Aligning National and International Standards for the Education of Occupational Therapists: Mapping the Canadian Accreditation Standards to the Revised World Federation of Occupational Therapists Minimum Standards

Nadine Larivière¹,², Alison Douglas², Sara Saunders³,², Catherine Backman⁴,², Claire-Jehanne Dubouloz⁵,², Edward Collister⁶, Lori Letts⁶,², Jane McPhee⁷,², Brenda Merritt⁷,², Catherine Vallée⁵,²
¹Université de Sherbrooke, Sherbrooke, Québec, Canada, ²CAOT Academic Credentialing Council, Ottawa, Ontario, Canada, ³McGill University, Montreal, Québec, Canada, ⁴University of British Columbia, Vancouver, British Columbia, Canada, ⁵Université Laval, Québec, Québec, Canada, ⁶McMaster University, Hamilton, Ontario, Canada, ⁷Dalhousie University, Halifax, Nova Scotia, Canada, ⁸Ottawa University, Ottawa, Ontario, Canada

Introduction: WFOT released revised minimum standards for the education of occupational therapists in 2016. There is a need for national accreditation programs to assess the extent to which their national standards reflect the international requirements.

Objectives: 1) To identify alignment and gaps between elements of the WFOT and Canadian Association of Occupational Therapists (CAOT) educational standards. 2) To revise the national accreditation requirements to fill gaps and improve alignment.

Approach: A mapping exercise was conducted by the CAOT Academic Credentialing Council, using a constant comparative method, by cross-referencing each WFOT heading and issue to the tests of quality and indicators comprising the standard outcomes used in accrediting occupational therapy programs in Canada. Three members independently reviewed and the mapping was subsequently confirmed by the full committee.

Results: The mapping process confirmed a high degree of concordance between WFOT and CAOT standards. Some items that are explicitly stated in WFOT standards are implicit in CAOT standards, in part due to societal norms, educational policy, or laws. The CAOT standards refer to a breadth and depth of curriculum content across occupational, social, behavioural, health, and investigative sciences whereas WFOT standards specify proportions, e.g., 60% of curriculum content to address occupation and occupational therapy content, 10-30% biomedical/psychological/sociological sciences, and 10-30% social perspectives on health. Gaps identified included explicit statements regarding inclusiveness, local contexts, and global citizenship.

Conclusion: Modest edits to the CAOT national standards for the education of occupational therapists were sufficient to ensure alignment with the minimum international standards published by WFOT.