Understanding Certification: Issues in Fairness

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Since its inception in the mid-1920s, the American Occupational Therapy Association's (AOTA) certification program has included fairness as one of its goals. The certification program is implemented through AOTA's Standards and Ethics Commission, the Certification Committee, and the Division of Credentialing in AOTA's National Office. Fairness is ensured through checks and balances, appeal processes, and the involvement of public members. Those of us associated with the certification process continually confront fairness issues when dealing with terminology, bilingualism, and examination procedures.

Terminology

The terms and titles (e.g., licensing, registration, and certification) used by our profession and other health professions may be confusing and misleading. Furthermore, because these terms are interpreted differently by different professions, there may be an inherent unfairness in the use of these terms. Some professions (e.g., medicine) have both laws that govern licenses to practice medicine and national certification programs for specialty practice. Nurses who are licensed are called “Registered Nurses.” AOTA “certifies” occupational therapists and occupational therapy assistants; however, one group is called “Registered Occupational Therapists,” whereas the other group is called “Certified Occupational Therapy Assistants.” Occupational therapy personnel, who may be “licensed” by their state and “certified” by AOTA, may also one day be eligible for “specialty certification,” because AOTA is considering the institution of a voluntary, specialty certification program.

Consider the following definitions of licensure and certification. Licensure is “the process by which a government agency authorizes an individual to engage in a given occupation” (1, p 53). Certification is “the process by which a non-governmental agency or association grants recognition of competence to an individual who has met predetermined qualifications specified by that agency or association” (1, p 52). The primary difference between licensure and certification is that licensure is administered by a public body using a governmental process and is mandated by the law, whereas certification is a voluntary undertaking administered by a private organization.

Registration, on the other hand, is defined as “the process by which qualified individuals are listed on an official roster maintained by a governmental or non-governmental agency” (1, p 54). Registration allows the public to identify persons that initially met established criteria; however, it does not assess the current competence of these individuals. One may wonder, why then are occupational therapists called Occupational Therapists, Registered? According to one explanation, it was initially possible to become an occupational therapist on the basis of work experience alone. Reed and Sanderson (2) explain this situation as follows.

If a person applied to the national association and was accepted for membership, that individual’s name was placed on the list. Thus, the person was registered. The designation of Occupational Therapist, Registered, has remained in spite of several attempts by various members to change to other designations such as Occupational Therapist, Certified, and Certified Occupational Therapy Technician (p 148).

After reviewing the AOTA certification process, recognizing the above definitions of certification...
and registration, and acknowledging that AOTA has no system to measure continuing competence, one must conclude that AOTA in reality Initially certifies all occupational therapy personnel and thereafter registers them, regardless of the titles that are presently used. Inconsistencies in terminology cause confusion within our profession and also may be misleading to consumers and employers of occupational therapy personnel.

**Bilingualism**

The AOTA Certification Examinations are currently administered only in English; however, a growing proportion of the US population is Spanish speaking. In 1982, Spanish-speaking Americans numbered approximately 15 million, which is about 6.4% of the population (3). Naisbitt (3) describes the potential influence of Spanish-speaking Americans on our society as follows.

By 1990 some experts believe black and white Spanish-speaking Americans will be the nation's largest ethnic group. The Mexican population of Los Angeles, for example, is second only to Mexico City, and Miami is two-thirds Cuban. It is my opinion that present debate about bilingual education will eventually have to be settled in favor of Spanish speakers and that we will be transformed into a bilingual country before the end of the century (p 276).

One aspect of the bilingualism fairness issue is already evident in the administration of the AOTA Certification Examination. Occupational therapists in Puerto Rico who wish to be certified by AOTA must take the Certification Examination in English. However, the first language of these Puerto Rican-trained therapists is Spanish. No extra time to take the examination is allowed for candidates whose native language is not English.

However, giving any special treatment would raise questions. If special accommodations (e.g., administering the test in Spanish or giving additional time) are to be granted, should the certification also be limited? Should Certification Examinations in Spanish certify the candidate only as a Spanish-speaking occupational therapist? Take for example one type of limitation with driver's licenses. If a driver is required to wear corrective lenses, that limitation is stated on the driver's license. Thus, if special accommodations are made, is it fair to the consumer of occupational therapy services if AOTA implies that the initial competence of all occupational therapy personnel is the same, regardless of the candidate's understanding of the English language?

To date, bilingualism issues have only been partially addressed. In 1980, AOTA President Mae Hightower-Vandamm (4) commented on the need to examine the issue of publishing the Certification Examinations in Spanish. In 1985, the AOTA Manpower Commission Report (5) included the following recommendations: a) “Allow certification examination candidates for whom English is a second language additional time to complete the examination” and b) “Offer the certification examination in Spanish.”

Regarding cost, translation of one form of the Certification Examination was estimated at $5,000 in 1980. The figure did not reflect the cost of translating supporting documents or of the services of additional Spanish-speaking reviewers. Additional expenses and problems of administering the AOTA Certification Examination would occur in maintaining two item pools (one in Spanish and one in English), so that a different version of the Spanish examination could be offered at each administration as is presently done with the English version.

Other questions of fairness are raised with the issue of bilingualism. Is it fair to spread the costs (whatever they may be) among the total membership? Would it be fair to charge Spanish-speaking candidates an additional expense to offset the translation costs? Would a Spanish version of the Certification Examination be as valid and reliable as the English version? Does AOTA want to promote and support bilingualism or multilingualism? What about languages other than English and Spanish? Since 1982, the AOTA, through the testing agency, has administered the Certification Examination in foreign countries. Thus, would offering the examination in Spanish prompt requests for translation into other languages?

**Examination Procedures**

To reduce the possibility of charges of unfair practice, AOTA (since 1972) has contracted with an outside testing agency to administer and score the examinations and to provide expert assistance to the Certification Committee in developing, maintaining, and reviewing Certification Examinations for entry-level occupational therapists and occupational therapy assistants. Currently, AOTA contracts with Assessment Systems, Inc., for these services.

To be fair and make examinations equal, the Certification
Committee instituted procedures to equate forms of examinations. This ensures comparability from one form of an examination to another. The number of questions needed to be answered correctly to pass an examination varies slightly from the administration of one examination to another because of minor fluctuations in the difficulty level across examinations. The equating process ensures candidates that these minor fluctuations in difficulty are controlled and that the level of competence assessed is consistent from one examination to another. This process ensures that the pass level is not arbitrary and unfair. In conjunction with equating examinations, the Certification Committee adopted the principles related to the use of scaled scores for reporting examination results. Scaled scores avoid confusion by reporting a constant passing scaled score across test administrations and allow the comparison of data from one examination to another. Although different forms of the Certification Examination will inevitably vary somewhat in their respective levels of difficulty, equating and scaling ensure that all candidates are treated fairly.

Candidates for the Certification Examinations are only weeks away from being practicing occupational therapy personnel, yet some candidates make errors and object to being held responsible for their decisions. For example, who should be held accountable when a candidate fails to provide a correct address and therefore does not receive an admission ticket to the examination? Who should be held accountable when candidates decide to change test sites after the deadline for submitting such requests? Also, under what circumstances should such questions be decided in favor of the candidate? These examples involve special handling and exceptions to procedures of administering the examinations that could compromise the security and integrity of the examination.

Fairness questions related to examination procedures seem to meet with opposing viewpoints. Consider the question of whether or not it is fair to request an addition to established test sites. Candidates and program directors might answer yes to this question. However, this raises the second question of who should pay for the costs associated with this increase? Who benefits and who loses if increasing the number of test sites means the testing agency provides less consultation to AOTA because the agency must spend its time and resources arranging for additional locations and proctors? Many issues are complex because what appears to be fair for one group may in fact be unfair for another. There is an English proverb that states, "Fair is not fair, but that which pleases" (6). Thus, it is clear that it is impossible to please everyone who has vested interests.

Discussion
The fairness issue is difficult to resolve. What really is fair? Rawlins (7) answers, "I don't know— in fact it has been quite the work of my youth and adulthood to figure it out, and all signs are that it will occupy my old age as well." The problem with fairness in certification issues is not with its intent; the problem is in operationalizing that intent.

Those of us involved in the certification program accept the responsibility and challenge of responding to questions related to fairness. We pay for that responsibility, knowing that others, in their wisdom, will also judge us.

REFERENCES