



# COMPETENCIES FOR OCCUPATIONAL THERAPISTS IN CANADA

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Competencies for Occupational Therapists in Canada/Référentiel de compétences pour les ergothérapeutes au Canada

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# The purpose of this document

This document describes the first unified set of competencies for occupational therapists in Canada from entry level to experienced practitioner. Three national organizations collaborated to create this new framework:

- Association of Canadian Occupational Therapy Regulatory Organizations
- Association of Canadian Occupational Therapy University Programs
- Canadian Association of Occupational Therapists

Each organization is fully committed to facilitating the use of these competencies to benefit the profession – guiding practice, regulation, and education.

This document provides a context for occupational therapy practice in Canada, the background to the competencies, why and how they were developed, how to use them, and the competencies themselves.

“

*This document describes the first unified set of competencies for occupational therapists in Canada from entry level to experienced practitioner.*

# The practice of occupational therapy

Occupational therapy is a health profession fundamentally concerned with promoting *occupational participation*. This term is defined as *having access to, initiating, and sustaining valued occupations within meaningful relationships and contexts* (Egan and Restall, 2022 p. 311). Occupational therapists use collaborative, relationship-focused approaches to explore the meaning and purpose of occupations.

Occupational therapists are uniquely equipped to address the occupational needs of individuals across their lifespan. Effectively creating relationships with individuals, families, and communities, occupational therapists help people to achieve their goals and enhance their quality of life. Occupational therapists also address prevention when mental or physical health is at risk. This may mean addressing systemic or individual barriers to occupational participation. Such barriers can arise in the contexts of culture, education, environment, society, health, disability, or spirituality (Occupational Therapy Board of New Zealand).

Occupational therapists practise in all of Canada's provinces and territories. They work with people of all ages, in a wide range of practice areas, and in both the public and private sectors. They provide services in 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. They are effective and valued members of inter-professional teams, often taking leadership within a variety of systems. Occupational therapists may also be involved in education, research, and policy development in universities, colleges, associations, and governments.

Occupational therapists are regulated health professionals in all provinces. (They are not currently regulated in the territories). Before they can register to practise, occupational therapists must graduate from an accredited Canadian university program or obtain the recognition of the equivalence of the diploma or training obtained outside Canada. In all provinces except Quebec, they must also pass the National Occupational Therapy Certification Exam. All occupational therapists are accountable for the quality of care they provide. They must respect their obligations as regulated professionals, abide by their code of ethics, and meet the standards set by their professional colleges.

## What are competencies?

**T**hroughout their careers, occupational therapists must demonstrate the competencies described in this document. Competencies are the dynamic combination of knowledge and understanding, interpersonal and practical skills, ethical values, and occupational therapy responsibilities and attitudes (World Federation of Occupational Therapists, citing the European Tuning Occupational Therapy Project, 2008). Rodger et al. (2009) described competencies as the judicious and reasoned application of skills and abilities and the ability to adjust practice dependent on context.

Competencies are not the same as competence. Competence describes the level at which the occupational therapist is demonstrating the competencies. An occupational therapist might have a level of competence from novice to expert or beginner to advanced.

## Why was this document developed?

**T**his project was sparked by a 2016 forum hosted by the Association of Canadian Occupational Therapy Regulatory Organizations called the Forum on Examinations and Accreditation for Occupational Therapy in Canada. Up to this point, there were several competency documents in existence, each with varying emphases and using different competency models. Major examples are:

- *Essential Competencies of Practice for Occupational Therapists in Canada, 3rd ed. (ACOTRO, 2011)*
- *Profile of Practice of Occupational Therapists in Canada (CAOT, 2012)*
- *Référentiel de compétences lié à l'exercice de la profession d'ergothérapeute au Québec (OEQ 2010, revised 2013).*

The commitment to developing a single competency document was grounded in the belief that this would clarify occupational therapy as a profession in Canada. It would reduce confusion, ensure consistency, and avoid duplication.

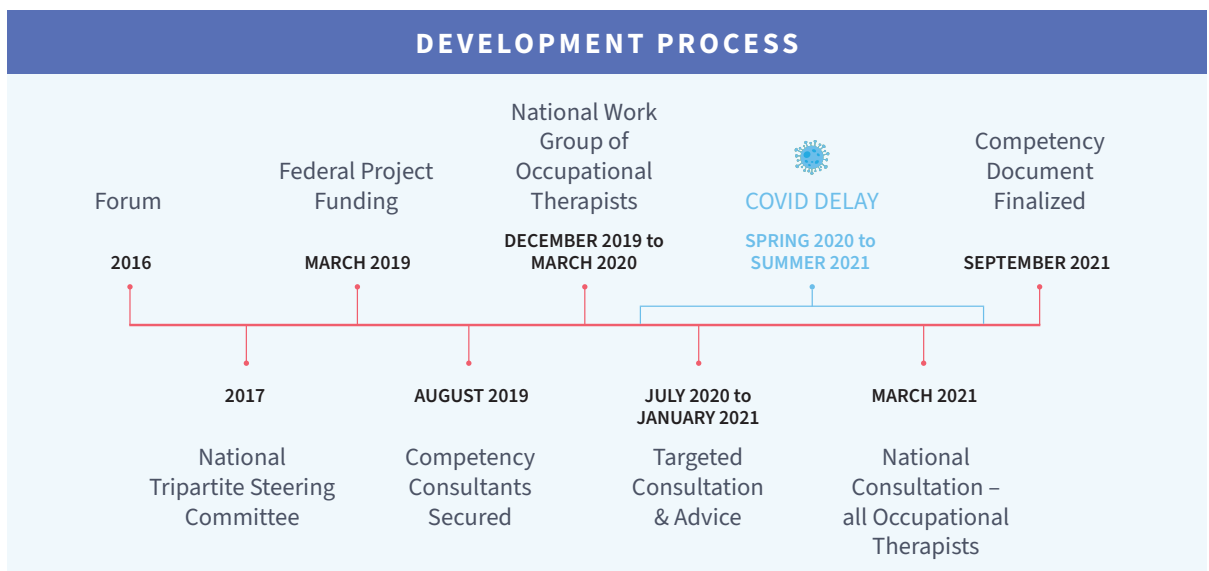
# How the competencies were developed

The project started in 2019, funded in part by the Government of Canada’s Foreign Credential Recognition Program. It was governed by a Steering Committee with representatives from each of the three participating national organizations.

A national work group was formed to prepare the first draft of the competencies. It was comprised of occupational therapists from across Canada, with support from a specialized consultancy. The Boards and Councils of the three national organizations then reviewed the draft. Based on these comments, the consultants revised the draft under the guidance of the Steering Committee.

Further consultations were held with key informants in a series of focus groups and webinars, involving more than 80 individuals selected to represent the breadth of the profession. These consultations included meetings designed to facilitate listening and learning from a group of Indigenous occupational therapists and allies familiar with Canada’s colonial history and the effects of oppression on many groups in our society. This helped the work to be as inclusive as possible and to deepen its response to the influence of history, cultures, and social structures on health and occupation in Canada.

The Steering Committee and competency consultants reviewed the results of these consultations and made further revisions. Finally, a draft of the competencies was offered for validation through a detailed online survey to every occupational therapist in Canada. This generated more than 2,200 responses. The feedback showed strong support.



# Doing better: foregrounding anti-racism and anti-oppression

The competencies acknowledge the presence and impact of systemic racism in Canada. This has great meaning for the role competencies have in shifting the practice of occupational therapy. The Southern Chiefs Organization (2021) defines systemic racism as:

*“...the ways that white supremacy is reflected and upheld in the systems in our society. It looks at larger colonial structures such as education systems, health care systems, policing and justice systems, rather than individual biases and behaviours. All these systems are built with an already ingrained bias, a racist and discriminatory lens that doesn’t provide or allow for equal or fair opportunities for racialized peoples to succeed. In a settler colonial state like Canada, the systems that were put in place at the creation of the country benefited colonists and disadvantaged Indigenous peoples. Much of our society today continues to reinforce this power dynamic.”*

The competencies consistently support occupational therapists to advance their understanding of how colonialism can affect everyone’s ability to participate in their desired occupations. This is a critical component of occupational therapy practice because it helps occupational therapists to “see how systemic and individual issues can breach people’s rights and limit their opportunities to participate in their chosen occupations” (Occupational Therapy Board of New Zealand, 2015). Oppression affects both providers and clients of occupational therapy. It was challenging to develop competencies that promote *anti-racist*, *anti-ableist*, and *anti-oppressive* narratives because the multiple perspectives shared throughout the project were not always in agreement. Some people’s rights are further compromised because they live with more than one form of oppression. While there is more to learn, these competencies represent an early yet critical step toward dismantling the structures that *privilege* some people over others.

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*The competencies consistently support occupational therapists to advance their understanding of how colonialism can affect everyone’s ability to participate in their desired occupations.*

## Who will use this document?

There are many reasons why a uniform, clearly defined set of competencies for occupational therapy practice in Canada is important. Here are some examples of how the competencies can be used:

- **Occupational therapists:** In their day-to-day practice, occupational therapists use the competencies for self-reflection, continuing competence, and professional development.
- **Educational programs for occupational therapists and occupational therapist assistants:** These programs use the competencies to guide curriculum on the requirements for occupational therapy practice in the context of learning outcomes and assessment.
- **Occupational therapy regulators:** Regulators use the competencies to guide the governance of the profession.
- **Professional associations:** National and provincial occupational therapy associations use the competencies to support efforts to advance excellence in occupational therapy.
- **Students, internationally educated occupational therapists, and occupational therapists re-entering the profession:** For these groups, the competencies describe the requirements for occupational therapy practice in Canada.
- **Occupational therapist assistants:** This group uses the competencies to differentiate between their own roles and responsibilities and those of the occupational therapist.
- **People accessing occupational therapy services:** Clients use the competencies to inform their expectations for safe and effective occupational therapy practice.
- **Employers:** Employers use the competencies for planning related to recruitment, orientation, on-the-job training, performance management, and organizational development.
- **Researchers:** Researchers use the competencies to establish collaborative relationships and design research questions related to occupational therapy practice.
- **The general public:** The public uses the competencies to learn about the profession.



- **Other professional groups:** Other professional groups and interprofessional teams use the competencies to help them understand the roles occupational therapists play.
- **International agencies:** International agencies use the competencies to provide information about the credentialing of occupational therapists.

# Navigating the competencies

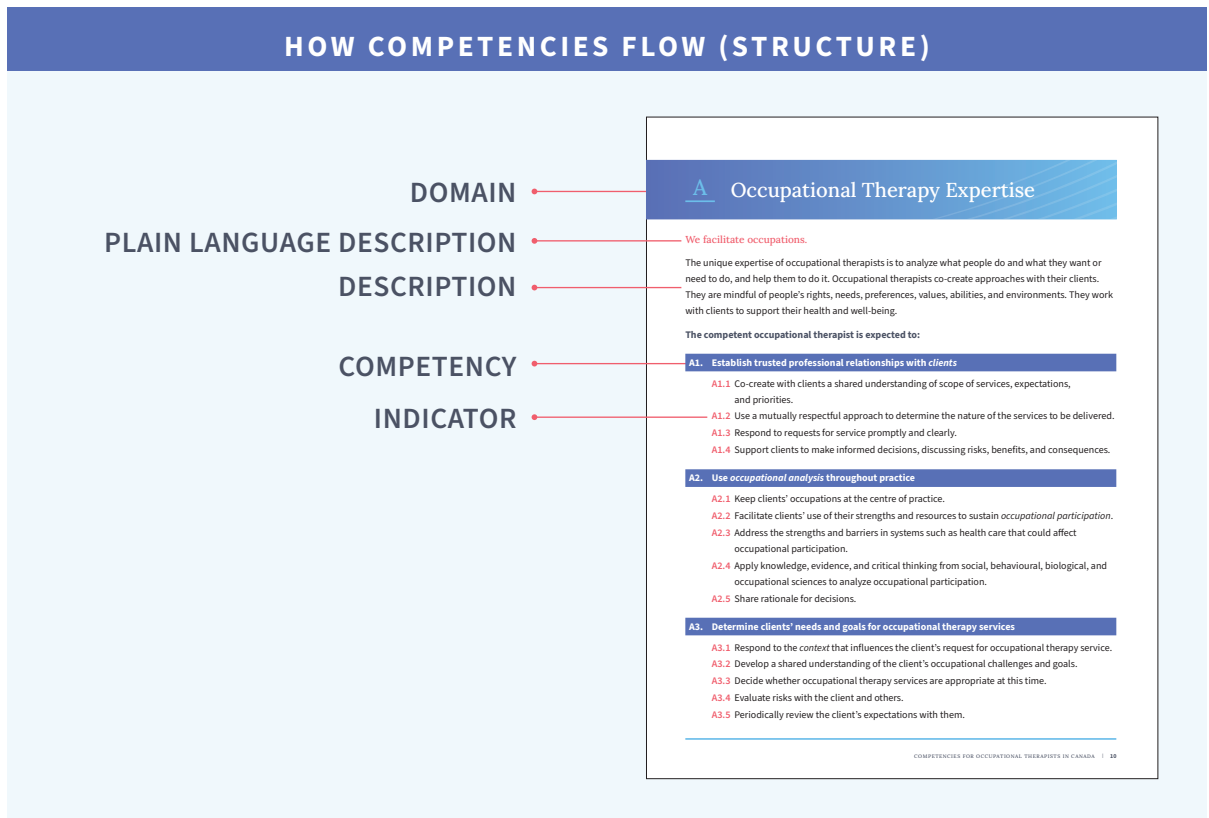
The competencies reflect the broad range of skills and abilities required of occupational therapists in Canada throughout their careers. It may not be possible or necessary to apply all competencies in specific practice contexts or with certain types of *clients*. The competencies must be applied and interpreted considering the requirements of the practice context and the client’s particular situation. If a competency or indicator is not applicable in a particular situation, a reasonable explanation should be available.

## Domains, competencies, and indicators

The occupational therapy competencies are grouped thematically into six domains, labelled A to F:

- A. Occupational Therapy Expertise
- B. Communication and Collaboration
- C. Culture, Equity, and Justice
- D. Excellence in Practice
- E. Professional Responsibility
- F. Engagement with the Profession

A linked glossary helps to clarify some of the terms used in the competencies.



# A Occupational Therapy Expertise

## We facilitate occupations.

The unique expertise of occupational therapists is to analyze what people do and what they want or need to do, and help them to do it. Occupational therapists co-create approaches with their clients. They are mindful of people's rights, needs, preferences, values, abilities, and environments. They work with clients to support their health and well-being.

### The competent occupational therapist is expected to:

#### A1. Establish trusted professional relationships with *clients*

- A1.1 Co-create with clients a shared understanding of scope of services, expectations, and priorities.
- A1.2 Use a mutually respectful approach to determine the nature of the services to be delivered.
- A1.3 Respond to requests for service promptly and clearly.
- A1.4 Support clients to make informed decisions, discussing risks, benefits, and consequences.

#### A2. Use *occupational analysis* throughout practice

- A2.1 Keep clients' occupations at the centre of practice.
- A2.2 Facilitate clients' use of their strengths and resources to sustain *occupational participation*.
- A2.3 Address the strengths and barriers in systems such as health care that could affect occupational participation.
- A2.4 Apply knowledge, evidence, and critical thinking from social, behavioural, biological, and occupational sciences to analyze occupational participation.
- A2.5 Share rationale for decisions.

#### A3. Determine clients' needs and goals for occupational therapy services

- A3.1 Respond to the *context* that influences the client's request for occupational therapy service.
- A3.2 Develop a shared understanding of the client's occupational challenges and goals.
- A3.3 Decide whether occupational therapy services are appropriate at this time.
- A3.4 Evaluate risks with the client and others.
- A3.5 Periodically review the client's expectations with them.

#### **A4. Assess occupational participation**

- A4.1** Agree on the assessment approach.
- A4.2** Select assessment tools and methods that fit the approach.
- A4.3** Take into account the impact of the client's *context* on the assessment process and outcome.
- A4.4** Incorporate the client's perspectives and opportunities throughout the assessment process.
- A4.5** Analyze the assessment results in context.
- A4.6** Communicate assessment findings clearly.

#### **A5. Develop plans with clients to facilitate *occupational participation***

- A5.1** Agree on the service delivery approach.
- A5.2** Determine intervention, timelines, outcomes, resources, contingency plans, and responsibilities.
- A5.3** Anticipate and address implementation difficulties.

#### **A6. Implement the occupational therapy plan**

- A6.1** Support clients in accessing and using the resources to implement their plans.
- A6.2** Confirm shared understandings and progress of the plan.
- A6.3** Evaluate the results with the client and others involved in the plan.
- A6.4** Adjust occupational therapy services based on the evaluation.
- A6.5** Plan for concluding services, ongoing services, or a transition to other services.

#### **A7. Manage the assignment of services to assistants and others**

- A7.1** Identify practice situations where clients may benefit from services assigned to assistants or others.
- A7.2** Assign services only to assistants and others who are competent to deliver the services.
- A7.3** Monitor the safety and effectiveness of assignments through supervision, mentoring, teaching, and coaching.
- A7.4** Follow the regulatory guidance for assigning and supervising services.

# **B** Communication and Collaboration

We listen, share, and work with others.

Occupational therapy practice relates to people. Occupational therapists build respectful relationships with clients, team members, and others involved in the systems in which they work.

**The competent occupational therapist is expected to:**

## **B1. Communicate in a respectful and effective manner**

- B1.1** Organize thoughts, prepare content, and present professional views clearly.
- B1.2** Foster the exchange of information to develop mutual understanding.
- B1.3** Employ communication approaches and technologies suited to the *context* and client needs.
- B1.4** Adjust to power imbalances that affect relationships and communication.

## **B2. Maintain professional documentation**

- B2.1** Maintain clear, accurate, and timely records.
- B2.2** Maintain confidentiality, security, and data integrity in the sharing, transmission, storage, and management of information.
- B2.3** Use electronic and digital technologies responsibly.

## **B3. Collaborate with clients, professionals, and others**

- B3.1** Partner with clients in decision-making. Advocate for them when appropriate.
- B3.2** Share information about the occupational therapist's role and knowledge.
- B3.3** Identify practice situations that would benefit from collaborative care.
- B3.4** Negotiate shared and overlapping roles and responsibilities.
- B3.5** Maintain mutually supportive working relationships.
- B3.6** Participate actively and respectfully in collaborative decision-making.
- B3.7** Participate in team evaluation and improvement initiatives.
- B3.8** Support evidence-informed team decision making.
- B3.9** Recognize and address real or potential conflict in a fair, respectful, supportive, and timely manner.

# C Culture, Equity, and Justice

We respect and continue to learn about traditions and ways of doing.

Inequities exist in our society, and therefore in occupational therapy. Occupational therapists acknowledge and respond to the history, cultures, and social structures that influence health and occupation. They recognize the social, structural, political, and ecological determinants of health. Competent occupational therapists are conscious of personal identity and *privilege*. They keep building their understanding of human diversity. They create *culturally safer* relationships and anti-racist, *ethical spaces*. They act on situations and systems of inequity and oppression within their spheres of influence.

**The competent occupational therapist is expected to:**

## C1. Promote *equity in practice*

- C1.1 Identify the ongoing effects of colonization and settlement on occupational opportunities and services for Indigenous Peoples.
- C1.2 Analyze the effects of systemic and historical factors on people, groups, and their *occupational possibilities*.
- C1.3 Challenge biases and social structures that *privilege* or marginalize people and communities.
- C1.4 Respond to the social, structural, political, and ecological determinants of health, well-being, and occupational opportunities.
- C1.5 Work to reduce the effects of the unequal distribution of power and resources on the delivery of occupational therapy services.
- C1.6 Support the factors that promote health, well-being, and occupations.

## C2. Promote *anti-oppressive behaviour* and *culturally safer, inclusive relationships*

- C2.1 Contribute to a practice environment that is culturally safer, *anti-racist*, *anti-ableist*, and inclusive.
- C2.2 Practise self-awareness to minimize personal bias and inequitable behaviour based on *social position and power*.
- C2.3 Demonstrate respect and *humility* when engaging with clients and integrate their understanding of health, well-being, healing, and occupation into the service plan.

**C2.4** Seek out resources to help develop culturally safer and inclusive approaches.

**C2.5** Collaborate with local partners, such as interpreters and leaders.

### **C3. Contribute to equitable access to *occupational participation* and occupational therapy**

**C3.1** Raise clients' awareness of the role of and the right to occupation.

**C3.2** Facilitate clients' participation in occupations supporting health and well-being.

**C3.3** Assist with access to support networks and resources.

**C3.4** Navigate systemic barriers to support clients and self.

**C3.5** Engage in critical dialogue on social injustices and inequitable opportunities for occupations.

**C3.6** Advocate for environments and policies that support sustainable occupational participation.

**C3.7** Raise awareness of limitations and bias in data, information, and systems.

# D Excellence in Practice

*We aspire to always do our best and improve our performance*

Occupational therapists take responsibility for their own continuing competence. They strive for excellence in the quality of their practice. They are aware of and manage influences on their practice. They show a commitment to ongoing reflection and learning.

**The competent occupational therapist is expected to:**

## **D1. Engage in ongoing learning and professional development**

- D1.1** Develop professional development plans.
- D1.2** Engage in professional development activities to improve practice and ensure continuing competence.
- D1.3** Enhance knowledge, skills, behaviour, and attitudes.
- D1.4** Ensure that skills are adequate to meet practice needs.

## **D2. Improve practice through self-assessment and reflection**

- D2.1** Self-evaluate using performance and quality indicators.
- D2.2** Learn from varied sources of information and feedback.
- D2.3** Provide useful feedback to others.
- D2.4** Manage work resources and demands effectively.
- D2.5** Be mindful of occupational balance and well-being.

## **D3. Monitor developments in practice**

- D3.1** Stay aware of political, social, economic, environmental, and technological effects on occupational therapy practice.
- D3.2** Keep up to date with research, guidelines, protocols, and practices.
- D3.3** Appraise evidence related to knowledge and skills for practice.
- D3.4** Integrate relevant evidence into practice.
- D3.5** Consider the social, economic, and ecological costs of care.



# E Professional Responsibility

## We serve our clients, respecting rules and regulations

Occupational therapists are responsible for safe, ethical, and effective practice. They maintain high standards of professionalism and work in the best interests of clients and society.

### The competent occupational therapist is expected to:

#### E1. Meet legislative and regulatory requirements

- E1.1 Respect the laws, codes of ethics, rules and regulations that govern occupational therapy.
- E1.2 Work within personal scope of practice and area of expertise.
- E1.3 Obtain and maintain informed consent in a way that is appropriate for the practice context.
- E1.4 Protect client privacy and confidentiality.
- E1.5 Respond to ethical dilemmas based on ethical frameworks and client values.
- E1.6 Take action to address real or potential conflicts of interest.
- E1.7 Be accountable for all decisions and actions made in the course of practice.
- E1.8 When observed, respond to and report unprofessional, unethical, or oppressive behaviour, as required.
- E1.9 Respect professional boundaries.

#### E2. Demonstrate a commitment to minimizing risk

- E2.1 Follow organizational policies and procedures and take action if they are in conflict with professional standards, client values, protocols, or evidence.
- E2.2 Respect clients' *occupational rights* and choices while minimizing risks.
- E2.3 Take preventive measures to reduce risks to self, clients, and the public.

# F Engagement with the Profession

We help our profession grow so that collectively we help society.

Occupational therapists sustain the profession and its contribution to health and social systems. They remain current, respond to change, help to develop others, and contribute to practice based on evidence and research. They show leadership in all practice contexts and career stages.

**The competent occupational therapist is expected to:**

## F1. Contribute to the learning of occupational therapists and others

- F1.1 Contribute to entry-to-practice education, such as fieldwork placements.
- F1.2 Facilitate continuing professional development activities.
- F1.3 Act as a mentor or coach.

## F2. Show leadership in the workplace

- F2.1 Support assistants, students, support staff, volunteers, and other team members.
- F2.2 Influence colleagues to progress towards workplace values, vision, and goals.
- F2.3 Support improvement initiatives at work.
- F2.4 Serve as a role model.
- F2.5 Act responsibly when there are environmental or social impacts to their own behaviour or advice, or that of the team.

## F3. Contribute to the development of occupational therapy

- F3.1 Help build the occupational therapy body of knowledge.
- F3.2 Contribute to research in occupational therapy and occupational science, innovative practices, and emerging roles.
- F3.3 Participate in quality improvement initiatives, as well as data collection and analysis.
- F3.4 Collaborate in research with individuals, communities, and people from other disciplines.

#### **F4. Show leadership in the profession throughout career**

- F4.1** Promote the value of occupation and occupational therapy in the wider community.
- F4.2** Advocate for an alignment between occupational therapy standards and processes, organizational policies, social justice, and emerging best practices.
- F4.3** Take part in professional and community activities such as volunteering for events and committees.
- F4.4** Influence the profession and its contribution to society.

# Glossary

## **Anti-oppressive behaviour**

Anti-oppressive behaviour is a general term to describe taking action to challenge oppression and discrimination against marginalized people. It might mean challenging one's own or someone else's words or actions. It can also mean challenging systemic oppression, which can show up in an organization's practices and policies.

## **Anti-ableist behaviour**

Anti-ableist behaviour means taking action to challenge prejudice and discrimination based on abilities.

## **Anti-racist behaviour**

Anti-racist behavior means taking action to challenge racism based on race, ethnic background, skin colour, or ethnic symbols. Racism can be expressed in many ways, such as thoughtless, hurtful comments or questions, to outright violence. Racist prejudice and discrimination is often embedded in the policies and practices of organizations and systems.

## **Client**

Occupational therapists work with people of any age, along with their families, caregivers, and substitute decision makers. Therapists may also work with collectives such as families, groups, communities, and the public at large.

## **Context**

Context strongly influences occupational possibilities and healthcare service. This document looks at three layers of context:

1. 'Micro' context: The client's immediate environment – their own state of health and function, family and friends, the physical environment they move through.
2. 'Meso' context: The policies and processes embedded in the health, education, justice, and social service systems that affect the client.
3. 'Macro' context: The larger socioeconomic and political context around the client – social and cultural values and beliefs, laws, and public policies.

**Culturally safer**

Culturally ‘safer’ is a refinement to the concept of ‘cultural safety’. Competent occupational therapists do everything they can to provide culturally safe care. But they remain aware that they are in a position of power in relation to clients. They are mindful that many marginalized people – Indigenous people for example -- have a history of serious mistreatment in healthcare settings. These clients may never feel fully safe. Occupational therapists allow those who receive the service to determine what they consider to be safe. They support them in drawing strength from their identity, culture, and community. Because cultural safety is unlikely to be fully achievable, we work toward it.

**Ethical spaces**

When an occupational therapist works with someone who has a different worldview, they seek to create an ‘ethical’ or neutral space for dialogue. This is a space to “step out of our allegiances, to detach from the cages of our mental worlds and assume a position where human-to-human dialogue can occur” (Ermine, 2007).

**Equity**

Equity is different from equality. Equality means everyone has the same resources

and opportunities. Equity allocates resources and opportunities based on each person’s circumstances, so that they can achieve equal outcomes. We need to take an equity approach because so many barriers to equality still exist in our society.

**Humility**

Cultural and intellectual humility is an approach to working with people that seeks to find common ground and mutual respect. The occupational therapist knows that they cannot fully appreciate another person’s culture and they must not assume that their own culture is superior. They listen deeply to what the client says about their life and experience. They stay open to the possibility that they might need to question their own professional knowledge and beliefs.

**Occupational analysis**

Occupational analysis begins with identifying what people want to do and need to do. The occupational therapist explores these goals with the person or group by looking carefully at the *context* of each occupation identified as a goal. The occupational therapist looks at what factors in the environment will promote or prevent the client from accessing, initiating, and sustaining the occupation.

**Occupational participation**

“Occupational participation” is defined as accessing, initiating, and sustaining valued occupations within meaningful relationships and contexts (Egan & Restall, 2022).

**Occupational possibilities**

Occupational possibilities are the opportunities people have to access, enter, and sustain occupations. The competent occupational therapist looks at how occupational possibilities are enhanced or limited by *context*.

**Occupational rights**

The World Federation of Occupational Therapists (2019) recognizes occupational rights for all people to:

- Take part in occupations that support survival, health, and well-being
- Choose occupations without pressure or coercion, while acknowledging that with choice comes responsibility for others and for the planet

- Freely engage in needed and chosen occupations without risk to safety, human dignity, or equity.

**Privilege**

In the context of equity, ‘privilege’ refers to unquestioned and unearned advantages that people enjoy when they are members of more dominant groups in a society.

**Social position and power**

The words ‘social position and power’ are used in the competencies to refer to the concept of ‘positionality’. Differences in social position and power shape personal identity and *privilege* in society. Competent occupational therapists know how to analyze their positionality in order to act in an unjust world. This means being aware of one’s own degree of privilege based on factors such as race, class, educational attainment, income, ability, gender, and citizenship.

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## References

- Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO). (2011). *Essential competencies of practice for occupational therapists in Canada*, (3rd ed.). Toronto, ON: Author. Retrieved from [http://acotro-acore.org/sites/default/files/uploads/ACOTRO\\_EC\\_3rd\\_ed.pdf](http://acotro-acore.org/sites/default/files/uploads/ACOTRO_EC_3rd_ed.pdf)
- Canadian Association of Occupational Therapists (CAOT). (2012). *Profile of Occupational Therapy Practice in Canada*. Ottawa, ON: Author. Retrieved from [https://caot.in1touch.org/site/pt/otprofile\\_can](https://caot.in1touch.org/site/pt/otprofile_can)
- Egan, M., & Restall, G. (Eds) (2022). *Promoting occupational participation: Collaborative, relationship-focused occupational therapy*. Ottawa: CAOT
- Ermine, Willie. (2006). The ethical space of engagement. *Indigenous Law Journal*, Volume 6. Retrieved from <https://tspace.library.utoronto.ca/bitstream/1807/17129/1/ILJ-6.1-Ermine.pdf>
- National Physiotherapy Advisory Group (NPAG). (2017). *NPAG Competency Profile for Physiotherapists in Canada*. Retrieved from <http://npag.ca/PDFs/Joint%20Initiatives/2017%20Competency%20Profile%20for%20PTs%202017%20EN.pdf>
- Occupational Therapy Board of New Zealand. (2015). *Competencies for registration and continuing practice*. Wellington, NZ: Author. Retrieved from <https://www.otboard.org.nz/document/4842/Competencies-Handbook.pdf>
- Ordre des ergothérapeutes du Québec (OEQ). (2010, revised 2013). *Référentiel de compétences lié à l'exercice de la profession d'ergothérapeute au Québec*. Montréal, Québec: Author. Retrieved from [https://www.oeq.org/DATA/NORME/13~v~referentiel-de-competences\\_2013\\_couleurs.pdf](https://www.oeq.org/DATA/NORME/13~v~referentiel-de-competences_2013_couleurs.pdf)
- Rodger, S., Clark, M., Banks, R., O'Brien, M., & Martinez, K. (2009). A comparison of international occupational therapy competencies: Implications for Australian standards in the new millennium. *Australian Occupational Therapy Journal*, 56(6), 372-383.
- Southern Chiefs Organization Inc. (2021). Retrieved from <https://scoinc.mb.ca/anti-racism/>
- World Federation of Occupational Therapists. (2008). Entry-level competencies for occupational therapists. 15 pp.
- World Federation of Occupational Therapists. (2019). Position Statement: Occupational Therapy and Human Rights. Retrieved from <https://www.wfot.org/resources/occupational-therapy-and-human-rights>