

ON THE record

VOLUME 9 ISSUE 3

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Pandemic Planning – *Are You Prepared?*

Planification en cas de pandémie – *Êtes-vous prêt?*

Acupuncture Standards –
Developing Standards for Controlled Acts

QA Update -
Prescribed Regulatory Education Program (PREP)

Scope of Practice Update



College of Occupational Therapists of Ontario
Ordre des ergothérapeutes de l'Ontario

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Contents

Promoting Competent Practice *Applying principles of competent practice*

Pandemic Planning – *Are You Prepared?* 3
 Planification en cas de pandémie – *Êtes-vous prêt?* 5
 Acupuncture Standards – *Developing Standards for Controlled Acts* 7
 QA Update - *Prescribed Regulatory Education Program (PREP)* 9
 Scope of Practice Update 11
 You Asked (Q & A) 13

Just The Facts *Competency-related statistics and evaluation*

Registration Statistics – *Did You Know?* 15

College News

College Surveys 17
 Council Election 2010 –
 Protecting the Public and Shaping Health Care Policy in Ontario 18
 Fall 2009 Education Sessions for District 1 19
 Council Highlights 19
 Suspensions 19

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College Staff

- Karen Giallelis
Quality Programs Associate
 Extension 239, kgiallelis@coto.org
 Anita Jacobson
Practice Resource Liaison
 Extension 240, practice@coto.org
 Lisa Anne LaBillois
Finance and Operations Associate
 Extension 221, llabillois@coto.org
 Elinor Larney
Deputy Registrar
 Extension 233, elarney@coto.org
 Andrea Lowes
Manager, Investigations & Resolutions
 Extension 223, alowes@coto.org
 Lisa Majidi
Investigations & Resolutions Associate
 Extension 234, lmajidi@coto.org
 Pam Marler
Registration Coordinator
 Extension 229, pmarler@coto.org
 Tim Mbugua
Policy Analyst
 Extension 246, tmbugua@coto.org

- Jeff Payette
Communications Coordinator
 Extension 222, jpayette@coto.org

- Sue Price
Registrant Services Associate
 Extension 224, sprice@coto.org

- Marion Rantin
Executive Assistant, Deputy Registrar
 Extension 228, mrantin@coto.org

- Serena Shastri-Estrada
Practice Resource Liaison
 Extension 248, sshastri-estrada@coto.org

- Jewelle Smith-Johnson
Director of Operations & Communications
 Extension 226, jsmith-johnson@coto.org

- Leanne Worsfold
Manager, Quality Programs
 Extension 227, lworsfold@coto.org

- Barbara Worth
Registrar
 Extension 225, bworth@coto.org



Letters to the Editor

To express your views on editorial content or any College matter, please contact the Editor by mail, phone or email:

Jeff Payette
 Communications Coordinator

College of Occupational Therapists of Ontario
 20 Bay Street, Suite 900
 P.O. Box 78
 Toronto, Ontario M5J 2N8
 Phone: 416-214-1177 ext 222
 Toll Free: 1-800-890-6570
 Fax: 416-214-1173
 Email: jpayette@coto.org

There are some preventative measures that individuals can implement to reduce the risk of contracting the H1N1 influenza.



Pandemic Planning – *Are You Prepared?*

Barb Worth, Registrar

If you have visited the College website lately, you will have noticed a new section in the *Resource Room* called *Pandemic Planning*.

This section of the College website is a collection of resources for Registrants and College stakeholders, containing documents and links to agencies which represent the result of a Pan-Canadian collaboration of several agencies and various levels of government including public health, Ministry of Health and Long-Term Care (MOH & LTC) and Health Canada.

Why prepare?

Influenza Pandemic is a worldwide epidemic in which a disease spreads easily and rapidly. While the timing and location of an influenza outbreak is difficult to predict, the reality is that research at the level of the World Health Organization indicates that influenza pandemic planning must be considered to be an imperative health issue by governments, health systems, health providers and consumers.

Proactively, the College entered into planning for an influenza pandemic for three reasons:

- To assist Registrants with understanding their role in an emergency situation
- Identify which core business would continue in an emergency
- Describe how services could continue in an emergency

What can Registrants expect from the College?

The College recognizes that occupational therapists are a valued health resource with much to offer the public in general as well as during a health crisis. Occupational therapists, as health care providers, have certain obligations within the provision of care in such emergency circumstances. Understanding the broader environment, translating this understanding to individual practices and ensuring patient safety are key professional responsibilities to have in practice at all times. In an emergency, there may also be a need for health care

professionals to be reallocated from their usual roles and settings, to those which are closer to the public than usual.

Occupational therapists are expected to keep informed of all pertinent federal, provincial and local emergency plans and public health communications. Links to these resources are available on the College website in the *Pandemic Planning* section.

The College has created key resources to assist Registrants to understand the expectations of their role during a pandemic. *A Position Statement on Influenza Pandemic* describes the responsibilities of the College and the expectations of occupational therapists during a pandemic. Available also on the website is a Registrant Tool Kit; a comprehensive reference related to occupational therapy practice during a pandemic.

How will the College maintain operations?

Workers in health care organizations, including the College, have a duty to provide service during a communicable disease outbreak. There is an assumption that 30 - 35% of the work force will become ill during an event at any one time, and some estimate that if the pandemic is severe this percentage may reach 50%. The College assumes staff in the organization will be affected at the same rate. It is imperative to the public interest and to Registrants that in such an event the essential work of the organization is managed effectively.

A business continuity plan has been developed for the organization which identifies the core programs of Registration and Practice Resource along with Communications as being the priorities that will operate throughout a pandemic. Planning considerations include the need to provide these essential activities with a reduced workforce.

The regulatory function of Registration will be maintained to meet the potential of an increased demand for occupational therapists during an influenza pandemic. The Practice Resource Service will be maintained to provide a communication link for Registrants related to the application of standards during an influenza pandemic.

Communications will be maintained to ensure appropriate information and knowledge dissemination is available to occupational therapists on their roles

and responsibilities. From the onset of a pandemic, the College will receive information updates from daily teleconferences and Important Health Notices issued by the MOH & LTC. Pandemic status updates will be made available to Registrants through the College website.

The College will have a Command Centre Team that will oversee the phases of a pandemic and direct the actions to be taken by the organization in such an emergency situation. In a worst-case scenario, with the final phase being declared, the Team will determine if the situation warrants closure of the office due to the need for complete social distancing. All external meetings will be cancelled or held by teleconference and the priority services will be operated virtually.

How to prepare?

Although we all hope for a healthy fall and winter, we cannot ignore the current public health statistics on the H1N1 influenza. There are a number of resources available that describe preventative measures that individuals can implement. Effective hand washing and the use of respiratory etiquette have been identified as preventive actions that should be practiced.

If you have not already discussed the possibility of a pandemic or other type of emergency in your work place or home, some helpful resources are available on the College website to assist you with developing a plan.





Planification en cas de pandémie – Êtes-vous prêt?

Barb Worth, Régistraire

Si vous avez visité le site Web de l'Ordre récemment, vous aurez remarqué une nouvelle section sous le titre *Resource Room* (salle des ressources) intitulée *Pandemic Planning* (planification en cas de pandémie).

Cette section anglaise du site Web de l'Ordre est un ensemble de ressources pour les membres inscrits et d'autres personnes intéressées qui fournit des documents et des liens avec des agences et organismes. Cette section est le résultat d'une collaboration pancanadienne de plusieurs agences/organismes et de divers paliers du gouvernement, y compris la santé publique, le ministère de la Santé et des Soins de longue durée et Santé Canada.

Pourquoi se préparer?

Une pandémie de grippe est une épidémie qui touche le monde entier et dans le cadre de laquelle une maladie se propage facilement et rapidement. Bien qu'il soit difficile de prédire quand et où une flambée de grippe se produira, des recherches au niveau de l'Organisation mondiale de la santé indiquent qu'une planification en cas de pandémie de grippe est une mesure de santé impérative pour les gouvernements, les systèmes de santé, les fournisseurs de soins et les consommateurs.

À titre proactif, l'Ordre a entamé un processus de planification en cas de pandémie de grippe pour trois raisons :

- Pour aider ses membres à mieux comprendre leur rôle dans une situation d'urgence
- Pour identifier les activités principales qui se poursuivront dans une situation d'urgence
- Pour décrire comment les services pourront continuer d'être offerts dans une situation d'urgence

À quoi peuvent s'attendre les membres de la part de l'Ordre?

L'Ordre reconnaît que les ergothérapeutes sont une ressource importante dans le domaine de la santé qui peut être très utile pour le public en général ainsi que dans une situation d'urgence. Les ergothérapeutes sont des fournisseurs de soins qui ont certaines obligations concernant la prestation de services en cas d'urgence. Bien comprendre la situation globale, adapter cette compréhension

à des pratiques individuelles et assurer la sécurité des clients sont des responsabilités professionnelles clés à respecter en tout temps dans une pratique. Dans une situation d'urgence, on peut également avoir besoin de réaffecter des professionnels de la santé pour leur attribuer des rôles et des lieux d'exercice qui sont plus rapprochés du public que ce à quoi ils sont habitués.

On s'attend à ce que les ergothérapeutes se tiennent au courant de tous les plans d'urgence et communications de santé publique pertinents à l'échelle fédérale, provinciale et locale. Des liens avec ces ressources sont fournis dans la section *Pandemic Planning* du site Web de l'Ordre.

L'Ordre a créé des ressources clés pour aider les membres à mieux comprendre les attentes associées à leur rôle lors d'une pandémie. Le document intitulé *A Position Statement on Influenza Pandemic* (énoncé de position sur la pandémie de grippe) décrit les responsabilités de l'Ordre et ce que l'on attend des ergothérapeutes.

peutes dans le cadre d'une pandémie. Le site Web fournit également une trousse d'outils pour les membres (en anglais) qui est une source de référence détaillée sur l'exercice de l'ergothérapie pendant une pandémie.

Comment l'Ordre continuera-t-il à fonctionner en cas de pandémie?

Les travailleurs qui font partie d'organismes de soins de santé, y compris les membres de l'Ordre, ont un devoir de fournir des services lors d'une flambée de maladie transmissible. On prévoit que 30 à 35 % des effectifs seront malades en tout temps pendant cette flambée et ce pourcentage pourrait possiblement atteindre 50 % si la pandémie est grave. L'Ordre suppose que son personnel sera affecté au même taux. Il est crucial que pour protéger les intérêts du public et des membres inscrits dans une telle situation, les tâches essentielles de l'organisme soient gérées efficacement.

Un plan de continuité des opérations a été élaboré pour l'organisme; il identifie les programmes importants associés à l'inscription et aux ressources sur l'exercice de la profession ainsi qu'aux communications comme étant les services prioritaires qui seront offerts pendant la pandémie. Les mesures de planification doivent tenir compte du besoin de fournir ces services essentiels avec un effectif réduit.

La fonction de réglementation de l'inscription sera maintenue pour tenir compte de la possibilité d'une demande accrue de services d'ergothérapie pendant une pandémie de grippe. Le Service de ressources sur l'exercice de la profession sera maintenu pour fournir un lien de communication aux membres concernant la mise en œuvre de normes d'exercice pendant une pandémie de grippe.

Les communications seront maintenues pour assurer une diffusion appropriée de l'information et des connaissances aux ergothérapeutes concernant leurs rôles et responsabilités. Dès le début de la pandémie, l'Ordre recevra des mises à jour par l'entremise de téléconférences quotidiennes et d'avis de santé importants délivrés par le ministère de la Santé et des Soins de longue durée. Des mises à jour sur l'état de la pandémie seront fournies aux membres par l'entremise du site Web.

L'Ordre aura une équipe de commande centrale qui supervisera tous les stades de la pandémie et dirigera les mesures que l'organisme devra adopter dans une telle situation d'urgence. Dans le pire des scénarios et lorsque le stade final est déclaré, l'équipe déterminera si la situation nécessite la fermeture des bureaux pour satisfaire le besoin d'une distanciation sociale complète. Toutes les réunions à l'extérieur seront annulées ou menées par télécon-

férence et les services prioritaires seront offerts par mode virtuel.

Comment se préparer?

Bien que nous espérons tous avoir un automne et un hiver sains, nous ne pouvons pas ignorer les statistiques de santé publique actuelles concernant le virus de la grippe H1N1. Il y a un certain nombre de ressources disponibles qui décrivent des mesures de prévention qui peuvent être mises en œuvre par les gens. Un bon lavage des mains et l'adoption d'une étiquette respiratoire sont des pratiques de prévention recommandées.

Si vous n'avez pas encore discuté de la possibilité d'une pandémie ou d'une autre situation d'urgence à votre lieu de travail ou domicile, vous trouverez des ressources utiles à ce sujet sur le site Web de l'Ordre pour vous aider à dresser un plan.

Acupuncture Standards – Developing Standards for Controlled Acts

Elinor Larney, Deputy Registrar

The *Standards for Acupuncture* are now available on the College website (www.coto.org) in the *Resource Room* under *Practice Standards*.

During the process of developing these standards, the College consulted with Registrants about the current practice of acupuncture, as well as the possible future of this therapeutic modality within occupational therapy practice. While there are currently only a few occupational therapists who have used acupuncture, a larger group have considered or would consider using acupuncture in their practice in the future. While there were some survey respondents that wondered why an occupational therapist would want to use acupuncture, there was a larger group that were pleased OTs were being given the authority to add this modality – soon to become a controlled act, to their practice.

With this privilege comes responsibility.

Prior to the passing of the *Traditional Chinese Medicine Act* in December of 2006, acupuncture was entirely exempt from the controlled act of “performing a procedure below the dermis” and anyone was able to perform this activity. However, with the passing of the *Traditional Chinese Medicine*

Act, acupuncture is no longer entirely exempt from this controlled act.

Occupational therapists, as well as a few other professions, will continue to be exempt from the prohibition against performing the controlled act of acupuncture under an exemption for controlled acts contained in a regulation made under the authority of the RHPA (Ontario Regulation 107/96, *Controlled Acts*). What this means, is that while the act of acupuncture will become a controlled act, occupational therapists will be able to perform acupuncture without being granted authority for the entire controlled act. It also means that as occupational therapists are exempted from not performing acupuncture, they do not have access to the controlled act and therefore cannot delegate this to others.

Controlled Acts are those activities and procedures where risk of harm to the client is perceived to be significant. The concept of controlled acts authorized to designated professions is linked to the RHPA’s central goal of

protecting the public by restricting performance of potentially harmful or high-risk acts. A list of the 13 controlled acts is found in section 27(2) of the *Regulated Health Professions Act* (1991).

Delegation is a term that has been given specific meaning in the RHPA. It refers *only* to controlled acts and speaks to the transfer of authority from one practitioner to another to perform the controlled act.

Developing Standards of Practice for Controlled Acts

The Ministry of Health and Long-Term Care, in discussions with the College about the legal ability of occupational therapists to perform acupuncture, determined that the College would be required to develop standards of practice for this modality. Up until this point, the focus of College standards and guidelines has primarily been process-oriented (assessment, consent, record keeping, etc). With the requirement to develop a standard of practice for what is considered a treatment modality by occupational therapists, the College

was challenged to determine what the role of the regulatory body was in establishing standards for a clinical procedure.

Occupational therapists generally are responsible for ensuring that they have the knowledge, skills and judgement to perform any modality safely and effectively; acupuncture is no different, other than the fact that it will be a controlled procedure within Ontario when the legislation is enacted. Following much discussion and review of different acupuncture standards both across the country, internationally and within Ontario, the College developed an outline of the key issues related to the regulatory mandate for clinical procedures.

Of primary concern to the College is that occupational therapists, who decide to include acupuncture as a procedure in their practice, do so in a competent, safe, ethical and accountable manner. Occupational therapists must maintain standards for their practice processes, regardless of what modality they use. Therefore, occupational therapists will notice the references to standards for consent, record keeping and infection control contained within the *Standards for Acupuncture*.

Given that the College's mandate is protection of the public, the key messages conveyed in the standards reflect this mandate and are as follows:

- Occupational therapists must practice acupuncture within the **scope of practice** of the profession, therefore this particular standard is of importance.
- Occupational therapists must be, and remain competent to practice this modality, therefore standards related to **competency attainment** and **continuing competency** are included.
- Occupational therapists are expected to remain up-to-date in their knowledge, and therefore OTs are expected to include a focus on **evidence-based practice**.
- As with all aspects of practice, obtaining **informed consent** is essential for a procedure that is a controlled act.
- Due to the invasive nature of acupuncture, **safety** for clients is imperative.
- OTs are expected to keep appropriate **records**; this is highlighted in the standards.

- Also, as acupuncture is a controlled act, it was necessary to be clear that occupational therapists **do not have authority to delegate** this act to others.
- Finally, the responsibility and **accountability** for performing this controlled act rests entirely with the OT who chooses to use acupuncture, which is also outlined in this standard.

The next standard document under development is the standards for psychotherapy. Considering that psychotherapy is similar to acupuncture in its clinical nature versus a practice process, the College has used the above messages as a starting point for the development of these standards. Watch for your opportunity to provide your feedback to the Draft Standards for Psychotherapy – coming within the next six months!

QA Update - Prescribed Regulatory Education Program (PREP) and 2008/2009 Competency Review and Evaluation Results

Leanne Worsfold, Manager, Quality Programs

As part of the College's Quality Assurance (QA) Program, the Prescribed Regulatory Education Program (PREP) is a series of self-directed learning modules designed to help Registrants ensure that they are up-to-date in the practice and knowledge of relevant standards and legislation.

An object under the amended *Regulated Health Professions Act* (RHPA, 1991), states that the QA Program must consist of continuing education or professional development. One goal of the QA Program is to make the required learning clear, concise, useful and enjoyable. The PREP Module helps fulfill the legislative requirements and program goals.

In January 2009, the PREP Module: *Standards – What are they? What do they mean to my practice?* was distributed to 4464 Registrants with a return rate of 46% (2042). This is a decrease in respondents from an average rate of 52% in previous years.

Of those Registrants who submitted the PREP Module response sheets, the majority of the respondents (82.9%) indicated that the nature of her/his practice consisted mostly of clinical practice. Only 5.6% of Registrants

(115) indicated that their practice was non-clinical. Additionally, 6.8% of Registrants (106) indicated that their practice was, "mostly non-clinical with some clinical." This figure is consistent with previous yearly statistics.

It is interesting to note that 34% of the total number of OTs in a non-clinical role submitted the PREP Module response sheet. 19% of OTs who are non-practising but still registered, submitted the response sheet. However, OTs who are not practising but still registered with the College (for example, taking a leave of absence from work) are still required to complete the yearly QA requirements. This includes completing their Professional Development Plan, Self-Assessment Tool and the PREP Module.

PREP Modules have traditionally been very well received by Registrants. This year was certainly no exception. Once again, Registrants found the topic to be relevant and effective in helping to understand professional obligations, as well as encouraging Registrants to become familiar with and apply the current practice standards.

Many Registrants appreciated

the need to consider each standard and specific performance indicator. This format guided learning and was an excellent exercise to review the relevance of standards. This year, the College included the answers along with the PREP Module. This provided an opportunity for immediate feedback, timely changes to practice and a reference to reasoning which supported refinement or changes to practice.

Of the total number of respondents, 55.6% answered all the questions correctly. This is a significant increase in comparison to previous years. Question C presented the most difficulty.

Question C focused on documenting multi-disciplinary consolidated reports. Of those who responded to this question, 19.2% did not select the best answer. For this question, the favoured responses were options 3 and 4 (13.4% selected one of these answers). The wording of this question may have presented a problem, as the answer required a negative response.

Of the overall responses, 95% strongly agreed that the topic of standards was relevant to their practice. It was noted that the

rating of the relevance of the topic was consistent across the years of OT experiences as well as for the non-clinical group.

Of those who responded, 93.4% strongly agreed that the module was effective in raising issues and noting challenges that are relevant to OT practice.

The responses indicated that 92.6% of OTs found this module increased knowledge of standards and professional obligations. The rating was similar to both clinical and non-clinical respondents. In addition, 86.4% indicated that this module was effective in raising issues and challenges that had relevance within *their own practice setting*. This response is an important statistic given that the *Regulated Health Professions Act (RHPA, 1991)* requires all Registrants to engage in continued learning related to changes in the practice environment.

Of clinical OTs, 79.3% indicated that after completing this module they would make at least one change to their practice. This response is consistent with the 2008 PREP Module: *Consent*. A difference is noted between the responses from the clinical and non-clinical group. For the clinical group, 82.3% indicated that they would make at least one change within their practice. Whereas only 48.7% of the non-clinical respondents indicated that they would make a change. This response may be due to the nature

of the non-clinical role and the perceived relevance of standards to the scope of work of the non-clinical OT.

Of the responses, 87.1% strongly agreed that including the answer booklet enhanced the learning experience. General comments suggested that including the answer booklet supported immediate practice changes, as many Registrants integrated new practices. Many Registrants noted that they did not have to struggle with remembering the context of the question when the answer booklet arrived.

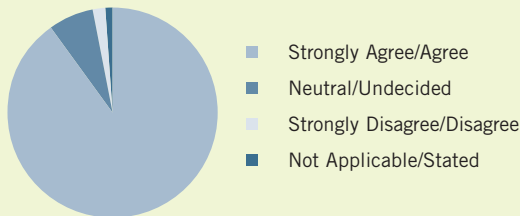
The 2010 PREP Module is focused on professional boundaries. To further enhance learning,

the College is launching *Professional Boundaries: Defining the Lines*, as an online PREP Module with interactive quizzes, videos, narratives and hyperlinks to additional content and resources.

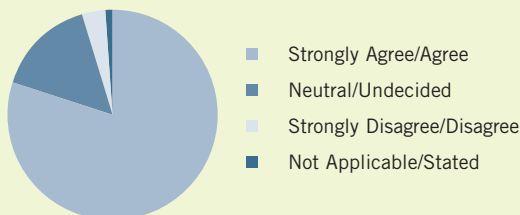
Competency Review and Evaluation

Competency Review and Evaluation consists of a two-step process. Step 1 involves a portfolio review and a multi-source feedback process. The portfolio review requires the OT to submit the mandatory QA tools for the past 5 years. The multi-source feedback survey asks OTs to submit completed surveys from their clients and co-workers, to

Increased my knowledge of standards and of my professional obligation



I am likely to implement at least one change in my practice



obtain feedback they can use and provide a means to screen for participation in Step 2. Step 2 (practice assessment) consists of an in-depth assessment of an OT's practice, requiring the OT to engage in behaviour-based/case-based interviews and a chart review.

Results from the 2008/09 Competency Review and Evaluation random selection process indicates that the main QA philosophy, that OTs are competent practitioners, is proving correct. 566 OTs participated in Competency Review and Evaluation from June 1, 2008 to May 31, 2009. Of these OTs, only

11 (2%) were required to engage in Step 2, Practice Assessment.

Notice of required participation for the next Competency Review and Evaluation random selection will be sent at the end of October to those OTs selected, as well as those OTs who have previously been granted a deferral.

The random selection occurring in October will only include those OTs who:

- hold a current registration and have practiced for one (1) year;
- have clinical clients;
- have not participated in Competency Review and/or Evaluation in the last 5 years.

New this October, the College will implement an online option for completing and submitting the multi-source feedback surveys. Coming in 2010, the College will be implementing an electronic portfolio. This E-portfolio will give an option to those OTs who wish to complete and store their Professional Development Plan and Self-Assessment online. The College is pleased to implement these online tools as an efficient and cost-effective method of supporting the completion of the QA requirements by OTs.

Scope of Practice Update

Elinor Larney, Deputy Registrar

There has been a lot of discussion in occupational therapy circles over the past several months about the scope of practice of occupational therapy in Ontario.

This discussion has been brought about largely due to the invitation by the Health Professions Regulatory Advisory Committee (HPRAC) for professions to submit changes, as well as discussion topics about barriers to the provision of timely and appropriate healthcare by professionals. Several professions have moved ahead with proposals for changes to their scopes of practice. Where

does the profession of occupational therapy fit within these possible changes to the healthcare landscape?

This is the question that the College hopes to answer by this time next year. The College is embarking on a project to consult with occupational therapists, in collaboration with leaders of occupational therapy across Ontario to determine what

changes, if any, are recommended to the legislated scope of practice for the profession.

According to HPRAC, a profession's scope of practice is a combination of the following:

- Scope of Practice Statement from the profession-specific act;
- The controlled acts the profession is authorized to perform;

- The title restricted to members of the profession;
- Other provisions.

The term *scope of practice* is used by regulatory bodies to define the procedures, actions and processes that a registered individual may perform. A **professional scope of practice** describes the full range of activity open to the profession as a whole. An **individual scope of practice** describes the range of activities within which individual practitioners are presently competent to conduct their practice, or a subset of the professional scope of practice.

The Scope of Practice Statement can be found in the *Occupational Therapy Act* (1991):

The practice of occupational therapy is the assessment of function and adaptive behaviour and the treatment and prevention of disorders which affect function or adaptive behaviour to develop, maintain, rehabilitate or augment function or adaptive behaviour in the areas of self-care, productivity and leisure. 1991, c.33, s.3.

The current controlled acts in Ontario are summarized as:

1. Communicating a Diagnosis
2. Performing a procedure on a tissue below the dermis (includes acupuncture)
3. Set or cast a fracture
4. Moving joints of the spine
5. Administering a substance by injection or inhalation
6. Inserting an instrument/hand/finger
7. Applying a form of energy
8. Prescribing or dispensing a drug
9. Prescribing or dispensing vision devices
10. Prescribing a hearing aid
11. Managing labour
12. Allergy testing
13. Orthodontics
14. Psychotherapy (pending proclamation)

In relation to the legislated parameters of scope of practice, occupational therapists are currently authorized to perform one controlled act without the process of formal delegation – psychotherapy, which has not yet been enacted. Occupational therapists will also be exempted from the legislation pertaining to acupuncture, which will come about with the enactment of the legislation proclaiming the College of Traditional Chinese Medicine and Acupuncture.

Right now, the focus will be on the occupational therapy scope of practice statement in legislation and the controlled acts to which the profession has direct access.

Many occupational therapists will have already responded to an initial call for feedback or identification of early issues. Occupational therapists will also be queried via a specific survey on this topic before the end of 2009. This undertaking must reflect the profession as a whole – don't miss your opportunity to contribute.

Q&A

QUESTIONS AND ANSWERS

My workplace has indicated to the Allied Health Staff that they may be redeployed to other roles or responsibilities in the event that a pandemic forces closures of some of the hospital's programs. Will the College support OTs working in non-OT roles for a period of time? What if OTs are asked to perform some practices for which we aren't adequately trained?

That is a very important issue for OTs to consider. If your facility or workplace plans to redeploy staff due to the impact of a pandemic, the College has a section of the website devoted to pandemic planning. Go to www.coto.org and click on *Resource Room*, then *Pandemic Planning* for all the documents and resources.

The College takes the position that OTs can provide a valuable resource to the community in the event of an influenza pandemic. The College's *Position Statement: Influenza Pandemic* is a guideline for OTs, outlining their roles and responsibilities during a pandemic. The position statement can be found in *What's New?* on the website homepage.

The College recognizes that OTs possess a number of skills

which can contribute to local pandemic plans. In addition, there are a number of key issues listed in the position statement that occupational therapists should consider in relation to their professional roles and responsibilities.

Any request for service made to an OT, which is not within that OT's skills or competencies, should be accompanied by sufficient training and supervision in order for her/him to practice safely. As a pandemic is an unusual circumstance, it is important to be open to providing needed care which might not be in the usual role of the OT.

The College supports OTs working in alternate roles, as long as they are within the legislative structure of the *Regulated Health Professions Act (RHPA)*. An example of this could be working in one of the *Alternative Care Centres (ACCs)*, which may be established during a pandemic. For example, OTs may be asked to give injections of the flu vaccine, to triage for patients or to do discharge planning for patients. You can expect that training in any areas in which you are not competent will be provided.



Local Public Health Units are currently determining their plans to care for clients who may develop the H1N1 virus. While these plans may vary in different parts of the province, health care professionals will be asked to work in the ACCs. Your hospital or facility may also have plans for redeployment of staff, of which you should become informed.

Those OTs in private practices or in the community may also be contacted to work in another role during a pandemic. Alternatively, you may decide to investigate working in another area of health care provision, if your current work is curtailed.

Occupational therapists will have the opportunity to make a meaningful contribution to the health of Ontarians by demonstrating flexibility and working in their community alongside other health professionals dealing with the impact of the pandemic.

I am moving to a part-time private practice, and starting my own business. Can the College provide any advice?

The College receives many calls from Registrants interested in exploring independent practice. It is important to plan this process well to avoid any regulatory, legal or financial difficulties. Each occupational therapist is responsible to conduct her/his practice according to the acts, regulations, guidelines and standards of the College. Occupational therapists are

governed by the *Regulated Health Professionals Act* and the *Occupational Therapy Act* (1991) PHIPA, PIPEDA, and the *Health Care Consent Act*. There is also other legislation related to business practices that should be reviewed.

It is important to consult professionals such as accountants or lawyers for the financial and legal aspects of your business. You must also inform the Registration Department of the College whenever you have a change to your place(s) of employment. This must be done in writing, by fax, email, or directly online in the *Registrant's Only* section of the College website.

If you intend to start a private practice in addition to an employment situation, it is important to inform your employer about your plans, in order to be open and transparent and to avoid any potential conflicts of interest. The College has some resources which will be of assistance in the regulatory aspects of independent practice, available both online, and in the Registrant Resource Binder. The *Guide to Independent Practice, a Checklist* (2007) may be a useful tool to highlight some of the issues that should be considered.

If you intend to incorporate as a Professional Corporation, information about the process of registering your corporation with the College can be found on the College website in the *Registration*

section of the *Resource Room*.

It is often useful to speak to colleagues who have started their own private practices or to make contact with professional associations who may be another source of information. Sharing information and problem solving together can help to maintain a sense of collegiality and support, as well as avoid a sense of isolation within your profession.



Registration Statistics – *Did You Know?*

Pam Marler, Registration Coordinator

Over the past few years, the College has been providing Registrants with updates to the Ontario Ministry of Health and Long-Term Care's (the Ministry) initiative to develop a Health Professions Database to assist the Ministry with health human resource planning and forecasting.

It is important that Registrants take the time to provide the College with current and accurate details to all questions asked on registration forms as well as provide timely details of changes to their information as it occurs. The data the College submits to the Ministry database is anonymized to be used by Ministry analysts to build models of the health professions workforce to help shape research, policies and programs that will make sure Ontarians have the right number and mix of health professionals.

For the 2009 Annual Renewal, the College was able to incorporate most of the new data elements that regulatory colleges are required to collect from registrants. Changes to the initial application form (to incorporate new data elements), is still in development but will be complete by 2010. For annual renewal data collection, the majority of new data elements were in the employ-

ment profile section.

Some interesting facts that arose from this year's renewal data collection relating to the portion of time Registrants spend on different activities within their employment:

- **100%** of Registrants indicated they spend some portion of their time providing direct OT professional services.
- **73%** of Registrants indicated they spend at least 50% of their time providing direct OT professional services.
- **35%** of Registrants indicated they spend some portion of their time teaching.
- **27%** of Registrants indicated they spend some portion of their time on research.
- **72%** of Registrants indicated they spend some portion of their time engaged in administrative activities.
- **49%** of Registrants indicated they spend some portion of

their time engaged in activities other than direct service, teaching, research and administration.

The end of the College's fiscal year also provides the College the opportunity to take a look at the registration database, analyzing the facts and statistics over the course of the year. While the annual report, distributed in October of each year, provides Registrants and other stakeholders with a snapshot of College activities, the Registration Program has generated a few facts to share with you based on new application activity over the year and on the recently completed annual registration renewal.

New Applications received between June 1, 2008 – May 31, 2009:

505 applications were received:

- 51% were Canadian educated
- 10% were internationally educated

- 39% were previous members re-applying

Annual Registration 2009

4563 Registrants held active status with the College as of May 31, 2009:

- 96% of registration renewals and/or requests to cancel certificates were received by June 1
- 93% of Registrants logged into eReg Online Renewal,
 - 90% paid the renewal fee online
 - 10% paid offline (mailed cheque, paid through internet or telephone banking, or mailed/faxed credit card details to the College office)
- 241 certificates were rendered inactive effective May 31, 2009,
 - 59 of these did not notify College until after June 2
- 96 Registrants paid a late fee as a result of completing registration after June 1
- 127 Registrants received a notice of suspension for not meeting the June 1, 2009 renewal deadline,
 - 25 of these Registrants were still non-compliant after the additional 30 days notice and consequently had their certificate suspended for non-payment of fees
 - 6 of these Registrants still have not completed the proper follow-through to

rectify their status with the College

- Effective June 4, 2009, new legislation under the RHPA requires the Public Register of all health colleges to display a notation(s) of all suspensions and revocations related to a member's certificate

Registration Fee Rebates Issued in Fall 2008

In October 2007, the Council introduced a new bylaw which would provide a rebate of half of the annual fee to those Registrants who were required to renew their certificate on June 1st but would cease practice by August 31st. There were 48 Registrants that cancelled their registration certificate between June 1, 2008-August 31, 2008 last year, who received a rebate of half the registration fee.

Keeping track of Registration facts and statistics is not only an obligation the College must adhere to, but a valuable tool for monitoring the professional OT environment and observing trends within the profession.



COTO Surveys – Share Your Experience, Share Your Wisdom

Jeff Payette, Communications Coordinator

As regulated health care professionals, occupational therapists are expected to incorporate ongoing learning into their practice. All regulated health Colleges, including the College of Occupational Therapists of Ontario, are mandated under the *Regulated Health Professions Act* to develop standards to assure quality of practice of the profession, and to develop regulations to govern the practice of OTs.

Not only is the College mandated to develop standards of practice for the profession, there is a **legal obligation** to circulate new regulations or proposed changes to current regulations.

It is therefore expected that health care professionals have a stake in how that profession is governed, and has valuable input to provide on the governance and direction of her or his profession.

In the past 6 months, consultation requests in the form of electronic surveys have been forwarded to Registrants; a survey about the practice of occupational therapists and psychotherapy, the draft standards for acupuncture, as well as a survey about OTs views on the legislated scope of practice.

The College received a tremendous response to the survey on psychotherapy and OT practice; 732 Registrants responded with feedback, approximately 16%, the largest response to date; 67% of those respondents worked in the field of mental health, which is a fantastic response rate to an important regulatory issue. 634 Registrants (approx. 14%) responded to the survey on OT scope of practice.

Although some issues may be of significant regulatory importance, their importance may not be as readily apparent and responses to surveys on these issues can be low.

The College is extremely encouraged by the number of respondents to certain surveys, however increasing the average number of respondents is the goal. For health care workers, it is determined that a response rate of 20% reflects the populations' views.

The following are common reasons for not completing College surveys, and some information that might make the process less arduous.

I don't have the time.

The surveys vary in length, however results have shown that there is no co-relation between the length of a survey and the amount of respondents. The subject of the survey seems to have the greatest impact on the amount of responses the College receives.

I don't have access to a computer at home and don't have time at work.

Any survey the College conducts is available as a printed document in addition to the online version. Feedback forms can be printed and faxed to the College to record your response.

Working as an OT doesn't allow me to sit at my computer long enough to complete a survey.

Even if you don't do the majority of your work on a computer, you likely have access to one. You should log into the survey and devote a few minutes to the survey each time you are seated at your computer. You can log off and re-enter as often as you like, and the survey will remember where you left off.

Are the surveys anonymous, even though I log into Registrants Only?

Absolutely. The College does not have any record of individual information from these surveys. There is no unique identifier of which OT completed the survey.

Even though I responded to a survey, the outcome was contrary to my feedback. Why bother?

Although the College is not able to adhere to every Registrant's opinion, all responses are read and considered. This provides the College with a better understanding of the needs of OTs and helps to plan for the future.

The College wants your professional input on all items circulated for consultation. Being a health care professional means ongoing learning and experience, which brings a greater wealth of knowl-

edge and wisdom. It is each OT's obligation to share that wisdom and to actively participate in the development of the profession.

Council Election 2010 – Protecting the Public and Shaping Health Care Policy in Ontario

There's an election coming to the College in District 1 (Central East). The call for nominations was mailed October 15, 2009, with nominations closing on December 14. In February, the College will be mailing ballots for Registrants in District 1 to cast their votes for professional members to sit on Council.

Becoming a professional member of Council allows you the opportunity to grow personally and professionally by learning about the many complex issues that are addressed as a self-regulating profession.

Council is essentially the board of directors for the College. Council sets the strategic direction for the College in accordance with relevant government policy and regulation, such as the *Health*

Professions Procedural Code and the *Regulated Health Professions Act*. Council determines what College policy and OT practice standards best serve the public interest. Council members have a duty only to the general public interest and should not view themselves as representing the individual occupational therapists which elected them.

You will have the opportunity to work alongside other elected professional members, as well as appointed public members who represent multiple opinions and perspectives.

The Council term is three years from March 2010 to March 2013. Being a member of Council requires attendance and full participation at four, full-day, Council meetings each year. Each Council

member sits on one or two statutory committees and possibly a sub-committee. The statutory committees meet monthly and may require upwards of one half-day of preparation.

Previous council or board experience is not a requirement. Varied member backgrounds and experience facilitates the process of considering issues from a broad perspective. A per diem is paid, and expenses such as travel and accommodation are covered.

If you are interested in pursuing this opportunity for personal and professional growth, we urge you to let your name stand. If you would like to receive more information on College activities, please do not hesitate to contact the Registrar, Barb Worth at extension 225.

Fall 2009 Education Sessions for District 1

By the time you receive this newsletter, the College education sessions in District 1 will be under way.

The districts selected for the sessions are based on the scheduled elections for Council positions. Districts 3, 5 and 6 were the recipient for these sessions last year, which were well received.

While attendance is not mandatory, participants will learn about the new standards and how to apply these to practice. Two new standards were released in 2008: the *Standards for Record Keeping* and the *Standards for Consent*. Come and hear about these standards and have a chance to apply them to your practice. As usual, College news and updates, election information, as well as a question and answer period will be a part of these sessions.

To Register:

If you are a Registrant working in District 1 and would like to attend a session in your area, check out the website www.coto.org for a list of times and venues and for registration information.

Council Highlights

The following are highlights from the June 25, 2009 Council Meeting:

- Council approved the 2009/10 budget as presented
- Council approved the April 2009 Balance Sheet and Statement of Operations as presented
- The minutes of the March 26, 2009 meeting were approved as presented
- Council approved the 2009/10 Statutory Committee Composition
- Council approved the Standards for Acupuncture for placement on the website

- Council approved a change to the Final Draft of the Controlled Acts Regulation to modify the provision which speaks to performing the Controlled Act within the scope of practice of the profession

Upcoming Council Meetings:

Thursday,
January 28, 2010
9:00am – 4:00pm

Suspensions

In accordance with Section 24 of the *Health Professions Procedural Code*, the following individuals were suspended on July 17, 2009 for non-payment of fees:

Name	Registration Number
Jill Joanne Andrews	G0807569
Manon Arpin-Brazil	G0205002
Kathryn J. Fisher	G9300584
Lynn Guerriero	G0004153
Kiran Maddukuri	G0305461
Kelsie Johanna Roth	G0807469

credible
competent
committed