

ON THE record

VOLUME 10 ISSUE 2

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Focus on the Office of the Fairness Commissioner

Pleins feux sur le Bureau de la commissaire à l'équité

Developing a National Approach to Competency
Based Assessment for Entry Practice

Legislative Update — Apology Act

Standards for Student Supervision — In Progress



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

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Occupational therapists enable clients to maximize their participation in activities of daily life.

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

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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
- Tim Mbugua**
Policy Analyst
Extension 246, tmbugua@coto.org
- Beth Parker**
Investigations & Resolutions Associate
Extension 234, bparker@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
- Cathy Sannuto**
Executive Assistant, Deputy Registrar
Extension 232, csannuto@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
- Lara Thacker**
Registration Coordinator
Extension 229, lthacker@coto.org
- Leanne Worsfold**
Manager, Quality Programs
Extension 227, lworsfold@coto.org
- Barbara Worth**
Registrar
Extension 225, bworth@coto.org



Focus on the Office of the Fairness Commissioner

Elinor Larney, Deputy Registrar

If you have not already noticed the focus of government on internationally educated professionals, you soon will. Both the Federal and Provincial governments have increased their attention to recruitment of skilled workers into the country in anticipation of a work force shortage as the population ages and heads to retirement.

The Office of the Fairness Commissioner (OFC) was established by the Ministry of Citizenship and Immigration of the Government of Ontario, with the specific goal of increasing access to registration for those professionals educated outside of Canada. These regulated professions include both health care professionals such as doctors, nurses and occupational therapists (OTs), as well as non-health professions such as architects, engineers and accountants. There are 38 regulated professions within Ontario, with more professions on their way towards regulation (e.g. kinesiologists).

The legislation which brought the Office of the Fairness Commissioner (OFC) into being is often referred to as the *Fair Access to Regulated Professions Act* or FARPA. Technically, this particular act does not include

the health professions, but similar provisions are included in the Procedural Code under the *Regulated Health Professions Act* (RHPA, 1991).

The stated aim of this legislation is to ensure that registration practices for regulated professions in Ontario are transparent, objective, impartial and fair, for both internationally educated applicants as well as those educated in Canada. This is to be accomplished by requiring regulatory bodies (colleges) to write yearly *Fair Registration Practices Reports*, about their registration practices, undergo audits of their registration practices, and conduct reviews of their registration practices and requirements.

The requirements of the legislation apply to all regulatory colleges regardless of size, number of international applicants, Canadian applicants, or any

perceived problems with registration practices. Neither the government, nor the Office of the Fairness Commissioner provides any funding for these requirements to be carried out. All costs for the audits, reports and reviews must be paid for by the College. The College is required to prepare, submit and post reports on its website; you can view these reports on the College website in the *Resource Room* under *Publications*.

The College has just undergone its first audit of registration practices. Audits can be required at three year intervals, or at the request of the OFC. The process of undergoing an audit involves hiring an accountant approved by the OFC, who is experienced in conducting audits. The auditor provides an objective review of the College's registration practices that occurred within a one year period to "determine" if the

practices are transparent, objective, impartial and fair. Those well-versed in outcome measurement can imagine how difficult it is to determine the measurement methods for “fairness”. The audit resulted in a document over 130 pages long, commenting on such topics as:

- the information the College provides to its applicants;
- where this information is found and its accessibility to applicants;
- the College’s ability to provide timely decisions, reasons and responses to applicants;
- the processes for qualification assessment; and
- the training process for those making registration decisions.

Also included in the audit is whether there is any impartial appeal process included for registration decisions. Health colleges are all subject to the RHPA, which has established as one of its provisions the Health Professions Appeal and Review Board (HPARB). This arms-length adjudicative body ensures that all appeals of registration decisions are transparent, objective, impartial and fair.

While the registration process for Canadian educated applicants is very straight forward for OT, there are a limited number of OT programs which meet standard criteria from the same accreditation

process and all are delivered in English or French. The education programs in different countries are not always so straight forward; the education of applicants educated outside of Canada requires more scrutiny to ensure their respective OT programs meet Canadian requirements. That is, the education of the applicant must be substantially similar to a bachelor’s degree obtained in Ontario. Often, an applicant’s first language is not English or French, or they have not worked as an OT for quite some time (sometimes due to the lengthy immigration processes). The mandate of the College is to ensure that anyone registered with the College, and therefore identifying themselves as an OT, is qualified and competent to provide safe and ethical services to the public. This mandate serves both the Ontario public, as well as maintains the credibility and standards of the profession. The College’s audit of registration practices affirmed that the practices of the College are transparent, objective, impartial and fair.

For those interested in obtaining more information about the OFC, their website is www.fairnesscommission.ca.

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Pleins feux sur le Bureau de la commissaire à l'équité

Elinor Larney, régistreuse adjointe

Si vous ne l'avez pas encore remarqué, le gouvernement s'intéresse beaucoup présentement aux professionnels formés à l'étranger. Les gouvernements fédéral et provincial portent très attention au recrutement de travailleurs qualifiés provenant d'un autre pays pour faire face à la pénurie de main-d'œuvre prévue en raison du vieillissement de la population et des nombreux professionnels qui prendront bientôt leur retraite.

Le Bureau de la commissaire à l'équité a été établi par le ministère des Affaires civiques et de l'Immigration du gouvernement de l'Ontario afin de faciliter l'accès à l'inscription pour les professionnels formés à l'étranger. Ces professions réglementées visent des professionnels de la santé, comme les médecins, les infirmières et les ergothérapeutes, ainsi que des professionnels qui ne font pas partie du domaine de la santé, comme les architectes, les ingénieurs et les comptables. Il y a 38 professions réglementées en Ontario et d'autres se dirigent dans la même voie (comme les kinésiologues).

La Loi qui a établi le Bureau de la commissaire à l'équité est appelée la *Loi de 2006 sur l'accès équitable aux professions réglementées*. Techniquement parlant, cette

Loi ne comprend pas les professions de la santé mais des dispositions similaires sont incluses dans le Code des professions de la santé de la *Loi de 1991 sur les professions de la santé réglementées*.

Le but officiel de cette Loi est de s'assurer que les pratiques d'inscription des professions réglementées en Ontario sont transparentes, objectives, exemptes de parti pris et équitables pour les candidats formés à l'étranger tout comme pour ceux formés au Canada. Ceci sera réalisé en exigeant que les organismes de réglementation (Ordres) rédigent chaque année des rapports sur les pratiques d'inscription équitables qui décrivent leurs pratiques d'inscription, fassent vérifier leurs pratiques d'inscription et effectuent des examens de leurs pratiques et exigences d'inscription.

Les exigences de la Loi s'appliquent à tous les Ordres, quels que soient leur taille, leur nombre de candidats formés à l'étranger, leur nombre de candidats formés au Canada ou tout problème perçu se rapportant aux pratiques d'inscription. Le gouvernement et le Bureau de la commissaire à l'équité ne fournissent aucuns fonds pour satisfaire ces exigences. Tous les coûts liés aux vérifications, rédactions de rapports et examens doivent être payés par l'Ordre. L'Ordre est tenu de préparer, soumettre et afficher les rapports sur son site Web — vous pouvez les consulter sur le site de l'OEO dans la section sur les ressources — Publications. L'Ordre vient de subir sa première vérification de ses pratiques d'inscription. Des vérifications peuvent être requises tous les trois

ans ou sur demande du Bureau de la commissaire à l'équité. Pour faire faire une vérification, il faut embaucher un comptable approuvé par le Bureau qui possède de l'expérience dans le domaine des vérifications. Le vérificateur fait un examen objectif de pratiques d'inscription de l'Ordre qui étaient en vigueur pendant une période d'un an pour évaluer si ces pratiques sont transparentes, objectives, exemptes de parti pris et équitables. Les personnes qui connaissent le domaine de l'évaluation des résultats peuvent apprécier la difficulté de déterminer les méthodes d'évaluation de l'équité. La vérification a produit un document de plus de 130 pages discutant de divers sujets, y compris l'information que l'Ordre fournit aux candidats, où se trouve cette information et son accessibilité pour les candidats; la capacité de l'Ordre de prendre des décisions en temps opportun, les raisons et les réponses fournies aux candidats; les processus d'évaluation des qualifications; et le processus de formation pour les personnes qui prennent des décisions sur l'inscription. De plus, la vérification doit indiquer s'il existe un processus d'appel impartial associé aux décisions sur l'inscription. Les Ordres de la santé sont tous assujettis à la *Loi de 1991 sur les professions de la santé réglementées* qui a établi dans ses dispositions la Commission d'appel et de révision des professions de la santé. Cet organisme d'arbitrage

autonome s'assure que tous les appels concernant les décisions d'inscription sont transparents, objectifs, exempts de parti pris et équitables.

Le processus d'inscription pour les candidats formés au Canada dans le domaine de l'ergothérapie est très explicite; il y a un nombre limité de programmes d'ergothérapie qui satisfont les critères standards pour le même processus d'agrément et ils sont tous offerts en anglais ou en français. Les programmes de formation offerts dans d'autres pays ne sont toutefois pas aussi explicites. La formation obtenue par des candidats à l'extérieur du Canada doit être examinée de près pour s'assurer que leur programme d'ergothérapie satisfait toutes les exigences d'inscription. Ceci signifie que la formation de ces candidats doit être essentiellement similaire à un baccalauréat décerné en Ontario. Souvent, la langue maternelle d'un candidat n'est pas l'anglais ou le français, ou il n'a pas exercé la profession d'ergothérapeute depuis quelque temps (parfois en raison du délai du processus d'immigration). L'Ordre a pour mandat de s'assurer que toute personne inscrite auprès de l'Ordre, et donc identifiée comme un ergothérapeute, est qualifiée et peut fournir d'excellents services sécuritaires et responsables au public. Ce mandat dessert le public de l'Ontario tout en préservant la crédibilité et les normes de la profession. La vérification des

pratiques d'inscription de l'Ordre a permis d'affirmer que ses pratiques sont transparentes, objectives, exemptes de parti pris et équitables.

Pour obtenir de plus amples renseignements sur le Bureau de la commissaire à l'équité, visitez son site Web à www.fairnesscommissioner.ca/fr.

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ACOTRO Update – Developing a National Approach to Competency-Based Assessment for Entry Practice

The Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) is conducting a project funded by the government of British Columbia to address the need for inter-provincial consistency in the assessment and recognition of qualifications of internationally educated occupational therapists (IEOTs) seeking licensure/registration in Canada.

Building on phase one, *Assessing the Competence of Internationally Educated Occupational Therapists for Practice In Canada: Towards a Common Understanding and an Assessment Toolkit*, phase two is moving forward on developing the assessment toolkit to determine the substantial equivalency of IEOTs, to the competence of a Canadian educated occupational therapist.

Phase two has four main outcomes related to assessing the competence of IEOTs, including the development and implementation of benchmarks, standards, and assessment tools. Activities for benchmarking are focused on:

1. Updating the *Essential Competencies of Practice for Occupational Therapists in Canada, 2nd Ed. (Essential Competencies)*;
2. Describing the Canadian Occupational Therapy Education Benchmark;
3. Validating the essential competencies, context and capabilities that need to be assessed for IEOTs; and
4. Describing the standard for the substantial equivalency of IEOTs.

Updating the *Essential Competencies*, published in 2003, is one of the exciting and key activities in phase two. The revision and validation of the third edition is nearing completion. The validation survey was sent to 56% of all registered members in all ten provinces, and the results were reviewed by the IEOT—Essential Competencies Advisory Group. The survey participants were highly representative of the population of interest (all registered OTs in Canada) with respect to gender distribution, age

category, geographic distribution, primary area of practice, employer type and role. The results of the survey indicate a very high degree of endorsement by the survey respondents for the competency statements of the third edition.

An additional review of the *Essential Competencies* is now being conducted to identify particular competency statements that apply to the practice of non-clinical Registrants. This information will be included in the final version of the third edition to be reviewed by the Advisory Group and ACOTRO members in the spring of 2010.

The longstanding goal of ACOTRO to have a common approach to a competency-based substantial equivalency assessment across jurisdictions is closer to being realized.

Legislative Update — Apology Act, 2009 (Bill 108)

Tim Mbugua, Policy Analyst

No apologies for apologizing; you can now say sorry without fear of legal repercussion.

“Offering a sincere apology or expression of regret is simply the right thing to do. It is the sign of caring, compassion and empathy—not blame or guilt.”

—Phil Hassen, CEO Canadian Patient Safety Institute

Last year, the Provincial Legislative Assembly passed a bill that will significantly impact the relationship between patients and health care providers in Ontario. Bill 108, introduced in October 2008 by the Attorney General, allows individuals and public organizations such as hospitals to apologize for a mistake or wrongdoing without fear that the apology will be used against them in lawsuits.

The bill, now known as the *Apology Act* (2009), is meant to legally respect apologies as an appropriate ethical response. It provides that an apology is not admissible in any civil, administrative or arbitration proceeding, nor does it affect the insurance coverage available to any person in relation to that matter. The act further states that an apology made by, or on behalf of a person in relation to any matter, does not

constitute an admission of fault or liability by the person, except for the purpose of the proceeding under the *Provincial Offences Act* (a statute that sets out procedures for the prosecution of offences — e.g. parking infraction, under provincial statutes and municipal bylaws).

According to the act, which received royal assent and came into effect last April,

“‘apology’ means an expression of sympathy or regret, a statement that a person is sorry or any other words or actions indicating contrition or commiseration, whether or not the words or actions admit fault or liability in connection with the matter to which the words or actions relate.”

The *Apology Act* is significant legislation that strengthens and builds on existing legislation, particularly Regulation 965 of the *Public Hospitals Act*. This regulation requires hospitals to disclose to patients, substitute decision-makers or estate trustees “critical incidents” or any unintended incident that occurs when a patient receives treatment at a hospital. While the regulation only calls for disclosure to the patient when an unintended

event occurs, the *Apology Act* further allows practitioners to apologize without fear of the apology being used against them.

The merits of this act go beyond allowing a person to apologize without admitting liability. Apologizing puts a human face to the wrongdoing and reduces the emotional impact of the harm done. In addition, it makes the parties concerned feel better and it has a therapeutic impact on the person injured, facilitating the healing and reconciliation process. Research shows that similar legislation elsewhere has led to a reduction of pressure on the civil



courts as well as reduced costs to public institutions such as hospitals.

There are however, a few exceptions to the *Apology Act*. If a person makes an apology while testifying at a civil, administrative or arbitration proceeding, the act does not apply. Similarly, nothing in the act affects the admissibility of any evidence in a criminal proceeding, including a prosecution for perjury; nor does the act apply where one admits owing money or in the recovery of personal property. It is important to note that whether or not an apology has been made, the act does not take away or preclude anyone's right to seek redress in court that they may deem appropriate.

This legislation is expected to particularly resonate in the health sector where interaction between health care providers and patients is constrained by fear of legal repercussions. The apologizer may also be apprehensive for fear of being disproportionately blamed for the mistake. Furthermore, insurance companies usually advise their policy holders against admitting or disclosing liability even when at fault. The *Apology Act* effectively removes this fear.

Ontario is the fourth Canadian province to enact apology legislation, following British Columbia in 2006 and Saskatchewan and Manitoba in 2007. Most Australian states and more than 30 U.S. states have similar laws in place. Although it is too early to show the efficacy of this legislation in Canadian

jurisdictions that have passed it, in the US where such legislation has been in place for a longer period, disclosure and apology policy has been credited in reducing lawsuits, settlement and defence costs.

Indeed, anecdotal evidence shows that approximately 30 per cent of all plaintiffs would not have sued if they had been given a sincere explanation and apology.

While the College has full confidence in the competence of Registrants to perform their duties safely, effectively and ethically, an unintended outcome that negatively affects the client can occur even with the best intentions. Until now, Registrants may have been reluctant to disclose and apologize to clients for mistakes which do not result directly from their illness. The *Apology Act* mitigates these fears.

This legislation has been widely supported within the health sector. The College of Occupational Therapists of Ontario joins other regulatory colleges in supporting the legislation to facilitate open and frank relationships between OTs and their clients. Moreover, the legislation is in line with the principle of transparency described in the College document *Principled Occupational Therapy Practice*, which requires full disclosure and clear, open communication in the best interest of the client. The College acknowledges that it is never easy to admit when something has gone wrong. However, taking the lead in disclosing and apologizing, rather than waiting

for the client to ask for an apology, may protect Registrants from future malpractice claims. Many people who go to court confess that all they wanted was a genuine apology and an assurance that what happened to them will not happen again to another person.

The *Apology Act* has been welcomed and hailed by many as important legislation that can increase trust and communication between health care providers and patients. Nevertheless, its impact and effectiveness will depend on the sincerity and authenticity of the apologies, for as Gilbert K. Chesterton put it:

“A stiff apology is a second insult... the injured party does not want to be compensated because he has been wronged; he wants to be healed because he has been hurt.”

The College is working on a resource to further inform and guide Registrants and the public on this important legislation.

Q&A

QUESTIONS AND ANSWERS

I have been hired by a therapy equipment company as an Occupational Therapist Consultant. My role is to support sales through the provision of health care guidance related to assistive devices, to customers who come into the store. I am also expected to promote the business by forming relationships with and conducting educational workshops in hospitals and clinics, on the types of assistive devices my employer sells. Part of my employment compensation comes from commissions associated with the equipment that I assist in selling. Am I allowed to do this?

In answering this question, it is first important to clearly understand the public's perception of an occupational therapist as a health care professional, and the associated obligations and responsibilities. Clients seeking health care, such as occupational therapy services, are typically in a vulnerable position. They look to the occupational therapist for assistance, and hold that individual in a position of trust. The public believes that the occupational therapist, as a health care professional, will act in the client's best interest. As such, OTs

are expected to practice in a highly ethical, transparent and client-centered manner.

It is in this spirit that the advertising regulation prohibiting "direct pressure sales or solicitation" was developed. Such advertising techniques exploit the trust relationship between the therapist and client, and potentially enable the therapist to unfairly pressure the client. This may, in some cases, be self-serving to the therapist, irrespective of the client's best interest.

At the same time, having access to an occupational therapist when purchasing assistive devices from a therapy equipment store could

also be beneficial for the client. It is important to realize that in this particular situation, while the OT may have valuable knowledge about equipment for client function, by virtue of receiving commissions for sales, the OT is also in a potential conflict of interest situation. In this situation, it could be perceived that a particular piece of equipment is being recommended, not because it is the best option for the client, but because the OT stands to gain monetarily. To avoid being in a conflict of interest situation, it is the responsibility of the OT to be transparent in dealings with the client. OTs should also ensure that clients are aware if sales are on a



commission basis and ensure that other viable equipment options are presented and not just those for which the OT stands to benefit personally. To avoid this conflict of interest situation altogether, it is often appropriate for the vendor OT to make equipment recommendations, but then to allow the final equipment decision to be made independently by a treating OT in consultation with the client.

Finally, with respect to business development, OTs are permitted to approach other healthcare providers and therapists. This is because they are not subject to the same vulnerabilities as clients. In whatever role the OT assumes, it is imperative that the OT is always transparent and ethical in dealings with clients and other individuals.

For additional information on acceptable forms of advertising, please refer to the Advertising Regulation in the *General Regulations* (April 2001).

I am an OT who assesses clients for mobility devices and makes recommendations for their purchase. Do I require the client's consent to give health information to the vendor?

While the vendor's involvement is part of the health care process, the vendor is not considered a health care custodian. It is therefore essential **to ensure that consent is gained from the client prior to sharing information with the vendor.** The content of the

information shared with the vendor should only include that information that is relevant to the purpose of buying mobility equipment. Sharing more information than is needed for the equipment application is inappropriate.

The recent document *The Circle of Care, Sharing Personal Health Information for Health-Care Purposes* from the Information and Privacy Commissioner website www.ipc.on.ca, clarifies a number of issues OTs have been asking about this topic. OTs may also want to refer to *Frequently Asked Questions: The Personal Health Information Protection Act* (2005) which can be found at the Privacy Commissioners website noted above. These documents explain how health information can flow between health care custodians and agents, which includes health care practitioners such as occupational therapists.

The *College's Standards for Occupational Therapy Assessments* (2007), page 8, Stage 5:

Use of Information states, "The occupational therapist will ensure that all information shared with other stakeholders is provided with informed client consent. The occupational therapist will share the information in a timely and relevant manner for the intended use."

The *College's Practice Standards* outline the minimum expectations of occupational therapists and

are consistent with provincial legislation. OTs applying to Assistive Devices Program (ADP) may find that ADP may have its own rules and regulations around how information is released. Here is their website: http://www.health.gov.on.ca/english/providers/program/adp/adp_qa.html.



Standards for Student Supervision—In Progress

Sandy Oulikian, Heather Greenwood, & Dure Irshad,
2nd Year OT Students – McMaster University

As part of an evidence-based research project, 3 OT students had the opportunity to work collaboratively with the College of Occupational Therapists of Ontario to explore the current practice and perspectives related to student supervision, amongst OTs in Ontario.

As one component of their responsibility and commitment to the profession of occupational therapy, occupational therapists (OTs) actively participate in the education of student OTs through fieldwork supervision. In the interest of the public, as well as the profession, the College supports OTs as student supervisors and emphasizes their continuing accountability in this role for safe and ethical practice. In assuming the role of student supervisor, it is expected that the responsibility to the client will be paramount when facilitating student learning. In May 1996, the College established the *Supervision of Student OTs: Practice Guideline* to guide OTs in supervising students within their professional role. Whereas practice guidelines describe recommended practice, standards of practice outline the minimum expectations to be considered by OTs in their professional practice. As these guidelines have been in

place for some time, the College moved to establish standards for the supervision of student OTs. This initiative was approved by the College as a project for 2009/2010, and was assigned as an evidence-based research project, under the direction of Elinor Larney, Deputy Registrar at the College, and Bonny Jung, assistant professor at McMaster University, Chair of the Registration Committee and a member of the College Council.

A literature review and environmental scan was conducted to determine the key components commonly addressed in student supervision documents by other OT colleges, as well as the colleges of other health professions in Canada and United States. This information was then used as a guide to establish the key messages for the student supervision standards which include: Accountability, Registrant Competency/Experience, Supervision of Students, Risk Management/Safety Considerations,

Informed Consent, Record Keeping, Professional Boundaries, Use of Title Student OT/Student OT Assistant, Role Emerging Placements, and Controlled Acts. These key messages guided the development of a survey made up of 26 questions. This survey received responses from 805 Registrants; one of the highest number of responses received for a survey sent out by the College, indicating the importance or the high degree of interest on the subject.

The responses from this survey are under analysis at this time to determine the current practice of OTs when supervising students; their challenges, experiences and suggested solutions. This information will then be used to establish specific recommendations for the standards of student supervision. See figure 1 for some key highlights of the survey responses.

Figure 1 Key highlights of the survey

Demographics of the Respondents	<ul style="list-style-type: none"> • 805 Registrants provided their responses to the survey questionnaire • 92.5% of these Registrants have been working as OTs for 1 year or more in a variety of settings (e.g. hospital, community, school, etc)
Experience & Comments on Student Supervision	<ul style="list-style-type: none"> • 80.0% of these Registrants have supervised a student OT, and 36.5% of these have supervised 3-5 students in the last 5 years. • 89.0% agree with the College's recommendation of having 1 year of experience prior to supervising a student and 91.6% had this 1 year experience before supervising a student. However, 39.6% recommended 1-2 years of experience in the same setting prior to providing student supervision.
Professional Boundary Concerns for student supervision	<ul style="list-style-type: none"> • The majority of respondents commented on the student/therapist relationship as a boundary concern, especially when both individuals are similar in age.
Informed Consent Concerns for student supervision	<ul style="list-style-type: none"> • The majority were concerned and/or unsure about the process of gaining informed consent from the client concerning including the student in the therapeutic process (individual or group therapy).
Overall challenges and high risk situations, and solutions for student supervision	<ul style="list-style-type: none"> • Many respondents were concerned about the challenge of determining an acceptable level of independence and supervision for students. Solutions suggested by respondents included: grading the level of independence/supervision, providing extra training and practice for OTs prior to including students in the therapeutic process with clients, etc. • Many respondents also commented that it was a high risk to include students who lacked knowledge, skill, and experience in occupational therapy services (assessment, intervention, physical handling/transfers) to complex clients and in high risk settings (e.g. visiting clients in the community alone). Solutions suggested by respondents were: providing the student with extra support, training and practice, supervising students in community, not including students if unsure of student and client safety, etc.
Including students in controlled acts and/or psychotherapy	<ul style="list-style-type: none"> • Only 16.2% of respondents perform controlled acts through delegation; the majority of these respondents include students at the observation/education, and initial stages (e.g. interview) in controlled acts, and/or psychotherapy (soon to be a controlled act). Less than 5% include students directly in the controlled act and/or psychotherapy (soon to be a controlled act) based on students' level of experience.

Supervising students for a role emerging placement

- Only 7.6% of respondents have provided student supervision in role emerging placements, and 89.1% of these respondents have done so at least once. Many shared their concerns about: matching the students’ level of skill and experience with the type of role emerging placement, limited scope of applying occupational therapy in this setting, and uncertainty regarding the amount of supervision and communication required with the student and on-site supervisor.

Supervising an Occupational Therapy Assistant and/or students from other professions

- 29.5% have supervised a student OT assistant and the majority expressed having a positive experience. Some major concerns were that many OTs did not know the OT assistant curriculum, hence, were not sure how to provide supervision and feedback. Many suggested that co-supervising with an OT assistant was helpful.
- 29.0% have supervised students from other health professions, mostly to facilitate their learning about occupational therapy services.

Overall comments/ suggestions for Standards of Student Supervision

- Some commonly cited concerns respondents would like addressed in the standards include: documentation of any services delivered by the student OT, obtaining consent from clients to include students, level of accountability of the students, safety of the client and/or student, and competency assessment of the student.

This survey was possible due to the contribution of Registrants and the time and effort given to respond to the survey. All the responses were extremely valuable!

This learning opportunity provided a better understanding of the role of the College in the profession of Occupational Therapy. Working through the results provided learning about how to analyze quantitative data and infer implications from the survey findings. Furthermore, learning technical language of the standards and respective performance indicators was extremely helpful to prepare recommendations, which will be considered for establishing

standards for student supervision by the College.

The current status of the project:

- A rough draft of the Summary Report on the findings and their implications is being completed.
- The Summary Report includes a section on recommendations that will be considered by the College for establishing standards for student supervision.
- The Summary Report will be reviewed by supervisors and the recommendations will be presented to the Practice Issues Subcommittee for their consideration as the standards

and performance indicators are drafted.

- Once the draft is approved by Council, the standards for student supervision will go to all OTs in the province for their comments.

We are grateful for the opportunity to be involved in this important project. It is our hope that once the standards for student supervision are approved and published, they will help guide OTs (including ourselves) to provide quality, safe and ethical care to clients when supervising students.

Changes to Possible Outcomes for Complaints and Mandatory Reports—SCERPs

Andrea Lowes, Manager, Investigations and Resolutions

On June 4, 2009, Bill 171 came into effect, which amended various aspects of the *Regulated Health Professions Act*. One of the amendments affected the manner in which Registrant-specific concerns would be handled. All concerns would be handled by the new Inquiries, Complaints and Reports Committee (ICRC) rather than the Executive Committee (mandatory reports) and the former Complaints Committee. In addition to the creation of the ICRC, the Bill also amended the dispositions available to the ICRC. The legislation no longer permits the ICRC to refer matters to the Quality Assurance Committee, but allows for dispositions which include Specified Continuing Education and Remediation Programs (SCERPs).

The SCERP program at the College of Occupational Therapists of Ontario is intended to ensure that Registrants undergo appropriate remediation after a complaint or mandatory report has been filed in regards to their practice.

To facilitate SCERPs, the College has developed the Practice Remediation Program. This program involves the following processes:

1. Initial Evaluation

The OT engages in an initial evaluation conducted by a Peer Reviewer. The evaluation focuses on the nature of the complaint or mandatory report identified as the concerns in the complaint/mandatory report/information coming to the attention of the Registrar. During this step, the reviewer meets with the Registrant either in person or via telephone. The evaluation consists of questions specific to the areas identified as concerns. In addition to the questions, the evaluation may also include a review of ten recently discharged charts, chosen at random by the reviewer. The purpose of this two-way process is to provide educational support to the OT through a peer review and collect data to support the development of a structured learning plan.

2. Development of a structured learning plan

Following the evaluation, the report is provided to the Registrant and the College. The results of the evaluation will support the development of a structured learning plan, or indicate if learning (from the engagement in the initial evaluation) is complete. The reviewer, in collaboration with the College, will develop

a structured learning plan and/or prescribe specific learning activities which may include: a self-study learning module (PREP module or online tools), reflective practice exercise, practice supervision for up to one year, chart-reviews, behavior-based interview, specific courses and/or workshops. Following the evaluation, it may be determined that no further learning is required and the SCERP process is concluded.

3. Reports: evidence of successful completion of SCERP

The evaluation data serves as an initial report and directs the specific learning activities. Following completion of the learning activities, the Peer Reviewer will determine if the SCERP was successfully completed. The Registrar may terminate the SCERP prior to its completion if it is clear to the Registrar that the learning needs have been addressed. Once the SCERP has been completed, the College and Registrant shall be notified. If the SCERP is not completed or not completed satisfactorily, the information (all supporting data and reports) will be provided to the ICRC for review.

What Do I Need to Know as an Employer?

Andrea Lowes, Manager, Investigations and Resolutions

Employer Obligations

Employers have various obligations by virtue of their position as employers of regulated professionals. Employers must confirm that the occupational therapists they hire are registered and must make mandatory reports to the College when certain circumstances occur.

Confirmation of Registration

When an employer makes an offer of employment or hires an occupational therapist (OT), it is important that the employer confirm that the OT is registered with the College of Occupational Therapists of Ontario.

An employer may confirm an OT's registration status by asking that the occupational therapist produce his/her registration card, accessing the OT directory at www.coto.org or by requesting and receiving confirmation by email from the Registration Program at the College.

Reporting

The *Regulated Health Professions Act* requires an employer to file a mandatory report in the following circumstances:

1. They have terminated an OT, not renewed an OT's contract, dissolved a partnership or association, or suspended an

OT or restricted the OT's work due to concerns of professional misconduct, incapacity or incompetence;

2. If the employer is a facility operator and has any reasonable grounds to believe that a Registrant practising at the facility is incompetent or incapacitated;
3. The OT resigned from his or her position or stopped taking work from a referral source while under duress, undergoing a progressive discipline process or being faced with the prospect of being terminated or no longer eligible to receive referrals due to concerns of professional misconduct, incompetence or incapacity;
4. When an OT is put on restrictions or sent for treatment or remediation but is not fired or otherwise terminated.

What information should the report contain?

The report must include the name and contact information for the person filing the report, the name of the OT who is the subject of the report, the dates of employment (if available), the reason(s) for termination or resignation (if known) and the name of the

employer. As the Registrar must determine if an investigation is warranted, it is helpful to provide as much information as possible.

As the filer of the report, do I receive a copy of the decision regarding the report?

Only the OT will receive a copy of the committee's decision in writing.

What happens if a mandatory report required by the RHPA is not made?

If a person fails to make a report when required to do so, that person may be prosecuted and upon conviction, be subject to a fine up to \$25,000 for a first offence and up to \$50,000 for a subsequent offence. If the individual is a regulated health care professional, the appropriate regulatory College may take further action against them.

Where a corporation fails to file a mandatory report where required to do so, the RHPA also includes specific provisions whereby failure to make such a report where required, may result in prosecution and upon conviction a fine up to \$50,000 for a first offence and up to \$200,000 for a subsequent offence.

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If I am an Employer of Regulated Health Professionals, How Can I Obtain More Information?

If you employ occupational therapists you may contact Registration at registration@coto.org or investigations at investigations@coto.org. The College website

(www.coto.org) is also a useful resource. The website contains fact sheets regarding the mandatory reports process. The website also contains an OT Directory that enables you to ascertain the registration status of applicants or employees in real time.

If you employ other regulated health professionals, you can obtain the contact information for their Colleges by visiting the Federation of Regulated Health Colleges of Ontario at www.regulatedhealthprofessions.on.ca.

Online Registration Application

In its ongoing efforts to reduce costs and eliminate paper, the College is pleased to announce the development of an Online Registration Application tool. The Online Registration Application can be completed by individuals applying for a general or provisional practicing certificate of registration with the College of Occupational Therapists of Ontario. This includes recent Ontario graduates, internationally educated OTs, and OTs currently licensed in other Canadian jurisdictions.

Starting July 1st, 2010, new applicants will be encouraged to submit their applications online on the College website (www.coto.org).

in the Registration section. Online registration application is an easy, secure, and efficient method to begin the application process. Not only will the application provide individuals with an instant email confirmation that their Registration Application was received, but it will assist the College to increase efficiency with data entry and financial processing. The application will also allow applicants to log on and off, saving their information in stages, prior to submission. Additional supporting documentation such as transcripts and legal work status documentation must continue to be submitted by mail, however

the online application will notify applicants of the steps yet to complete in the overall registration application process, as the supporting documentation is received.

The registration application paper form will continue to be available to download off the College website for applicants re-registering with the College after being inactive for a period.

Stay tuned this fall for more information regarding the expansion of the Online Registration Application to re-registering applicants.

President Re-elected



Carol Mieras of Kingston was re-elected for a fourth term as President during the election of Officers at the March meeting of Council.

Carol was first elected to Council in 2005 and is currently serving her second elected term from District 4.

During her previous years on Council, Carol was a member of the Patient Relations, Discipline, Elections and Project Evaluation Committees and served as Chair of the Patient Relations Committee. Warm congratulations are extended to Carol from Council and Staff!

Welcome to New Council Members

Council and staff are pleased to welcome two new professional members of Council; Jacklyn Pearce and Nicole Thomson of Toronto join Council from District 1 (Central East). Jacklyn is in private practice and Nicole's practice is focused in paediatrics at Bloorview Kids Rehab.

A Fond Farewell to Departing Council Members

Marie Eason Klatt leaves the Council after serving two terms (2004 – 2010) as an elected member of Council from District 1. Throughout her time on Council, Marie was a member of the Patient Relations & Quality Assurance Committees, Chaired the Fitness to Practice, Quality Assurance, Elections and Nominations Committees and has served on Executive as Member at Large Education, Vice president and President.

Sylvia Boddener leaves the College after serving three consecutive terms (2001 -2010) as an elected member of Council from District 1. During her time on Council she has been a member of the Complaints Committee, Chaired Patient Relations and the Inquires, Complaints and Reports Committee and has served on Executive as Member at Large Education, Vice president and President.

While the arrival of new Council members brings new ideas and energy to the table, this is accompanied by sadness at losing people we have enjoyed working with over the past several years. Our sincere best wishes to Marie and Sylvia.

Council Highlights

The following are highlights from the January 28, 2010

Council Meeting:

- Council approved the proposed changes to the Executive Committee Terms of Reference to be consistent with the June 4, 2009 amendments to the RHPA and the College governance model.
- The Second Quarter Balance Sheet and Statement of Operations were accepted as presented.
- Council approved the proposed changes to the Registration Regulation for circulation to registrants.
- Leanne Worsfold took Council members through a visual presentation of the E-learning Module.
- Council appointed Frank Cardile and Marie Eason Klatt to the Nomination Committee.
- Jewelle Smith-Johnson presented an overview of how to read the College's financial reports.

The following are highlights from the March 31, 2010

Council Meeting:

- Council approved the January 2010 Balance Sheet and Statement of Operations.
- Council approves the Draft 2010/11 Budget.
- Council approved amendments to Bylaw Part 7 Officers and Statutory Committee Chairs to be consistent with the revised terms of reference for the Executive Committee.
- Council approved amendments to the Nominations Committee terms of reference to be consistent with the revised terms of reference for the Executive Committee.
- Approves amendments to the Role Description for Committee Chairperson to be consistent with the revised terms of reference for the Executive Committee.
- THAT Council approves amendments to the Role Description for Council to be consistent with the Council governance policies.

- Approves amendments to Governance Process policy on Council's Annual Planning Cycle to accurately reflect the order of the four Council meetings in a year.
- THAT Council approves the redesign of the official College seal to be consistent with corporate standards.
- Council approves the Key Messages for the Occupational Therapy Standards for Supervision of Students.
- Elinor Larney and Bobbie Carefoote (consultant) reviewed the current status of the Scope of Practice project.
- Council approved the appointments and re-appointments of various Non Council members.

Upcoming Council Meetings:

June 29, 2010
9:00 – 4:00

People in Motion 2010

On **Friday, June 4 and Saturday, June 5**, representatives of the College of Occupational Therapists of Ontario will be exhibitors at the **People in Motion** show. The show takes place at the Queen Elizabeth Building, Exhibition Place, Toronto. Please feel free to visit the College's booth. See you there!

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