

ON THE record

VOLUME 10 ISSUE 1

WINTER 2010



Scope of Practice Review

Examen du champ d'application

QA Program Update

Professional Development:
Supporting the Education of Future OTs

The Impact of the New Harmonized Sales
Tax on Regulated Professions



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

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Occupational therapists provide children with adaptations to their environment to support their participation in meaningful activities.

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Scope of Practice Review

Elinor Larney, Deputy Registrar

OTs in Ontario have demonstrated that they are passionate about occupational therapy and clearly committed to their profession.

Since September 2009, the College has been coordinating a project involving the five university programs and the Ontario Society of Occupational Therapists to complete a review of the legislated scope of practice for occupational therapy in Ontario. A project such as this cannot move forward without the support and involvement of members of the profession as a whole. OTs have become more informed and have demonstrated leadership in their commentary about the scope of practice statement, as well as their viewpoints about controlled acts. Over 888 OTs participated in the most recent survey by reviewing and responding to questions or providing comments. A clear indication of interest is evident when over 2000 comments were provided by OTs; another visible demonstration that OTs are committed to their profession and their clients.

Two hundred and sixty-four comments described OTs' view-

points about access to controlled acts specifically. Generally, many comments were made about the controlled act of communicating a diagnosis. There was a wide range of opinion regarding the interpretation of this controlled act as it currently stands. This has raised the awareness of the College regarding the opportunity to promote consistency, from a profession-specific standpoint, about the intent and function of this particular controlled act. For more information, OTs are referred to the College's position statement *On the Interpretation of the Controlled Act of Communicating a Diagnosis* (COTO, 1996) posted on the College website and in Tab #4 of the Registrant Resource Binder. Despite this earlier position, OTs have clearly communicated their opinions that a review of this particular controlled act bears merit. This would also present an opportunity to explore a small range of disorders that OTs are particularly well qualified to

diagnose (e.g. developmental coordination disorder).

OTs provided insightful perspectives about how direct access to controlled acts (as opposed to performing controlled acts under delegation) would benefit clients during the provision of OT services. Activities such as teaching self-care when catheters or feminine products are involved (e.g. controlled act of putting an instrument, hand or finger) were examples used to support the profession having access to this controlled act without the need for delegation. OTs clearly communicated their need to "administer a substance by injection or inhalation" as evidenced by their need to apply oxygen during an OT assessment or treatment. OT activities related to wound care and setting fractures also received numerous comments and supported direct access.

Finally, OTs felt that the ability to augment OT practice with forms of energy, giving many interesting examples of activities, would

improve service to clients. Of particular interest is the debate about whether many of these forms of energy are in fact, controlled acts. As the legislation related to controlled acts is many years old, new technology and its use have evolved, causing this uncertainty, which presents another opportunity for the College. Many other compelling examples of OT activities related to controlled acts and subsequent improved care for clients were highlighted.

This is clear evidence that OTs support a legislated direct access to controlled acts.

The Scope of Practice Statement contained within the *Occupational Therapy Act* (1991, S.O. 1991, c.33) also sparked many comments, but were less consistent. OT is a broad profession with many realms, and capturing the essence of

the profession to define its boundaries is not an easy task. While many OTs would like to see specific role descriptions and theoretical frameworks enshrined in this statement, its legislated purpose does not easily lend itself to this task. The feedback about the statement introduced some concepts not previously included such as health and health promotion, enablement, environment and diagnosis. All of the numerous comments received required further analysis to meet the goal of a succinct, understandable statement that is broad enough to cover all realms of OT practice, reflects controlled acts performed by the profession and that would have a relatively long-lasting life. Trendy or passing language must be carefully scrutinized to ensure the statement does not become outdated too quickly.

The highlights of the consultation to date suggest that the time is right to move forward with this initiative. The profession will be consulted again when all of the data is analyzed, the evidence gathered, and conclusions drawn. Any recommendations made to the Minister of Health regarding changes to the legislated OT scope of practice will require evidence and the support of the profession. OTs will be given an opportunity in early spring to review the proposed recommendations and provide their responses and support. Based on the overwhelming response and support demonstrated by the profession so far, OTs have shown a commitment to the continued development of the profession towards safe, ethical and competent care for clients.

New Health Order Issued by the Information and Privacy Commissioner of Ontario

The Information and Privacy Commissioner of Ontario has issued a new health order to the Municipal Region of Durham, however, the message is directed to all health information custodians. Health information custodians are required to take steps that are reasonable in the circumstances to ensure that personal health information in the custodian's custody or control is protected against theft, loss and unauthorized use or disclosure and to ensure that the

records containing the information are protected against unauthorized copying, modification or disposal. It was found, in the case related to the loss of a USB memory stick from the Durham Region Health Department that, as the memory stick was not encrypted, they were not in compliance with the *Protection of Personal Health Information and Privacy Act*. A previous order had been issued in 2007 directing all Ontario health information custodians not to transport

any health information on portable devices, unless the information was encrypted.

Occupational therapists that use portable devices that contain health information will benefit from reviewing the fact sheet issued by the Information and Privacy Commissioner of Ontario entitled: *Fact Sheet: Encrypting Personal Health Information on Mobile Devices, Number 12, May 2007*, at www.ipc.on.ca.



Examen du champ d'application

Elinor Larney, régisraire adjointe

Les ergothérapeutes de l'Ontario ont démontré qu'ils étaient passionnés par leur profession et vraiment engagés à bien l'exercer.

Depuis septembre 2009, l'Ordre coordonne un projet auquel participent les cinq programmes universitaires et l'Ontario Society of Occupational Therapists. Ce projet vise à faire l'examen du champ d'application imposé par la loi aux ergothérapeutes de l'Ontario. Un tel projet ne peut pas progresser sans l'appui et la participation de tous les membres de la profession dans leur ensemble. Les ergothérapeutes sont mieux informés et ont démontré un esprit de leadership dans leurs commentaires sur le champ d'application de l'ergothérapie et les actes autorisés. Plus de 888 ergothérapeutes ont participé au sondage le plus récent en réfléchissant et en répondant aux questions ou en fournissant des commentaires. Leur intérêt est évident puisque plus de 2 000 commentaires ont été fournis par des ergothérapeutes – ce qui constitue une autre démonstration claire de leur engagement envers leur profession et leurs clients.

Deux cent soixante-quatre commentaires ont porté directement sur l'opinion des

ergothérapeutes concernant l'accès aux actes autorisés. De nombreux commentaires visaient principalement l'acte autorisé de la communication d'un diagnostic. Les opinions étaient très diversifiées en ce qui a trait à l'interprétation de cet acte autorisé, tel qu'il est présentement décrit. Ceci a sensibilisé davantage l'Ordre au besoin, du point de vue professionnel, d'uniformiser l'intention et la fonction de cet acte autorisé. Pour plus de renseignements à ce sujet, on demande aux ergothérapeutes de consulter l'énoncé de principe de l'Ordre intitulé *Sur l'interprétation de l'acte autorisé de la communication d'un diagnostic* (OEO, 1996) qui est affiché sur le site Web de l'Ordre ainsi que dans l'onglet 4 du classeur des ressources des membres. Malgré cet énoncé antérieur, les ergothérapeutes ont clairement fait connaître leur opinion qu'un examen de cet acte autorisé serait une bonne idée. Ceci permettrait également d'explorer certains troubles que les ergothérapeutes sont particulièrement aptes à diagnostiquer

(comme le trouble de l'acquisition de la coordination).

Les ergothérapeutes ont fourni des commentaires pertinents sur le fait qu'un accès direct à des actes autorisés (comparativement à l'exécution d'actes autorisés qui sont délégués) serait bénéfique pour les clients lors de la prestation des services d'ergothérapie. Des activités comme l'enseignement de l'autonomie en matière de santé lorsqu'il est question de cathéters ou de produits d'hygiène féminine (introduction d'un instrument, d'une main ou d'un doigt...) sont des exemples utilisés pour appuyer l'accès des ergothérapeutes à cet acte autorisé sans avoir besoin d'une délégation de pouvoir. Les ergothérapeutes ont clairement communiqué leur besoin de pouvoir faire « l'administration de substances par voie d'injection ou d'inhalation », tel que démontré par la nécessité de pouvoir administrer de l'oxygène au cours d'une évaluation ou d'un traitement d'ergothérapie. Les activités des ergothérapeutes qui sont reliées au soin des plaies et à l'immobilisation

de fractures ont également fait l'objet de nombreux commentaires et d'un appui pour leur accès direct. Finalement, les ergothérapeutes ont également signalé que la capacité de pouvoir élargir l'exercice de leur profession en utilisant diverses formes d'énergie, exemples à l'appui, améliorerait les services offerts aux clients. Un point qui a soulevé particulièrement de l'intérêt est le débat questionnant le fait que plusieurs de ces formes d'énergie ne constituent peut-être pas des actes autorisés. La loi visant les actes autorisés date de plusieurs années et les technologies ont beaucoup évolué, ce qui cause des incertitudes. Ceci ouvre de nouveaux débouchés à l'Ordre et plusieurs autres exemples d'activités d'ergothérapie reliées aux actes autorisés et à une amélioration



subséquente des soins offerts aux clients ont été présentés.

Il est donc bien démontré que les ergothérapeutes appuient un accès direct réglementé à des actes autorisés.

L'énoncé du champ d'application compris dans la *Loi de 1991 sur les ergothérapeutes* (L.O. 1991, chap. 33) a également suscité plusieurs commentaires mais les opinions étaient moins uniformes. L'ergothérapie est une profession diversifiée qui couvre plusieurs domaines et il est difficile de capter l'essence de la profession pour définir ses limites. Bien que de nombreux ergothérapeutes aimeraient qu'une description précise des rôles et des cadres théoriques soit intégrée à cet énoncé, sa raison d'être législative ne se prête pas facilement à cette tâche. Les commentaires reçus au sujet de cet énoncé ont introduit de nouveaux concepts, comme la santé et la promotion de la santé, l'habilitation, l'environnement et le diagnostic. Tous ces nombreux commentaires nécessitent une analyse ultérieure pour pouvoir formuler un nouvel énoncé bien résumé et compréhensible qui est assez vaste pour couvrir tous les domaines de l'ergothérapie, refléter les actes autorisés exécutés par la profession et être pertinent pendant longtemps. Il faut surveiller

l'utilisation de mots à la mode pour s'assurer que l'énoncé ne devient pas démodé trop rapidement.

Le résultat du processus de consultation jusqu'à date suggère qu'il s'agit d'un bon temps pour poursuivre cette initiative. Les membres de la profession seront à nouveau consultés lorsque les données seront analysées, que les preuves seront recueillies et que des conclusions seront tirées. Toute recommandation présentée à la ministre de la Santé concernant des changements à apporter à l'énoncé du champ d'application de l'ergothérapie contenu dans la loi devra être justifiée et appuyée par la profession. Les ergothérapeutes auront l'occasion au début du printemps d'examiner les recommandations proposées et de faire connaître leur point de vue et leur appui. Selon les réactions et l'appui incroyables reçus jusqu'à date, les ergothérapeutes ont démontré un engagement solide envers le développement permanent de leur profession qui met l'accent sur des soins sécuritaires, responsables et compétents de leurs clients.

Quality Assurance Program Update

Leanne Worsfold, Manager, Quality Programs

Competency Review and Evaluation Random Selection Results – October 2009 Random Selection

This past October, the College notified 351 Registrants of their required participation in Competency Review and Evaluation. Of these Registrants, 300 were randomly selected. The remaining OTs who were notified were previously granted a deferral from the process. A total of two hundred and eighty-eight (288) participated in the October 2009 random selection.

The College recently added an online version of the Multi-Source Feedback surveys. This system allows clients and co-workers to complete their surveys online and provides the OT with a daily tally of the submitted surveys. This system has reduced the overall cost of this QA program component significantly. The online system will support a shorter turn-around in the length of time to generate reports for the participating OTs. It is anticipated that the Competency Review and Evaluation results will be distributed to OTs in early March, 2010 (within six to eight weeks from the survey due date - a reduction in process of one to two months). Approximately 20% of those who completed Multi-Source Feedback surveys did so online. Currently,

four hundred and two (402) clients and four hundred and sixty-two (462) co-workers used the online system. One hundred and seventy-seven (177) of 230 OTs chose to complete their self-assessment and access their tally page online.

Competency Review and Evaluation 2010 Random Selection

The College will randomly select a total of 600 OTs to participate in Competency Review and Evaluation in 2010. The first 300 OTs selected in 2010 will be notified at the end of April 2010. The second group will be notified at the end of October 2010.

To ensure a fair process and to support public protection, the Quality Assurance Committee determined that those OTs who have previously participated in Competency Review and/or Evaluation will be excluded from the 2010 Random Selection process. The goal of the Committee is to ensure that all practising OTs participate in Competency Review and Evaluation at least once within the next three years. In 2011, the QA Committee will focus on the development of tools applicable to the practice of non-clinical OTs.

The QA Committee determined the following criteria for the 2010 Random Selection shall be applied:

The Occupational Therapist

- holds a current Registration and has practiced for 1 year;
- has clinical client(s);
- has not participated in Competency Review and/or Evaluation in the past.

2010 Prescribed Regulatory Education Program (PREP): *Professional Boundaries: Defining the Lines*

The College is pleased to announce the launch of its first online PREP Module. A grant was provided by the Ministry of Health and Long-Term Care and Health Force Ontario to support the development of the online learning module *Professional Boundaries: Defining the Lines*. This self-study module includes a hard copy workbook, DVD and online learning module. OTs can choose to either complete the PREP Module online by accessing the module on the College website or complete the print version which was distributed to all practising OTs at the beginning of February 2010.

Practice Development Portal – QA Goes Electronic

Leanne Worsfold, Manager, Quality Programs

Is your Professional Portfolio binder full? In the summer of 2010, the College will be launching a new online system: the *Practice Development Portal*. The Practice Development Portal will support Registrants in completing their yearly Quality Assurance (QA) requirements: the Self-Assessment Tool and Professional Development (PD) Plan. Relevant information captured in the Self-Assessment Tool and completed online PREP modules will automatically be transferred to your PD Plan.

The Practice Development Portal will catalogue College learning resources including PREP modules (in its paper-based form and the online learning modules), standards and guidelines, as well as

College articles and learning activities. The Practice Development Portal will allow for easy viewing and selection of these learning resources by topic (e.g. consent, record keeping, confidentiality, etc.). Selected learning activities will be captured in the Registrant PD Plan. The Practice Development Portal will also support those OTs who are involved in a College-directed learning contract or who are required to complete remedial activities overseen by the QA Committee or the Inquires, Complaints and Reports (ICR) Committee. Those who have applied to re-enter the profession or have applied to the College for registration and are required

to complete a learning contract will have access to the Practice Development Portal to track their progress completing the re-entry program.

OTs can choose this resource for the purpose of meeting their QA Program requirements or continue to complete print resources provided by the College. Registrants will be able to release their completed mandatory tools (PREP modules, Self-Assessment Tools and Professional Development Plan) to the College when selected for Competency Review and Evaluation. More information will be available to Registrants as the Practice Development Portal is developed and implemented.

AHPDF Librarian Services Pilot

As part of its continuing commitment to your professional development, the Allied Health Professional Development Fund (AHPDF) is pleased to tell you about a new, improved way to access the Electronic Health Library.

In March 2009, a survey of allied health professionals showed that more than 50% of respondents would use

the Electronic Health Library if they had access to a professional librarian to assist with their searches. Based on this valuable feedback, we're pleased to announce the launch of a pilot project through which eligible allied health professionals will have access to one-on-one librarian services when using the Electronic Health Library.

Take advantage of personalized librarian services via email and/or telephone. Librarians will be available to assist you in your Electronic Health Library searches, helping you make the most of this valuable information resource.

Professional Development – Supporting the Education of Future OTs

Elinor Larney, Deputy Registrar

Under the Essential Competencies of Practice for OTs in Canada, 2nd Edition, 2003, *Engaging in Professional Development*, OTs are required to actively participate in the acquisition of new knowledge and skills.

One of the methods to accomplish this is to be involved in the education of future OTs by taking on OT students. The College has been tracking the number of OTs who report supervising a student each year. The following statistics are generated through annual renewal and reported for the fiscal year 2008/09, ending May 31, 2009.

Year	Number of registered OTs in Ontario	Number of OTs reporting supervision of students for 3 weeks or more	Percentage
2009	4563	1355	30%
2008	4393	1301	30%
2007	4149	1216	29%

Number of different OTs reporting taking students in the past 3 years:

Total number of different OTs reporting taking a student for 3 weeks for more in the past 3 years	1858
OTs who reported supervising a student once in the past 3 years	606
OTs who reported supervising a student twice in the past 3 years	551
OTs who reported supervising a student three times in the past 3 years	701

Therefore, if we consider the total pool of available OTs to be 4563, approximately 41% of OTs have supervised a student for 3 weeks or more in the past 3 years. 15% of OTs have taken a student for 3 weeks or more for 3 years in a row.

Employment Status of OTs reporting Supervising a Student for 3 Weeks or More in 2009:

Employment Status	Number
Full-time	1021
Part-time	330
Casual	4
Total	1355

The numbers in the charts indicate the number of OTs who have demonstrated their commitment to the profession through the education of student OTs, as well as the potential within the profession for increased support.

Another opportunity for personal and professional growth, as well as support of the profession, is the support of OT candidates who must complete a re-entry placement to meet the currency requirement of registration. These individuals have received all their OT entry to practice training and may have experience as an OT, but have not practised the profession recently. Many of these candidates have taken a break from OT work to raise a family. Some candidates have been educated in another country and are hoping to establish a practice in Ontario. What an enriched experience for a practising OT to provide an opportunity for international learning! The supervision of student OTs or OT candidates on your yearly professional development plan is a significant commitment to personal and professional growth.

Practice area of the OTs that reported supervision of a student for 3 weeks or more in 2009:

Practice Area	Number of OTs
General Service Provision	473
Mental Health and Addiction	220
Other areas of Direct service/consultation	210
Acute Care	114
Continuing care/Geriatric care	64
Other areas of practice	55
Administration/Management	38
Post Secondary Education	24
Vocational Rehabilitation	21
Consultation (Medical/Legal)	16
Public Health	14
Research	14
Chronic Disease Prevention	14
Comprehensive Primary Care	11
Palliative Care/Cancer Care	9

numbers do not total to the number of OTs taking students in this year due to unreported practice areas

OTs who reported supervision of students for 3 weeks or more in 2009 by level of education:

Entry to Practice Degree	Number
Diploma	100
Baccalaureate	919
Masters	336
Total	1355



QUESTIONS AND ANSWERS

I am an OT working within the auto insurance sector. In my practice, an insurance company or lawyer will often send me personal client medical/rehabilitation information, together with a request to either conduct a Paper Review or an Independent Examination (IE), of the client's status from an occupational therapy perspective. I typically receive this personal health information without having had prior contact with or consent from the client. In the event that the task requested is a paper review, I may not have contact with the client at all. What are my consent obligations?

This practice question highlights the following 3 issues:

Is an OT allowed to receive information (from an insurance company or lawyer) without actively and directly obtaining client consent?

Yes, an OT is allowed to receive and review information without expressed consent. The responsibility for obtaining this consent falls on the party disclosing the information (in accordance with the legislation and guidelines which govern this party). An OT is however, governed by the *Health and Information Protection Act* (PHIPA, 2004) legislation, as it relates to storing, using and disclosing this personal health information once it is received.

Is consent required when conducting an Independent Examination (IE) which involves a face-to-face assessment of the client?

Yes, client consent is absolutely required in these types of situa-

tions. The OT is bound by all consent standards, as this service is considered an assessment and involves client/therapist interaction. All interactions with a client should involve ethical, accountable and transparent practice, which includes the client consent process. The OT is therefore required to obtain informed consent before starting the assessment, throughout the assessment process and expressly before releasing any information (verbal or written) to a third party (i.e. the insurance company or lawyer).

Is consent required when conducting an Independent Examination paper review?

A paper review involves reviewing medical reports and rendering an opinion based on the information provided in the documentation and the OT's professional training and experience. Informed consent is not required because it does not

involve direct interaction with the client or patient care (previously or at the time of the review).

In summary, OTs working in this area can consult resources such as the *Health Care Consent Act* (HCCA, 1997) and the *Personal Health and Information Protection Act* (PHIPA, 2004). These resources reinforce the principles of effective and transparent communication with clients and outline any requirements to obtain informed consent before providing service and/or collecting, disclosing or using personal health or other confidential information.



Practice Advice Statistics

Anita Jacobson, Practice Resource Liaison

The Practice Resource Service of the College was established to support safe, effective and ethical OT practice. This resource has evolved and grown over the past year into a busy service. The service supports Registrants, OTs, employers and the public.

This report documents the activity of the Practice Resource Service that operated three days per week. This is the second report of the service which will present two complete years of data.

Data collection occurs for all calls and emails to the service. All calls and emails are entered onto a tracking form which includes: caller contact information, topics of the calls, the specific questions and responses given to callers, length of time per call and resources provided. Calls are tracked to provide the College with valuable information about practice trends or issues which may require a College response or position. All calls are confidential, however it is necessary to request the name and contact information of callers that leave a message with the service whom require a response.

Some calls required further research and/or consultation with the Deputy Registrar or other College staff, and a few required a legal opinion. Most calls were responded to within two working days. Calls taking longer to complete were due to difficulty accessing the caller or due to researching the required information.

OTs working in private practice and particularly in the auto insurance sector continued to be well represented in the volume of calls. OTs opting to move to private practice were also frequent callers. The inquiries this year continued to

originate from a variety of large and small communities across Ontario, indicating that the Practice Resource Liaison was utilized by OTs across the province.

There was an increase in calls from OTs inquiring about working within the College standards in a multi-disciplinary setting, where the facility was moving to electronic record keeping or developing new systems of documentation. This may reflect three factors: the release of the new *Standards for Record Keeping*; an increased emphasis on inter-professional collaboration; and a move to additional efficiencies in many hospitals and community programs.

Of particular interest were calls from OTs who were moving into unique roles and were inquiring about whether these new roles fit within the occupational therapy scope of practice. These OTs bring the profession into a wider spectrum of clinical work, and their roles fit well into our scope of practice. Some of these OTs have been the first individuals hired into these roles and so continue to pioneer the development of the profession. This may reflect an increasing openness of employers of health professionals who view occupational therapy as a viable option for their services.



Data Summary Report, 2008-09

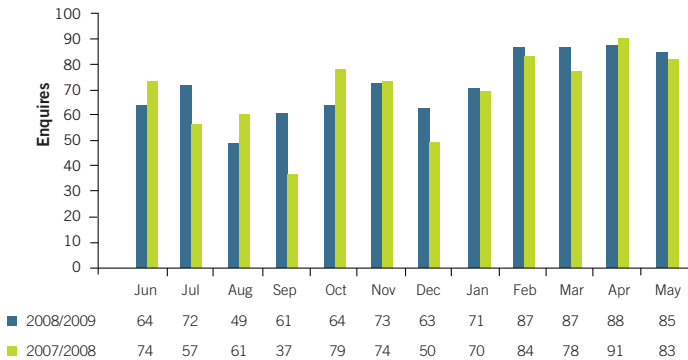
Following are the Practice Resource data.

1. Volume of Calls

Year	Volume of Enquiries	Average Enquiries per Month
2008-09	864	72
2007-08	838	70

There was a slight increase in the volume of calls in 2008-09 over the previous year.

2. Volume of Enquiries by Month



The number of calls each month showed little change from year to year. The months of February to May tended to be busier than the fall and early winter months over the past two years.

3. Percentage (%) of Enquiries from Registrants vs Others

% Calls - OT vs. Non OT	OT Calls	Non-OT Calls	% OT	% Non-OT	
2008-09	864	704	159	81.48%	18.40%
2007-08	838	678	164	80.91%	19.57%

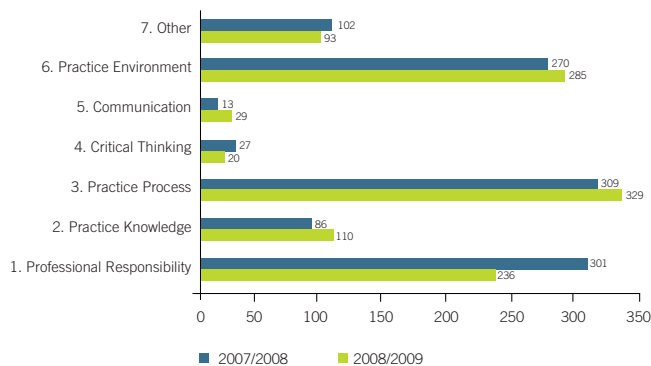
Enquiries from Others (non-Registrants–18.4%), came from OT students, members of the public and employers. A number of these callers were employers of OTs from the public and private sectors, who required information on regulatory issues and College expectations.

4. Percentage (%) of Telephone and Email Enquiries

Year	Telephone	Email
2008/2009	59%	41%
2007/2008	64%	36%

There was an increase in OTs contacting the Practice Service by email rather than by telephone. While this may be viewed as a more efficient method of communication, the downside is the loss of personal contact with Registrants. An important part of providing the service is the conversations with OTs regarding their practices, opinions and concerns about how the health care system is changing and the resulting impact on the College’s work.

5a. Number and Percentage (%) of Issues by Essential Competency



In the past year, the majority of calls concerned issues with *practice process, practice environment and professional responsibility*. The increase in the practice process inquiries this year may reflect issues

arising from the release of the *Standards for Record Keeping and Standards for Consent*. Many OTs wanted clarification about information in the standards which related to their usual practice.

The next highest number of calls fall under Practice Environment. This category includes issues of private practice, billing and practice management. Other issues which generated a large number of calls concerned support personnel, risk management and advertising. These areas may not be well covered by policies in private practice businesses and should be addressed by these individual businesses.

Some calls were completed as a teleconference, which involved a number of OTs in the discussion.

5b. Number and Percentage (%) of Issues by Essential Competency

Essential Competency Subcategory	# of Issues 2008-2009	# of Issues 2007-2008
Practice Management	119	138
Record Keeping	117	112
Legislation/Regulations	93	70
Informed Consent	58	61
Scope of Practice	44	73
Duty to Warn	37	–
Conflict of Interest	32	50
Controlled Acts	32	–
Other*	28	106
Referral Process (Resources)	27	–
Public Protection	–	39
Use of Title	–	34
Support Personnel	–	30

The Practice Resource Liaison Program tracks the topics of the calls in categories which are grouped under 6 of the 7 Essential Competencies and included 55 topics. The 7th competency - *Engages in Professional Development*, is not included in the tracking of calls. These calls are forwarded to the Quality Assurance Program.

The 55 topics are reviewed periodically to determine their relevancy in terms of the topics of calls, and are adjusted annually to capture calls not reflected in the topics.

In 08-09, practice management and record keeping questions again topped the list of specific issues. Record keeping issues were the second highest volume of topics.

Many of these questions reflected the changes occurring in facilities that were moving to electronic record keeping systems, or who were requesting that OTs not include raw test data on a clinical record, in order to save filing space. Other issues included how to chart various clinical areas which facility documentation policies did not cover, such as group therapy and “not seen” referrals. Some calls inquired how to document issues which could prove problematic in the future.

Calls in the Legislation/Regulation subcategory rose in the current year compared to last year. A number of these calls reflected OTs checking on practice issues which also crossed over to other subcategories such as advertising and use of title. Other

issues concerned private practice questions which required the provision of information to the OT to adjust behavior in order to avoid a potential complaint, conflict or act of misconduct.

The largest number of calls fell into the practice management category. This category reflects a variety of Registrant issues such as:

- managing large caseloads;
- starting a private practice;
- OTs new to professional practice leadership positions;
- OTs working with motor vehicle accident clients;
- changes in practice due to facility's changing practices/policies;
- surveillance in auto insurance;
- OTs signing assessments for other non-regulated workers in auto insurance work; or
- working with other professionals.

*The “Other” category of calls concerned topics not reflected in the Essential Competencies and includes topics which are not College-mandated issues. For example, issues of liability, clinical questions, other legal questions and fee-setting.

The Practice Resource Liaison has enjoyed the contact and conversations with the public and College Registrants this past year and looks forward to providing a responsive, high-performing resource service in the coming year.



Labour Mobility Support Agreement Update

Barb Worth, Registrar

The College has been a signatory to a long-standing national agreement that permits occupational therapists to move across provincial borders.

The *Mutual Recognition Agreement* (MRA) was signed in 2001 to ensure compliance with the provisions of the Chapter 7 Labour Mobility of the federal *Agreement on Internal Trade* (AIT). Professions and trades were required under the provisions of the AIT to enter into agreements that would promote mobility of the professions across jurisdictions. The MRA set the specific criteria under which occupational therapists could move more easily across provincial borders.

Recent amendments to the provisions in Chapter 7 of the AIT required professions and trades to revise agreements. The amendments provided clear expectations for recognition of a certified worker in one province to be certified in another jurisdiction where similar categories of registration exist.

ACOTRO applied and received funding from Human Resource Skills Development Canada to review and revise the existing MRA for compliance with the amendments to chapter 7 of the AIT. This project was conducted over a twelve month period in 2008 and 2009. The title of the agreement for occupational therapy has been changed to the *Labour Mobility Support Agreement* (LMSA).

The revisions focused on those areas where the existing agreement would not be in compliance with the legislative amendments. In particular, our approach to affording access to the agreement for individuals not educated in a Canadian approved education program. In addition, in the previous agreement, regulatory organizations made a commitment to develop a continuing competency model for the purposes of strengthening confidence in the agreement. At present, there is significant variation regarding the continuing competency programs across jurisdictions. These varia-

tions were considered with a view to determining the minimally accepted approach for this revised agreement. The agreement also provides for member organizations to work towards consistency in a currency requirement.

ACOTRO members will continue to monitor labour mobility under the AIT and as with the previous agreement, will be revising the common forms and processes for supporting smooth labour mobility for qualified occupational therapists.

At the October meeting Council approved the LMSA to enable the College to be a signatory to the new national agreement. At a recent meeting of ACOTRO, the LMSA was signed by all jurisdictions. This agreement is posted on the College website.

Carbon Footprints and New Technology

Jeff Payette, Communications Coordinator

In November 2009, the College distributed a compact disk (CD) to Registrants containing the new College Bylaws, the *Standards for Acupuncture* and electronic versions of the most current material for the Registrant Resource Binder.

With technology evolving constantly, the College is proactively addressing the changing needs and resources of Registrants, while also taking the impact on the environment into consideration. The CD provides an opportunity as an alternative to print versions of these documents.

Creating a CD allowed the College to create an additional resource for Registrants by including a virtual library of the current documents in the Registrant Resource Binder. This virtual library does currently exist on the College website in the Resource Room, however, the CD enabled the College to consolidate the binder documents as a simplified resource for Registrants.

The College did receive inquiries regarding how the College would be distributing material in the future. *The CD is not meant to replace the printed material.*

Registrants are not required to print and store the contents of the CD.

The College's goal is to distribute high priority material to Registrants in the most visible and accessible format (print or electronic) for review. Some items that have less applicability to all Registrants will only be produced electronically and posted on the College website. The College continues to work with new technology that allows the creation of online resources, which will in turn reduce the amount of printed material required.

Technology will always change and allow for improvements on how things are done today. Some Registrants will always be ahead of the curve and some will not, that is the nature of new technology. With these constant developments, the College's resources and methods for educating and regulating OTs will need to change with it, influencing communication and production processes. The College is looking ahead at how to best make use of new technology in order to support the practice and ensure effective service to the public.



The Impact of the New Harmonized Sales Tax on Regulated Professions

Jewelle Smith-Johnson, Director, Operations & Communications

As most Ontarians are aware, a new Harmonized Sales Tax (HST) will come into effect as of July 1, 2010. An impressive list of goods and services, which are currently subject to only 5% GST, will now be subject to an additional 8% Retail Sales Tax (RST). These two taxes combined make up the HST. Among this list of goods and services that will soon be subject to the new harmonized tax are membership fees.

Although the Canada Revenue Agency (CRA) typically provides an example of these fees as 'gym membership', the College has confirmed that such fees also include those for which payment is required in order to practice a profession. Memberships in not-for-profit organizations are discussed in legislation. The *Tax Act* makes a distinction between those memberships where members receive a direct benefit and those where members do not. Registration in a regulatory college is viewed by CRA as resulting in a direct benefit to registrants and is therefore subject to HST.

There are some general rules that will govern all sales transactions leading up to the arrival of the HST in July. The old rule of adding

5% GST will apply until May 1st. After May 1st, transactions entered into during the following two month period, HST will apply – but only to those goods to be provided or services being performed after June 30th, 2010. As the College registration year runs from June 1st – May 31st, it is anticipated that membership fees will be taxed at the new rate for 11/12th of the membership fee. This would represent that portion of "membership" that applies to July 2010 – May 2011.

Online registration begins in April of 2010. If the old rules apply until May 1st, can the College charge only 5% GST to those who register before May 1st? Although the College is awaiting final word from the CRA and our legal experts, information to date would indicate that this would be allowed. Registration renewals received between April 1 – 30th, 2010 will likely be subject only to the 5% tax.

College Bylaws indicate that registration fees (and all other College fees) consist of a base amount which is payable to the College plus "applicable taxes", which are payable to the government. The CRA determines what

those additional taxes will be. This upcoming renewal year, the College registration fee will remain unchanged at \$657.55. The GST portion would remain unchanged at \$32.88. However, Registrants can expect to pay up to an additional \$52.60 Retail Sales Tax. Once you receive your registration renewal information, you will have until before May 1st to pay the tax at the current rate.

Council Highlights

The following are highlights from the October 29, 2009 Council Meeting:

- The minutes of the June 25, 2009 meeting were approved as presented
- Anita Jacobson and Elinor Larney took Council through a presentation which described psychotherapy and its application to occupational therapy practice
- Council approved the First Quarter 09/10 Balance Sheet and Statement of Operations as presented
- Council approved the Labour Mobility Support Agreement which will replace the June 2001 (revised 206) Mutual Recognition Agreement
- Council approved the appointment of Martha Wilke as a non-council member of the Inquires, Complaints & Reports Committee
- Elinor Larney and Jeff Payette took Council members through a presentation which outlined the legislative changes required to the Public Register. Jeff Payette demonstrated to the Council members the functionality of the OT Directory on the College website

Staff Updates

New Policy Analyst

Tim Mbugua has joined the College in the role of Policy Analyst. Most recently, Tim worked at the Association of Ontario Midwives as a Contract Policy Analyst and, prior to that, at World Vision Canada (also as a Policy Analyst). Tim also worked for several years in Kenya at the Ministries of Labour and Finance and Planning in a variety of capacities including Program Coordinator and Economist. He also worked as a Policy Analyst at the Kenya Institute for Public Policy Research and Analysis. Tim has a BA in Economics and Master of Science degree in Economics Policy Analysis. Tim can be reached at tmbugua@coto.org or ext. 246.

Second Practice Resource Liaison

Serena Shastri-Estrada joined the College as our second part-time Practice Resource Liaison. Serena has, most recently, worked in private practice as an OT, treating adults and children with brain injuries and other neurological disorders. Serena has also worked as an OT at a number of hospitals and rehab services including West Park, Bloorview MacMillan and WSIB Rehab Centre. Serena is also an accomplished lecturer and has participated on committees at Cancer Care Ontario, Ontario March of Dimes and other organizations. Serena can be reached at sshastri-estrada@coto.org or ext. 248.

New EA-Registrar

Cathy Sannuto also joined the staff team as Executive Assistant - Registrar. Cathy brings with her very relevant experience, having worked as the primary support to executives at the Ontario Medical Association and Cancer Care Ontario. Cathy has also worked in senior administrative support roles at Mount Sinai Hospital and the University of Toronto Department of Occupational Therapy. Cathy can be reached at csannuto@coto.org or ext. 232.

Upcoming Council Meetings:

Thursday,
March 31, 2010
9:00am – 4:00pm

credible
competent
committed