this column was gathered from the websites for the National Institute of Disability Management and Research (<http://www.nidmar.ca/>) and the Canadian Society of Professionals in Disability Management (<http://www.cspdm.ca/>)

| | | | | | |
|-------------------------------------|---|--|--|---|--|
| | <ul style="list-style-type: none"> ▪ Applicant must hold entry-level degree for their healthcare related profession and be licensed with that profession ▪ Min. 120 hrs post-graduate/post-specialty degree training in: life care planning; areas applicable to developing life care plans; content about service delivery applied to life care planning ▪ 16 hrs of these 120 hrs must relate to basic orientation, methodology, and standards of practice | <p>licenser/ regulator for at least 5 yrs.</p> <ul style="list-style-type: none"> ▪ Min. 4,000 hrs of direct practice experience in hand therapy | <p>with 1,664 hrs of direct driver rehabilitation service provision, OR</p> <ul style="list-style-type: none"> ▪ 4-yr undergraduate degree or higher with a major/minor in Traffic Safety and/or a Driver and Traffic Safety Endorsement, with 3,328 hrs of direct driver rehabilitation service provision, OR ▪ 4,992 hrs of direct driver rehabilitation service provision | <p>psychiatric rehabilitation program/ environment</p> <ul style="list-style-type: none"> ○ 45 hrs of additional training in “treatment and/or rehabilitation of adults with serious mental illness” is required | <ul style="list-style-type: none"> ○ 900 FTE hours of direct provision of disability management services ○ Either DMP supervision OR mentor support of a DM plus a letter of attestation from a supervisor |
| <i>Certification exam</i> | <ul style="list-style-type: none"> ▪ No exam ▪ Must submit one life care plan (author or coauthor) OR be supervised for one year by a CLCP ▪ Graduation from an accredited training program for CLCPs (including a practicum or requires creation of a life care plan) | <ul style="list-style-type: none"> ▪ Hand Therapy Certification Examination ▪ 4-hr exam with 200 multiple-choice questions ▪ Only offered through HTCC | <ul style="list-style-type: none"> ▪ 2-hr exam with 100 multiple-choice questions | <ul style="list-style-type: none"> ▪ 150 multiple-choice questions | <ul style="list-style-type: none"> ▪ 7-hr exam with 300 multiple-choice questions |
| <i>Time before recertification</i> | <ul style="list-style-type: none"> ▪ 5 yrs | <ul style="list-style-type: none"> ▪ 5 yrs | <ul style="list-style-type: none"> ▪ 3 yrs | <ul style="list-style-type: none"> ▪ 3 yrs | <ul style="list-style-type: none"> ▪ 1 yr |
| <i>Recertification requirements</i> | <ul style="list-style-type: none"> ▪ 80 approved CEUs/5 yrs ▪ 8 hrs of these 80 hrs must pertain to ethical practice ▪ Re-examination is an option to recertify | <ul style="list-style-type: none"> ▪ 80 approved CEUs/5 yrs ▪ 2,000 hours of work experience (1,000 hrs must be clinical for first time re-certification) ▪ Re-examination an option if certification | <ul style="list-style-type: none"> ▪ 30 hrs/3 yrs of continuing education, approved by ADED | <ul style="list-style-type: none"> ▪ 45 hrs/3 yrs of continuing education/training ▪ Re-examination is an option to recertify | <ul style="list-style-type: none"> ▪ 20 hrs/yr or 40 hrs/ 2yrs of continuing education credit, directly to DM ▪ Letter(s) of Attestation from supervisor, proving continued work experience in DM |

| | | has expired | | | |
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| <i>Code of ethics/ Standards of practice</i> | <ul style="list-style-type: none"> Code of Professional Ethics Principles guiding Rules of Professional Conduct | <ul style="list-style-type: none"> Disciplinary Policy (outlines standards of conduct for certification, PD and recertification) | <ul style="list-style-type: none"> ADED Code of Ethics and Standards of Practice ADED's "Best Practices for the Delivery of Driver Rehabilitation Services" | <ul style="list-style-type: none"> Code of Ethics for Psychiatric Rehabilitation Practitioners | <ul style="list-style-type: none"> Certified Disability Management Professional 's Ethical Standards and Professional Conduct |
| <i>Disciplinary action/ Complaints process</i> | <ul style="list-style-type: none"> Guidelines and Procedures for Processing Ethical Complaints "All allegations are heard by the CHCC Ethics Committee comprised of persons appointed by the Executive Director" | <ul style="list-style-type: none"> "HTCC has the authority to investigate complaints, and if necessary, recommend action against an individual's certification status" Complaints must be submitted in writing, using the HTCC Complaint Form and Affidavit | <ul style="list-style-type: none"> Formal hearing process in development (target launch of December 2014) | <ul style="list-style-type: none"> "Any complaints alleging violation of the Code of Ethics is reviewed by an Ethics Review Panel of the Certification Commission for Psychiatric Rehabilitation" | |
| <i>Other Notes</i> | <ul style="list-style-type: none"> "ICHCC reserves the right to reject an application based on one's documented professional misconduct" Southern Illinois University has completed validity and reliability research of the CLCP credential | <ul style="list-style-type: none"> Professionals with current CHT status can be accessed on the website | <ul style="list-style-type: none"> Professionals with current CDRS status can be accessed on the website | <ul style="list-style-type: none"> Eligible candidates vary widely in background education. Please see http://psychrehabassociation.org/sites/default/files/images/CRP-Pathways.jpg for details | <ul style="list-style-type: none"> Professionals with current CDRS status can be accessed on the website |

Abbreviations: OT: occupational therapist; PT: physiotherapist; PD: professional development; CEUs: continuing education units; DM: disability management

Appendix C

Display of designations amongst related professions in Ontario

| Profession | Description of policy around display of post-graduate designations | References |
|----------------------|---|--|
| Physiotherapy | <ul style="list-style-type: none"> ▪ “A registrant of the College demonstrates appropriate use of restricted titles by: ... <ol style="list-style-type: none"> 3. Ensuring that the restricted title directly follows their name (e.g. Joan P. Jones, PT) when used in clinical practice. 4. Using other credentials in addition to their protected title, with the restricted title appearing first in order of reference” (CPO, Standards for Professional Practice: The Use of Restricted Titles, Credentials and Specialty Designations) ▪ “Certifying bodies that grant specialty designations have requirements related to how to maintain the designation. As long as a registrant continues to hold the specialty designation, they may continue to use the specialty title in Ontario. Registrants must make a declaration as part of the annual registration process that they are still eligible to use the specialist title. “The College is also aware that being able to provide information on additional knowledge that a registrant has is useful to both the public and the profession when such services are being sought out. However, the utility of offering this information must be balanced by the need to ensure that the public is not inadvertently led to the conclusion that a registrant’s additional training is the same as a formal specialist certification that would permit the registrant to call him or herself a specialist.” (CPO, Specialization Frequently Asked Questions) ▪ “The College recognizes that many people registered with the College (registrants) have invested considerable time and resources to improve their knowledge and skills in areas of physiotherapy practice. The development of additional knowledge within the practice of physiotherapy is of benefit to both the public and the profession as a whole.” (CPO, Position Statement: Specialty Designations) ▪ “In order for a registrant to use a title that indicates that he/she is a specialist, the registrant must hold a specialty designation that is approved by the College. The Canadian Alliance of Physiotherapy Regulators (The Alliance) has developed a rigorous specialty recognition review process that allows a national approach to specialty recognition.” (CPO, Position Statement: Specialty Designations) | <ul style="list-style-type: none"> ▪ College of Physiotherapists of Ontario (CPO), Standards for Professional Practice: The Use of Restricted Titles, Credentials and Specialty Designations ▪ CPO, Position Statement: Specialty Designations ▪ CPO, Specialization Frequently Asked Questions |

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| <p>Nursing</p> | <ul style="list-style-type: none"> ▪ No regulation restricting use of credentials earned from additional training, because it is part of the nurse’s education (Personal communication) ▪ Only rule around this is that in advertising, the nurse must include their nursing designation (<i>e.g.</i>, RN or RPN) (Personal communication) ▪ “When advertising your services to the public, you are accountable for: <ul style="list-style-type: none"> ○ including a description of your services, to help clients make informed decisions ○ including only accurate, factual and verifiable information ○ providing evidence-based references to support statements ○ including your name and protected title (RPN, RN or NP)” | <ul style="list-style-type: none"> ▪ Personal communication with the College of Nurses of Ontario (CNO) ▪ CNO, Practice Guideline: Independent Practice |
| <p>Speech Language Pathologists and Audiologists</p> | <ul style="list-style-type: none"> ▪ “If members wish to use additional titles, designations or credentials, these should be used in addition to, rather than a substitute for, the protected title.” ▪ “An advertisement with respect to a member’s practice must not contain: <ul style="list-style-type: none"> ○ a) anything that is false or misleading; ○ b) anything that, because of its nature, cannot be verified; ○ c) a reference to specialization in any area of practice or in any procedure or treatment unless the member holds a specialist certificate issued by the College, although nothing herein shall prohibit an advertisement that contains a reference to the member’s scope of practice, or statement that the member has additional training in a particular area of practice, or a statement that the member’s practice is restricted to a particular area of practice...” (CASLPO, Proposed Regulation For Advertising) ▪ This is a standard of practice, rather than a regulation (Personal communication) ▪ Additional designations should be recognizable and should not be misleading as to their actual significance (Personal communication) | <ul style="list-style-type: none"> ▪ College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO), Proposed Regulation For Advertising ▪ Use of Titles and Designations by Members (in CASPLO Today, 6(3), 2008) |
| <p>Social Work</p> | <ul style="list-style-type: none"> ▪ “College members' education, training, and experience, as well as areas of competence, professional affiliations and services are described in an honest and accurate manner” (Principle VI, 7.3) ▪ “College members may represent themselves as specialists in certain areas of practice only if they can provide evidence of specialized training, extensive experience or education” (Principle VI, 7.3.1) ▪ “College members do not make false, misleading or exaggerated claims of efficacy regarding past or anticipated achievements with respect to clients, scholarly pursuits or contributions to society” (Principle VI, 7.3.2) | <ul style="list-style-type: none"> ▪ Principle VII: Advertising (from OCSWSSW “Code of Ethics and Standards of Practice, Second Edition”) |

Appendix D

Display of designations amongst occupational therapists in other Canadian provinces/territories

| Province | Description of policy around display of post-graduate designations | References |
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| British Columbia | <ul style="list-style-type: none"> ▪ Display of credentials is permitted, and most OTs use these in their signatures, with or without an explanation of the title ▪ Use of term “specialist” is not permitted, because a specialist register has not been established | <ul style="list-style-type: none"> ▪ Personal communication with COTBC (College of Occupational Therapists of British Columbia) ▪ COTBC Bylaw, Section 49(2), under “Use of Title” and Section 91(5), Under “Marketing” ▪ Advisory Statement, “Use of Title” |
| Alberta | <ul style="list-style-type: none"> ▪ ACOT is only concerned with protecting use of title (registered occupational therapist, occupational therapist, provisional occupational therapist and O.T.), and is not concerned with the use of other educational credentials ▪ It is personal choice whether or not to use academic credentials | <ul style="list-style-type: none"> ▪ Personal communication with ACOT (Alberta College of Occupational Therapists) ▪ Alberta Regulation 217/2006, Health Professions Act, Occupational Therapists Profession Regulation; Titles and initials, under “Titles” ▪ ACOT ENews, “Use of Title” (October 2013) |
| Saskatchewan | <ul style="list-style-type: none"> ▪ OTs encouraged to share additional training with the public to justify expertise ▪ “Members may list on office letterhead and business cards: (a) only those qualifications they hold; (b) their name and that of the office, its address, phone, fax, office hours and similar details; and (c) services provided or area of specialty.” | <ul style="list-style-type: none"> ▪ Personal communication with SSOT (Saskatchewan Society of Occupational Therapists) ▪ Saskatchewan Society of Occupational Therapists Bylaws, Bylaw XV(3), “Advertising by Members” |
| Manitoba | <ul style="list-style-type: none"> ▪ OTs may not hold themselves out to be experts or specialists in a specific practice area ▪ OTs are advised against display specialty designations to prevent misleading the public ▪ OTs advised to convey their focus area through links to resources with further information about additional training ▪ Use an educational approach when communicating this to OTs; there are no regulations/directives from COTM around this | <ul style="list-style-type: none"> ▪ Personal communication with COTM (College of Occupational Therapists of Manitoba) ▪ COTM Fact Sheet, “Use of Title” |

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| Quebec* | <ul style="list-style-type: none"> ▪ OTs must have their professional designation right after their name (English: O.T.; French: erg.) ▪ After this, OTs/ergothérapeutes can put any diplomas or certifications they have earned after this, but, to avoid confusion and to let the public know it is separate from their professional title, they must separate it by a comma or dash | <ul style="list-style-type: none"> ▪ Personal communication with OEQ ▪ http://www.oeq.org/public/pratique-illegale.fr.html |
| Nova Scotia | <ul style="list-style-type: none"> ▪ The use of credentials indicating specialize is not permitted. ▪ “No occupational therapist shall use or condone the use of any terms, titles or designations indicating specialization or expertise in any branch of occupational therapy or with respect to any particular aspect of occupational therapy or with respect to any area of preferred practice” | <ul style="list-style-type: none"> ▪ Personal communication with COTNS (College of Occupational Therapists of Nova) ▪ College of Occupational Therapists of Nova Scotia Registration Regulations (Under Section 6 of the Occupational Therapists Act S.N.S. 1998, c. 21) |
| Newfoundland & Labrador | <ul style="list-style-type: none"> ▪ NLOTB has had no issues around OTs displaying additional credentials after their name, in addition to their OT training credentials ▪ Regulations are around use of OT credentials, but not use of other credentials ▪ If use of these credentials raised concern, they would be dealt with individually | <ul style="list-style-type: none"> ▪ Personal communication with NLOTB (Newfoundland and Labrador Occupational Therapy Board) |
| Prince Edward Island (PEI) | <ul style="list-style-type: none"> ▪ OTs may not display their additional designations, in both government and private practice | <ul style="list-style-type: none"> ▪ Personal communication with PEIOTRB (Prince Edward Island Occupational Therapy Registration Board) ▪ PEI Occupational Therapists Act, 7(8) Specialist recognition (under Registration and Title) |
| New Brunswick | <ul style="list-style-type: none"> ▪ OTs may choose what to put in their signatures ▪ Only policy around this is that all additional credentials should be listed directly after the name, with the OT designation "OTReg(NB)" at the end ▪ Only have a generalist register, and do not recognize any specialty areas | <ul style="list-style-type: none"> ▪ Personal communication with NBAOT (New Brunswick Association of Occupational) ▪ An Act Respecting the New Brunswick Association of Occupational Therapists, 8(1) |
| Northwest Territories, Nunvaut, and Yukon | <ul style="list-style-type: none"> ▪ Territories do not have their own regulatory bodies, and thus legislation; OTs are generally regulated by provincial bodies ▪ Specifically, NWT has no guidelines based on the use of specialty designations | <ul style="list-style-type: none"> ▪ Personal communication with NAOT (Northern Association of Occupational Therapists) |