Enhancing Transparency: Public Information and Bylaw Changes

Improving Quality Assurance

Reflecting on Client-Centred Practice
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Letters to the Editor

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Occupational therapists (OTs) work with infants, children and adults who may have difficulties because of an accident, disability, disease, emotional or developmental problem, or change related to aging. OTs help people learn or re-learn to manage day-to-day activities.

The College of Occupational Therapists of Ontario is the regulatory organization that oversees the practice of occupational therapists (OTs) in Ontario. Our job is to make sure Ontarians receive safe, effective care from OTs. We are a public resource.
Registrar’s Message

Every day, occupational therapists help people resume or maintain participation in productive, satisfying lives. Ensuring this important work is done safely and effectively is paramount to the profession and the College – and the focus of our planning.

As we approach 2017, we envision positive steps for governance of the profession. This next year is the last covered by our 2014-2017 strategic plan. Council recently held a workshop for a new plan, one that benefitted from a wide range of voices – including yours.

In serving the public interest, the College sees the perspectives of OTs as invaluable. It’s vital to gain a broad understanding of the key issues and opportunities before us. That’s why we reached out to our registrants in the summer, as part of the next phase of strategic planning.

We surveyed all registrants and received an enthusiastic response. The feedback came from OTs in various areas of practice, living across the province, with different stages of experience. You told us about some challenges facing the profession, like increasing caseloads. You shared your feelings on whether the College is responsive to the issues facing your practice, and where the College should place its attention. And you weighed in on what you’d like the public to be more aware of, including the OT’s role and scope.

I appreciate everyone who took the time to offer their opinions. This was the College’s most extensive registrant consultation for planning purposes. We heard you, and have already incorporated many of your insights into our planning. In early 2017, we’ll share a summary of the registrant feedback, and address your major questions and concerns.

While the College’s next strategic plan is still to be finalized, the themes include public engagement, ongoing transparency initiatives, and promotion of professional standards. You’re a big part of the road ahead.

On behalf of the College, I want to thank you for your involvement in this process, and wish you the best for the holidays and a happy and healthy 2017.

– Elinor Larney

Registrar
Message de la registraire

Chaque jour, des ergothérapeutes aident des gens à reprendre ou à maintenir leur participation à une vie productive et satisfaisante. Assurer que ce travail se fait de façon sécuritaire et efficace est primordial pour la profession et pour l’Ordre, et constitue le point central de notre planification.

En nous rapprochant de 2017, nous envisageons des mesures positives pour la gouvernance de la profession. L’année qui s’en vient est la dernière année visée par notre plan stratégique de 2014-2017. Le conseil a récemment organisé un atelier concernant l’élaboration d’un nouveau plan inspiré par une vaste gamme d’opinions – y compris la vôtre.

L’Ordre veille aux meilleurs intérêts du public et croit que le point de vue des ergothérapeutes est inestimable. Il est essentiel de bien comprendre les principaux problèmes et possibilités de notre profession. C’est pourquoi nous avons consulté nos membres cet été dans le cadre de la prochaine étape de notre planification stratégique.

Nous avons effectué un sondage auprès de tous nos membres et avons obtenu une réponse enthousiaste. Nous avons reçu l’opinion d’ergothérapeutes travaillant dans divers domaines, un peu partout dans la province, et possédant différents niveaux d’expérience. Nos membres ont mentionné certains défis qui se posent à la profession, comme une charge de travail croissante. Ils ont exprimé leurs sentiments concernant la réactivité de l’Ordre aux problèmes qui affectent leur pratique et les points sur lesquels l’Ordre devrait concentrer son attention. De plus, les membres ont indiqué des sujets qui devraient être mieux communiqués au public, comme le rôle et le champ du pratique des ergothérapeutes.

J’apprécie la participation de toutes les personnes qui ont pris le temps de partager leurs opinions. Il s’agissait de la consultation la plus détaillée auprès des membres à des fins de planification. Nous vous avons entendu et nous avons déjà intégré beaucoup de vos idées dans notre planification. Au début de 2017, nous vous présenterons un résumé des commentaires des membres et adresserons vos principales questions et inquiétudes.

Bien que le prochain plan stratégique de l’Ordre n’ait pas encore été finalisé, les thèmes discutés comprendront la participation du public, des initiatives en cours visant la transparence et la promotion des normes professionnelles. Vous jouerez un rôle crucial dans nos mesures stratégiques.

Au nom de l’Ordre, j’aimerais vous remercier de votre participation à ce processus et vous souhaiter la santé, la joie et la sécurité en cette période des fêtes et pour la nouvelle année!

– Elinor Larney

Registraire
Psychotherapy

It’s been almost 10 years since the notion of a controlled act for psychotherapy was placed into the *Regulated Health Professions Act, 1991*. While the College of Psychotherapists has now been up and running for more than one year, in all this time, the controlled act has still not been proclaimed. What this means for OTs is that because the use of the title ‘psychotherapist’ for occupational therapists is tied in the legislation to the controlled act, OTs cannot use this title.

**FACTS YOU NEED TO KNOW**

1. OTs can practice psychotherapy.

2. OTs should follow the Standards of Practice for Psychotherapy when practising psychotherapy.

3. OTs cannot call themselves a psychotherapist, but can say they are using psychotherapy techniques, or providing psychotherapy. OTs must present themselves as an occupational therapist or as registered with the College of OT so as not be holding oneself out as a regulated psychotherapist, which is a protected title.

4. OTs are not required to join the College of Psychotherapists to practice psychotherapy.

5. At the time of publication, if OTs want to use the title psychotherapist, they must belong to the College of Psychotherapists. Once the controlled act is enacted, OTs will be able to use the title psychotherapist along with their OT title.

In October 2016, Council approved circulation of a draft clarification of the controlled act of psychotherapy. This stakeholder consultation will take place in early 2017.

The College continues to work with the Ministry of Health and Long-Term Care as well as regulatory bodies whose members would have access to the controlled act when it is proclaimed. We will inform you when anything changes.

At the time of publication, if OTs want to use the title psychotherapist, they must belong to the College of Psychotherapists. Once the controlled act is enacted, OTs will be able to use the title psychotherapist along with their OT title.
Deadline Change

Change to Quality Assurance (QA) Tools Deadline – Now January 18, 2017

The new deadline for completing your 2016-2017 Professional Development (PD) Plan is January 18, 2017. This change was made in preparation for the following:

• Implementation of a new delivery system that will replace the Practice Development Portal, which will close on January 18, 2017
• Launch of revised QA tools in April 2017
• Evaluation of the College’s Competency Review Evaluation (CRE) process

JANUARY 2017


OTs need to make sure that all their QA tools are marked as complete:

1. Mark your 2016 PREP Module - Complete
2. Mark your Self-Assessment Tool - Complete
3. Fill in your goals in the 2016-2017 PD Plan - Mark Complete

Tools that were opened by accident, duplicates or optional exercises such as the ‘Am I Practising Tool?’ do not require any action.

APRIL 2017

The Portal reopens in April 2017 at which time the 2017 Self-Assessment Tool, 2017 PREP Module, and the 2017-2018 PD plan will be available. This means the next PREP module will be released online in April 2017 and due May 31, 2017.

If you need to complete a Self-Assessment Tool in 2017, please wait until April 2017 when the new version is accessible.

All 2017 QA tools will have a due date of May 31, 2017 (with the exception of the 2017-2018 PD plan).

You must start a new PD plan by May 31, 2017 for the 2017-2018 year.

REMINDERS

1. Self-Assessment tools are to be completed every 2 years or when a change in practice occurs.
2. Incomplete goals in your 2016-2017 PD plan can be identified again in the upcoming year.
3. All QA tools need to be marked as “complete”.

On November 8, 2016 the College hosted a webinar and addressed questions about changes to the QA Tools. Access the video on www.coto.org or visit the College’s YouTube channel.
You spoke. We listened.

QA Program Evaluation Results

Since February 2016, we have been engaged in a full QA program evaluation. Our goal is to ensure that we are accurately identifying OTs who could benefit from additional support in meeting the essential competencies of practice.

Thank you to the 469 OTs who provided feedback on the proposed changes to the Self-Assessment (SA) Tool and the PD Plan.

- **87%** indicated the revised SA Tool was equal to or better than the existing tool
- **82%** preferred option 2 of the PD Plan (assumes OTs can create SMART goals independently, focused on application of learning to practise)
- **89%** indicated the revised PD Plan was equal to or better than the existing PD plan

**Q:** What’s changing as a result of the feedback?

- New format for the Professional Development Plan
- New format for the Self-Assessment Tool
- New way to access and complete tools (due to changes to the Portal system)
- Revised tools launching April 1, 2017

**Q:** What about the Competency Review and Evaluation?

- Random selection for the program evaluation is complete
- Expect results from the program evaluation in spring 2017
- No new selections until the new program is introduced
- New program launch in 2017/2018

Don’t worry, we’ll continue to email reminders of deadlines!

Questions? Contact info@coto.org or practice@coto.org.
Consent Consultation Feedback

This summer we asked for feedback on proposed revisions to the Standards for Consent and you delivered. We received 207 responses from OTs in diverse areas of practice, practice settings and natures of practice (clinical, non-clinical).

Thank you. Your time and input are greatly appreciated.

The Data
Eight standards are included in the Standards for Consent. Your averaged responses to our questions about the proposed revisions to those eight standards appear below.

<table>
<thead>
<tr>
<th>Question</th>
<th>% Yes Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you understand this standard?</td>
<td>98.9%</td>
</tr>
<tr>
<td>Does the standard clearly describe what the OT is expected to do?</td>
<td>97.6%</td>
</tr>
<tr>
<td>Does this standard reflect current practice?</td>
<td>94.1%</td>
</tr>
<tr>
<td>Do the performance indicators clearly describe behaviours that demonstrate the standard is being met?</td>
<td>97.3%</td>
</tr>
</tbody>
</table>
The Feedback

- Clarify expectations related to how often and how much detail is required for consent documentation
- Provide direction about consent when evaluating a client’s capacity
- Address challenges for obtaining consent in specific practice settings such as school systems or insurance sector
- Clarify expectations for obtaining consent when working with third party payers and completing independent evaluations with differing opinions
- Address the use of the term ‘service’ versus ‘intervention’
- Include more specific information about legislative requirements for consent

All comments were taken into consideration and helped inform additional revisions to the Standards for Consent. Revised standards were approved by Council in October and will be released in early 2017.

Legislation to Protect and Support Patients


The government is taking action based on the report’s 34 recommendations to better support patients and prevent sexual abuse.

The College is currently reviewing the recommendations to determine what action we can take as soon as possible. We are committed to working with the government to help implement the recommendations.

College Resources:
Standard for the Prevention of Sexual Abuse
Standards for Professional Boundaries

As a registered OT you have a duty to report to the appropriate College if you have reason to believe a patient may have been or is being sexually abused by a fellow OT or other regulated health professional.

For more information about mandatory reporting requirements, visit www.coto.org> Quality Practice> Professional Conduct> Mandatory Reports or contact us at 416.214.1177/1.800.890.6570 or investigations@coto.org
What does client-centred practice mean in the context of medical assistance in dying?

As you likely know, the Supreme Court of Canada ruling of February 2015 striking down the Criminal Code’s total prohibition on “assisting suicide” has resulted in changes to the Criminal Code as of June 17, 2016.

The revised Criminal Code now outlines the criteria for medical assistance in dying (MAiD). This exempts MAiD from being a criminal act - distinguishing it from other situations of causing someone’s death. The current legislation limits eligibility for MAiD to capable adults whose ‘natural’ death is reasonably foreseeable - this effectively means adults with incurable terminal illness who are suffering intolerably. You can find the full criteria outlined in the College Interim Guidelines on Medical Assistance in Dying. However, the law also identifies three eligibility issues for review in the next two years: minors, mental health conditions and the use of advance directives for those who become incapable.

The law speaks to the central roles of physicians, nurse practitioners and pharmacists, but it also recognizes that other health professionals might be involved as part of a larger team – occupational therapists thus being included here. This acknowledges the need for an interprofessional team to provide quality services in this context, especially as these requests for assisted dying could arise in many domains of practice – oncology, nephrology/dialysis, neurology, geriatrics, and community practice.

For some occupational therapists, assisted dying can create ethical unease. In a profession where client-centred practice is a fundamental principle, how does one pursue an intervention that may feel contrary to our focus on meaning, purpose and enablement? The law recognizes these conflicts, and allows for practitioners to opt out of involvement on conscience grounds. Individual OTs will have to consider the extent to which they may be able to be involved or not.

“In a profession where client-centred practice is a fundamental principle, how does one pursue an intervention that may feel contrary to our focus on meaning, purpose and enablement?”

Kevin Reel, OT Reg. (Ont.)
Ethicist, Toronto Central Community Care Access Centre
Assistant Professor, Department of Occupational Science and Occupational Therapy
Member, Joint Centre for Bioethics
Faculty, Global Institute for Psychosocial, Palliative and End-of-Life Care
University of Toronto
A 2015 survey\(^4\) found OT’s support for assisted dying varies depending on the client’s story. Like other healthcare professionals, we OTs are very reluctant to give up hope that we will find ways of improving our clients’ experience of and engagement in life.

In cases where the client’s condition is life threatening – a terminal diagnosis or degenerative condition – support is high. Where we might still hope for improvement – refractory mental health conditions – we feel uneasy about assisted dying. The problem with hope is that it is not always shared. When I have hope for your life improving, it might help you for some time. At some point, however, my hope might finally fall short of being enough to sustain your hope in the face of ongoing suffering and little real prospect for improvement.

The idea of clients requesting assisted dying should never be a comfortable one. It clearly points to our inability to help enough. That sort of ‘failure’ is a dreadful thing for us when we have devoted so much of our lives to developing skills to help people live better. How might an OT respond to such a request? What does client-centred practice mean in the context of assisted dying?

In the survey, OTs also shared some thoughts about how they might contribute to this new goal of care. Many OTs said they would not be able to participate at all, while others felt they could offer various supports to clients and family. Many felt a key role would be helping to explore all the options for continued engagement – and who knows better about enabling, adapting and accommodating for diminishing function than OTs? Many also stated they would be able to contribute to capacity assessments. Where assisted dying does become the client’s preferred plan, memory making with family and friends and explaining the whole process were possible roles.

Where we are not able to be involved, how will we communicate this with our core values of respect and trust in mind? Where we are able, we may be ready to help in some ways, but we may need further training to help competently in others. Practice in providing MAiD will evolve over time – how might we influence it? Will our clients benefit if we do? Many OTs think we have much to offer – leading to a better quality end-of-life experience for our clients and their families.

Kevin Reel spoke at the January 2016 Council meeting on the topic of medical assistance in dying. Kevin is an OT who works in the area of ethics.

\(^4\) The survey results are soon to be submitted for publication. Interim results are available from: http://www.caot.ca/conference/2015/presentations/t26.pdf

In July 2016, the College issued Interim Guidelines for Medical Assistance in Dying. You can find the Guidelines under the Standards & Resources section of www.coto.org.
Providing Documentation of the Need for a Service Animal Relating to a Person’s Disability

Occupational therapists are now one of nine regulated health professions that can provide documentation to confirm that a person requires a service animal for reasons relating to that person’s disability. On July 1, 2016, legislative changes came into effect that granted this authority. See section 80.45 of Ontario Regulation 191/11: Integrated Accessibility Standards Regulation under the Accessibility for Ontarians with Disabilities Act, 2005 (AODA).

Under the legislation, an animal is defined as a service animal for a person with a disability if,

a: the animal can be readily identified as one that is being used by the person for reasons relating to the person’s disability, as a result of visual indicators such as the vest or harness worn by the animal; or

b: the person provides documentation from an authorized regulated health professional confirming that the person requires the animal for reasons relating to the disability.

Service animals assist people with disabilities in a wide variety of ways including but not limited to:

• assisting a person with visual impairment to navigate;
• alerting people to sounds and alarms;
• providing physical support for mobility;
• predicting and alerting a person to the onset of seizure;
• offering emotional support for mental health conditions; and,
• providing medication reminders and retrieving medication.

Although dogs are one of the more common types of service animals, many different species of animals can provide assistance to people with disabilities. In some cases, service animals may be easily identifiable while in others it may not be obvious that the animal is assisting a person with a visible or non-visible disability. If it is not immediately apparent that an animal is assisting a person with a disability, the legislation permits a service provider to request written documentation to confirm the person requires the animal for the purpose of their disability. The requester is not entitled to any specific information about the nature of the disability.
STEPS TO FOLLOW WHEN PROVIDING DOCUMENTATION

1. Determine Your Own Competency
Occupational therapists are expected to consider the OT scope of practice and their own personal competencies when determining whether it would be appropriate to provide a client with service animal documentation.

2. Conduct an Assessment
OTs are required to ensure that an appropriate assessment has taken place in accordance with the Standards for Occupational Therapy Assessment and that client records regarding the request for documentation follow the Standards for Record Keeping.

3. Provide Documentation of the Need
There are no specified templates or required forms. A written letter from an OT would constitute documentation for this purpose. Careful consideration should be given to the content of the letter as the letter may be requested in many different situations, and should therefore; only include the personal health information necessary for the purpose of the letter.

“Occupational therapists have been identified as one of nine regulated health professions that can provide documentation to confirm that a person requires a service animal for reasons relating to that person’s disability.”

Resources:
Canadian Transportation Agency

Ontario Government
https://www.ontario.ca/laws/regulation/110191

 Employers & the AODA

OTs need to be aware of other important AODA changes that apply to all organizations in Ontario with one or more employees. If you are an employer, please ensure you are familiar with the current legislation.

Please review the legislation at www.ontario.ca for further information.
On September 23 and 24, 2016 the College had a fantastic opportunity to meet and speak with OTs from across the province at the 2016 OSOT Conference: Breaking Barriers.

Hearing about your diverse experiences helps us ensure practice standards and programs are current and effective, and it’s inspiring to see the true passion and dedication OTs bring to their work.

The College participated in four presentations at the conference:

**Driving in Ontario: The Occupational Therapists Role in Screening for Medical Fitness to Drive**

College Registrar Elinor Larney assisted Nellemarie Hyde, OT Reg. (Ont.) and Brenda Vrkljan, OT Reg. (Ont.) with the session, which focused on the role of OTs in assessing the ability to drive and contemplated the impact of potential changes to legislation related to the OTs role in reporting of unsafe driving. The large number of workshop participants was reflective of the relevance of the topic to OT practice. The College assisted this workshop by outlining the use of an ethical framework that can be used to help make difficult decisions. The College’s Conscious Decision-Making Framework is available online at www.coto.org>Standards & Resources>A-Z List of Resources.

**Elder Care – Elder Abuse: When it’s a fine line, what can we do?**

This panel conversation explored the challenging situations OTs find themselves in when working with clients and families in circumstances where the OT may witness or suspect elder abuse. Participants were provided with information about legal requirements and College expectations for managing issues associated with elder abuse. Stories shared by clinicians during the workshop provided critical insights into the significant impact of this topic on OTs working within geriatrics. College documents such as the Code of Ethics and Standards for Practice are helpful resources and available online at www.coto.org>Standard & Resources.

**Consent: Knowing and Doing**

Regardless of the area of practice or the client population, the first step in OT service delivery is obtaining informed consent. This workshop gave College staff a chance to hear OTs questions about consent and work through strategies for decision-making with when dealing with difficult consent dilemmas. Read how your feedback shaped the soon-to-be-released revised Standards for Consent on page 7.

**New Grad Panel: You’ve graduated, now what?**

This panel provided an opportunity to welcome new grads to the profession, to help clarify requirements for registration and to offer tips that might help new grads successfully navigate their transition to employment as a regulated health professionals. Visit www.coto.org>Registration Services for more information. Already registered? View our Welcome Guide online at www.coto.org>Standards & Resources>A-Z List of Resources.

Questions about practice?

Contact practice@coto.org or 416.214.1177/1.800.890.6570 x240.

Many OTs stopped by our booth with questions and some addressed the upcoming changes to our Quality Assurance program [turn to p. 5 for more on QA]. Thank you for taking the time to share your knowledge and experiences with us over the course of the conference.
Professional Corporations & College Position on Holding Companies

Occupational therapists (OTs), along with all other regulated health professionals, may incorporate for the purposes of practicing their profession, if they obtain a certificate of authorization from their respective regulatory College.

The Regulated Health Professions Act, 1991 (RHPA), Ontario Regulation 39/02: Certificates of Corporation, the Health Professions Procedural Code (Code) and the Business Corporations Act (BCA), outline the conditions and requirements that must be met to obtain a certificate of authorization from a College, and include:

- All of the issued and outstanding shares of the corporation shall be legally and beneficially owned, directly or indirectly, by one or more members of the same profession, who hold a certificate of registration issued by the College;
  - Only registered OTs can own or hold shares.
- All officers and directors of the corporation must be shareholders of the corporation;
  - Only OTs can be officers or directors.
- The Articles of Incorporation of the professional corporation must provide that the corporation cannot carry on a business other than the practice of the profession governed by the College and activities related to or ancillary to the practice of the profession;
  - The business can only provide OT services.
- The name of the corporation must include the words “Professional Corporation” or “société professionnelle” and comply with the rules respecting the names of professional corporations set out in the regulations and with the rules respecting names set in the Regulations or Bylaws under the Act governing the profession.
  - Example: Jane Doe Occupational Therapy Professional Corporation

Holding Companies

At the June 2016 Council meeting, Council reviewed these requirements for issuing certificates of authorization and confirmed that holding companies do not meet the requirements to hold shares of professional corporations. Since all shares must be legally and beneficially owned, directly or indirectly by one or more members of the same profession, and the shareholders must be an officer or a director of the corporation, holding companies do not meet the criteria for professional corporations.

Corporations with shares held by a holding company will not be issued a certificate of authorization. This interpretation of the legislation is consistent with a number of other health regulatory Colleges.

For more information on professional corporations, please visit www.coto.org>Registration Services>Members>Professional Corporations.
Consultation on Publishing Charges

The College continues to take steps to enhance transparency, and make information easily available to Ontarians. Being open about how we work is important to the self-regulation of health care professionals, and in the best interests of the public we serve.

In early 2017, the College will hold a public consultation about publishing, on the public register at Find an Occupational Therapist, information about any charges laid against OTs that are relevant to suitability to practice. If the charges are dropped or the registrant is acquitted, the information will be removed from the public register. If the OT is convicted, information about the charges will also be removed from the register, however, details of the finding of guilt will be published.

Information Available as of January 1, 2017

Information about any cautions, undertakings, and specified continuing education and remediation programs (SCERPs) will be published for new complaints and reports received by the College on or after January 1, 2017.

What information will be displayed on the public register at Find an Occupational Therapist?

Information about any cautions, undertakings, and SCERPs will be published for new complaints and reports received by the College on or after January 1, 2017. The following information would be displayed on the public register at Find an Occupational Therapist:

a: a note indicating that a caution, SCERP and/or undertaking was issued by the Inquiries, Complaints and Reports Committee (ICRC)

b: the date that it was issued

c: a summary of the caution, SCERP and/or undertaking

d: a note indicating the date upon which the caution, SCERP and/or undertaking was completed.

Can the information ever be removed?

The summary will be removed from the public register if:

a: the decision of the ICRC is overturned on appeal;

OR

b: if more than two (2) years have passed since the OT completed the terms of the caution, undertaking or SCERP and no additional moderate risk dispositions (for example, cautions, undertakings and SCERPs) have been issued by the ICRC within those two years

AND

C: the registrant applies to have such information removed

AND

d: the Registrar believes that the reasons for removing the information from the register outweighs the public interest in publishing that information.

Please watch for an email requesting your feedback and participation in the consultation.
What are Cautions, Undertakings and SCERPs?

Cautions, Undertakings and SCERPs are types of decision outcomes that can be made by the ICRC. They are issued in response to concerns respecting an OT’s conduct, knowledge, skills or judgment which the ICRC think presents a moderate risk to the public. These outcomes are made when the ICRC wants the OT’s practice to improve, and when the ICRC believes with education or remediation or by receiving a caution, the OT’s practice is likely to improve.

1. CAUTIONS

Cautions are issued when the ICRC has substantial concerns about the conduct or practice of an OT that has or can have direct impact on patient care, safety or public interest. The OT attends, in person, before a panel of the ICRC, and must listen to the panel make a formal statement detailing its concerns about the OT’s conduct or practice. The ICRC will also inform the OT about how the OT ought to practice or behave in the future.

The Inquiries, Complaints & Reports Committee (ICRC) reviews concerns about a registrant’s practice that have been brought to the attention of the College.

2. UNDERTAKINGS

Undertakings are issued when the ICRC identifies that an OT needs education and/or remediation to improve his or her practice. Undertakings are offered to OTs whom the ICRC considers likely to voluntarily agree to an education and/or remediation plan. Undertakings are like contracts between the College and the OT: the OT agrees to complete certain educational or remediation activities within a certain period of time, subject to the College’s oversight. The activities might include writing a reflective paper, taking educational courses, mentoring, a peer assessment and practice monitoring.

A full list of information that is (and is not) publicly available about OTs is available online at www.coto.org>For the Public>How to Find an Occupational Therapist

3. SPECIFIED CONTINUING EDUCATION OR REMEDIATION PROGRAMS (SCERPs)

SCERPs are issued when the ICRC identifies that an OT needs education and/or remediation to improve his or her practice. Unlike undertakings, the OT is not given the option of voluntarily agreeing to such education or remediation. The ICRC orders a tailored education or remediation program that the OT must successfully complete within a set period of time.
Privacy Breach Reporting: Changes Now in Effect

As of June 2016, OTs working in Ontario need to be aware of new reporting obligations under the Personal Health Information Protection Act, 2004 (PHIPA).

If a privacy breach occurs, the health information custodian (the person with custody and control of the records) not only must notify the affected individual at the first reasonable opportunity but now, must also notify the individual that she or he can make a complaint about the breach to the Information and Privacy Commissioner of Ontario.

If you are an agent of a health information custodian (for example, if you are an OT working for a group practice, a hospital or for another regulated health professional) you need to tell the responsible custodian of the breach at the first reasonable opportunity.

Although you are not currently mandated by law to report any privacy breach directly to the Information and Privacy Commissioner of Ontario, you may decide to do so voluntarily.

The changes to PHIPA now also require health information custodians to report certain actions taken in response to privacy breaches to the appropriate regulatory College.

Under PHIPA, a privacy breach is considered to be the unauthorized use or disclosure of personal information or the loss or theft of personal health information.

This includes the viewing of health records by someone who is not allowed to view those records (known as “snooping”).

This means that if a health information custodian takes any disciplinary action against an OT or other professional of a College under the Regulated Health Professions Act, 1991 or the Ontario College of Social Workers and Social Service Workers because of that professional’s unauthorized collection, use, disclosure, retention or disposal of personal health information, the custodian must report that fact to the professional’s regulatory College.

This includes situations where a custodian suspends or terminates an OT’s or other regulated health professional’s employment or revokes or restricts their privileges or business affiliation. It also includes situations where the member resigns in the face of such action.

This notice must be given within 30 days of the disciplinary action or resignation occurring and it must be in writing. This new notice requirement under PHIPA overlaps with the mandatory reporting provisions of the Regulated Health Professions Act, 1991, which require employers to report when a member has been
terminated or had their privileges or partnership revoked or restricted for reasons of professional misconduct, incompetence or incapacity.

Please contact Practice with any questions at 416.214.1177/1.800.890.6570 x240 or practice@coto.org.

Expanded Mandatory Reporting Requirements

On August 1, 2016, the government made changes to the Regulated Health Professions Act, 1991 which significantly expand the mandatory reporting obligations of employers, partners and associates of regulated health professionals, as well as facilities offering privileges to them.

As a result of these changes, facilities offering you privileges, your employers, managers, partners and associates (that is any person in any kind of a business relationship with you except for clients/patients) are all required to report to College:

i. when there is a termination of the relationship with you, or a revoking, suspension or imposition of restrictions on the privileges offered to you, due to your incompetence, professional misconduct or incapacity; or,

ii. if you resign, or voluntarily relinquish or restrict your privileges or practice, and it is suspected that your resignation, relinquishment or restriction is related to professional misconduct, incompetence or incapacity, or it takes place during the course of, or as a result of, an investigation into allegations of professional misconduct, incompetence or incapacity made against you.

Resources

Privacy resources at www.coto.org>Quality Practice>Professional Conduct>Privacy:

- What You Need to Know About Privacy Law: An Overview of PHIPA, 2004
- The Personal Health Information Protection Act, 2004: A Guide for Regulated Health Professionals

Mandatory reports information is available at www.coto.org>Quality Practice> Professional Conduct> Mandatory Reports
Ontario Clinic Regulation

If the regulation of clinics is of interest to you, you may have been following the consultations and information created for this topic over the past year. The College is one of 13 health regulators in Ontario exploring potential ways to increase oversight of health care clinics in Ontario in the interest of patient safety.

Following a public consultation period in November and December, 2015 the working group of regulators compiled a proposal for the Ministry of Health and Long-Term Care.

Our College Council considered this proposal in June 2016 and agreed with its submission to the Ministry. Most of the Colleges participating in the initiative have also had a chance to consider this proposal and add their support for its submission.

In September, Increasing Patient Protection through Clinic Oversight – A Submission from the Clinic Regulation Working Group was submitted to the Ministry of Health and Long-Term Care.

To access the submission, please visit our website and check the home page under What the College is Working On or visit www.ontarioclinicregulation.com

We will keep you informed as this initiative progresses.

Suspensions & Revocations

The following individuals had their certificates of registration revoked on July 8, 2016 after their certificates of registration remained in suspension for a period of two years:

Donna Lawrenson  G9301733
Jimmy Yu  G1008219

The following person was suspended for non-payment of fees on July 8, 2016:

Myra Glidden  G9301921
National Collaboration on Competency

On September 19 and 20, 2016, the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) sponsored a professional forum that included representatives of the Canadian Association of Occupational Therapists (CAOT) and the Association of Canadian Occupational Therapy University Programs (ACOTUP).

These representatives of occupational therapy regulators, educators and the national association met to discuss a vision for the future of processes around occupational therapy competency documents, examinations and educational accreditation of the professional programs.

The outcome of the forum was very positive and resulted in an increased understanding of the needs of all three sectors, as well as plans to continue to engage in further discussions within each sector. Commitment was made to maintaining the momentum of movement forward in a spirit of collaboration.

At its October 2016 meeting, College Council expressed support for work towards a common competency document for use in Canada for education, regulation and entry to practice examination purposes.

Establishing a single set of competencies for use across the country will help ensure excellence in OT service delivery.

Thank you to the members of the Advisory Committee who helped plan this forum:

Janet Craik, Executive Director, CAOT
Alison Douglas, Director of Standards, CAOT
Maggie Fulford, Registrar, Alberta College of Occupational Therapists; Board Member, ACOTRO
Elinor Larney, Registrar, College of Occupational Therapists of Ontario; President, ACOTRO

Lori Letts, Assistant Dean & Professor, Occupational Therapy Program Professor, School of Rehabilitation Science McMaster University; President, ACOTUP
Bernadette Nedelec, Director, Occupational Therapy Program, McGill University, Secretary/Treasurer, ACOTUP
January 28, 2016

Ministry of Health and Long-Term Care

The College Council welcomed Allison Henry and David Lamb from the Ontario Ministry of Health and Long-Term Care who joined the meeting to discuss the Ministry’s strategic focus of Patients First: Health Workforce Planning & Regulation. The presentation provided an opportunity for College Council to learn more about the Ministry’s focus and how the College’s ongoing commitment to transparency, accountability and professional collaboration can further these priorities.

Medical Assistance in Dying

Kevin Reel, occupational therapist and ethicist, engaged Council in a conversation about Physician Assisted Suicide and OT Practice. Changing legislation and the impact on the role of the occupational therapist will be a topic of further conversation. [read Kevin Reel’s article on page 9]

March 31, 2016

College Governance

As an ongoing accountability practice, Council reviewed and approved amendments to governance policies. To learn more about College governance, visit the Public Information section of www.coto.org.

Bylaw Amendments

Council reviewed stakeholder feedback to proposed bylaw amendments that would require the College to publish more information on the public register (Find an Occupational Therapist). To help people make informed choices about their health care, the bylaw amendments proposed publishing the following outcomes issued as a result of a complaint or report:
1. cautions-in-person (cautions),

2. undertakings, and,

3. specified continuing education or remediation programs (SCERPs).

Proposed changes were approved Council and will be in effect as of January 1, 2017. To learn more about the consultation, please visit About Us>Consultations at www.coto.org.

Standards for Consent
Draft revisions to the Standards for Consent were reviewed and discussed by Council. The practice standard will now be circulated for stakeholder feedback.

Council Elections
Election of Council Executive took place following the Council meeting. Results are as follows:

- Jane Cox, President
- Shannon Gouchie, Vice-President
- Winston Isaac, Member at Large, Finance
- Jeannine Girard-Pearlman, Member at Large, Education

June 23, 2016

Medical Assistance in Dying
On June 17, 2016, the federal government passed legislation on medical assistance in dying. The legislation provides safeguards for patients requesting assistance and protection for health care professionals providing medical assistance in dying. In response to the legislation, Council approved interim Guidelines for Medical Assistance in Dying to help OTs understand the expectations for practice in Ontario. The interim Guidelines will be available online later this summer.

Use of Title
As part of the first step in a process, Council approved general criteria that would permit OTs to display continuing education credentials in an approved format. This criteria will be supported by a process that provides monitoring and evaluation of OT use of credentials. Draft revisions to the Use of Title document will be presented to Council in October for consideration and must be approved before OTs could be permitted to publicly display credentials.

Revised Guide to Controlled Acts and Delegation
Council approved the revised Guide to Controlled Acts and Delegation. The revisions to the Guide reflect changes to legislation and the evolution of occupational therapy practice since the date of original publication. The revised Guide contains a more comprehensive decision-making tool to assist OTs in determining when it is appropriate to accept delegation and the practice requirements following a decision to accept delegation. The revised Guide will be available online later this summer. [ed. Guide will be available mid-2017]

Third Party Referrals and Funding Sources
Working with clients who have been referred for occupational therapy services by a third party such as an insurance company can result in complex relationships and challenging situations for OTs who may find themselves in the middle of the interaction between the client and the person paying for the OT services. To address these types of issues, a new guideline has been proposed. Council approved the key messages for the Guideline for Third Party Referrals and Funding Sources. With this approval, the College will be moving forward on the development of the new guidelines.

Clinic Regulation
Since early 2015, the College has been part of a Working Group to jointly explore the regulation of clinics in Ontario. A preliminary model was developed by the Working Group and formed the basis of stakeholder consultation that took place throughout much of 2015. At its June 2016 meeting, Council supported the Clinic Regulation Working Group’s submission of its report ‘Increasing Patient Protection through Clinic Oversight’ to the Ministry of Health and Long-Term Care.

Election Bylaws
In light of the shift to online nominations and elections, Council approved bylaw amendments to shorten the election timelines. These changes will be in effect for the 2017 District 2 and 4 Council elections. Further information will be provided this fall.

Professional Corporations
Based on the College’s interpretation of the Regulated Health Professions Act, 1991 and the Business Corporations Act, 1990, Council passed a motion to prevent holding companies from holding shares in occupational therapy professional corporations. As a result, certificates of authorization will not be issued to corporations where shares are held by holding companies. Council’s position will be incorporated into College Professional Corporation materials and all occupational therapy professional corporations will be notified.
October 25, 2016

Annual General Meeting
The Annual General Meeting of the College was held and the 2016 Annual Report received. View the annual report online at www.coto.org.

Strategic Planning
With consideration of extensive registrant and stakeholder input, Council held a full-day 2017-2020 strategic planning working session on October 24. Key areas of focus in the new plan will be: public engagement, ongoing transparency initiatives and the promotion of professional standards. A Council steering committee will bring forward a draft plan in early 2017 for Council approval.

Common Competency Document
Council expressed support of work towards a common competency document for use in Canada for education, regulation and entry to practice examination purposes. The document was an outcome of the September 2016 stakeholder forum, sponsored by the Association of Canadian Occupational Therapy Regulatory Organizations.

Guidelines and Standards
Council approved revisions and recommendations related to four practice documents:
- Guidelines for Telepractice
- Guidelines for Third Party Referrals
- Use of Title & Credentials
- Standards for Consent

Use of Title & Credentials will be further developed through a consultation process. Guidelines for Telepractice, Guidelines for Third Party Referrals and Standards for Consent will be available in early 2017. Until then, OTs should refer to existing Standards for Practice.

Psychotherapy
A draft clarification of the controlled act of psychotherapy was approved for stakeholder consultation. The document will be circulated in late 2016 or early 2017.

Bylaw Amendments
Council agreed to circulate proposed bylaw amendments that would require the College to publish criminal charges, if relevant to suitability to practice, on the public register located at Find an Occupational Therapist. The proposed bylaw amendments will be circulated for public consultation and feedback in early 2017. Learn more about transparency at the College by visiting www.coto.org/about/transparency.

Upcoming Council Meetings
Thursday, January 26, 2017
9:00 a.m. - 3:30 p.m.

Thursday, March 30, 2017
9:00 a.m. - 4:00 p.m.

Tuesday, June 27, 2017
9:00 a.m. - 3:30 p.m.

Council meetings are open to the public.

Space is limited. Please email astanier@coto.org if you wish to attend.

Discipline Committee Hearings:

Sukaina Jagani
On February 29, 2016, the Discipline Committee of the College of Occupational Therapists of Ontario found that Ms. Sukaina Jagani committed acts of professional misconduct by contravening a standard of practice of the profession or failing to maintain a standard of practice of the profession; by engaging in misconduct of a sexual nature involving someone, other than a client, with whom the member is in a position of trust; and, by engaging in conduct that would be reasonably regarded by OTs as conduct unbecoming an occupational therapist.

On February 29, 2016, the panel of the Discipline Committee ordered and directed that:
- Ms. Jagani be reprimanded;
- the Registrar suspend Ms. Jagani’s certificate of registration for twenty four (24) weeks effective immediately. Seven (7) weeks of the suspension to be suspended so long as Ms. Jagani complies with the terms, conditions and limitations imposed by the Discipline Committee;

...cont’d
Discipline Committee Hearings:

Jagani hearing cont’d

- Ms. Jagani, at her own expense, successfully complete the Professional/Problem-Based Ethics (ProBE) course in professional ethics, within 12 months of the hearing date; and,

- Ms. Jagani, at her own expense, participate in a practice monitoring program relating to jurisprudence and professional boundaries for nine months.

The Discipline Committee ordered Ms. Jagani to pay to the College costs in the amount of $4,000.

Hina Arora (under appeal)

On April 11, 2016, the Discipline Committee of the College of Occupational Therapists of Ontario found that Ms. Hina Arora committed acts of professional misconduct by contravening, by act or omission, a term, condition or limitation on the member’s certificate of registration; by failing to comply with an order of a panel of the College; by engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all circumstances, would reasonably be regarded by members as unprofessional; and, by engaging in conduct that would reasonably be regarded by members as conduct unbecoming an occupational therapist. The Discipline Committee was not satisfied, based on the evidence presented, that one of the allegations advanced by the College amounted to professional misconduct; namely, Ms. Arora’s refusal to re-take the ProBE course.

On June 15, 2016, the panel of the Discipline Committee ordered and directed that:

- the Registrar suspend Ms. Arora’s certificate of registration for a period of four (4) months;

- following the expiry of the suspension described above, Ms. Arora not practice occupational therapy until she satisfies a practice consultant, approved by the Registrar and engaged at the expense of Ms. Arora, that she fully understands the ethical and professional obligations incumbent on members of the College; and,

- Ms. Arora does not supervise occupational therapy students, provisional practising certificate holders or temporary certificate holders for a period of two (2) years from the date she becomes entitled to engage in the practice of occupational therapy in accordance with the Order.

The Discipline Committee ordered Ms. Arora to pay to the College costs in the amount of $26,000. This matter is currently under appeal to the Ontario Superior Court of Justice (Divisional Court). The Discipline Committee’s Orders on penalty and costs are stayed pending final disposition of the appeal.
If you work in District 2 (Hamilton, Niagara, Waterloo area) or District 4 (Ottawa, Kingston and area), you are invited to run for Council in this year’s election. The nomination and voting processes are both online and timelines are shorter. Start thinking about putting your name forward now! The formal call for nominations will arrive by email on Tuesday, January 3, 2017.

What does Council do?
The College is accountable to the public through its Council, which is like a Board of Directors. The Council sets the strategy for the College and makes decisions to ensure the public receives ethical, competent care from Ontario’s OTs.

Why run for Council?
Involvement on Council provides opportunities to contribute to both public protection and the future of the profession. You’ll gain experience and meet great people while representing the public interest in decision-making.

The Council is made up of members of the occupational therapy profession and members of the public who are appointed by the government of Ontario.

How much time is involved?
Council members are expected to attend four full-day Council meetings every year and serve on at least one Statutory Committee. Learn more about College Council and Committees at www.coto.org>ABOUT US.

Where do I learn more?
Visit www.coto.org>ABOUT US>WHO WE ARE>ELECTIONS or contact Elinor Larney, Registrar at elarney@coto.org or 416.214.1177/1.800.890.6570 x233.

How many positions are up for nomination?
2 Council positions in District 2
(Hamilton, Niagara, Waterloo area)
1 Council position in District 4
(Ottawa, Kingston and area)

Important Dates:
• Tuesday January 3, 2017: Formal Call for Nominations
• Friday February 3, 2017: Due Date for Completed Nominations
• Monday, Feb 20 through Tuesday, March 7, 2017: Voting

Check Your District
A listing of electoral districts appears in section 5.01 of the College bylaws, posted at www.coto.org>STANDARDS & RESOURCES>LEGISLATION AND BYLAWS. If you’re not sure of your district, please check the list.
Council Officers and Committee Chairs

Jane Cox, President
Shannon Gouchie, Vice-President
Jeannine Girard-Pearlman, Member at Large, Education
Winston Isaac, Member at Large, Finance
Angela Mandich, Chair, Discipline Committee
Paula Szeto, Chair, Fitness to Practise
Carol Mieras, Chair, Inquiries, Complaints & Resolutions
Angela Mandich, Chair, Patient Relations
Jennifer Henderson, Chair, Quality Assurance
Julie Chiba Branson, Chair, Registration