



## AGM MINUTES

Friday, April 20/18

8:45am

Members Present: Lisa Reid-President, Mathew P Hill-Registrar, Patti Wynnychuk-Secretary, Jessica Lomas-Treasurer, Luciana Floreancig, Shannon Bourbonniere, Teresa Brens, Agnes Green, Therese Lagroix-Brown, Dominique Bailey, Celine Jensen, Clarence Iglesias, Jody Esch, Amy Grieve, Angela Hopkins, Bahareh Salehi, Bev Morrice, Beverly Refugio, Bryan Hickey, Cassandra Lake, Christine McKenzie, Debi Given, Georgeta Olariu, Josephine Tecson, Kathy Hoopfer, Kelly Frazer, Kim Cunningham, Laelanie S. Lat, Lisa Cleverdon, Maria Carmela Fortaleza, Megan Flamand, Mirasol Kee, Monika Profeta, Patti Tomas, Reginald Ohiri, Rowena Ngoho, Sabrina Zbinden, Sarah Dezall, Sindy Blair, Sonja Lachapelle, Victoria Rootes.

MINUTES	ACTION ITEMS
1.0 CALL TO ORDER Meeting called to order at 8:52	
2.0 AGENDA APPROVAL/CHANGES MOTION: Luciana Floreancig motions. Dominique Bailey seconds. Carried	2.0 Add 8.0 Vice President position needs to be filled.
3.0 APPROVAL OF 2017 AGM MINUTES: Shannon Bourbonniere motions and Mathew Hill seconds. Carried	
4.0 Presidents Report: Please see attached	
5.0 Promotions Committee Report: Please see attached	
6.0 Regulations Committee Report: Mathew will e-mail the members the report and will put a link on the website for non-members	6.0 Mathew will do the following.



7.0 Review and Adoption of the 2017  
Financial Statement: Please see attached.  
Bev Morrice motions and Shannon  
Bourbonniere seconds.

8.0 Nominations and Elections: positions that  
need to be filled are President, Treasurer,  
and Secretary.

President: Lisa will stay on until the end  
of June.

Vice President:

Treasurer: Clarence Iglesias volunteers. All  
in favour.

Secretary: Patti Wynnychuk will remain in  
the position.

9.0 New Business:

MEETING ADJOURNED AT 9:20



The 2017-2018 year started out better than we could have hoped. We had a full Board of Directors for the first time in many years, Promotions Committee doubled in size and a new Regulations committee was organized. It was wonderful to have so many new volunteers to help lessen the workload, and bring new perspectives and ideas to the Association. But as always, during the year, things change. Our Association volunteers for the year were:

### **Board members:**

Lisa Reid – President  
Mindy Olson Pizzey – Vice-President  
Patti Wynnychuk – Secretary  
Therese Lagroix-Brown – Councillor  
Vacant – Public member

Mathew Hill - Registrar  
Jessica Lomas – Treasurer  
Justine Ferguson - Councillor  
Shannon Bourbonniere- Councillor

### **Board members who are leaving:**

Lisa Reid – President  
Mindy Olson Pizzey – Vice-President  
Jessica Lomas – Treasurer  
Therese Lagroix-Brown - Councillor

### **Promotions Committee:**

Lisa Reid – Chair  
Teresa Brens  
Jessica Lomas  
Pat Wilson

Luciana Floreancig  
Agnes Green  
Nicole Sather  
Michelle Heusser

### **Promotion Committee members who have left during the year:**

Pat Wilson, Michelle Heusser, Nicole Sather, Jessica Lomas

### **Regulations Committee:**

Mathew Hill – Chair  
Therese Lagroix-Brown  
Rachel McFaul

Dominique Bailey  
Celine Jensen  
Jacinthe Vetsch

### **Regulations Committee members who are leaving:**



Therese Lagroix-Brown

**Student Advisor Committee:** We had no student members this year.

This last year, I noticed that there has been an increase of awareness throughout the province about the ThAAA. Not only do more businesses know that we exist but they are utilizing the ability to post TA employment opportunities on our website and take advantage of our Education Day by sending some of you here today. More employers are requesting that their TA's be members upon hiring and this year, NorQuest College included Student memberships with their tuition fees for their second year PTA Students and had each of them complete the application for membership. In fact, over the last 5 years we have seen a slow, but steady increase of membership and interaction with businesses and the learning Institutes in the province.

The Executive Board members have each assigned themselves to a learning Institute, attending the Institutes Program Advisory Committee meetings, which are typically twice per year, either in person or by teleconference. These PAC meetings are with NorQuest College's Therapeutic Recreation Program and Physical Therapy Assistant program, Grant MacEwan's Therapist Assistant Program, SAIT's Rehabilitation Therapy Assistant program and Red Deer College's OPTA Program. Upon request, the Board member assigned to that College or University also provides their TA students with a presentation explaining what the ThAAA is about and encouraging membership. I, myself, have been attending as many of the Therapy Assistant Support Committee meetings or what is now known as (TAC) Therapy Assistant Council with AHS. I am not able to go into details but I tell you, the work AHS is trying to do to help TA's advance in their positions and profession is exciting. Between the Colleges, Universities and AHS, the changes being looked at to happen over the next few years is very exhilarating. By being on the Association Board we get the inside scoop and to partner together and help in the direction of growth and development for TA's. Wouldn't you love to get the inside scoop and be involved in that?

As always, as a paraprofessional, we want to be seen, treated and respected as such. What better way is there, to show how much you care about your profession and it's development then standing up and helping it move forward. In order to keep the momentum of growth, professional development and camaraderie commencing we need fresh new eyes, ideas and colleagues to volunteer some time to the Association. Let's not loose the advances the Association has thus far. Please consider taking a position on the board.



On a personal note, my time as President has shown me that I have strengths I didn't know I had and weaknesses that I need to work on. I have a better understanding of how important it is to support and participate in the growth and development of the profession and as an individual. It is important to share in the things we are skilful in to help our colleagues and communities. There is so much that goes on behind the scenes that we don't see in the workplace. I have enjoyed my time on the Executive Board immensely. I could not have done it without the help of some wonderful people who supported and encourage me, shared their insights and involvement. I feel it is time to pass the torch onto the next person but will remain involved in the Promotions Committee and as a support to the next President.

**Lisa Reid, President**  
**Therapy Assistant Association of Alberta**



This year the Promotions Committee started with 8 members on the committee, this was an increase from 4 members the previous year. We were extremely excited to have doubled in size and have new people to share ideas with. The committee consisted of:

### **Promotions Committee:**

Lisa Reid – Chair  
Teresa Brens  
Jessica Lomas  
Pat Wilson

Luciana Floreancig  
Agnes Green  
Nicole Sather  
Michelle Heusser

But, soon afterward, we slowly started losing our volunteers due to personal, family and work issues. The Committee members who left during the year were Pat Wilson, Michelle Heusser, Nicole Sather and Jessica Lomas.

### **Therapy Assistant Week**

Therapy Assistant Week is always the third week in September. This year it fell on September 18<sup>th</sup> – 22<sup>rd</sup>. The Association held a photo contest asking TA's to capture humorous pictures of them selves, acting out certain themes, related to therapy activities. We received some great photo submissions, many of which were used on the 2018 Education Day brochure.

### **Educational Opportunities**

We held the 10th Annual Education Day in Red Deer, AB on May 5, 2017. It was our largest attended Education Day to date. We had 112 people in attendance, 9 educational sessions and a wonderful supportive keynote speaker from AHS. Of the feedback we received, 50% of the comments said the Education Day was Great and 50% said it was Satisfactory.



As always we try to incorporate suggestions given to future education days. We rely heavily on people to volunteer their time to provide our education sessions and often struggle to get enough willing participants to share their knowledge. We are truly grateful to all participants who take the time to put together their presentations.

### 2017 TA Awards

Our 2017 Awards Celebrations were held on the evening of May 5, 2017 in Red Deer, AB, following our 10th Annual Education Day. 78 people enjoyed a delicious Beef Roast dinner buffet and cash bar before the Awards were presented. We had a overwhelming total of 102 nominees. It was an impressive group of TA's that made voting very hard. We had 10 nominees for Leadership the recipient was **Catherine Young**. We had 4 nominees for Student Mentor the recipient was **Laurel Basso**. There were 3 nominees for Student the recipient was **Michelle Heusser**. There was an impressive 25 nominees for Outstanding Practitioner the recipient was **Clarence Iglesias**. There were 13 Outstanding Team Award nominations, which encompassed a total of 59 people, the recipient's were the **Calgary Stroke and Brain Injury Early Supported Discharge Team; Melanie Belansky, Renee Santha, Shannon Bourbonniere, Crystal Gulmick, Kate Taplin, Arnika Jahnke, and Cassandra Flickinger**. Lastly, we had 1 Long Term Service nominee the recipient was **Virginia Pona**. To finish off the evening we were entertained by Calgary comedian Paul Sveen.

### Professional Development and Education Grant

The Association has a Professional Grant called the Joelle Withers Professional Development Grant. We offer 3 grants per year of up to \$150 each to Association members who have taken advantage of professional development opportunities. The Association must receive the member's application on or before the submission



deadline dates, which are: January 31<sup>st</sup>, May 31<sup>st</sup> and September 30<sup>th</sup>. During the 2017 - 2018 membership year we received no applications for the grant.

We are always pleased to assist in your professional development. Attending this Education Day qualifies you for the grant. Any other professional development course related to your profession also applies. Grant applications are available on our website.

### **Facebook and website**

If there is any member who is proficient in Wordpress webpage design and social media who would be willing to take this on as their only duty while volunteering with the Association please let us know. All updates to the website and Facebook page have been getting done by the Association President.





THERAPY ASSISTANT ASSOCIATION OF ALBERTA  
Financial Statement  
For the year January 1, 2017 to December 31, 2017

**Assets:**

Petty Cash	192.76
TD Bank (Dec31/2016).....	5, 929.98
<b>Total Assets</b>	<b>\$6, 122.74</b>

**Income:**

Membership and Fees	18, 812.50
<b>Total Income</b>	<b>\$18, 812.50</b>

**Liabilities:**

<b>Total Liabilities</b>	<b>\$0.00</b>
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**Disbursements:**

Office and Business Expense (web site)	560.06
Meeting Expense (teleconferencing)	1, 811.14
PD Grants	150.00
Administrator Fees	1, 783.10
AGM/Awards/Conference	11, 416.60
Total .....	<b>15, 720.90</b>

## Definitions

### Canada

**Physiotherapy Education Accreditation Canada (PEAC):** Conducts accreditation reviews of Canada's fifteen Physiotherapy education programs. All physiotherapy programs in Canada currently hold an accredited status. PEAC is also the administrator of the Occupational Therapist Assistant and Physiotherapist Assistant Education Accreditation Program, in collaboration with the Canadian Association of Occupational Therapists (CAOT) and associated post-secondary educators.

As a founding member of the Association of Accrediting Agencies of Canada (AAAC), PEAC is committed to following its Guidelines for Good Practice in the accreditation of professional programs.

(<http://www.peac-aepc.ca/english/index.php>)

### **Association of Canadian Occupational Therapy Regulatory Organizations**

**(ACOTRO):** is the national organization of occupational therapy regulators in Canada. Our goal is to promote consistency and excellence in regulating occupational therapy across Canada.

ACOTRO's ten provincial members protect the public by regulating the practice of occupational therapy in their respective provinces. We also provide guidance and information to occupational therapists seeking information on how to register in Canada.

Through ACOTRO, regulators collaborate to promote the best regulatory practices, enhance public accountability, build consistency across the country, and support each other in our efforts to respond to changes in occupational therapy practice and regulation.

(<https://www.acotro-acore.org/about-us>)

### **The Canadian Alliance of Audiology and Speech-Language Pathology Regulators**

**(CAASPR):** the national federation of audiology and speech-language pathology regulators in Canada. As leaders in regulatory issues, members of CAASPR are committed to work collaboratively on matters related to their mandate to protect the public. While regulation occurs at the provincial level, members of CAASPR actively work on development and implementation of national strategies for the advancement of regulatory standards and audiology/speech-language pathology practice in a consistent manner across Canada.

(<https://www.sac-oac.ca/regulatory-bodies-0>)

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**Canadian Physiotherapy Association (CPA):** In partnership with provincial and territorial branches and practice divisions, CPA enables members to learn, share knowledge and enhance practice. CPA provides resources, education, ideas and advocacy to enable our professional community to better serve Canadians.

(<https://physiotherapy.ca/>)

**Canadian Association of Occupational Therapists (CAOT):** The Canadian Association of Occupational Therapists (CAOT) is the national organization that supports the more than 17,000 occupational therapists (OTs) who work or study in Canada. OTs improve the health and well-being of Canadians by creating client-centred solutions that help them participate more fully in activities that are important to their everyday lives. CAOT provides products, services and learning opportunities that assist OTs in achieving excellence in their professional practice. Additionally, CAOT provides leadership in the development and promotion of the occupational therapy profession in Canada and internationally.

(<https://caot.ca/>)

**The National Physiotherapy Advisory Group (NPAG):** comprises physiotherapy organizations that are national in scope, support the mission of the NPAG, and provide informational, human, and financial resources for collaborative activities. The member organizations are:

- ◆ Canadian Alliance of Physiotherapy Regulators (The Alliance),
- ◆ Canadian Council of Physiotherapy University Programs (CCPUP).
- ◆ Canadian Physiotherapy Association (CPA), and
- ◆ Physiotherapy Education Accreditation Canada (PEAC)

The mission of NPAG is to collaborate and communicate regarding strategic matters affecting quality physiotherapy services in Canada.

To work towards this mission, NPAG meets numerous times throughout the year to share information and insights about current and evolving issues affecting the profession. While not a formal organization, from time to time NPAG coordinates collaborative initiatives that are consistent with the vision, mission and values of the member organizations.

Leadership for any particular initiative is typically assumed by the partner with the most stake in that initiative. NPAG does not make decisions or chose directions in isolation

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and is dependent upon collaboration and consultation with physiotherapists, physiotherapy groups and stakeholders from across the country.

(<http://npag.ca/English/index.html>)

**The Canadian Council of Physiotherapy University Programs (CCPUP):** (Academic Council) is a national organization which includes representatives from Canada's 15 physiotherapy university education and research programs and physiotherapy colleagues from the accreditation, regulatory and association sectors. The Academic Council provides leadership in topics, trends and issues pertinent to physiotherapy academic and clinical education and research. Fundamental to the activities of the Academic Council is the collaborative working relationship of its member organizations and the National Association for Clinical Education in Physiotherapy.

Members of Academic Council include the Academic Heads from each of the 15 Canadian University programs and representatives from the National Association for Clinical Education in Physiotherapy (NACEP), the Physiotherapy Education Accreditation Canada (PEAC), the Canadian Alliance of Physiotherapy Regulators (Alliance) and the Canadian Physiotherapy Association (CPA).

## **Alberta**

**Physiotherapy Alberta - College + Association (PAC):** while relatively new, we've been in the business of regulating the physiotherapy profession since 1985. At that time, we were known as the College of Physical Therapists of Alberta. In 2010 our mandate expanded to include association services so we changed our name to better reflect the two services we provide.

### **College = our regulatory role**

Physiotherapy in Alberta is a self-regulated profession. Established in legislation, Physiotherapy Alberta is the organization responsible for regulating physiotherapist's practice.

Our mandate, first and foremost, is to protect the public interest. The public places the utmost trust in health-care providers. Patients and families expect safe and effective quality care. We share those expectations and work to ensure the right systems and processes are in place to support quality physiotherapy service delivery. We do this by:

Setting and enforcing practice and professional standards.

Registering only qualified and competent physiotherapists.

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Administering a continuing competence program.

Investigating public and patient concerns.

Promoting and advocating excellence in physiotherapy and patient care.

Supporting member understanding of and adherence to their regulatory responsibilities.

We receive our authority from Alberta's Health Professions Act, Physical Therapists Profession Regulation and bylaws.

**Association = member services role**

We also provide leadership and direction to the profession and promote excellence in practice, education and research to improve the health and mobility of Albertans. We do this by:

Offering professional development opportunities.

Promoting the value of the profession through marketing and public relations activities.

Related Items

Health Professions Act

Physical Therapists Profession Regulation

(<https://www.physiotherapyalberta.ca/mandate>)

**Alberta College of Occupational Therapists (ACOT):** Occupational Therapists enable and empower people to participate in everyday life, helping them engage in the activities that matter the most. Whether it's learning to drive again, managing anxiety, or regaining the ability to hold a pencil, Occupational Therapists (OTs) encourage and facilitate their clients in doing the things in life they need to do and want to do. It's about doing more and living better.

In Canada, Occupational Therapy is a self-regulated profession. That is exactly why we, the Alberta College of Occupational Therapists (or simply, the College), exist. We aim to protect and serve the public by providing competent and ethical Occupational Therapy services.

We are governed by a Council that includes Occupational Therapists elected by their peers, and members of the public appointed by the Alberta government. To learn more about council decisions, look at our Directory of Motions.

(<https://acot.ca/>)

**The Alberta College of Speech-Language Pathologists and Audiologists**

**(ACSLPA):** is the regulatory body for the professions of speech-language pathology and audiology. ACSLPA is responsible for protecting and serving the public by regulating the practice of speech-language pathologists and audiologists in Alberta.

Speech-Language Pathologists are health care professionals with clinical training and educational background in speech production, language understanding and expression, stuttering, voice health and swallowing disorders. They assess all kinds of communication difficulties as well as feeding and swallowing difficulties. They provide treatment and consultation to individuals of all ages.

Audiologists are health care professionals with clinical training and educational background in balance and hearing systems and their disorders. They assess hearing and balance and provide treatment and consultation to individuals of all ages.

[\(http://acslpa.ab.ca/\)](http://acslpa.ab.ca/)

Formed in 2003, the **Society of Alberta Occupational Therapists (SAOT):** is a voluntary, non-regulatory body that provides networking and education opportunities for its members. SAOT advocates for occupational therapy to government, insurers and the public; delivers membership services and promotes occupational therapy to Albertans. SAOT works alongside The Alberta College of Occupational Therapists (ACOT) and The Canadian Association of Occupational Therapists (CAOT) to serve Occupational Therapists in Alberta.

**Our Mission**

Dedicated to the well-being of all Albertans, SAOT is the vehicle to drive practice, shape capacity and grow the profession of occupational therapy in Alberta by bridging research, practice, advocacy and policy.

**Our Role**

To conduct the activities, affairs, management and government of the Society including a registry of members to facilitate mentoring and networking;

To promote, assist and maintain a high standard of occupational therapy practice through continuing education and awarding research grants to members of the Society;

To disseminate information pertinent to occupational therapy;

To receive bequests, donations, grants of money and to raise money for the purpose of carrying out the objectives of the Society through membership fees, public subscription or any other manner that is not contrary to the federal and provincial laws of Canada;

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To promote generally the practice of occupational therapy;

To represent the benefits and value of occupational therapy to other professionals, health disciplines, societies and associations, consumer groups and all Albertans;

To carry out any specific objectives that SAOT's Board may from time to time adopt in support of the above objectives.

(<https://www.saot.ca/>)

**Occupational Therapist Assistant and Physiotherapist Assistant Education Accreditation Program (OTA & PTA EAP):** Is responsible for the accreditation of physiotherapist assistant and occupational therapist assistant education programs in Canada.

The OTA & PTA EAP is governed by both Physiotherapy Education Accreditation Canada (PEAC) and the Canadian Association of Occupational Therapists (CAOT) which are the accreditation agencies for Canadian entry-level physiotherapy and occupational therapy education programs respectively. The OTA & PTA EAP is administered by PEAC.

The OTA & PTA EAP is committed to following the Guidelines for Good Practice in the Accreditation of Professional Programs as developed by the Association of Accrediting Agencies of Canada (AAAC).

(<https://otapta.ca/english/index.php>)

**Canadian Alliance of Physiotherapy Regulators (CAPR):** is a credentialing and assessment agency that provides evaluation services on behalf of our Members – the Canadian provincial and territorial physiotherapy regulators (called Colleges). On behalf of our Members, we review the education and qualifications of applicants educated outside of Canada to determine whether or not they are substantially different from those of Canadian-educated physiotherapists. For both Canadian and internationally-educated physiotherapists, we administer the Physiotherapy Competency Examination to determine their readiness for safe, effective and independent physiotherapy practice.

(<http://www.alliancept.org/>)

## **Regulation for Therapy Assistants (TA's)**

The Therapy Assistant Association of Alberta (ThAAA), or for the purposes of this document, “the Association”, is looking into the question of whether or not to ask its members if they wish to pursue regulation for the job title, “Therapy Assistant”.

This document is a compilation of input and viewpoints from active association and regulatory bodies. This document will not end with a proposal or suggestion, but, instead, will hope to provide sufficient information for readers to either form their own opinion for pursuing/not pursuing regulation or to provide sufficient information to assist further individual research on the topic.

First off, I want to address the issue of “Regulation” and what it would mean for TA's. “regulation” actually means to ensure no false understanding or misconceptions. Later on in this paper, I will visit the additional topics of **requirements** and **obligations** for Regulation.

Regulation means:

1. Protection of the public through mandatory registration; mandatory continuing competence requirements; liability insurance requirements; enforcement of standards of practice and codes of ethics; mandatory reporting obligations; disclosure of decisions from College disciplinary processes; public representation on College councils and hearing tribunals.
2. Fair and consistent regulatory processes for registration and disciplinary procedures for all professions.
3. Practice statements and protected titles identifying uniqueness for each profession.
4. Overlapping scopes of practice with multiple professions authorized to perform the same restricted activity(s); allowing for more efficient and effective delivery of health services.
5. Significant and progressive fines for failure to comply with HPA

Several Association members participated in the preparation of this document by contacting and soliciting input from active association and regulatory bodies. The following are what the members have been able to collect:

### **Therese Lagroix-Brown (CAOT):**

The regulation process seems very daunting for our group of Therapy Assistant's. One of the largest challenges is the fact that we have such a diverse group. Being an association that covers so many different disciplines is the challenge. The different disciplines are able to join other associations that are all ready regulated.



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While AHS cannot mandate that employees join a voluntary organization, if TA's are regulated, a requirement of employment would be registration with your College. An employer (AHS, etc.) also can't enforce TA's to join a voluntary association. Gaining membership to the association is singularly the role of the association. ThAAA will need to market itself and have its members understand the value the association membership brings with it and to communicate that value to all prospective members – students and TA's alike.

The following is a general job-description for Therapy Assistants for AHS found in the Therapy Assistant Role Description authored by Health Professions Strategies & Practice:

The Therapy Assistant reports to the manager and has clinical assignment, monitoring and evaluation from an audiologist, occupational therapist, physiotherapist, recreation therapist or speech-language pathologist. The Therapy Assistant contributes to effective and efficient rehabilitation services across the health continuum (healthy living, getting better, living with illness/disease, end of life).

The Therapy Assistant fulfills four key roles:

- Service Provider: Supports the patient/client and assists the therapist with direct and indirect client care and non- client service provision, including functional and goal-oriented rehabilitation services to clients, families, groups, and communities
- Collaborator: Works effectively with internal and external partners to optimize services
- Life Long Learner: Enhances individual and team competency and service through reflective practice and continuous learning
- Paraprofessional: Applies professionalism and ethics to the provision of client centred care and participation in care teams

In talking to the CAOT, they are involved in the Accreditation Program for Therapy Assistant's along with the Physiotherapist Assistant Education Program. They have a membership for OTA's and are willing to support us but again only in the OTA capacity.

### **Rachel McFaul (SAOT): Opinion**

I feel the first step to become a regulated profession, education would have to be standardized across the board. This may be a tricky one as each education institute has a different program for the TA's, some may be trained as OTA, PTA, OTA/PTA, OTA/PTA/SLPA, there is not a generalized program for us across the board, all of our training/skills isn't unified. This would be the biggest step to have all education facility to

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be on board/accredited. (On a side note, I work with other TA's and we've all attended different colleges and we have been trained all differently, some colleges have focused on different skill sets than others.)

In saying that I did have a conversation with one of my OT's\*, and she feels that for TA's would better utilized if we were regulated. She feels that some Therapists (OT/PT) are unsure of what we (TA's) are capable of doing/skill set and when we are working under their license, some therapists have a hard time delegating task as they are unsure of our training and don't want to be liable if we are not properly trained for such. She stated that if there was a clear-cut line of what we can do/are liable for (i.e. Regulated) therapists may utilize us (TA's) for more tasks.

There also comes into play of what the cost would be for us (TA's) in regards to membership/insurance that we would require. It could cost upwards to a thousand dollars a year, with our wage being at it is, some may feel this wouldn't be feasible or unattractive.

I think the first step would be providing information to THAAA and taking a vote and go from there. There would be no point in pressing forward if we don't have the support of our own team (TA's).

\*Conversation with Amanda R. (OT)

## **Information from Websites I Gathered**

Regulated occupations require registration with a professional regulatory organization to ensure you meet standards of practice. The requirements to practice your profession may be very different in Alberta. Professional registration may require assessment of your education and your English language ability, as well as the completion of national exams. Some organizations may allow you to challenge an examination or meet other requirements when you apply for licensure. It may take weeks, months or even years to become registered to work in your occupation. This may also be affected by your occupation, your training and the country where you got your education.

<http://www.albertacanada.com/opportunity/work/credentials-regulated-occupations.aspx>

### **Regulated Occupations**

#### **What are regulated occupations?**

Regulated occupations require registration with a professional regulatory organization to ensure you meet standards of practice. The requirements to practice your profession may be very different in Alberta. Professional registration may require assessment of your education and your English language ability as well as the completion of national exams. Some organizations may allow you to challenge an examination or meet other

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requirements when you apply for licensure. It may take weeks, months or even years to become registered to work in your occupation. This may also be affected by your occupation, your training and the country where you got your education.

If you are a certified worker in Canada, the process for recognition in Alberta should be more straightforward if the occupation is regulated in both provinces and territories, and there are no labour mobility exceptions.

Some occupations in Alberta may be classified differently than in other countries or provinces and may require different qualifications. For example, if you were a building scientist, try looking under Engineer and Engineering Technologist to see how the occupations compare. Take a look at our National Occupational Classification (NOC) video tutorial to look for job titles and find the description that most closely matches your occupation.

### **List of regulated occupations**

We've compiled a list of some regulated occupations in Alberta, along with information on regulatory organizations responsible for licensure in those occupations. For many, there is also a summary of the certification process. The Alberta Learning and Information Service (ALIS) also has more information about licensure requirements in regulated occupations.

Under the HPA, health professions are organized into regulatory bodies called “colleges.” These colleges are delegated powers and authorities for self-governance. Regulatory colleges are not post-secondary institutions.

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The HPA requires that colleges carry out governance responsibilities in a manner that protects and serves the public interest. Health profession colleges do this by:

- Setting entry requirements (including required education, practical training, and examinations);
- Identifying services provided by regulated members, setting standards for professional practice;
- Setting continuing competency requirements; and
- Investigating complaints about regulated members and imposing disciplinary actions if required.

Regulatory colleges are not professional associations. Professional associations usually operate to represent the interests of their members and to advance the profession.

<http://www.health.alberta.ca/professionals/regulated-professions.html>

### **Regulated health professions**

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Alberta regulates a number of health professions. The majority of these health professions are regulated by self governing colleges under the Health Professions Act (HPA). All regulated health professions will eventually come under the HPA.

The HPA was developed to regulate health professions using a model that allows for non-exclusive, overlapping scopes of practice. No single profession has exclusive ownership of a specific skill or health service and different professions may provide the same health services.

For example, physicians, dentists, optometrists and midwives are authorized to prescribe drugs within the scopes of their practices.

### **Restricted activities**

Restricted activities are high risk activities performed as part of providing a health service that require specific competencies and skills to be carried out safely. Restricted activities are not linked to any particular health profession and a number of regulated health practitioners may perform a particular restricted activity.

Restricted activities are set out in Schedule 7.1 of the Government Organization Act.

Health professionals who have the competencies required perform a restricted activity safely and effectively are authorized to provide the restricted activity in their profession's regulation. For example:

Administering a vaccine is a restricted activity. Registered nurses, licensed practical nurses, registered psychiatric nurses are all authorized to administer a vaccine under their governing regulations.

Ordering X-rays is another example of a restricted activity. Physicians, dentists, dental hygienists, denturists, nurse practitioners, and chiropractors are authorized to order X-rays. Respiratory therapists who have completed advanced training may be also authorized to order X-rays, though Physiotherapists also have this ability with advanced training. Dental assistant may not order X-rays, but are authorized to administer them within their scope of their practice.

### **Governance under the Health Professions Act**

Under the HPA, health professions are organized into regulatory bodies called "colleges." These colleges are delegated powers and authorities for self-governance. Regulatory colleges are not post-secondary institutions.

The HPA requires that colleges carry out governance responsibilities in a manner that protects and serves the public interest. Health profession colleges do this by:

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Setting entry requirements (including required education, practical training, and examinations);

Identifying services provided by regulated members, setting standards for professional practice;

Setting continuing competency requirements; and

Investigating complaints about regulated members and imposing disciplinary actions if required.

Regulatory colleges are not professional associations. Professional associations usually operate to represent the interests of their members and to advance the profession.

### **Governance under other models and statutes**

Acupuncturists and midwives are regulated under the Health Disciplines Act.

Acupuncturists are governed by a designated health discipline association called the College and Association of Acupuncturists of Alberta.

Midwives are governed by a designated health discipline association called the College of Midwives of Alberta.

Work is underway to bring these professions under the HPA, at which time these other statutes will be repealed.

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### **Jacinthe Vetsch (PEAC):**

E-mail from Kathy Davis at PEAC:

Subject: Re: Therapy Assistant Accreditation & Regulation

Hi Jacinthe,

Thanks for your email - I am happy to share what (I think) I know, but we haven't explicitly discussed this at PEAC.

PEAC is awaiting, really, the results of the OTA PTA vision project to really understand the landscape and the national perspective on what the future for OTA PTAs is. They do not, at this point as an organization, have an opinion either way about regulation. They do feel strongly that accreditation of OTA PTA programs is an important step towards consistency with respect to the skills and competencies of these graduates and are eager to promote accreditation (in the absence of regulation) to employers and preceptors as a measure of quality of individual OTA PTAs.

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My understanding from PT regulators and the CAPR is that at the provincial ministry level, there isn't much of an appetite to add yet another profession to the provincial regulation acts, so unless physiotherapy regulators choose to regulate PTAs themselves, it is unlikely that PTA regulatory colleges would be established provincially. My sense is (but I'd suggest confirming this with CAPR) that PT regulators are not at the point of considering regulation for PTAs although it does come up in discussions occasionally. Perhaps results from the OTA PTA vision project will move this higher on the agenda depending on how those results look.

**Dominique Bailey (OTA-PTA-EAP):**

Overview of regulations process

Becoming regulated is a long and complicated process that would require a dedicated focus from the Association to come to fruition. In Alberta, it is a process that involves an application to the Provincial government to become regulated under the Health Professions Act (HPA). The Health Professions Act is a law that currently dictates and provides oversight for what each regulatory body in Alberta must do to ensure the protection of the public.

The Government of Alberta website states that:

- Under the HPA, health professions are organized into regulatory bodies called “colleges.” These colleges are delegated powers and authorities for self-governance. Regulatory colleges are not post-secondary institutions.
- The HPA requires that colleges carry out governance responsibilities in a manner that protects and serves the public interest. Health profession colleges do this by:
  1. Setting entry requirements (including required education, practical training, and examinations);
  2. Identifying services provided by regulated members, setting standards for professional practice;
  3. Setting continuing competency requirements; and
  4. Investigating complaints about regulated members and imposing disciplinary actions if required.

Regulatory colleges are not professional associations. Professional associations usually operate to represent the interests of their members and to advance the profession.

Source: <http://www.health.alberta.ca/professionals/regulated-professions.html>

As stated above, our Association would not be able to become a regulatory body as it currently stands today. Though reflecting on the current experience and application to the HPA of the Therapeutic Recreation profession in Alberta (ATRA), an Association

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can move closer towards the regulatory body format through different means. For example, increasing membership fees to more accurately reflect what they would be under a regulated College as well as requiring more stringent entry to practice requirements.

As of the year 2020, the entry to practice requirement for Recreation Therapists in Alberta will be holding a recognized undergraduate degree. I am unsure how ATRA has achieved this milestone and how they got the employers to agree to this, however perhaps this can be an area of research should we move forward with this process. Essentially ATRA is trying to get members used to the manner in which they would have to comport themselves should they eventually become regulated (with the assumption that ATRA would morph into a regulatory body or an Association/Regulatory body hybrid – as the Alberta PT Association and College has done).

Average yearly fees can vary fairly significantly depending on the College. I am unsure of how these fees are decided, though I believe these annual fees must provide the College with a large amount of available funds for monitoring complaints, holding hearings, providing disciplinary action should a member prove negligent or incompetent in their duties.

A quick breakdown of yearly fees:

1. Physiotherapy Alberta College and Association (PACA): \$765
2. Alberta College of Occupational Therapists (ACOT): \$550
3. Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA): \$650
4. Alberta Therapeutic Recreation Association (ATRA) – non-regulated but has applied: \$300

Annual fees would not be our only cost as malpractice insurance would have to be considered too. All PT's in Canada are required to carry malpractice insurance to practice, though with the grey lines of our (PT's and PTA's for example) scopes of practice, it might be hard to determine if this is really needed. Since therapists retain the ultimate responsibility for the treatments, would PTA's need to worry about this? Would it just be a "nice to have" or a requirement?

The CPA (Canadian Physiotherapy Association) offers malpractice insurance to TA's that covers both the role of PTA and OTA for \$150 per year. Not a crazy cost but something to add to our yearly total.

Increased cost to our members would have to be considered and until we became and/or created a College, those fees would have to be justified at an Association level (as in what will we provide for the increased cost of yearly fees). Perhaps some sort of insurance policy discounts, members only part of the website, discounts to conferences

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etc... Though keep in mind that a large number of members would be needed to make even these changes feasible, so support from the employers to require their TA employees to hold a membership with us might be a way to increase those numbers.

Part of the challenge with what we are exploring is the increasing demand for interdisciplinary TA's. Personally, I really don't think that current therapist Colleges would be willing to regulate TA's simply for this reason. It is no longer simple to separate out our duties so how would this one College (ACOT for example) monitor what the standards of practice are for SLPAs, PTAs and RTAs? All of those separate roles require us to be working under the supervision (direct and indirect) and in collaboration with our therapists.

This information brings up many questions for me.

For example: If I work as an OTA/SLPA, how would ACOT work with SLP to ensure standards of practice are met? Or, if 2, 3 or 4 therapists Colleges would be willing to regulate each part of our profession, how would we decide yearly fees? Or, if a client got hurt while I was doing an Interdisciplinary treatment program for OT/SLP, how would they determine where my competency was lacking? During OT skills or SLP skills? And, if ACOT was my regulating body and I made a client choke during a swallowing exercise (SLP focused), how would ACOT hold hearings or decide on disciplinary action when the skill set is with another profession?

Would the solution then be having a College that generalizes and monitors the actions for all 4 disciplines? This might work but then the HPA application would be tremendous as we'd have to address all the application points (listed on pages 3-6 on our Google Doc) for all four TA disciplines.

One sticking point for me too which is specific to the HPA is outlined under section e) on page 4 of our Google Doc and described below:

e) Consider whether the profession is a distinct and identifiable profession;

- Is the profession best described as a complete system that includes a range of modalities and therapies?
- Are members of other professions providing similar services, regulated or unregulated?
- How is the profession different/similar to other health professions?

Are our duties and scope of practice different enough or separate enough to therapist duties and scope of practice to warrant regulation? The initial position of the original ThAAA board was that with increased therapist caseloads, their ability to perform the treatments themselves has decreased as they spend most of their time evaluating clients, assessing their needs and treatment goals and working towards better quality of life (discharge planning, community involvement etc.) This is of course is where we come in as assistants to provide the hands-on treatment needed. I completely agree



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with this statement however I'd like further discussion or thoughts on whether this requires regulation.

Interestingly enough, I did find on some American websites, information regarding the scopes of practice of therapist vs. TA's in the states and most of the descriptions sounded similar in that the therapist is responsible for assessing, evaluating, discharge planning, interpreting etc. and the TA supports the treatments and the evaluation, planning etc. They just seemed to have a firmer grasp on utilizing TA's to full scope (for example, it seems common place to use TA's to do re-assessments like the BERG) than it is in Alberta. So the roles of both therapists and TA's had very similar overlap of duties and need for supervision as we do here but TA's in the states are regulated anyways. At this time, I am unsure if the regulation body and process in each state is similar to our HPA or if the regulation requirements are different, more stringent etc so this might make a difference in why TA's and Therapists have such similar scopes but still have a need for regulated TA's.

Finally, having read Jacinthe's overview of regulation, I just wanted to clarify a couple of points:

1. As regulation is provincial, a nationwide body is not needed to apply for regulation under HPA. However, the determination of a recognized title(s) and perhaps a certifying exam prior to becoming regulated could definitely be administered by some sort of national body. I am unclear whether an exam of this kind would need to be implemented prior to becoming regulated or after.
2. Though accreditation of educational institutions is fairly new and a voluntary process, the number of accredited institutions has changed since December as per the OTA PTA EAP website. As of March 14th, 20 programs are accredited – 1 in Newfoundland, 2 in Nova Scotia, 11 in Ontario, 3 in Alberta (and fingers crossed Norquest will be within a couple of months!) and 3 in BC. Of the remaining 16, 9 of those educational programs did apply for accreditation but did not succeed in getting accredited which is actually a good thing as it shows the stringent nature of the process and that not all programs in Canada are equal. Perhaps these programs will try to change and/or improve their education requirements for accreditation status in the future. So, we are starting to weed out the programs that don't meet the national requirements of TA skills and this is a very exciting thing.

OCCUPATIONAL THERAPIST ASSISTANT AND PHYSIOTHERAPIST ASSISTANT  
EDUCATION ACCREDITATION PROGRAM

VALUES AND OPERATIONAL PRINCIPLES

<file:///F:/ThAAA/Regulations%20Committee/Final%20Documents%20and%20Final%20Product/TA%20EAP%20Values%202016-18.pdf>

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**Celine Jensen (CPTA):**

Subject: RE: OPTA 2018: Regulaons

Hi Celine,

It's nice to hear from you! I would be happy to talk with you about therapy assistant regulation. I think regulation would be great because it would clearly define the TA role and ensure consistent standards for competency. I do believe that therapy assistants will be regulated in the future, and, similar to occupational therapists, I expect there could be a national certification exam and provincial licensure for TA's.

At RDC we have been focusing on updating our curriculum to most effectively meet the needs of students and prepare our graduates. The content is overall the same, but organized differently, and this is the first year the new curriculum has been offered. Our graduating class of 2018 will be the last group taking the original curriculum.

**Mathew Hill (Carol Roberts – Alberta Health Services - Senior Practice Lead  
Therapy Assistant Optimization  
Health Professions Strategy and Practice)**

There are currently 1,194 therapy assistant employees currently working under HSAA (<https://www.hsaa.ca/> - labour union representing more than 25,000 paramedical technical, professional and general support employees in the public and private health-care sectors of Alberta, Canada) under 5 disciplines:

1. Physical Therapy
2. Occupational Therapy
3. Recreation
4. Speech-Language
5. Audiology

A few years ago, it was identified that there were 86 different job descriptions for the title, "Therapy Assistant". There was a focused effort to create a unified job description that aligned with Health Sciences Association. A single job description was created that "rolled" all areas under one generic therapy assistant job description, which replaced the requirement for un-regulated job titles. The single, standardized job description took into account 4 of the 5 regulatory colleges' standards and guidelines (EXCEPTION – Audiology).

There was additional focus in the regulated colleges to use this definition of therapy assistant title to help better identify how regulated professions can work with assistants.

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Currently, colleges stipulate (regulate) how therapists can work with support staff so long as a therapist has:

- Assessed a client/patient.
- Obtained consent from the client/patient that a therapy assistant can treat the client/patient.
- The therapist has listed the therapies to be performed.
- The care/treatment of the client/patient has been assigned to the therapy assistant.

This specification **also** protects un-regulated professions (Therapy Assistants) because the performance guidelines and standards also define/describe the limit of our (TA) scope of practice. The long and short of this is that it protects us (TA's) from being assigned restricted duties/activities without anything (our own college) to protect us.

Therapy colleges have 2 primary goals:

1. Protect the professional name of therapy they are involved with – physical (Physiotherapist/Physical Therapist), occupational (Occupational Therapist), speech-language (Speech-Language Pathology Therapist) or recreational (Recreation Therapist), and
2. Protect the public.

There is growing (**really growing!!!**) momentum for TA's to achieve some level of regulation.

Everything begins with **HPA (Health Professions Act)**

([http://www.qp.alberta.ca/1266.cfm?page=H07.cfm&leg\\_type=Acts&isbncln=97807779740772](http://www.qp.alberta.ca/1266.cfm?page=H07.cfm&leg_type=Acts&isbncln=97807779740772))

Then come the regulating colleges who set the policies and guidelines for **how** therapists can utilize, assign duties to a TA.

(<http://www.health.alberta.ca/professionals/regulated-professions.html>)

Then come the employers who do not have the ability/power to expand (TA) roles and duties beyond what is allowed for in HPA/college policies and guidelines, but can always **limit** and **restrict** TA roles and duties.

Current state of health care (greater need for care with ever-tighter funding creating environment of more work for fewer hands) **and** work being done by OTA PTA EAP to certify all 34 TA colleges (nationwide) make diploma-prepared Therapy Assistants ever hotter commodities.

Likely, once all 34 TA colleges/institutions are regulated, a national competency exam will be included as a graduation requirement, **which in turn** will serve as the verifier of minimum competency profile that will serve as the foundation for any regulation of TA's.

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The bottom line is this: TA's will become regulated somehow. Not likely in the next few years, but more than likely within the next decade.

Along with this will come firm guidelines and policies for how to better utilize and optimize the role of TA's.

### **Mathew Hill – Synopsis**

In a seminar entitled, "Occupational Therapist Assistants Can Improve Occupational Performance: Let's Talk!" presented by Heather Gillespie OT, BOT and sponsored through CAOT, I had the chance to discuss the issue of regulation for TA's.

Critical to this issue, I learned the following:

- The provincial government is not currently allowing for the creation of any new regulatory colleges.
- Even if there was the chance for forming a new regulatory college, the minimum number of willing potential regulatees is 2,000. We would need 2,000 people (TA's) ready to sign on and become regulated.

Additionally, we would have to prove and convince the government NOT that TA's deserve to be regulated, but instead whether the public needs protection that will motivate the government to regulate a profession.

Second to this, we will need to prove and substantiate that the role of TA's is distinct from the care and duties of therapists. This may prove to be difficult in that therapists therapy assistants receive the same education on patient-handling and providing modalities, and even though therapists typically do not have the same one-on-one contact with clients as TA's, the roles of therapists and therapy assistants differ only in that therapists can assess clients and assign therapies.

One alternate idea being proposed and discussed is for individual hospital programs verify the available competencies of each therapy assistant on a case-by-case, or assistant-by-assistant, basis and assign them the competencies they are capable for taking on.

An example of this would be if a patient was immediately post-op and the surgeon had specified mobilization, so long as there were no issues and patient was not in distress, a TA could then mobilize the patient without an assessment by a therapist.

The term I was introduced to is "Competency Assurance Measurements" and "Continuing Competency Assurance Measurements". Unfortunately, this dynamic has received a lot of criticism due to potential liability and nightmare of juggling specific roles and duties, especially if a TA moves from one location to another.

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Another issue TA's must satisfy is the consistency and uniformity of what it means to be a Therapy Assistant. Occupational Therapist, Physical Therapy and Speech-Language Therapist are protected titles. Currently, this is not the case for TA's. And this can not be done until there is a consistent foundation to being a TA.

The first step for this to be made possible is the consistency of education all TA's nationwide receive. This step is currently being addressed by OTA PTA EAP. The latest I have heard is that 20 of the 34 TA schools in Canada have received certification, nine have failed their initial application and two have received pending certification.

Once this nationwide consistency in education is arrived at, then we could look to properly identify and explain what a TA is and what function we are capable for performing in the rehabilitative processes.

In talking with Jody Prohar PT (Registrar/Executive Director - Physiotherapy Alberta - College + Association), she made available to me the Value Statement from CAPR: (<http://www.alliancept.org/wp-content/uploads/2017/11/Values-Statement-on-PTAs-FINAL-Approved-September-26-2017.pdf>)

**CAPR VALUES STATEMENT REGARDING THE ROLE OF PTAs/PRTs IN THE DELIVERY OF PHYSIOTHERAPY CARE**

**PREAMBLE:**

The Canadian Alliance of Physiotherapy Regulators (CAPR) is a federation of eleven provincial/territorial regulators of physiotherapists committed to the advancement of regulatory standards for safe, high-quality care. Acting together in the public interest, the 11 Regulators of the CAPR seek to promote consistency and collaboration in regulatory practice across Canada.

Physiotherapist Assistants (PTAs) and Physical Rehabilitation Therapists (PRTs – in Quebec) work alongside physiotherapists delivering physiotherapy services to those who need them.

This statement is the CAPR member regulators' support position on joint physiotherapist-PTA practice.

**GUIDING PRINCIPLES:**

▪ **Inter-disciplinary care:** Physiotherapists and physiotherapist/rehabilitation assistants (PTAs/PRTs) are integral members of collaborative inter-professional care teams committed to safe and high-quality care for Canadians;

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- **Regulatory autonomy:** CAPR and its member regulators support the principles of professional autonomy and accountability and mutual respect among regulated and non-regulated members of a health care team;
- **Public interest:** While PTAs are currently regulated health professionals only in the province of Quebec, interactions between PTAs and physiotherapists in the joint delivery of patient care are regulated through Physiotherapy Regulatory Colleges that work in the public interest. Additional public protection and quality assurance of the care delivered by PTAs is provided through the accreditation of an increasing number of PTA-OTA training programs that support PTA training to a high standard of quality and effectiveness;
- **Efficiency and cost-effectiveness:** health care should be provided by the right care provider for each situation in a way that maximizes the cost-effective use of limited health care resources;
- **Timely access to care:** Patients and their families in Canada have the right to access health care in a timely manner. Timely access is facilitated by the appropriate delivery of care by a variety of appropriately-trained health professionals;
- **Evidence:** CAPR and its member regulators recognize the importance of data and evidence in informing practice decisions and the design of health care delivery models;
- **Informed consent:** Appropriate safe, high quality care can be provided in a variety of ways and by a variety of care providers – individually or in tandem – but must include an informed discussion with the patient and subsequent informed consent about the care arrangements being made for their individual circumstances.
- **Innovation:** Innovation in models of care delivery is essential in an era of scarce resources.

**VALUES STATEMENT:**

Committed to team-based care and the appropriate use of health human resources in a way that optimizes access and quality care for patients, CAPR and the Canadian Physiotherapy Regulators recognize and value the partnership between physiotherapists and physiotherapist/rehabilitation assistants and support the inclusion of multiple types of providers as essential to the provision of comprehensive health care to patients.

We recognize that PTs and PTAs/PRTs, working together in the best interest of patients, can and do benefit patients, their families and the health system as a whole by increasing accessibility, supporting diversity of care providers and practice settings, and enhancing access to care that supports the health needs of a diverse and constantly changing Canadian population. Further, as physiotherapy regulators, we support the inclusion of PTAs/PRTs as an integral part of physiotherapy services notwithstanding their regulatory status in any given jurisdiction. We firmly believe that the inclusion of

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PTAs/PRTs in physiotherapy services delivery serves the best interest of the Canadian public.

Date: September 2017

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Jody and I discussed:

- The direction of the provincial government to adopt the sub-setting of TA colleges “under the roofs” of existing colleges who would be willing to take over the regulatory functions for TA’s.
- The limiting/defining the job description of TA’s to being “under clinical assignment” thereby assuring that TA’s are not in danger of being suspected of performing restricted activities.
- List of competencies with parallel job descriptions.
- Having a clear job- or duty-description for TA’s.
- The need to assure compliance with HPA – it dictates what will need to be done and assured will be done.

She and I also discussed questions we TA’s would need to answer when considering whether or not to pursue regulation:

- What is the future intent of regulation? Do we TA’s have a clear-cut idea of where we want to take the profession?
- What distinct roles/duties will we perform and how are we the ones to best fill those roles/duties?
- Do TA’s understand the consequences of regulation?

She provided me this video that describes regulation and its accompanying responsibilities:

<https://www.youtube.com/watch?v=ycT2bXwkGq4>

If TA’s become regulated, we would need to accept the responsibility of being self-regulated, which enables the government to have some control over the profession, but the college would determine the profession’s Values and Standards.

Ensure the delivery of Safe, Quality and Effective care.

Regulation **MUST NECESSARILY** be for the protection of the public safety and interests.

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A TA college will need to:

- Register only qualified and competent TA's.
- Set and enforce practice and professional standards and ethical values.
- Support members' understanding of and adherence to their regulatory responsibilities.
- Administer a continuing competence program.
- Investigate public and patient/client concerns.
- Promote and advocate excellence in therapy and patient care.
- Report annually to the government on its activities.

As members of a regulated profession, TA's would be responsible for:

- Being accountable for our conduct and practice.
- Knowing and adhering to the rules and ethical values that govern the TA practice.
- Participate in mandatory programs and complaint processes.
- Use our protected title appropriately.
- Practice only in the name listed on the TA registry.
- Keep a current practice permit/licence.
- Maintain college member profile.
- Ensure that we are consistently informed and involved.

Regulatory colleges will want us for the annual membership and licensing fees (yes, in one way or another, everything boils down to **\$money\$**).

In addition to maintaining a list of practicing professional Therapy Assistants through annual membership requirements, another function of colleges will be to require all TA's to satisfy on-going education and professional development. Currently, for TA's, finding education/professional development is not as easy and clear-cut as it is for therapists.

That having been said, professional associations like CAOT – Canadian Association of Occupational Therapists, CPA – Canadian Physiotherapy Association and SAC – Speech-Language & Audiology Canada now have membership levels for TA's (<https://caot.ca/site/mbrp/otassistants?nav=sidebar>, <https://physiotherapy.ca/membership> -&- [https://www.sac-oac.ca/sites/default/files/resources/SAC-OAC-CHA\\_Application-Form\\_EN.pdf](https://www.sac-oac.ca/sites/default/files/resources/SAC-OAC-CHA_Application-Form_EN.pdf)). Through these memberships, TA's have access to ongoing education, professional development, networking opportunities and liability insurance coverage, as well as hosting/presenting their own workshops and webinars.



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Another idea being discussed, which in my opinion is the most likely direction to be taken, is for each discipline-college to take on the regulation and oversight of their related therapy assistants.

One bottom-line to keep in mind is this: If the province looks to regulate TA's or if TA's decide to pursue regulation, the list of active ThAAA members will be the first place they will begin to look for populating the initial, ground-level college members. So, active membership and participation with the association (ThAAA) is becoming more and more important. **Please encourage ThAAA membership to your fellow TA's who are not yet members.**

So, this is a look into what would be involved with the issue of regulation for TA's. The first step would be to see if TA's actually **want** to become regulated. And, if so, then deciding to initiate and pursue the process to its completion, recognizing that one day, whether we choose to want to pursue regulation or not, it may become incumbent upon to pursue regulation due to factors outside our control, i.e. the ever-ongoing changes to health care in Alberta and the ever-developing skill-sets and scopes of practice for Therapy Assistants in our roles for bringing health care to the people of Alberta and Canada.

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