

“Everyone knows there is a battle”: Colleges, Universities, and the Education of Occupational Therapists in Ontario, 1970 to 1985

Peter L. Twohig

Saint Mary's University

ABSTRACT

Following the creation of Ontario's Colleges of Applied Arts and Technology (CAATs) in 1965, an interested group of health care providers and educators in Hamilton began to advocate for the creation of a program in occupational therapy at Mohawk College. Historically, occupational therapy education in Canada took place almost exclusively within universities, so a college-based program was viewed as a significant development by the Canadian Association of Occupational Therapists (CAOT) and its provincial branches. The idea of the Mohawk program was developed concurrently with the work of Ontario's Committee on the Healing Arts, which put forward more than two hundred recommendations that would reshape the education of health care workers. These two elements, the development of an occupational therapy program within a CAAT and a major review of education for health care workers, were viewed with concern by the CAOT. This paper analyzes the history of this educational development and the response of the occupational therapy profession. It illustrates the strategies used by the CAOT and the Ontario Society of Occupational Therapists to delay the implementation of the program. The paper also illustrates the development of minimum standards for entry to practice, accreditation policies for education programs, and membership requirements for the CAOT, all of which were connected to employment prospects. All of this had implications for the viability of the Mohawk College program and for its graduates.

RÉSUMÉ

À la suite de la création des « Colleges of Applied Arts and Technology (CAAT) » de l'Ontario en 1965, un groupe intéressé de fournisseurs de soins de santé et d'éducateurs à Hamilton a commencé à plaider en faveur de la création d'un programme d'ergothérapie au Mohawk College. Historiquement, la formation en ergothérapie au Canada se faisait au sein des universités, de sorte qu'un programme collégial était considéré comme un développement important par l'Association canadienne des ergothérapeutes (ACE) et ses sections provinciales. L'idée du programme Mohawk a été développée en même temps que les travaux du Comité des arts thérapeutiques de l'Ontario, qui a présenté plus de deux cents recommandations visant à remodeler la formation des travailleurs de la santé. Ces deux éléments, l'élaboration d'un programme d'ergothérapie au sein d'une CAAT et une révision majeure de la formation des travailleurs de

la santé, ont été perçus avec inquiétude par l'ACE. Cet article analyse l'histoire de ce développement éducatif et la réponse de la profession d'ergothérapie. Il illustre les stratégies utilisées par l'ACE et l'Ontario Society of Occupational Therapists pour retarder la mise en œuvre du programme. Le document illustre également l'élaboration de normes minimales d'admission à la pratique, de politiques d'agrément pour les programmes de formation et d'exigences d'adhésion à l'ACE, qui étaient toutes liées aux perspectives d'emploi. Tout cela a eu des répercussions sur la viabilité du programme du Mohawk College et sur ses diplômés.

Introduction

On August 29, 1983, Sheila Garrett, a graduate of the Mohawk College of Applied Arts and Technology in Hamilton, Ontario, complained to the Canadian Association of Occupational Therapy (CAOT). In the letter, Garrett described herself as an “occupational therapist” (OT) but noted that she was “refused employment due to ineligibility for membership with CAOT, despite the desire of hospital staff to hire me.” Garrett asked whether there was any way that she could become a CAOT member and “continue to work in my chosen career?” She lived in Halifax, Nova Scotia, and had been in touch with Dalhousie University, which had only launched its OT program in 1982. Garrett wanted to explore what options were available to her, but she was told she would have to complete the entire four-year program at Dalhousie. She found this unacceptable for herself and for other graduates of Mohawk College.¹ Garrett was not alone in condemning her exclusion from CAOT membership. Jennifer Smart, another Mohawk College graduate, also encountered barriers to her aspirations to work as an OT. A 1982 graduate, Lorie Shimmell, wrote that her employment prospects were limited and that Mohawk graduates had been “penalized enough.”² The CAOT, the voluntary professional organization that represented OTs, did not have the ability to control who could be employed as an OT. Nevertheless, some jobs did require that applicants be CAOT members, and the organization did not accept candidates whose only academic credential was a college diploma. Donna Campbell, CAOT president, wrote that she could “sympathize” with Garrett’s dilemma, but she also highlighted that the ineligibility of Mohawk graduates to become members was a longstanding issue.³ Indeed, the struggles of Garrett and the other women were the product of a protracted struggle over the education of OTs in Ontario. This paper begins by offering a brief introduction to OT, to the creation of Colleges of Applied Arts and Technology (CAATs) in Ontario, and to the work of the Healing Arts Committee. These developments led to efforts to establish the first college-based OT program in Canada, at Mohawk College, in Hamilton. The paper then analyzes the strategies of resistance mounted by the CAOT in response to this initiative.

Occupational Therapy: A Brief Introduction

Occupational therapy promotes health and well-being through “enabling occupation” or the everyday things people do to bring meaning and purpose to their lives. These “occupations” include things people wish to do (for pleasure or satisfaction), things they must do (such as employment), or things they are expected to do (such

as self-care practices). OTs facilitate this participation in the activities of everyday life through therapeutic interventions to promote dexterity or adaptation or through modifying the environment.⁴ Initially, however, OTs in Canada were charged with keeping patients and residents of a variety of facilities "occupied" and this shaped the discipline in important ways in the first half of the twentieth century.⁵ OTs integrated knowledge and practices drawn from the arts and crafts movement, educational and social reform, workers' education and the labour movement, and medicine.⁶ It was only after the Second World War that occupational therapy worked to claim a therapeutic rationale for their efforts beyond what may be termed diversion therapy.

Occupational therapy education in Canada was almost exclusively based in universities. The University of Toronto initiated its OT program in 1926, and this was the only program until 1950. That year, McGill launched its program, followed by the Université de Montréal in 1954. Other universities followed in the 1960s, including the University of Alberta, the University of British Columbia, Université Laval, and Queen's University, while the University of Western Ontario launched its program in 1970. Some of these programs offered three-year diplomas, while others offered four-year degrees, but by the 1970s, there was a firm plan to have all OTs graduate from four-year degree programs. Despite the expanding number of university programs, there remained an acute shortage of occupational therapists across Canada. In the mid-1950s, the CAOT formed a committee to examine the "extreme shortage" of OTs in Ontario's mental health facilities.⁷ The committee found that thirty of the thirty-three mental health hospitals offered some form of occupational therapy, but only seventeen employed "qualified" OTs, while the remainder used craft workers, tradespeople, or existing psychiatric staff to staff these services. The same committee found that there were 256 occupational therapists working across Canada, but there was an equal number of vacancies. On January 9, 1968, the CAOT sent a brief to the federal department of National Health and Welfare drawing attention to the "acute shortage of qualified occupational therapists in Canada."⁸ Clearly, university programs were unable to meet the demand for OTs in a period of expanding services.

In the mid-twentieth century, there were several responses to the shortage of OTs. One response was the effort to train occupational therapy assistants (OTAs) to help meet the labour demand. OTAs were initially conceptualized as staff who would work under the direction of university-educated OTs.⁹ In this sense, they were like nursing assistants, who were also quickly trained in the 1950s and 1960s to help meet the demand for nursing labour when the supply of RNs could not keep pace.¹⁰ The CAOT also operated an intensive program to educate OTs in Kingston, Ontario, to help meet the shortage. Finally, there was a discussion about whether OTs could be educated in community colleges, rather than in universities. Ontario created the Colleges of Applied Arts and Technology (CAATs) to meet the demand for skilled workers and to offer post-secondary education to a greater proportion of the province's citizens. The colleges were very much the product of the economic and social transformation of mid-century Ontario. As A. B. McKillop noted in his study of Ontario's universities, the growing provincial population meant that demand for post-secondary education would be strong.¹¹

College Education in Ontario

Ontario established the Colleges of Applied Arts and Technology (CAATs) in 1965. Canadian provinces were reshaping post-secondary education in these years and colleges were created during an intense but brief period from the early 1960s to the mid-1970s. This fluorecence was stimulated through federal funding available through the Technical and Vocational Training Assistance Act of 1960, and provinces responded. For example, in British Columbia, nine community colleges were created in the decade following the publication of J. B. MacDonald's report, *Higher Education in British Columbia and a Plan for the Future*, in 1962. Quebec's Collèges d'enseignement général et professionnel, known as cégeps, were created in 1967. That year, Paul Gérin-Lajoie, known as the "father of CEGEPs," introduced legislation into the National Assembly to reform post-secondary education and address the challenges French-speaking Quebecers faced accessing higher education in their province.¹² Other provinces established community colleges, too, although there were important differences in how they were conceptualized and their relationship with universities.

In Ontario, the government sharply differentiated CAATs and universities. CAATs were designed to provide training for a variety of technical personnel. They were established on a regional basis and were intended, from the outset, to meet the specific needs of the geographical areas in which they were situated. Twenty CAATs were created across the province. In announcing the program, William Davis, the minister of education, highlighted the population boom that was reshaping so much of Canada, and how undergraduate enrolments had tripled in the fifteen years following the Second World War. He acknowledged that the government of Ontario recognized "the inevitability of some form of post-secondary education" for every capable student and that CAATs would provide an education that would prepare future workers. Davis also said that these colleges would be "a major step forward in the development of our educational system."¹³ Although his statement was short on specifics, the college programs were intended to be responsive to labour market needs, and local communities throughout the province would have the opportunity to shape the programs available in their area.

Committee on the Healing Arts

The Ontario government was also keenly interested in the education of health care workers. It established the Committee on the Healing Arts in July 1966, to "enquire into and report upon all matters ... relevant to the practice of the healing arts," which encompassed more than fifty disciplines. The committee argued that health care worker education had "evolved without benefit of overall planning or administration."¹⁴ The lack of coordination was problematic because educating health care workers was not only expensive but also consumed precious resources that could be used to achieve other things that were in the public good. After holding public meetings and receiving submissions from a large cross-section of groups, including

physicians, health professionals, women's groups, and others, the committee reported in 1970. The report focused on the efficiency, adequacy, and flexibility of the education of health care workers. It made 254 recommendations, signalling a new interest in the education of health care workers, the labour market demands for particular kinds of workers, and increased coordination and planning. Some of the recommendations were critically important to occupational therapy and echoed the rationale for establishing CAATs. For example, the Committee on the Healing Arts recommended a pilot project in a CAAT to meet the demand for OTs in an underserved area.¹⁵ A pilot program would allow individuals to fulfill their educational aspirations, while simultaneously "preparing the required numbers of suitably qualified practitioners needed to provide the community the health services it desires." One of the more challenging questions raised in the third volume of the committee's report was whether education for health care workers should be comprehensive, thereby qualifying a graduate for immediate practice, or whether it was meant to provide individuals with the requisite background that would allow them to consolidate their skills through practical experience in his or her chosen occupation (tellingly described as a "trade" in the report). For occupational therapists, the implication of this was clear. It effectively sanctioned the idea of shifting at least some education away from universities, where OT programs had historically been located.¹⁶

Colleges in Ontario were already successfully educating different kinds of health care workers. The first medical laboratory technology program was established at Algonquin College in Ottawa. The program had the support of the Canadian Society of Laboratory Technology and other organizations, and local hospitals provided practical training to Algonquin students. So this program enjoyed broad support, and graduates had appropriate employment opportunities. For laboratory technologists, moving to the CAATs took the bulk of the training out of hospitals or laboratories. For the Committee of the Healing Arts, the Algonquin program was a precedent that other colleges could follow. After all, it demonstrated that "if the machinery for determining requirements and standards can be worked out, what appear to be highly satisfactory training programs can be provided" through the CAATs. Other programs followed, including a program to train technologists in radiography (1968) and a program in physiotherapy.¹⁷ Tracey Adams examined the movement of dental hygiene programs into the CAATs, a shift that was supported both by the profession of dentistry and by hygienists. For the government, situating dental hygiene in the CAATs would make the training accessible to a broader cross-section of students and, by providing local training opportunities, would help to improve the quality of dental care in underserved areas. As Adams notes, between 1974 and 1976, eleven colleges throughout Ontario created dental hygiene programs.¹⁸ Adams argues that the shift to colleges served the interests of the profession and helped to create opportunities for hygienists for personal and professional advancement by partially distancing them from the control of dentistry.

The Committee of the Healing Arts recommended that "immediate studies be made" to further explore whether OTs could be "trained" at the college level.¹⁹ It argued that there were "some components of occupational therapy which in certain

situations can be carried out by persons other than qualified occupational therapists, and the Committee does not wish to see the public deprived of the usefulness of these persons as they appear to perform a useful service.”²⁰ In a very direct way, this major review of health care work was suggesting the reorganization of occupational therapy to open up space for workers who were not university-educated OTs.²¹ It put forward a model for a “second level of therapist” trained in the CAATs, though it admitted that it had not conducted any research on the role of these workers. Once the college program was implemented, university programs could focus on producing “personnel for administration, teaching and research.”²² Cumulatively, these suggestions were part of a larger reimagining of the education of health care workers and initiated a long period of conflict between the promoters of the Mohawk College program and the CAOT.

The OT program at Mohawk College: Origins and Resistance

The origins of the Mohawk College program in occupational therapy sat at the confluence of the work of the Healing Arts Committee and the establishment of CAATs. Hamilton had an active local community of health care providers, and local hospitals were steeped in education, with support from McMaster University. The city had already demonstrated its appetite for innovation in the education of health care workers. For example, Dr. Hugo Ewart, the medical superintendent of the Hamilton Health Association, worked to establish the Hamilton and District School of Nursing in 1962. That same year, the School of Medical Laboratory Technology opened. These successes helped to lay the groundwork for thinking about where health care workers should be educated and who should take responsibility for the planning and coordination of these programs.²³ The shortage of OTs made it a strong candidate for innovation. Dr. C. R. McComb, of the Ontario Society for Crippled Children, raised the issue of the shortage of OTs with the Ontario Society of Occupational Therapy. Since a college-level program would have marked a significant departure for OT education, the matter was escalated to the CAOT, which discussed the idea in March 1967. In Canada, except for an intensive training program operated by the CAOT in Kingston, OT education had been based in universities since the 1920s. This distinguished occupational therapy from nursing, since most RNs were educated in settings other than universities, primarily in hospital-based programs. It also differentiated OTs from technical workers, such as laboratory or x-ray technologists, who were educated in a variety of settings.

The promoters of the Mohawk program intended to offer a three-year diploma. This posed a vexing issue for the CAOT because it potentially created two pathways into the profession, which was an affront to occupational therapy’s hard-won, but fragile, professional identity. When the Mohawk College program was first proposed in 1968, there were still several diploma-level OT programs in Canadian universities. So the idea of a diploma program was not as outrageous as it came to be seen by CAOT. Rather, the issue was that the new program would be delivered by a college, thereby stripping it of the prestige of university education. Unlike other health care

professions, occupational therapy did not have a registration examination or licensure through which the community of practice could be regulated. Licensure would have ensured that only qualified individuals would be able to practice, but as Adams has demonstrated, there was a good deal of variation among provinces in terms of what occupations were able to secure legislation. Legislation, as Adams acknowledges, does not "reveal the full story of professional formation or state-profession relations."²⁴ Indeed, through the 1950s and 1960s in Ontario, OTs frequently highlighted that "unqualified" occupational therapy assistants were functioning as professional OTs in mental health facilities.²⁵ The CAOT certainly did not want to set up a situation where college-educated practitioners were competing with university graduates for the same jobs. The only strategy available to occupational therapy was to restrict membership in the CAOT to individuals who had graduated from approved programs, and all those programs were located in universities. This linkage of education and membership in CAOT, then, became the only vehicle through which the profession could be regulated.

Nevertheless, before further considering the creation of a college-level program, CAOT decided to contact every Canadian university that had a Faculty of Medicine but no OT program to gauge whether there was any possibility of establishing additional university programs. With few options to quickly develop additional OT programs, and the need for more OTs in Ontario, the best option remained the college program in Hamilton. In the fall of 1968, the CAOT executive met with John Sibley of McMaster University. The meeting was positive, and everyone agreed that the "possibilities should be explored" and that a committee be established with two representatives each from Mohawk College, McMaster University, the Hamilton Health Association, and CAOT. In December 1968, the committee began to develop an outline for the new college-level program.²⁶ Things broke down quickly, however. At a meeting on May 12, 1969, the OTs on the committee, who had agreed to consider the feasibility of a college program, were "seriously questioning" whether a three-year diploma would prepare students for practice.²⁷ At this point, CAOT was still heavily involved, but when the proposal was finally drafted, the proponents were listed as Mohawk College, the Division of Health Sciences at McMaster University, and the Hamilton Health Association.²⁸ The CAOT was no longer supporting the idea.

Despite the promising beginning, the proposal to develop an OT program at Mohawk bogged down. In 1971, CAOT undertook a major review of its educational standards. By that time, all nine OT programs operating in Canada were offering degrees, though some continued to offer diplomas. In June 1971, CAOT approved a policy that the basic level for entry to practice would be a baccalaureate degree. This decision was taken after three special meetings of the board and consultation with the provincial OT associations.²⁹ At the same time, it was decided that CAOT membership would be restricted to those who had graduated from approved university programs. The proponents of the Mohawk program emphasized the ongoing shortage of university-prepared occupational therapists and highlighted that 69 OTs were employed in the Hamilton area in 1971, well short of the 100 that were needed. Since CAATs were meant to respond to local needs, this local shortage was

an important aspect of the discussion. Projections indicated that the need for OTs in Ontario would continue to grow and that the training capacity simply could not keep pace, resulting in a deficit of perhaps 150 OTs every year.³⁰

Helen Jensen, CAOT president, expressed her concern about the Mohawk proposal to McMaster University and the federal department of health.³¹ John Sibley, then the assistant to the vice president in the Division of Health Sciences at McMaster University, responded, expressing his disappointment that graduates from the Mohawk College program would not be eligible for CAOT membership. He said that the CAOT board's decision "leaves us somewhat perplexed" and asked her to reconsider this position.³² Although this prompted some reflection, the CAOT concluded that a diploma would not be sufficient to generate a "professionally competent" practitioner, and that a lower entry to practice would hurt the status of OTs, who were actively working to upgrade OT education.³³ There were other developments too. The CAOT formed an accreditation committee to approve OT education programs in January 1972, following the amicable dissolution of the joint committee they had with the Canadian Medical Association.³⁴ The CAOT also began to discuss the issue openly with its members. At the end of 1971, Shelia Irvine, the president, reported on the Mohawk proposal at CAOT's annual meeting.³⁵ In an article published in the *Canadian Journal of Occupational Therapy*, Margaret Trider wrote that the "hounds of some community colleges are snapping at our heels."³⁶ CAOT's multi-pronged resistance to college-level education put the Mohawk proposal at risk. With the final proposal nearly ready, both CAOT and the Ontario Society of Occupational Therapists (OSOT) had to decide on a course of action. In January 1973, OSOT informed the national association that it was no longer willing to participate in the development of the Mohawk proposal. There were concerns about the perception of a divided OT community, so CAOT decided to restate the recent policy on the educational standards and inform Dr. Sibley that it was also withdrawing from any further discussions about the Mohawk proposal.³⁷ Despite the opposition, the advisory committee, including OT representatives from the Hamilton area, continued to work on the proposal.³⁸ Although the preponderance of evidence was produced by OT's professional bodies, which had very clear concerns about the proposal, it is possible to discern that at least some front-line OTs, who often found themselves working in understaffed situations, were supportive of the move to a college. This was certainly the case for the Hamilton OTs, who continued to support the initiative and to work on its development, despite the opposition of both the OSOT and the CAOT.

In January 1973, the CAOT board decided that only programs offering a baccalaureate degree would be approved. The chair of the accreditation committee, Jean Burton, objected to this. She acknowledged that this decision came from both a "valid concern for the quality of training" but also from the "status aspirations" of the profession. For Burton, there were two choices. CAOT could either maintain the hard line that the degree was the only acceptable qualification to practise as an OT or evaluate each program on its merits and the abilities of its graduates. For Burton, the second option was the only ethical one, regardless of whether the OT possessed

a "degree, diploma or certificate."³⁹ Burton's stance further reinforces that there was a diversity of opinion among OTs, even within the CAOT. Helen Jensen responded to Burton, pointing out that the policy restricting membership to those with degrees was affirmed but also clarified through an additional motion which reinforced "that graduates of any new programmes which did not meet this basic level would not be approved by this Association."⁴⁰ This finessed a difficult issue for the CAOT since many practising OTs with diplomas were understandably sensitive about any suggestion that their qualifications were inadequate. Additionally, two Canadian university programs were still offering diploma options, though these were being phased out. In May 1973, the OSOT also announced that it would restrict membership to individuals who held degrees. Anne Opzoomer, OSOT president, added that graduates of the college program "will be competing at a disadvantage with degree graduates in the employment market."⁴¹

The opposition of the CAOT and the OSOT was coordinated, and it was significant. It was also the product of a different perspective on education. While the government was trying to rationalize the education of health care workers to meet the immediate labour demands in Ontario, OT's professional leaders were squarely focused on education that would help to transform the profession. They believed that occupational therapy, as a health discipline, needed to develop not only an increased number of skilled practitioners, but also a cadre of individuals who could serve as hospital administrators to oversee OT services, educators, clinical leaders, and researchers. These same individuals could also contribute to the development of health policy in Canada. Supporters of degree programs argued that only a university education would provide the necessary expertise to allow individuals to practise independently and to work collaboratively with other health care professions.

B. H. Buchanan, a physician who worked in the Health Manpower Division of the provincial health department, acknowledged that the CAOT "refused to accept the premises" of the Mohawk program and that "the approval of the accrediting and professional associations is normally a precondition for a final proposal."⁴² The 1970 "Guidelines for the Development of Programs for Health Occupations" in the CAATs suggested that proposed programs must be endorsed by "the regulatory body, professional association (component or parent) and other bodies."⁴³ Without this support, "graduates will not be employed, for example, by the Ministry of Health; position specifications require CAOT membership." Since employability was a critical question, Buchanan concluded that there was no way of demonstrating the educational value of a program in the face of such opposition and that the "Ministry should respect the CAOT position at this time... [and] reject this educational proposal as lacking the requisite professional accreditation."⁴⁴ But proponents of the college program argued that concerns "for status and income" had clouded the judgement of the professional organizations. In April 1974, the Provincial Review Committee, which was responsible for approving health science programs in the CAATs, approved the Mohawk program by a vote of 5-4.⁴⁵

In May 1974, CAOT's president, Lyn McCordic, highlighted that the Mohawk program did not have the support of the provincial or national professional

organization and reiterated that graduates would have limited career prospects.⁴⁶ She also raised further objections, including a shortage of qualified faculty and a limited number of clinical placements through which students could gain essential practical experience. McCordic argued that the approval of a college program for occupational therapy had “grave implications” for all health professions, which could lose their footing in universities and lead to decreased standards.⁴⁷ McCordic and Anne Opzoomer asked OTs to write to both the minister of health, Frank Miller, and the minister of colleges and universities, James Auld, to oppose the Mohawk program. They argued that Mohawk’s program would not only lower education standards but also threaten the OT’s status.⁴⁸ This was only partly true, since the college program was premised on the idea that not *all* OTs needed to be university educated, and that there was room for a second category of practitioner. Nevertheless, the idea that the Mohawk program posed an existential threat to the profession made for effective propaganda.

Individual OTs took the time to write. Penny Tanner, an OT from Toronto, highlighted her concern that it was essential for the profession to maintain its educational standards, and she expressed concern for the career prospects of Mohawk graduates. She added that it was “grossly unfair” that university-educated OTs and college graduates would “be classed at the same level, in terms of remuneration, and job opportunities.”⁴⁹ Not everyone agreed. Pat Fahy wrote to CAOT and provided extensive annotations to the document that outlined CAOT’s opposition to the Mohawk proposal. Fahy found CAOT’s attitude towards college programs “offensive.” She wrote that “the profession should [not] be cut off to those who cannot afford four years of university.” Fahy was effectively highlighting the privileged background of many Canadian occupational therapists. Almost from its founding, occupational therapy was identified with privileged white women. In 1972, Margaret Trider noted that the first courses in OT were disparagingly referred to as the “debutante’s course.” OT remained an occupation thought to be suitable for upper middle-class women who wanted to be of use but who did not anticipate having long careers.⁵⁰ Fahy also thought that a college program, like nursing programs outside of the university, would prepare front-line workers for OT departments. Fahy, a University of Toronto graduate, reflected on her own education and concluded that she and her classmates were educated *in* a university but were not educated “at the university level!” Fahy’s experience consisted of “high fees, poor facilities, ‘teachers’ who delighted in demoralizing teenagers, and nonpertinent [*sic*] courses & exams.” She contrasted this with the advantages offered by a college program. These included “fees people can afford, professional staff who treat pupils like mature humans (therefore graduate mature adults), extra help for anyone who needs it or requests it, excellent facilities and many other advantages over universities.” Fahy closed her letter by suggesting that the profession should assist the new program and help it be successful, rather than partake in “threats and old-fashioned hard-nose ‘degree’ snobbery.”⁵¹ Joy Bassett, the Ministry of Health’s consultant in occupational therapy, thought it was a “great pity that such a storm has blown up” over the Mohawk proposal. She thought that the controversy “has certainly done little to improve our professional relationship with

McMaster University or with Mohawk or indeed with many of the medical profession in Hamilton."⁵²

Members of the CAOT and the OSOT met with senior officials in the Ministry of Colleges and Universities in a two-hour meeting on December 20, 1974. The OTs took the position that Mohawk should train "at an assistant or technician level." This was rejected, and the ministry was confident that it could produce graduates in three years who were "equivalent" to those graduating with degrees. This was an "untenable position" for CAOT and the OSOT.⁵³ In a stunning reversal of its long-standing position, the CAOT even rejected the idea that there was a shortage of OTs in Ontario. From their perspective, graduates from the three extant university programs (Toronto, Queen's, and Western) could adequately meet the demand for OTs.⁵⁴ The interventions of the CAOT and the OSOT failed, and at the end of 1974, Mohawk College received permission from the Minister of Colleges and Universities to pilot a diploma program in September 1975 that would "prepare beginning level professional occupational therapy."⁵⁵ Sam Mittminger, the president of Mohawk College, said that permission to launch in September 1975 was the product of "many years" of effort by the local community in Hamilton. He also acknowledged "that there is a certain degree of controversy surrounding it [but it] relates primarily to the innovative nature of the project."⁵⁶ The letter was copied to McCordic, who wrote "cripes" with an exclamation point next to this sentence in the marginalia. In her own letter to the minister of colleges and universities, McCordic had already expressed that CAOT "did not accept that this pilot project should proceed. We continue to disapprove strongly of this proposal, and the project is proceeding therefore without the endorsement of the profession."⁵⁷ In another letter to the minister, she made it clear that the CAOT view was that the Mohawk program could not be justified from either "an educational nor a manpower point of view."⁵⁸

The plan to launch the thirty-three-month college program was announced in January 1975, over the objections of CAOT and OSOT. One newspaper article said that the OT program "is designed to prepare fully qualified beginning practitioners of occupational therapy" and that work on the "innovative course" was initiated in December 1968. The program would also benefit from the "full cooperation of McMaster and all the member institutions and health agencies of the Hamilton and District Health Council."⁵⁹ Despite this support, there were delays in launching the program, but in early 1977, things were falling into place. A brochure was produced which suggested that graduates of the Mohawk program would be "employed as a member of a health care team."⁶⁰ This effort worked, and they received about 180 applications and admitted twenty students.⁶¹ Advertisements were also placed in newspapers to recruit part-time faculty.⁶² By the early 1970s, Mohawk offered forty diploma programs and had more than 18,000 students, 350 faculty, and 250 staff. Mohawk had initiated a physiotherapy program that began in 1971 and several other health science programs. In 1973, the college added a nursing school and a program in medical technology.⁶³ Mohawk College, then, already had a strong tradition of, and track record in, educating health care workers. The first students entered the OT program in September 1977 and graduated in 1980.

Evaluating the Program

Although now underway, there were still questions about the Mohawk program, including the employment prospects of the graduates and their skills and competencies. The proponents of the program described it as the first college course of its kind in Canada and as a pilot project that would be evaluated. Between late 1974, when the government approved the program, and early 1979, there was little formal communication between the CAOT and Mohawk College. The exceptions to this general silence were the efforts to create an advisory committee and discussions about evaluating the program. Dr. John Frid, the dean of health sciences at Mohawk College, invited the CAOT to appoint representatives to an advisory committee.⁶⁴ This was rejected at an executive meeting on April 12. The executive argued that since a baccalaureate degree was necessary to practice, it would not be appropriate to participate. There was dissent however. According to Wendy Campbell, CAOT's executive director, Harriet Woodside, who was on the faculty for the Master of Health Science program at McMaster University, "feels very strongly that responsible occupational therapists should be representing the profession on this Advisory Committee."⁶⁵ The CAOT thought that perhaps representatives could come from the OSOT, which would allow the national society to distance itself from the new program.⁶⁶ In the interim, however, CAOT did suggest two nominees for Mohawk's advisory committee "on a temporary basis." The minutes record that there was "considerable discussion" on this point and the vote was 10–7, illustrating that the Mohawk program specifically, and the idea of college-level preparation for OTs generally, remained a divisive issue.⁶⁷

The other question concerned evaluation of the program's graduates. In January 1977, Marilyn Ernest, an assistant professor in the University of Western Ontario's OT program, was invited to serve on a special subcommittee to evaluate the Mohawk program.⁶⁸ But she did not think this was a good idea. In her response to the invitation, she wrote that if any professional OT in Canada took on this role "it would be like pressing your personal self-destruct button, professionally. If you came out in favour of the Mohawk Program, you'd be cursed by a majority of your colleagues. If you came out against Mohawk, you'd be ridiculed and accused of being biased by the government, Mohawk, and other professional people."⁶⁹ She went on to write that "everyone knows there is a battle, a certain degree of antagonism, professionally if not otherwise. To pretend hostilities have ceased because we've lost the battle (but not the war!) would be naïve." The intensity of this issue may be illustrated through Ernest's repetition of a shocking and misogynistic statement from an expert in program evaluation who said "when rape is inevitable—relax and enjoy it."⁷⁰ In other words, the Mohawk program was going to have to be evaluated.

In mid-March 1977, the CAOT decided that rather than striking a special committee for this purpose, any evaluation would follow the usual procedures.⁷¹ The Mohawk College steering committee set out criteria, and the evaluation would be done following the graduation of the second cohort in 1981. However, McMaster University developed an articulation agreement for Mohawk's OT students that allowed students

to transfer credits to the university and earn an undergraduate degree. Most of the Mohawk students opted for this pathway. This development left the evaluation "without a viable sample of diploma graduates to evaluate" in the view of Hilary Jarvis, CAOT president, who terminated the evaluation.⁷² An evaluation would ultimately be done but not by the CAOT or the OSOT.⁷³ Mohawk wanted "objective information" about its pilot program but the findings were concerning.⁷⁴ Graduates reported difficulty securing jobs (38 per cent), working in "low status" positions (48 per cent), or working in unspecified "unusual conditions of employment" (24 per cent). The graduates encountered other problems, too. Not least among them was that 48 per cent were concerned about their future in occupational therapy, 72 per cent believed they had "poor status" among OTs, while 86 per cent experienced negative effects because of being Mohawk graduates. They reported feeling professionally isolated because of their inability to become members of CAOT, which also limited opportunities for employment and advancement.⁷⁵ Graduates understandably wanted to resolve the negative perception of their preparation. Donna Campbell, by then the CAOT president, thought that the mechanism through which this could be altered would be to have the program accredited by CAOT. At an informal meeting in October 1983, CAOT and OSOT discussed accrediting the Mohawk College program. Both associations reported that they were aware of graduates who were frustrated by their inability to become members and were having problems finding jobs. It was decided that they would write to the chair of the Council of Regents for Ontario's colleges and seek permission to accredit the Mohawk program.⁷⁶

Campbell decided to write to Norman Williams, the chair of the CAAT's Council of Regents. She said that the Mohawk program "is likely to continue, as it is viewed as a good program."⁷⁷ In a conciliatory gesture, Campbell highlighted the challenges faced by Mohawk graduates in the report and suggested that CAOT accreditation would help to resolve the situation. Campbell's offer was firmly rebuffed by the Ontario Council of Regents for Colleges of Applied Arts and Technology because such an accreditation "is not required by either Ontario legislation or for employment purposes."⁷⁸ In her response, Campbell expressed her disappointment but did acknowledge that the "past few weeks have seen positive development in terms of seeking a resolution to the problems which exist" around the Mohawk program.⁷⁹ On November 9, 1983, the government cabinet agreed that the Mohawk program should be made permanent. The Ministry of Colleges and Universities reaffirmed that accreditation by the CAOT was unnecessary. In another important change, Mohawk College's Board of Governors approved the appointment of CAOT and OSOT members to serve on the OT program advisory committee on December 14, 1983, a move that the assistant deputy minister in the Ministry of Colleges and Universities hoped would "facilitate the Association's dialogue with Mohawk College." He also expressed the hope that Mohawk graduates would now be eligible for membership in the CAOT and the OSOT.⁸⁰

This remained an important challenge, because if the program was not accredited, then membership in CAOT would be beyond the grasp of graduates. A decade after the Committee on the Healing Arts rejected any licensure requirements, CAOT and

the provincial associations still could not legally determine who could practise as an occupational therapist but only who was eligible for membership in their associations. Nevertheless, some jobs in Ontario required membership in the CAOT, and this excluded Mohawk graduates. Donna Campbell expressed her hope that there would be an “alternative way” of dealing with this impasse and that having representation on the advisory committee would assist in this decision.⁸¹ Mohawk’s president invited both CAOT and OSOT to sit on an advisory committee. The first meeting was held on January 31, 1984. In February, it was decided that a working group from the advisory committee should initiate a program review of the OT program. A small review committee was established and visited Mohawk College from April 9–11, 1984.⁸² The sticking points in the review were that it did not award a degree, but rather a diploma, and that the quality of the program was “dependent on the joint relationship between Mohawk College and McMaster University.”⁸³ The review committee concluded that “the combination” of Mohawk’s program and the Bachelor of Health Sciences program at McMaster jointly met the standards set out by the CAOT.⁸⁴

On July 12, 1984, Seanne Wilkins sent the final review report to John Frid, dean of the Faculty of Health Sciences at Mohawk.⁸⁵ Wilkins said the committee did not feel the OT program alone “met the standards,” but that in combination with the Bachelor of Health Science program at McMaster, the college program would meet the minimum standards, and graduates would be eligible for membership in the OSOT and the CAOT.⁸⁶ This created a pathway for Mohawk graduates to CAOT membership, though they would have to pursue further education to be eligible. The Mohawk diploma on its own was not sufficient. When the report was received by Muriel Westmorland, the chair of the OT program at Mohawk, on July 17, 1984, she declared it a “major milestone in the history of the Mohawk College Program in Occupational Therapy.” She added that “I know the profession of Occupational Therapy will be all the richer for the inclusion of the graduates of this program into its [*sic*] ranks.”⁸⁷ The report, however, still posed a problem for the Mohawk College program. The advisory committee could support the collaborative relationship with McMaster, with the firm connection to the undergraduate program, or they could challenge the report’s recommendations. The advisory committee was also concerned that prior Mohawk graduates were not “grandfathered into the CAOT” and that “as a group of competent professionals, these graduates should have the opportunity to be included in CAOT membership.” The committee decided to ask the Board of Governors to pursue the matter with the CAOT.⁸⁸

The CAOT announced its “Special Membership Eligibility Policy” in January 1985. It applied to any graduates from the program between 1980 and 1984. It was a time-limited policy that would expire on September 30, 1988, and those wishing to be registered with CAOT had to complete additional courses over five full semesters, including a statistics course, one in research design, and three courses at the third- or fourth-year level in the social and behavioural sciences and/or the humanities.⁸⁹ Students organized and collectively they wrote to the president of Mohawk College, who endorsed their position.⁹⁰ They then wrote to CAOT asking them to reconsider

the position. The students wrote that there were "50 Occupational Therapists who have been seriously damaged" by this result.⁹¹ For these graduates of the program, there was no realistic pathway to membership in CAOT. Margaret Brockett, CAOT's executive director, responded to the group that their letter would receive the board's "urgent attention."⁹² Other Mohawk students were choosing to pursue degrees. By 1985, 95 per cent of the OT graduates opted to complete the Bachelor of Health Science degree at McMaster, recognizing that this was the only qualification that would ensure success in their chosen career. Employers were looking at hiring workers with university degrees and expressed concern about "the development of two levels of practice within the professions."⁹³ At the end of 1985, the Mohawk Board of Governors endorsed the development of a baccalaureate degree at McMaster and the suspension of admissions to the diploma program in OT effective September 1986.⁹⁴ The experiment to move education of OTs into the college system had been successfully resisted by the CAOT.

Conclusion

As the examples of Sheila Garrett, Jennifer Smart, and Lorie Shimmell that opened this analysis illustrate, the dispute between the CAOT and the supporters of the Mohawk program had material consequences for the program's graduates. Some could not find employment, while others were mired in jobs with no opportunities for advancement. These individual examples were supported by the evaluation of the Mohawk program, which found that more than a third of graduates faced challenges finding jobs, nearly half reported being in "low status" jobs, while 86 per cent felt that they experienced negative consequences because they had college diplomas rather than university degrees. For the graduates, the experiment in providing college-based education in occupational therapy was hardly a success. The program launched over the vocal objections of both the CAOT and the OSOT, although there is some evidence that other OTs were open to the idea. For example, Jean Burton believed that programs should only be assessed on the abilities of their graduates to practise successfully. Pat Fahy found CAOT's attitude towards college programs "offensive"—problematic because it made the profession inaccessible. Such voices are likely representative of others that are not reflected in the records examined and especially those of OTs who were working in understaffed services, where the demand for workers was going unmet year after year. This perspective was much more in line with the government's efforts to rationalize education and make it accessible to a broader cross-section of the Ontario population. It was a perspective that privileged preparing individuals for practice above all other considerations.

This response of the professional occupational therapy organizations to the Mohawk program was not exclusively about status and identity. In her paper on "The Future of Occupational Therapy," published at the time of the Mohawk debate, Margaret Trider suggested that OT in the early 1970s still suffered from "debutante syndrome." Trider saw the need to continue to remake occupational therapy to shed this identity and have OT's expertise acknowledged and valued.⁹⁵ The CAOT and

professional leaders consistently pointed to the transformative potential of baccalaureate education to prepare teachers and researchers and to help shape policy, in addition to providing the expertise necessary for independent practice and to collaborate with other health care professions. The CAOT remained deeply concerned with the availability of OTs to work in various settings in a period of expanding services. Indeed, they became directly involved in meeting the demand for staff through launching their own intensive training program in Kingston for university graduates and through training occupational therapy assistants. The CAOT also helped to ensure that OT departments in general hospitals were well planned and outfitted with proper equipment. They also invested considerable time advocating for better salaries and working conditions. The CAOT was also active on several policy fronts, including submitting briefs to several government commissions, including the Committee on the Healing Arts, the Royal Commission on the Status of Women, and others. All of this demonstrates a concerted effort on the part of the CAOT to make the profession more attractive to aid in the recruitment and retention of therapists. The CAOT also argued that it was for exactly these reasons that OT education must remain in universities.

A careful reading of the evidence reveals some of the divisions that existed within occupational therapy between those who were primarily concerned with having an education that could aid in the long-term transformation of the profession and those who were focused on meeting the immediate need for OTs. For the former, this was an existential issue that threatened the still fragile professional identity of occupational therapy. For other OTs, the need to fill job vacancies with OTs, regardless of where they were educated, was the more important question. The Committee on the Healing Arts supported the idea of a college-based education program for OTs as an alternative to relying exclusively on university programs. Thelma Gill described this decision as a “particular political act”⁹⁶ that rested on the underlying logic that professional education could be effectively streamlined and made to be more cost-effective without any detrimental impact on the quality of care. This underlying logic, of course, had direct implications for the professional claims of OTs and other groups. Professional status and privilege rely upon some claims to expertise, and among the health professions, education figures prominently in determining who has the expertise. In addition to conferring knowledge on students, education is also an important social indicator of status. Some professions have other steps, including licensure exams, registration, and continuing professional education that become part of restricting membership in a profession. In such cases, as Adams has demonstrated in her analysis of dental hygienists, a change in educational setting might benefit the occupation. In other cases, such as the reorganization of nursing labour and the introduction of new categories of workers, the changes could undermine professional status. The setting and nature of education programs and the quality of the graduates has been, and remains, a matter of concern to a broad cross-section of health care workers. CAOT was initially open to exploring the idea of a college program to meet the demand for OTs. CAATs were new, and government officials and an interested group in Hamilton comprised of some physicians and practicing

OTs supported the idea. However, CAOT quickly withdrew its support. A college pathway to occupational therapy came to be viewed as a step backward for the profession. Both the CAOT and OSOT expressed their concerns to the government, which nevertheless moved forward with the pilot program. Recognizing their inability to shut down the college program, the CAOT turned to strategies that put education at the centre of their professional project, including restricting membership in CAOT to graduates from approved programs and developing an accreditation process that viewed the baccalaureate as the gold standard. Through these strategies, CAOT was able to successfully contain the issue and survive this existential threat to members' professional status.

Notes

- 1 Sheila L. Garrett to Donna Campbell, president, CAOT, July 28, 1983, MG28-I495, 123-020062-2, box 17, file Mohawk 1983–Miscellaneous (B), Canadian Association of Occupational Therapists fonds (hereafter CAOT), Library and Archives Canada (hereafter LAC).
- 2 "Graduate Finds Her Diploma Isn't Enough," *Hamilton Spectator*, December 8, 1985.
- 3 Donna Campbell, president, CAOT, to Sheila L. Garrett, August 29, 1981, MG28-I495, 123-020062-2, box 17, file Mohawk 1983–Miscellaneous (B), CAOT, LAC.
- 4 I have adapted this definition from the World Federation of Occupational Therapists, <https://wfot.org/about/about-occupational-therapy>.
- 5 Judith Friedland, *Restoring the Spirit: The Beginnings of Occupational Therapy in Canada, 1890–1930* (Toronto: University of Toronto Press, 2011). Some of the early history of occupational therapy has been explored through the career of Mary E. Black. See Erin Morton, "The Object of Therapy: Mary E. Black and the Progressive Possibilities of Weaving," *Utopian Studies* 22, no. 2 (2011): 321–40, and Peter L. Twohig, "Once a Therapist, Always a Therapist: The Early Career of Mary Black, Occupational Therapist," *Atlantis* 28, no. 1 (2003): 106–17. For Quebec, see work by Julien Prud'homme, "What Is a 'Health' Professional? The Changing Relationship of Occupational Therapists and Social Workers to Therapy and Healthcare in Quebec, 1940–1985," *Canadian Bulletin of Medical History* 28, no. 1 (2011): 71–94, and Prud'homme and Antoine Rossignol, "From Healthcare Policy to Professional Politics: Medicare and Allied Health Professionals in Quebec, 1960–1990," in *Medicare's Histories. Origins, Omissions and Opportunities in Canada*, ed. Elyll Jones, James Hanley, and Delia Gavrus (Winnipeg: University of Manitoba Press, 2022), 265–85.
- 6 Muriel F. Driver, "A Philosophic View of the History of Occupational Therapy in Canada," *Canadian Journal of Occupational Therapy* (hereafter *CJOT*) 35, no. 2 (1968): 53–60; James D. Maxwell and Mary Percival Maxwell, "Inner Fraternity and Outer Sorority: Social Structure and the Professionalization of Occupational Therapy," in *The Sociology of Work: Papers in Honour of Oswald Hall*, ed. Audrey Wipper (Ottawa: Carleton University Press, 1994), 330–58; Kathleen Barker Schwartz, "Occupational Therapy and Education: A Shared Vision," *American Journal of Occupational Therapy* 46, no. 1 (1992): 12–18; Judith Friedland, "Why Crafts? Influences on the Development of Occupational Therapy in Canada from 1890 to 1930," *CJOT* 70, no. 4 (2003): 203–13.
- 7 CAOT, Report of Psychiatric Committee, Presented at Meeting of Executive Council September 13, 1955, RG 10-22-0-1409, Special Course in Occupational Therapy, box 86, Archives of Ontario.

- 8 A History of the Mohawk Occupational Therapy Program, MG28-I495, 123-020062-2, box 17, file Mohawk 1979, CAOT, LAC.
- 9 Peter L. Twohig, "A 'Most Distressing Shortage': Organizing Occupational Therapy in the Ontario Hospitals," in *The History of Medicine and Healthcare: Selected Papers*, ed. Lesley Bolton, William J. Pratt, and Frank W. Stahnisch (Newcastle-upon-Tyne: Cambridge Scholars Press, 2021), 21–50.
- 10 Peter L. Twohig "We Shall Arrive at the 'Utopia of Nursing': Reconceptualizing Nursing Labour in British Columbia, 1945–65," *BC Studies* 206 (2020), 9–30; Twohig, "The Second 'Great Transformation': Renegotiating Nursing Practice in Ontario, 1945–1970," *Canadian Historical Review* 99, no. 2 (June 2018): 169–95; and Twohig, "Are they Getting Out of Control?": The Renegotiation of Nursing Practice in the Maritimes, 1950–1970," *Acadiensis* 44, no. 1 (Winter/Spring 2015): 91–111.
- 11 A. B. McKillop, *Matters of Mind: The University in Ontario, 1791–1951* (Toronto: University of Toronto Press, 1994), 565.
- 12 For British Columbia, see Maria J. Brown, "Capilano College: A Study in the Development of a Regional or Community College," *BC Studies* 17 (Spring 1973): 43; and Bob Cowin, "Made in BC: A History of Postsecondary Education in British Columbia," November 2007, <https://files.eric.ed.gov/fulltext/ED501776.pdf>. For Quebec, see Association des cadres des collèges du Québec, *Le réseau des cégeps: trajectoires de réussites* (Quebec: Presses de l'Université Laval, 2017), and Reginald Edwards, "Historical Background of the English-Language CEGEPs of Quebec," *McGill Journal of Education* 25, no. 2 (Spring 1990): 147–74. For an overview, see John D. Dennison, ed., *Challenge and Opportunity: Canada's Community Colleges at the Crossroads* (Vancouver: UBC Press, 1995).
- 13 Statement by Hon William G. Davis in the Legislature, May 21, 1965, MG28-I495, 123-020062-2, box 17, file Mohawk 1983–Miscellaneous (A), CAOT, LAC.
- 14 *Report of the Committee on the Healing Arts*, vol. 3 (Toronto: Queen's Printer, 1970), 93.
- 15 *Report of the Committee on the Healing Arts*, vol. 1 (Toronto: Queen's Printer, 1970), 38.
- 16 *Report of the Committee on the Healing Arts*, vol. 3, 95. The report also recommended that degree programs for OTs should continue to be encouraged and that at least one graduate program be established in Ontario.
- 17 *Report of the Committee on the Healing Arts*, vol. 3, 58, 106–08, 111.
- 18 Tracey L. Adams, "Education and the Quest for Professional Status: The Case of Ontario's Dental Hygienists," in *Learning to Practise: Professional Education in Historical and Contemporary Perspective*, ed. Ruby Heap, Wyn Millar, and Elizabeth Smyth (Ottawa: University of Ottawa Press, 2005), 270.
- 19 *Report of the Committee on the Healing Arts*, vol. 1, 38.
- 20 *Report of the Committee on the Healing Arts*, vol. 2 (Toronto: Queen's Printer, 1970), 378.
- 21 At the time the report was issued, there were two diploma programs operating in Ontario — at the University of Toronto and at Queen's University. A degree program was ready to be launched at the University of Western Ontario, and Queen's had a plan to replace its diploma program with one that would award degrees.
- 22 *Report of the Committee on the Healing Arts*, vol. 2, 376.
- 23 S. Patricia Filer, *Mohawk College of Applied Arts and Technology: A History, 1946–1985* (Hamilton: n.p., 1985), 56–8. Filer describes the education of technologists as "haphazard," but "variable" would be a better descriptor, since education took place in universities, hospitals, and colleges. There were well-established mechanisms for approving programs and a national registry for laboratory technologists. See Peter L. Twohig, *Labour in the Laboratory: Medical Laboratory Workers in the Maritimes, 1900–1950* (Montreal: McGill-Queen's University Press, 2005).

- 24 Tracey Adams, "Regulating Professions in Canada," *Journal of Canadian Studies* 43, no. 3 (Autumn 2009): 199.
- 25 Twohig, "A 'Most Distressing Shortage': Organizing Occupational Therapy in the Ontario Hospitals."
- 26 Review of Information Relating to the Mohawk School of Occupational Therapy, n.d., file Mohawk 1972; and Summary of Discussions of the Ad Hoc Committee Proposed Diploma Course in Occupational Therapy," December 17, 1968, file Mohawk 1972; and Proposal for a Diploma Program in Occupational Therapy, Revised June 1971, MG28-I495, 123-020062-2, box 17, file Mohawk Pre-1972, CAOT, LAC.
- 27 Minutes of the Advisory Committee on Occupational Therapy, May 12, 1969, MG28-I495, 123-020062-2, box 17, file Mohawk 1972, CAOT, LAC.
- 28 Proposal for a Diploma Program in Occupational Therapy, Revised June 1971. Graduates from the program would receive a college diploma and a certificate from McMaster University's Faculty of Medicine. Students who demonstrated academic aptitude were also eligible for advanced placement into McMaster's health science degree program, and could transfer to the university following their first year. The close relationship between McMaster and Mohawk's OT program would become a critical issue in how the program operated, and CAOT's response to it.
- 29 CAOT Board of Directors Meeting Provisional Agenda, March 21, 1972, MG28-I495, 123-020062-2, box 17, file Mohawk 1972, CAOT, LAC.
- 30 Proposal for a Diploma Program in Occupational Therapy, Revised January 1972, 38, MG28-I495, 123-020062-2, box 17, file Education Community Colleges, CAOT, LAC.
- 31 Helen Jensen to John C. Sibley, October 30, 1972, and Jensen to Maurice LeClair, deputy minister of health, National Health and Welfare, October 5, 1972, MG28-I495, 123-020062-2, box 17, file Mohawk 1973, CAOT, LAC.
- 32 John C. Sibley to Helen Jensen, April 24, 1972, MG28-I495, 123-020062-2, box 17, file Mohawk 1973, CAOT, LAC.
- 33 Occupational Therapists on the Proposed McMaster Diploma Program in Occupational Therapy," August 1972, file Mohawk 1973, and Occupational Therapists on the Proposed McMaster Diploma in Occupational Therapy, December 13, 1972, file Education Community Colleges, MG28-I495, 123-020062-2, box 17, CAOT, LAC.
- 34 "Annual Reports-1972," *CJOT* 39, no. 4 (Winter 1972): 207.
- 35 "Annual Reports," *CJOT* 38, no. 4 (Winter 1971): 172.
- 36 Margaret F. Trider, "The Future of Occupational Therapy," *CJOT* 39, no. 1 (Spring 1972): 3.
- 37 "Review of Information Relating to the Mohawk School of Occupational Therapy," n.d., MG28-I495, 123-020062-2, box 17, file Mohawk 1972, CAOT, LAC.
- 38 See, for example, Minutes of the Advisory Committee, MG28-I495, 123-020062-2, box 17, file Mohawk 1973, CAOT, LAC.
- 39 Jean Burton, chair, Accreditation Committee, to Helen Jensen, president, CAOT, March 6, 1973, MG28-I495, 123-020062-2, box 17, file Mohawk 1973, CAOT, LAC.
- 40 Jensen to Burton, January 31, 1973, MG28-I495, 123-020062-2, box 21, file Academic Standards & Accreditation, CAOT, LAC. The OSOT suggested that perhaps the college should focus on training "assistant personnel" who could work with university-prepared OTs.
- 41 Anne Opzoomer to John C. Sibley, May 18, 1973, MG28-I495, 123-020062-2, box 17, file Mohawk 1973, CAOT, LAC. The idea of training both OTs and occupational therapy assistants at Mohawk College was discussed within the Ontario government. See Milton Orris, coordinator, Allied Health Programs, Department of Colleges and Universities, to Helen Jensen, August 2, 1973, MG28-I495, 123-020062-2, box 17, file Mohawk 1973, CAOT, LAC.

- 42 Memo from B. H. Buchanan, MD, Ministry of Health, Health Manpower Section Research & Analysis Division, to Dr. W. F. Lumsden and Mr. R. Oss, March 29, 1974, MG28-I495, 123-020062-2, box 17, file Mohawk 1974, CAOT, LAC.
- 43 Ontario Ministry of Health, "Guidelines for the Development of Programs for Health Occupations within Colleges of Applied Arts and Technology and Health Sciences Complexes in Ontario," November 1970, 4 MG28-I495, 123-02006202, box 17, file Mohawk 1970 (Provincial Guidelines), CAOT, LAC.
- 44 Buchanan to Dr. W. F. Lumsden and Mr. R. Oss, March 29, 1974.
- 45 Lyn McCordic to Dr. Stanley Martin, deputy minister of health, April 9, 1974, MG28-I495, 123-020062-2, box 17, file Mohawk 1974, CAOT, LAC.
- 46 McCordic to Auld, May 27, 1974, and McCordic to Millar, May 27, 1974, MG28-I495, 123-020062-2, box 17, file Mohawk 1974, CAOT, LAC.
- 47 McCordic to Martin, April 9, 1974.
- 48 A. Opzoomer and L. McCordic to Therapist, June 4, 1974, MG28-I495, 123-020062-2, box 17, file Mohawk 1974, CAOT, LAC.
- 49 Penny Tanner to Frank Miller, June 19, 1974, and Tanner to Auld, June 19, 1974, MG28-I495, 123-020062-2, box 17, file Mohawk 1974, CAOT, LAC.
- 50 Margaret F. Trider, "The Future of Occupational Therapy," *CJOT* 39, no. 1 (Spring 1972): 3.
- 51 Pat Fahy to CAOT, n.d. [date stamped June 10, 1974], MG28-I495, 123-020062-2, box 17, file Mohawk 1974, CAOT, LAC.
- 52 Bassett to McCordic, July 11, 1974, MG28-I495, 123-020062-2, box 17, file Mohawk 1974, CAOT, LAC.
- 53 McCordic to CAOT board members, January 8, 1975, MG28-I495, 123-020062-2, box 17, file Mohawk 1975, CAOT, LAC.
- 54 Lyn McCordic, president, CAOT, to Elizabeth Baglole, Charlottetown, Prince Edward Island, March 10, 1975, MG28-I495, 123-020062-2, box 17, file Mohawk 1975, CAOT. Baglole had written to Wendy Campbell previously, highlighting that "outlying regions cannot get staff." Baglole added "PEI is recognizing the need for Occupational Therapy and does not worry about where therapists are trained. I hope CAOT is not quibbling over small petty points when we desperately need people and should be able to accommodate various routes to training." Baglole to Wendy Campbell, executive director, CAOT, January 28, 1975, MG28-I495, 123-020062-2, box 17, file Mohawk 1975, CAOT, LAC.
- 55 John Frid to Stella Tate, April 12, 1976, MG28-I495, 123-020062-2, box 17, file Mohawk 1976, CAOT, LAC.
- 56 S. [Sam] Mitminger, president, Mohawk College, to Hon. James A. C. Auld, minister of colleges and universities, January 6, 1975, MG28-I495, 123-020062-2, box 17, file Mohawk 1975, CAOT, LAC.
- 57 Lyn McCordic, president, CAOT, to James A. C. Auld, minister of colleges and universities, January 8, 1975, MG28-I495, 123-02006202, box 17, file Mohawk 1975, CAOT, LAC. Auld passed this letter along to officials at Mohawk College and let McCordic know in another letter, prompting her to write "good!" in the marginalia. Auld to McCordic, January 15, 1975, MG28-I495, 123-02006202, box 17, file Mohawk 1975, CAOT, LAC. Auld originally communicated the decision to McCordic in a letter on December 31, 1974. In that letter, he said that the CAOT "has accepted that the Mohawk program should proceed as a pilot project" and that it would "participate in an ongoing evaluation of the program." Auld to McCordic, December 31, 1974, MG28-I495, 123-020062-2, box 17, file Mohawk 1974, CAOT, LAC.
- 58 Lyn McCordic, president, CAOT, to James A. C. Auld, minister of colleges and universities, December 30, 1974, MG28-I495, 123-020062-2, box 17, file Mohawk 1975, CAOT, LAC.

- 59 "Occupational Therapy Course Approved," *Mountain News*, January 22, 1975, 31.
- 60 Mohawk College Occupational Therapy brochure, January 1977, MG28-I495, 123-020062-2, box 17, file Mohawk 1976, CAOT, LAC.
- 61 Administrative Structure of the Occupational Therapy Program within Mohawk College, n.d., MG28-I495, 123-020062-2, box 17, file Mohawk 1976, CAOT, LAC.
- 62 See, for example, advertisement for a Teaching Master, Mohawk College, *Montreal Gazette*, May 4, 1978, 32.
- 63 Filer, *Mohawk College of Applied Arts and Technology*, 29.
- 64 John Frid, dean of Health Sciences, Mohawk College, to Stella Tate, president, CAOT, April 1, 1976, MG28-I495, 123-020062-2, box 17, file Mohawk 1976, CAOT, LAC.
- 65 Wendy Campbell to Nancy Borthwick, May 20, 1976, MG28-I495, 123-020062-2, box 17, file Mohawk 1976, CAOT, LAC.
- 66 Stella Tate, president, CAOT, to John Frid, May 19, 1976, MG28-I495, 123-020062-2, box 17, file Mohawk 1976, CAOT, LAC.
- 67 Standards of Training of Auxiliary Personnel Summary Document, MG28-I495, 123-020062-2, box 2, file Education Council to 1983, CAOT, LAC.
- 68 Bridle to Ernest, January 17, 1977, MG28-I495, 123-020062-2, box 17, file Mohawk 1976, CAOT, LAC.
- 69 Marilyn Ernest to Mary Bridle, Chair, Accreditation Committee, School of Rehabilitation Therapy, Queen's University, February 1, 1977. File Mohawk 1976, MG28-I495, 123-020062-2, Box 17, CAOT, LAC.
- 70 Ernest to Bridle, February 1, 1977, CAOT, LAC.
- 71 Wendy Campbell, executive director, CAOT, to Mary Bridle, Queen's University, March 28, 1977, MG28-I495, 123-020062-2, box 17, file Mohawk 1976, CAOT, LAC.
- 72 "CAOT Annual Reports, 1979-80," *CJOT* 47, no. 4 (October 1980): 169.
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