ON THE record

VOLUME 11 ISSUE 3

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Code of Ethics - Commitment to *Good Practice*

Code de déontologie – S'engager à *bien* pratiquer

Standards for the Supervision of Students

Social Media in OT Practice

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

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Letters to the Editor

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Code of Ethics – Commitment to *Good Practice*

Elinor Larney, Deputy Registrar

The College is pleased to present the revised ***Code of Ethics: Commitment to Good Practice***. The Code of Ethics has evolved to reflect the evolution of the College and the profession. OTs are encouraged to review the new Code and reflect on the values and principles as they apply to their practice.

The *Code of Ethics: Commitment to Good Practice* forms the foundation for OTs ethical obligations. It is the framework for the professional and personal conduct expectations outlined in the laws, regulations, standards and guidelines that govern the practice of occupational therapy. The Code articulates the fundamental reference points that guide ethical practice and to which the profession aspires.

The History

With the implementation of the College of Occupational Therapists in 1993 came the development of a *Code of Ethics* for the profession. This Code was a mandatory part of the development of occupational therapy as a regulated health profession and helped form the College Bylaws. The *Code of Ethics* was groundbreaking for its time, with expectations laid out for OTs related to their obligations to the public, the profession, and themselves. A subsequent document: *Guiding Principles of Practice* was developed to assist OTs to proactively address issues of an ethical nature. The College developed a *conscious decision making framework*, which consisted of a document entitled *Principled OT Practice*, and a conscious decision making tool to enable OTs to apply these principles to their practice. These principles are valuable to OTs and the College when trying to address ethical dilemmas in practice; several of these principles have evolved into standards of practice. The principle of *informed consent* is outlined in law, as is the principle of *confidentiality*, with the development of the *Personal Health Information Protection Act* (2004). *Professional boundaries* are now defined as standards of practice for OTs, and *conflict of interest* is under development as a future standard.

The Present

The new *Code of Ethics: Commitment to Good Practice* places more emphasis on **values** and **principles**. This Code includes references to laws, regulations and standards which must be considered in one's practice.

The Patient Relations Committee is the statutory committee that is responsible for the Code. Their goal was to update the concepts and reflect the nature of what is important to OTs and necessary for ethical practice.

The responses generated by the circulation of the draft provided some insightful feedback, which resulted in several changes to the final. Of note, OTs felt the new Code was missing the emphasis on communication. Originally, the Patient Relations Committee felt that communication was a method with which to achieve principled practice and not an actual principle, however, due the usefulness of this concept for good practice, it was added back in. Another significant change was the addition of the principle of *fairness* which includes *justice*. Comments received from OTs highlighted that these concepts are not the same, but fairness can encompass justice. Finally, it was decided to retain the concept of *good practice*. Although this concept could be confused with *best practice,* there was little feedback that OTs were confused by this, and the concept survived.

The Future

The College is developing a document to assist OTs to demonstrate their commitment to the values of respect and trust, and apply the principles of client-centered care, respect for autonomy, collaboration and communication, honesty, fairness, accountability and transparency to their practice. The *Guide to the Code of Ethics* is the evolution of *Principled OT Practice.*

Code de déontologie – S'engager à *bien* pratiquer

Elinor Larney, Registraire adjointe

L'Ordre est heureux de présenter sa version révisée du ***Code de déontologie – S'engager*** à bien pratiquer aux ergothérapeutes de l'Ontario.

Le *Code de déontologie – S'engager à bien pratiquer* forme la base des obligations éthiques des ergothérapeutes. Il s'agit du cadre théorique des attentes en matière de conduite professionnelle et personnelle qui est indiqué dans les lois, les règlements, les normes et les lignes directrices réglementant la pratique de l'ergothérapie.

Historique

Avec l'établissement de l'Ordre des ergothérapeutes de l'Ontario en 1993, un Code de déontologie de la profession a dû être élaboré. Un document subséquent – *Les principes directeurs de la pratique* – a été élaboré pour aider les ergothérapeutes à traiter les problèmes éthiques de façon proactive. L'Ordre a formulé une structure de prise de décision réfléchie présentée dans un document intitulé *Exercice de l'ergothérapie fondée sur des principes* ainsi qu'un outil sur la prise de décision réfléchie afin de permettre aux ergothérapeutes d'appliquer ces principes à leur pratique. Plusieurs de ces principes sont même devenus des normes d'exercice. Le principe du *consentement éclairé* est défini dans la loi, tout comme le principe de *confidentialité*, avec l'élaboration de la *Loi de 2004 sur la protection des renseignements personnels sur la santé*. Les *limites professionnelles* sont maintenant définies comme des normes d'exercice des ergothérapeutes et les *conflits d'intérêts* pourraient former eux aussi des normes dans l'avenir.

Présentement

Le nouveau *Code de déontologie – S'engager à bien pratiquer* met plus d'importance sur les **valeurs et principes**. Le Code comprend des renvois à des lois, règlements et normes dont il faut tenir compte dans le cadre de l'exercice de la profession.

Le comité des relations avec les patients est le comité légal responsable du Code. Il avait pour but de mettre à jour les concepts et, en bout de ligne, de refléter la nature de ce qui est important pour les ergothérapeutes et nécessaire pour une pratique éthique.

Les commentaires fournis lorsque l'ébauche du Code a été circulée ont été très utiles et ont permis d'apporter plusieurs changements à la version finale. Entre autres, les ergothérapeutes trouvaient que la version révisée du Code ne mettait pas autant l'accent sur la communication. À l'origine, le comité croyait que la communication était un moyen pour mettre en œuvre une pratique fondée sur des principes et non pas un principe en soi mais, après avoir réalisé l'utilité de ce concept pour un bon exercice de la profession, la communication a été réintégrée au document. Un autre changement important a été l'ajout du principe d'équitabilité qui *comprend la justice*. Les commentaires ont fait ressortir le fait que ces concepts ne sont pas équivalents mais que l'équitabilité peut englober la justice. Enfin, il a été décidé de garder le concept de bonne pratique. On se demandait initialement si ce concept, associé à une pratique éthique, ne serait pas confondu avec une pratique optimale. Les commentaires reçus n'ont pas identifié de la confusion à ce sujet et le concept a été conservé.

Plus tard

L'Ordre élabore présentement un document visant à aider les ergothérapeutes à démontrer leur engagement envers les valeurs de respect et confiance, et à les appliquer aux principes de pratique axée sur le client, de respect de l'autonomie, de la collaboration et de la communication, de l'honnêteté, de l'équitabilité, de l'obligation de rendre compte et de la transparence. Ce document sera une suite logique au document *Exercice de l'ergothérapie fondée sur des principes* et il s'intitulera *Guide du Code de déontologie.*

Standards for the Supervision of Students

Anita Jacobson, Practice Resource Liaison

The College is pleased to present the *Standards for the Supervision of Students.*

The College's new *Standards for the Supervision of Students* (COTO, 2011), approved by Council, replaces the *Practice Guideline: Supervision of Student Occupational Therapists* (COTO, 1996).

As one component of responsibility and commitment to the profession, occupational therapists actively participate in the education of student OTs through fieldwork supervision. In the interest of the public, as well as the profession, the College of Occupational Therapists of Ontario supports OTs as student preceptors and emphasizes their continuing accountability in this role for safe and ethical practice.

The process for the development of the *Standards for the Supervision of Students* (COTO, 2011) included surveys of OT practices of student supervision, consultations with stakeholders and OTs regarding the draft standards, and approval by Council. In addition, *Standards for Professional Practice* (College of Physiotherapists of Ontario), were reviewed to ensure compatibility between it and the College's document. Working collaboratively with other colleges on these standards will ensure that students will find consistent expectations, as OTs and PTs frequently work together on multi-disciplinary teams.

These Standards describe the College's minimum expectations when providing supervision to students, and it is expected that OTs will always use their clinical judgement to determine how to best meet client needs in accordance with these Standards.

In addition to updating the information contained in the previous guideline, some important changes will be noted in the new Standards. These were informed by the consultations the College undertook in updating the *Practice Guideline* of 1996. One major change in terminology is that the term *preceptor* is primarily used in place of the term *supervisor*, when referring to an OT who participates in the clinical education process. Another change reflects advancements in two health service arenas: the increasing involvement of OTs in the education of students from other health disciplines, and the increasing emphasis on interprofessional practice and interprofessional collaboration. In addition, there is increased reference to support the OT Assistant (OTA) who is supervising Occupational Therapy Assistant students. Therefore, the Standards only refer to student OTs when there is an issue specifically relevant to that group.

Additional mention of OTs working collaboratively with the student, the university fieldwork coordinator, on-site fieldwork coordinator, and the manager is addressed throughout the document, which would provide support to the preceptor, and especially newer preceptors. This is congruent with the new Essential Competencies (3rd edition) increased emphasis on collaboration and working with others. The update from guideline to standards in general will reflect the influence of the Essential Competencies (3rd edition) and general changes in the health care arenas in which the Registrants work.

Following are highlights from the individual standards:

Standard 1. Accountability

A heightened emphasis on accountability and responsibility has been detailed through the addition of more explicit performance indicators.

Standard 2. Registrant Competency/Experience

The College assumes that an OT with one year full-time experience will have the professional judgement and experience to know if she/

he has the competency to provide a student placement. The OT is advised to engage in self-reflection and consider their level of skill and knowledge, as well as seeking support if needed in order to provide a student placement.

Standard 3. Supervision of Students

This standard emphasizes the need for review of information regarding the student's level of education and confidence in order to provide preceptorship to the student. The preceptor is expected to plan for the placement, communicate well, and apply the most appropriate methods of supervision. Detailed performance indicators are included to support these expectations.

Standard 4. Risk Management/ Safety Considerations

Increased vigilance regarding risk management and safety was incorporated into this standard. Separate performance indicators were added for client safety, risk, OT safety, and identifying the risks inherent in the type of placement. This is reflective of and congruent with the newly released Essential Competencies, which addresses an increased emphasis on risk management.

Standard 5. Informed Consent

All OTs and students are expected to acquire client consent in order for the student to deliver any health services. The consent process in regards to students is reviewed briefly in the College's *Standards for Consent* (COTO, 2008).

Standard 6. Record Keeping

Reference is made to the requirement of OTs to comply with the *Standards for Record Keeping* (COTO, 2008).

Co-signing student documentation is a continued expectation. As more facilities and private companies utilize electronic record keeping systems in the work place, an indicator reflecting this trend has been included in this standard.

Standard 7. Professional Boundaries

Respectful behavior between the preceptor and student is highlighted. OTs are expected to recognize their position of power and authority in relation to students. It is expected that OTs will keep the balance between being encouraging, open and supportive as well as professional and respectful, in order to maintain appropriate boundaries. It is also important to maintain professional boundaries to balance the ability to provide constructive feedback, as well as to carefully explain and model the expected behaviour.

Managing boundaries in communications that may lead to a boundary crossing, such as sharing excess personal information in social networking has been added to the standard.

OTs are advised to decline, if possible, to supervise students with whom there has been a prior relationship, which may result in a conflict of interest. OTs are encouraged to seek counsel from the university fieldwork coordinator, PPL, or manager when issues regarding the student crossing a boundary occurs.

Standard 8. Use of Title

OTs are expected to ensure that students present their student status clearly and transparently.

Standard 9. Role Emerging Placements

A role emerging placement is a setting that does not typically provide occupational therapy services. In this type of placement, the student is coordinated and supervised by an off-site OT who is not employed in the setting. The student is assigned to a site staff person as a contact for site issues. Clear and regular communication between the site supervisor and preceptor, the university fieldwork coordinator and student in planning for the placement are important, as is ongoing communication to facilitate the meeting of standards for OT services.

This model of placement relies on the experience of the preceptor, and the communication skills of all the stakeholders as this type of placement is usually less formally structured. It is also important to plan specific details regarding emergency and safety issues, as well as a secondary contact in the event that the primary on-site supervisor is not available.

Standard10. Controlled Acts

At the time of writing this standard, OTs did not have direct access to any controlled acts. However, legislative amendments to control psychotherapy and acupuncture will soon be enacted. Students can perform controlled acts in specific instances. When a student has been assigned a controlled act while under the supervision of an OT to whom the act is delegated, the standard indicates how the OT should appropriately supervise the student's performance.

The OT will be competent to perform the controlled act, prior to involving a student in its performance and to take care to review the student's capability, competence, confidence and experience prior to including them in carrying out the controlled act.

The *Standards for Student Supervision* (COTO, 2011) will enable Registrants to undertake the supervision of students, balancing their responsibilities to their clients and their students. The Standards detail performance indicators in all 10 standards which will provide support to the newer preceptor and guide the experienced preceptor. In addition, performance indicators are included which will encourage the preceptor to seek advice, as appropriate when specific issues arise. These Standards are intended to provide guidance and support to both the OT and the student in having a positive placement experience.

QUESTIONS AND ANSWERS

I have worked in a hospital inpatient and outpatient mental health program for 16 years. I practice group psychotherapy on a regular basis, with long-term outpatient clients who have serious mental health disorders, such as schizophrenia and manic depression. I have never participated in out-of-hospital education or training in psychotherapy. My colleagues, who have attended the College webinars on the new Standards for Psychotherapy, are wondering whether they are able to continue to practise psychotherapy. Should I be worried? I am confident in my skills from working in this area for such a long time and am regarded as a skilled group therapist.

A: Since the *Standards for Psychotherapy* (COTO, 2010) were released, there have been many questions regarding the need for additional training in psychotherapy. The Ministry of Health and Long-Term Care has determined that the practice of psychotherapy presents a potential risk to clients with serious and severe mental health conditions, and has designated that psychotherapy will become a controlled act in the near future. The College has released standards which provide guidance to OTs currently practising and/or intending to practise psychotherapy.

Your question relates to competency attainment and continuing competency, discussed in standards 2 and 3 of the document. Standard 2 addresses the components of competency with which an OT is expected to comply. The standard states, "OTs are expected to undertake a process of self-reflection in order to determine whether they are able to meet the standards of practice as set out". What that means for OTs, is that the College trusts that you will make the determination of competency for yourself, after reviewing the various implications on your practice contained in the standards and performance indicators. Standard 2 sets out the years of experience in mental health an OT is expected to have in order to practise psychotherapy. Your process of self-reflection should include documenting the current components of your competency, as well as any future continuing education in which you intend to engage. This will help you to position yourself in terms of competency and might also be useful for your QA portfolio.

At a recent education session on these standards, an OT suggested making a check-list of the performance indicators as a list of areas she currently meets and indicating those areas which need to be addressed.

I saw an employment advertisement looking for an OT to review reports completed by another regulated health professional working within the auto sector. Can I do this? Should I do this?

It is important to understand what exactly *reviewing* a report entails, as well as the context in which it applies.

Exploring the reason behind the request is an obvious first step. What value does the addition of the occupational therapy perspective bring? Is the OT meant to attest to the accuracy of the report? Is there an interprofessional collaborative role for the OT? In what part of the process will the OT take part?

In the context of the auto sector, requests seeking OTs to review *Assessment of Attendant Care Needs Forms* (Form 1), and the accompanying narrative reports, should be viewed in the context of recent legislation. Form 1 is used in the auto sector to assess monetary attendant care benefits to which a claimant may

be entitled. As of September 1, 2010, a number of professions were delisted from being funded to complete this task, through amendments to the *Statutory Accident Benefits Statute* (SABS). This task has now been legislatively assigned exclusively to OTs and nurses through provisions made to funding access. Some of these delisted health professionals still consider completing these types of assessments to fall within their professional scope of practice, however they cannot be funded for this work through the auto insurance sector.

Does reviewing the report require that you sign your name or provide an attestation to the report?

In some cases it is expected that the OT read the narrative report and use the information from it to complete and sign off independently on the form. A narrative report often accompanies the form, to provide context and information relating to the full assessment conducted. It is however, the actual form that is salient and used by insurance companies to determine benefits. The inclusion of the narrative report has evolved from the requirement of the health professional needing to complete and document a comprehensive assessment with the client to substantiate their Form 1 opinion. In the case of OTs, the *Standards for OT Assessments* necessitate this level of detail. Signing Form 1 in the absence of having conducted a client assessment would not adequately meet the expectations laid out in the College assessment standards; the OT would not be able to verify the accuracy of the information. If the completion of the form is regarded as a paper review (where direct contact is not required), then transparency of this important information on Form 1 is required.

Finally, it is important to note that without the signature of the OT (or a nurse), in light of the amendments to the SABS, the perceived validity of the Form 1, and resulting chances of it being paid for, are unlikely.

What is implied by signing or attesting to a report?

As per the *Standards for Record Keeping* (COTO, 2008), attestation is defined as "the process of assigning responsibility and authorship for an activity, usually by applying a signature". Therefore, if an OT signs Form 1 she/he is assuming full accountability for the accuracy of its contents and the process by which it was obtained.

Consciously competent OTs will improve their practices by carefully considering the context and their resultant accountabilities when contemplating requests.

Q: We are hearing about email accounts being hacked more frequently than ever before. I am concerned about my Gmail account which I use in my private practice. I do have a password protected system for the reports I submit to referral sources, who are mainly lawyers or insurance companies. Is this sufficient electronic protection?

A: This is a very important question. OTs are responsible and accountable for ensuring the security and privacy of the health of their clients. The College's *Standards for Record Keeping* (COTO, 2008), standard 6 focuses on confidentiality and security, and details expectations of the security of email communication. This also pertains to the various electronic devices in use today by OTs.

A relevant resource from the Information and Privacy Commissioner of Ontario's office *If You Want To Protect Your Privacy, Secure Your Gmail* provides step-by-step instructions on how to encrypt your Gmail. OTs can access this information from the Privacy Commissioner's website www.ipc.on.ca. Go to *Resources* on the left-hand side of the home page, click on *Education Material*, you will find these articles by date; look for July, 2009. By accessing other material on this site, such as guidelines and fact sheets, a wealth of short articles related to privacy and the PHIPPA are listed.

Other relevant resources on this issue on the IPC site are:

Encrypting Personal Health Information on Mobile Devices, number 12, May 2007

Safeguarding Privacy in a Mobile Workplace

Health-Care Requirements for Strong Encryption, # 16, July, 2010.

Wireless Communication Technologies: Safeguarding Privacy and Security, # 14, August, 2007.

Social Media in OT Practice

Lily Wainer

Lily was an MSc OT student at the University of Toronto doing her final fieldwork placement at the College.

During my final fieldwork placement at the College, I took on a project to look into how social media can affect occupational therapy (OT) practice. As the project progressed, it became apparent that OTs would benefit from information and guidance about how to use social media safely and ethically. The issues and risks with the use of social media generally involve professionalism, privacy, confidentiality, professional boundaries and advertising.

Professionalism

Social media use by health care professionals and students is all over the news these days, and not always in a good way. For example, in 2010, four nursing students were expelled from a university in the U.S. after posing for pictures with a human placenta, which were later posted on Facebook. In 2009, a group of seven doctors and nurses in the UK were suspended after posting pictures of themselves lying in curious places around a hospital, including a hospital helipad. While the health care professionals in these news stories were posting pictures on their own personal pages and not onto pages affiliated with their profession, their professional accountability may not have seemed relevant. However, when someone is a regulated health care professional, the public has access to their name and workplace information, as well as the ability to verify their credentials and past conduct history. This means that even if a page is supposedly personal, a health care professional is still responsible for complying with the standards and principles of their profession in all forms of communication, including online. In terms of the behaviour of students, they are responsible to behave in a manner that would make them suitable to enter their profession.

Confidentiality and Privacy

As regulated health care professionals, OTs are aware that confidentiality of client information should be maintained in accordance with the legal requirements of the *Personal Health Information and Protection Act* (PHIPA). It's easy enough to think that if you remove client identifiers that it is okay to discuss anecdotes on your social media site, but this is not so.

> Social media can be defined as online technologies used to promote communication for the purpose of social interaction. Some examples of social media are Google+, Facebook, Twitter, and LinkedIn.

For instance, consider posting an interesting client situation on a social media site you use online. You've removed all identifiers, but forgotten that you mentioned the name of the hospital where you work in a post a few days ago. An uncle of this client looks up the name of the hospital online and your post comes up with all the information about his nephew, which he recognizes from your description of the situation.

Be mindful of this potential for inadvertent confidentiality breaches. A motto that you should consider when deciding what to post on your social media site is 'when in doubt, leave it out.'

Privacy refers to when, how and to what extent an individual chooses to share their personal information. If you have an open social media group online and anyone can add themselves to the group, you may think it is okay for clients to add themselves to your group since you are not friends with them. However, in some social media groups, members' names may be visible for all to see, and this may be a violation of client privacy. It is important to watch out for these kinds of unintentional violations of privacy.

Professional Boundaries

Social media can also create interesting situations related to professional boundaries. For example, a doctor in the UK was sent her favourite flowers by a client after he found this information on her Facebook page. It is important for OTs to become familiar with privacy policies and settings on social media sites to control who has access to personal profiles and information. In 2009, Facebook updated its privacy policy and settings, which automatically defaulted all private settings to go back to public settings. These settings had to be manually readjusted back to private settings. It is important to be alert for changes like these on social media sites. Keeping tabs on what comes up when you Google your own name is another way to check that what you meant to be private has stayed that way.

OTs are familiar with the *Standards for Professional Boundaries* (COTO, 2009) established by the College. These Standards apply to all forms of communication, including social media. Just as an OT would avoid developing personal relationships with clients in a clinical environment, an OT should avoid *friending* clients on social media sites designated for personal use. Having a client as a friend online may be considered a dual relationship because it is more difficult to differentiate professional from personal interactions through this mode of communication.

Advertising

An OT may wish to have a social media page to advertise their services. However, there are some considerations when it comes to having a social media page where the public can post freely. When we cannot control what is posted on the social media page and by whom, there is risk involved. For instance, what if a client posts on your page a testimonial about your services? This contravenes the advertising regulation where an advertisement of OT services cannot contain any testimonials, comparative or superlative statements. Testimonials may inappropriately influence decision making and are irrelevant to the needs of individual clients. In this situation, the OT may be held accountable for contravening the advertising regulation. Even if clients post comments that are not testimonials, by stating that they are clients their privacy may be compromised. Personal information about clients, even their names, is to be kept private.

Conclusion

Hopefully these suggestions help to guide OTs to continue to participate in social media while minimizing risk to the public. These suggestions are not too restrictive so as to inhibit the growth of OT practice with evolving technology, and the potential benefits for clients.

Annual Registration Renewal 2011 Statistics

Lara Thacker, Manager, Registration

The College would like to thank all Registrants who successfully renewed their certificate of registration online and in time for the June 1st deadline! This year, 97% of Registrants renewed their certificates online!

The increasing popularity of online renewal shows the trend of OTs taking advantage of electronic means to manage professional obligations and communications. The College appreciates the commitment and willingness of Registrants who use the online registration, which allows the College to continue to expand its use of technology to reach out to Registrants in all program areas.

Thank you to all Registrants who provided comments and suggestions regarding the online process. Your feedback allows the College to modify and improve our process in order to better serve you. The renewal process will be completed entirely online next year! The benefits of online are considerable:

- instantaneous renewal confirmation;
- no chance of incomplete registration or having your form returned to you incomplete;
- data integrity;
- profile changes immediately reflected on public register in real time.

Wallet Cards and Tax Receipts

By now you should have received your 2011/12 wallet card and tax receipt. If you have yet to receive your new card, please contact the College.

Health Human Resource Data Collection:

The College continues to collect demographic, geographic, educational, and employment information for the Ministry of Health and Long-Term Care. This data collection is part of HealthForceOntario, the province's health human resources strategy. Your answers to sometimes confusing questions regarding previous practice history assist the Ministry in the development of policies and programs that address supply and distribution, education, recruitment and retention for health care professions. As usual, the College continues to collect similar data for the Canadian Institute of Health Information, which informs and supports decisions around the health care system.

Facts of Interest:

The Registration program is pleased to share some figures in this issue.

The Annual Renewal 2011 data indicates that 4698 Registrants renewed and 208 Registrants resigned their certificates of registration for reasons such as parental leave, leaving the province, or retirement from the profession. Of the 4698 who renewed, 99% renewed by the June 1st deadline! Data from the last three renewals shows a steady decline in the number of Registrants who were subject to late fees.

OT Education

The percentage of OTs with a Master's degree in OT has now risen to 31.2% of the total population of OTs.

Nature of Practice

The number of Registrants who reported a clinical nature of practice was 70%, non-clinical 9%, and mixed (clinical and non-clinical nature of practice) 11%.

Some additional interesting facts that arose from this year's data collection:

- of the 482 new certificates of registration issued between June 1, 2010 and May 31, 2011:
  – 79% were educated in Ontario,

– 11% were educated outside of Ontario within Canada,
– 10% were educated outside of Canada;

- 121 certificates of registration were rendered inactive during the fiscal year;
- 22 Registrants were non-compliant after receiving the 30 day Notice to Suspend, and consequently had their Certificates of Registration suspended for non-payment of fees;
- 18 of these Registrants have not completed the proper follow through to rectify their certificate status with the College;
- there were 40 Professional Corporation Certificates of Authorization as of May 31, 2011, marking a 25% increase from the previous year.

Until next year's annual renewal, the College strongly encourages all Registrants to use the *Registrants Only > My Profile* section of the website to update their personal profiles. Notification of changes must be made online or in writing, within 30 days of the change, as per the College Bylaws.

Certificates of Registration Suspended

In accordance with Section 24 of the *Health Professions Procedural Code*, the following individuals were suspended effective July 2011 for non-payment of fees:

FIRST NAME	LAST NAME	Registration Number
Leena	Bhole	G9903860
Susan	Black	G1002276
Heather	Bussière	G9703239
Julia	Carson	G0807488
Heather	Couture	P1007898
Bronwyn	Forrest	G0907883
Kerry-Anne	George	G0606869
Daphne	Haramule	G0807283
Lise	Hewak	G0405732
Benjamin	Jacob	G9301340
Jennifer	Kinder	G0807539
Laura	Knickle	G0807502
Samantha (Sam)	Meldrum	G1008211
Hari	Narang	G0305623
Amy	Petker	G0907908
Mylène	Poitras-George	G1008162
Fiona	Roberton-Lewis	G9300084
Anita	Rychlo	G0800708

Certificates of Registration Revoked

In accordance with Section 35. (3) of the General Regulation, the following Certificates of Registration have been revoked effective July 18, 2011:

FIRST NAME	LAST NAME	Registration Number
Manon	Arpin-Brazel	G0205002
Lynn	Guerriero	G0004153
Kelsie	Roth	G0807469

2011 Spring Competency Review and Evaluation Statistics

Marnie Lofsky, Manager, Quality Programs

Competency Review and Evaluation Update.

In October 2010, 300 Registrants were randomly selected to participate in the Competency Review and Evaluation (CRE) - Step 1 process. An additional 38 Registrants were required to participate as they had been previously deferred from prior random selections. A total of 271 Registrants engaged in the CRE process, after removing the 67 new deferrals/exemptions that were granted. Of those engaged in Step 1, 228 Registrants completed the requirements (i.e. completed portfolio submission and multi-source feedback surveys above the established threshold), and 43 Registrants had incomplete portfolio submissions. A total of 26 Registrants were required to participate in Step 2: Peer/Practice Assessment.

In April 2011 the College increased the number of Registrants randomly selected to participate in the CRE process to 350 participants due to the larger Registrant base and the goal of involving 20% of Registrants each year. After including previously deferred Registrants and excluding new deferrals/exemptions, a total of 317 Registrants participated. The College is currently providing participant summaries to the April participants. In October 2011 another 350 participants will be randomly selected.

Non-clinical OTs to engage in Competency Review and Evaluation

The College is busy establishing the tools that will be used in the CRE process for non-clinical Registrants, which will be launched in the spring of 2012. Until now, non-clinical OTs have been exempt from the CRE process, as the tools used were based on the *Essential Competencies of Practice for Occupational Therapists in Canada* (2nd edition), and focused on primarily clinical competencies. With the release of the updated Essential Competencies (3rd edition), which includes a focus on competencies for OTs with a non-clinical nature of practice, the College has non-clinical competencies from which to establish a review process. The selection process will be random and will include all Registrants who have designated themselves as non-clinical on their annual registration form. The addition of the non-clinical process will ensure that all OTs engage in the full CRE program. Those OTs with a mixed role (some client care, some non-clinical responsibilities) may fall into the combined/mixed practice process which will also be launched in the spring of 2012.

With the release of the updated Essential Competencies (3rd edition), which includes a focus on competencies for OTs with a non-clinical nature of practice, the College has non-clinical competencies from which to establish a review process.

QA – PREP Module: Record Keeping

Marnie Lofsky, Manager, Quality Programs

In 2011, the College distributed 4840 PREP modules to Registrants and received the most ever submitted responses (2396); a response rate of approximately 50%. This year, 58% of Registrants accessed the Practice Development Portal to submit their responses electronically (e-learning module). Comments from Registrants indicated that the e-learning module was easy to use and allowed for different learning styles.

Of the submitted response sheets, 93% indicated a clinical practice; the remaining 7% indicated a non-clinical role. 96% of the responses indicated that the module was relevant to practice (99% of clinical OTs and 76% of non-clinical OTs), while 95% (96% clinical, 92% non-clinical) indicated that this module increased their knowledge of the legislation, standards and professional obligations for record keeping. 85% of the Registrants (87% clinical, 61% non-clinical) indicated that they would implement one or more changes to their practice.

Approximately 60% of the respondents answered all ten questions correctly, while the remaining 40% answered at least one question incorrectly. Statement #5, regarding the maintenance records for equipment was the highest amount of incorrect responses. According to the *Standards for Record Keeping* (COTO, 2008) it is the responsibility of the OT to maintain a record and schedule of servicing, maintenance and inspection of equipment. This standard ensures that someone takes responsibility for the equipment used by the OT. If the OT does not ensure this record is maintained, the OT is responsible/liable for any injury caused by the equipment due to disrepair, lack of maintenance or missed inspection.

Of the scenario questions, # 4 had the highest incorrect responses. This scenario addressed the responsibility of the OT in the event of lost/damaged files. According to the *Standards for Record Keeping* (COTO, 2008), the OT needs to, "take **reasonable** measures to ensure client personal health information is secure from unauthorized access, loss or theft" and when a client record is lost (in the scenario the record was damaged by water), the OT must make **reasonable** efforts to both notify the client/substitute decision-maker and re-create the record. It is not expected that the OT would recall every detail included in the original chart, however what is recalled should be included in the replacement record. The OT must indicate that the chart has been re-created and include the date and reason for the re-creation. If information is not recalled or is recalled inaccurately, it may not be considered falsifying the document if the OT has explained, and resolved the situation to the best of his/her abilities.

The PREP module topics are selected based on needs identified through Registrant feedback, the Competency Review and Evaluation process, Investigations and Resolutions processes, and based on goals/learning needs identified on professional development plans and self-assessment tools. The College strives to select topics that are relevant to a wide selection of practice areas. The College is unable to select topics that impact a small/specific area of practice (e.g. insurance assessment) nor those which are specific to a single practice setting (e.g. hospital sector only).

The College will be covering the topic of controlled acts as the PREP topic in 2012. The module will discuss how OT scope of practice impacts, and is impacted by, the ability to access controlled acts. The College hopes this next topic will generate as much discussion as the 2011 PREP module and will provide the knowledge you require to perform your role as an OT.

Scope of Practice Update

Elinor Larney, Deputy Registrar

The College is working in partnership with OSOT and the five university OT programs to review the scope of practice for occupational therapists in Ontario.

OTs who have been paying attention to this project may know that the College started Phase 1 of this process well over one year ago, by gathering information about OT practice as it relates to the current and future practice of controlled acts. OTs were also consulted for their views about the current scope of practice statement found in the *Occupational Therapy Act* (1991). Based on discussions with Council and the advisory committee, this project was determined to be at the point that the profession may request that the Minister of Health and Long-Term Care review and revise the legislated scope of practice for OT.

Communication and Education Sessions

The partnership, entitled **Strategic Choices for Occupational Therapy Practice Evolution** (**SCOPE**), has several objectives to meet on its way to achieving its goal for the next phase of this project. First, the partnership intends to engage the profession in the dialogue as well as educate OTs about controlled acts in Ontario. A series of education sessions will occur across the province, some in conjunction with College education sessions planned for electoral districts, and some conducted on their own. **OTs are encouraged to participate in these discussions and education sessions that will shape the future of OT practice in Ontario.**

Regulatory Model

One of the things learned from Phase 1 was that OTs needed additional information about the implications of adding more controlled acts to the activities that OTs can perform autonomously. Another objective of Phase 2 is to investigate and communicate these implications so that OTs will understand what these changes might mean to them personally, whether or not they are, or will be, performing controlled acts. OTs told us they were not sure, or not ready to make a decision.

Engaging the Profession

To make change happen, it is necessary to hear from a large proportion of OTs. The last round of surveys generated a response from 25% of registered OTs. While the feedback was valuable and appreciated, this will not make a strong enough case for change. The profession needs to demonstrate their support to government in order to be heard.

The SCOPE Steering Committee wants to ensure that every OT has an opportunity to learn about the process, project and make their views known.

Contact us:

Send any email queries about this project to our project line at: scopeofpractice@coto.org
Check out the SCOPE newsletter on the College's website at www.coto.org

Council Election 2012 – Protecting the Public and Shaping Health Care Policy in Ontario

There's an election coming to the College in District 3 (South West), District 5 (North East) and District 6 (North West). The call for nominations is OCTOBER 13, 2011 with nominations closing on December 12th. In February, the College will be mailing ballots for Registrants in these three districts 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 *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 OTs 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 2012 to March 2015. 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.

3 SOUTH WEST – ELECTING 1 MEMBER.
The counties of Essex, Bruce, Grey, Chatham-Kent, Lambton, Elgin, Middlesex, Oxford, Huron and Perth.

5 NORTH EAST – ELECTING 1 MEMBER
The districts of Sudbury, Parry Sound, Timiskaming, Nipissing, Algoma, Cochrane and Manitoulin and Muskoka.

6 NORTH WEST – ELECTING 1 MEMBER
The territorial districts of Kenora, Rainy River and Thunder Bay.

Election Schedule:

October 13, 2011
Nomination forms will be mailed to all Registrants registered as working in, or if not working, residing in District 3, 5 or 6.

December 12, 2011
Nominations papers due. Nominations must be received by College no later than 4:00 p.m.

February 2, 2012
Voting packages are mailed to occupational therapists in the Districts.

March 5, 2012
Ballots must be received at the College office by 2:00 p.m.

Council Meeting Highlights

(of the June 23, 2011 Council Meeting)

The following are highlights from the June 23, 2011 Council Meeting:

- Council approved the final draft of the Code of Ethics for distribution to Registrants and stakeholders and for placement on the College website;
- Council approved the draft standards for Conflict of Interest to be circulated to Registrants and stakeholders for feedback;
- Council approved the development of a regulation on use of the title Psychotherapist by occupational therapists;
- Council approved the draft amendments to Bylaw Part 20 Professional Liability Insurance for distribution to Registrants for feedback;
- Council approved the April 2011 Financial Report and Balance Sheet, as presented;
- Council approved the appointment of Sharon Kular and Karen Tiapale to the Election Committee.

Upcoming Council Meetings:

October 20, 2011 (Council Meeting and AGM)

Fall 2011 Education Sessions for Districts 3, 5 & 6!

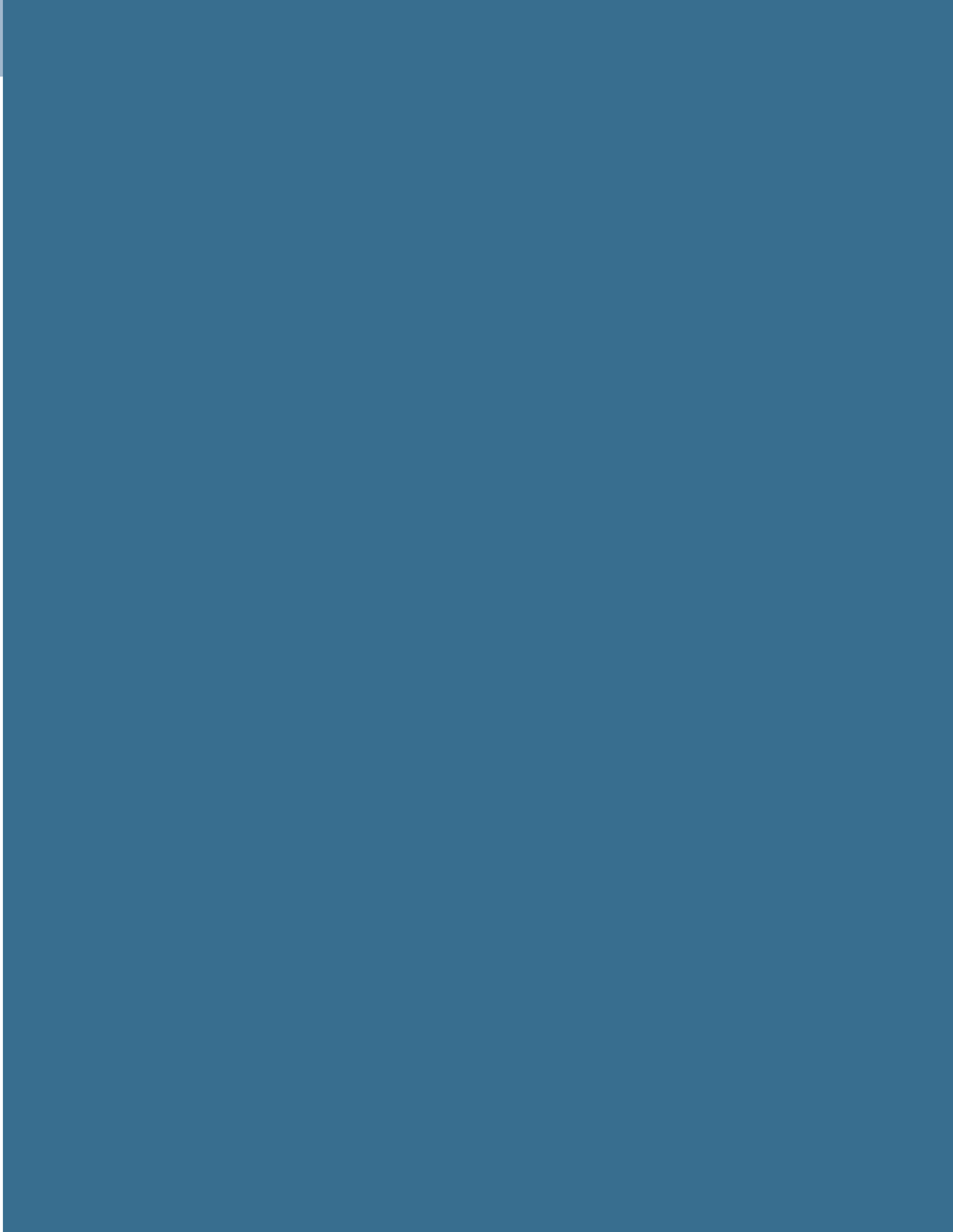
The College of Occupational Therapists of Ontario is conducting the Fall Education Sessions for Districts 3, 5 & 6.

The College is pleased to once again be hosting Fall Education Sessions for Registrants **working or living in Districts 3, 5 and 6**. This years' topics are *Scope of Practice, Essential Competencies/QA and General College Updates*. Sessions will be held in **Thunder Bay, London, Windsor, North Bay and Sudbury**.

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 3, 5 or 6 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.



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