

ON THE **record**

VOLUME 13 ISSUE 2

SPRING 2013



Role of the College

Le rôle de l'Ordre

New Standard for Use of Title *Psychotherapist*

Registrant Engagement Survey



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

ON THE record

VOLUME 13 ISSUE 2

Publications Account: 1479830

On the Record is printed on recycled paper using vegetable-based inks.

ON THE RECORD IS PUBLISHED THREE TIMES PER YEAR BY THE COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Contents

Promoting Competent Practice *Applying principles of competent practice*

Role of the College 3
 Le rôle du l'Ordre 4
 Discipline Decision: Hina Arora 6
 Now You Can Use the Title *Psychotherapist* 7
 Q & A 8

Just The Facts: *Statistics and OT Practice*

Registrant Engagement Survey 10

College News

Advertising Regulation Update 12
 Practice Development Portal Update 13
 Professional Liability Insurance 13
 Council Highlights 14



Occupational therapists establish therapeutic relationships with clients to help set client-centred goals.

Letters to the Editor

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

Jeff Payette
 Communications Coordinator

College of Occupational Therapists of Ontario

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

Council Officers and Chairs

- Lesya Dyk**, *President*
Jane Cox, *Vice President*
Upali Obeyesekere, *Member at Large, Finance*
Sharon Kular, *Member at Large, Education*
Rachel Gervais, *Chair, Registration Committee*
Shannon Gouchie, *Chair, Inquiries, Complaints Committee*
Nicole Thomson, *Chair, Discipline Committee*
Angie Mandich, *Chair, Quality Assurance Committee*
Nicole Thomson, *Chair, Fitness to Practise Committee*
Anne Vanderwiel, *Chair, Patient Relations Committee*

College Staff

Karen Giallelis,
Quality Programs Associate
 Extension 239, kgiallelis@coto.org

Anita Jacobson,
Practice Resource Liaison
 Extension 240, practice@coto.org

Wendy A. Joseph,
Executive Assistant, Deputy Registrar
 Extension 228, wjoseph@coto.org

Lisa Anne LaBillois,
Finance and Operations Associate
 Extension 221, llabillois@coto.org

Gillian Slaughter,
Manager, Investigations & Resolutions
 Extension 223, gslaughter@coto.org

Elinor Larney,
Interim Registrar
 Extension 233, elarney@coto.org

Beth Laughlin,
Investigations & Resolutions Associate
 Extension 234, blaughlin@coto.org

Marnie Lofsky,
Manager, Quality Programs
 Extension 227, mlofsky@coto.org

Tim Mbugua,
Policy Analyst
 Extension 246, tmbugua@coto.org

Brandi Park,
Manager, Registration
 Extension 229, bpark@coto.org

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

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

Alison Reynolds
Registrant Services Associate
 Extension 254, areynolds@coto.org

Cathy Sannuto
Executive Assistant, Executive Office
 Extension 232, csannuto@coto.org

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

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



Role of the College

Elinor Larney, Interim Registrar

Most occupational therapists (OTs) probably do not take the time to think about the role of the College in their practice, other than when it is time to renew their registration or complete their quality assurance activities.

To understand the role of the College, it is helpful to review the College's mission statement. This statement is articulated by the College Council, which is made up of elected OTs, members of the public appointed by the government, and two appointed members of the occupational therapy academic community.

The College's mission statement:

The College of Occupational Therapists of Ontario is the self-regulatory body that, in the interest of public protection, supports registered occupational therapists to ensure that they are competent, ethical and accountable in enabling the health of Ontarians.

Recent reports in the media have highlighted the public's expectation of high quality service ensured through the work of a regulatory body. For occupational therapists, self-regulation is the model used in Ontario.

Self-regulation can be a confusing concept; it has been described as a privilege, although some may question the benefits of self-regulation for practising OTs. As opposed to government regulation, self-regulation allows the profession to set its own rules (i.e., code of ethics, regulations and standards of practice).

The College Council is charged with overseeing and approving this important work on behalf of all OTs in the province. In addition to Council approval, the documents that frame the regulatory aspects of the occupational therapy profession are circulated to OTs for their review and feedback. Changes to these official documents are made based on this feedback, and Council ensures that the documents reflect the public accountability mandate of the College and carefully considers the feedback from the profession.

The College is the component of the occupational therapy profession that ensures accountability to the public.

The College is accountable to the public through the Government.

The government and the public expect the College to fulfill the obligations of its mandate. The College must only register those individuals that are able to provide competent, ethical occupational therapy service. For example, the College would ensure that the occupational therapy education of an applicant from another country is equivalent to that of an Ontario educated OT, as well as to ensure that the individual has the competencies to provide the service that the public in Ontario expects.

It is in the best interests of the public and the profession that only qualified individuals are registered to practise as OTs.

The College supports OTs to ensure their competence through practice resources such as standards, guidelines and guides. The competence of OTs is verified through the Quality Assurance Program processes, which also identifies those Registrants requiring additional learning.

continued on page 5



Le rôle de l'Ordre

Elinor Larney, Régistratrice intérimaire

La plupart des ergothérapeutes ne prennent probablement pas le temps de réfléchir au rôle de l'Ordre dans leur pratique, sauf lorsque c'est le temps de renouveler leur inscription ou de réaliser leurs activités d'assurance de la qualité.

Pour comprendre le rôle de l'Ordre, il peut être utile de consulter l'énoncé de mission de l'Ordre. Cet énoncé est formulé par le conseil de l'Ordre, qui est formé d'ergothérapeutes élus, de membres du public nommés par le gouvernement et de deux membres nommés qui proviennent du milieu universitaire de l'ergothérapie.

Voici l'énoncé de mission de l'Ordre :

L'Ordre des ergothérapeutes de l'Ontario (OEO) est un organisme autoréglementé qui protège les intérêts du public et favorise la santé des Ontariens en inscrivant les ergothérapeutes de l'Ontario pour s'assurer qu'ils sont compétents, éthiques et responsables.

Des rapports récents dans les médias ont fait ressortir les attentes du public concernant la prestation de services de

qualité régis par un organisme de réglementation. Dans le domaine de l'ergothérapie en Ontario, un modèle d'autoréglementation a été adopté.

L'autoréglementation peut être un concept qui crée de la confusion. Il a été décrit comme un privilège, même si certaines personnes peuvent se demander quels sont les bienfaits de l'autoréglementation pour les ergothérapeutes pratiquant en Ontario. À l'encontre de la réglementation imposée par le gouvernement, l'autoréglementation permet à la profession d'établir ses propres règles (comme son code de déontologie, ses règlements et ses normes d'exercice).

L'Ordre s'assure que ses membres fournissent des services responsables pour veiller à la protection du public et il doit lui-même rendre compte au gouvernement. Le conseil de l'Ordre est chargé d'approuver cette tâche importante au nom de tous les ergothérapeutes dans la

province. En plus de l'approbation du conseil, les documents qui appuient les aspects réglementaires de la profession sont toujours circulés auprès des ergothérapeutes pour examen et commentaires. Des changements sont apportés à ces documents officiels en fonction des commentaires reçus et le conseil s'assure que les documents respectent le mandat de responsabilité de l'Ordre envers le public.

Le gouvernement et le public s'attendent à ce que l'Ordre s'acquitte des obligations de son mandat. Le conseil doit inscrire seulement les personnes qui peuvent fournir des services d'ergothérapie compétents et responsables. Par exemple, l'Ordre s'assurera que l'éducation d'un demandeur formé à l'étranger est équivalente à celle d'un ergothérapeute formé au Canada, et que cette personne possède les compétences requises pour fournir les services désirés par les gens de l'Ontario. Le fait de veiller à ce que seulement des personnes qualifiées

Role of the College

continued from page 3

The College must take action when informed that an OT may have acted improperly. The goal is to facilitate the OT to understand the concerns about their actions and to assist improvement of their skills, knowledge or judgement.

The goals of the College are to promote high quality practice, support OTs through practice resources, prevent poor practice, and to intervene when necessary.

Successful self-regulation is dependent on the commitment of Registrants to take on the roles necessary for self-governing the profession. A high level of

Registrant participation on the College's Council or committees reinforces our profession's commitment to the privilege of self-regulation.

The College is pleased to report evidence of this Registrant commitment, as indicated by the many OTs who expressed their interest in joining College committees after the call for Committee members in January of this year. In addition, a slate of 8 nominees for the District 1 elections is further evidence of the engagement of the profession and its commitment to self-regulation.

Successful self-regulation is dependent on the commitment of Registrants to take on the roles necessary for self-governing occupational therapy. A high level of Registrant participation on the College's Council or committees reinforces the profession's commitment to the privilege of self-regulation.

soient inscrites pour exercer la profession d'ergothérapeute en Ontario tient compte des meilleurs intérêts du public et de la profession.

L'Ordre offre son appui aux ergothérapeutes pour assurer leur compétence à l'aide de ressources pour la pratique, comme les normes, les lignes directrices et les guides. La compétence des ergothérapeutes est vérifiée dans le cadre des processus du programme d'assurance de la qualité, qui identifie également les membres qui ont besoin d'un apprentissage supplémentaire.

L'Ordre doit aussi prendre

des mesures lorsqu'il apprend qu'un membre peut avoir agi de manière inappropriée. Ceci vise à aider l'ergothérapeute à mieux comprendre les inquiétudes issues de ses actions et à améliorer ses compétences, ses connaissances et son jugement.

L'Ordre veut promouvoir une pratique d'excellente qualité, prévenir les mauvaises pratiques, appuyer les ergothérapeutes avec des ressources et intervenir lorsque cela est requis.

L'autoréglementation repose sur l'engagement des membres inscrits d'adopter les rôles nécessaires pour autoréglementer l'ergothérapie.

Un niveau de participation élevé au conseil ou aux comités de l'Ordre consolide l'engagement de la profession envers le privilège conféré par l'autoréglementation.

L'Ordre est heureux de signaler l'engagement accru des membres, tel que démontré par le grand nombre d'ergothérapeutes qui ont exprimé leur intérêt à se joindre aux comités de l'Ordre après notre appel en janvier dernier. De plus, la mise en candidature de huit personnes lors des élections du district 1 est une autre preuve de l'engagement des ergothérapeutes envers leur profession et l'autoréglementation.

Discipline Decision

Gillian Slaughter, Manager, Investigations & Resolutions

On December 3, 2012, a panel of the Discipline Committee of the College of Occupational Therapists of Ontario held a hearing to determine if Ms. Hina Arora had committed several acts of professional misconduct.

This matter came before a Panel of the Discipline Committee on February 13, 2013.

Background

In August 2012, Ms. Arora was referred to the Discipline Committee due to allegations that she submitted to employers and/or others a copy of her curriculum vitae that implied that she was registered as an occupational therapist in Ontario in 2005 when that was not the case.

The Member's Plea

College counsel submitted to the Discipline Panel a *Plea Inquiry Questionnaire* signed by Ms. Arora by which Ms. Arora admitted the allegations against her and confirmed that she made voluntary, informed and unequivocal admissions of professional misconduct.

Professional Misconduct

Counsel for the College advised the Panel that agreement had been reached between the parties on the facts, and submitted the *Agreed Statement of Facts* as

evidence. On February 13, 2013, Ms. Arora was found by the Discipline Committee, based on an *Agreed Statement of Facts*, to have committed an act of professional misconduct, in that she engaged in conduct that would reasonably be regarded by members as conduct unbecoming an occupational therapist as per paragraph 49 of the Professional Misconduct Regulation, O.Reg. 95/07 under the *Occupational Therapy Act* (1991). The Panel found that Ms. Arora had submitted a curriculum vitae that implied she was a registered occupational therapist in 2005. Her use of the title Occupational Therapist, when she was not a Registrant of the College of Occupational Therapists of Ontario, constituted an act of professional misconduct.

Ms. Arora misrepresented her professional title and qualifications on her curriculum vitae by circulating a document which contained false and misleading information about her qualifications and registration status.

Penalty

The Panel of the Discipline Committee agreed that the penalty jointly proposed by Counsel for the College and Counsel for the Member, as set out in the *Joint Submission on Penalty*, was fair and reasonable. It was within the appropriate range of penalties for professional misconduct of this type, and serves to protect the public and upholds the standards and regulations of the profession of occupational therapy. The Panel considered Ms. Arora's cooperation in the process, including her admission of professional misconduct as an indicator of her remorse.

The Panel of the Discipline Committee ordered a one-week suspension of Ms. Arora's certificate of registration, required Ms. Arora to appear before it to be reprimanded, and ordered Ms. Arora to pay a fine of \$250.00 to the Minister of Finance within 60 days of the date of the Panel's order. Ms. Arora was further ordered to pay the College costs in the amount of \$1,000.00.

College Registrants Can Now Use the Title *Psychotherapist*

Tim Mbugua, Policy Analyst & Anita Jacobson, Practice Resource Liaison

Occupational therapy was one of the five professions whose members were authorized to use the title psychotherapist through an amendment of the *Regulated Health Professions Act (RHPA, 1991)*.

In addition to those who will be registered with the soon-to-be proclaimed College of Psychotherapists, the College of Occupational Therapists of Ontario, the Ontario College of Nurses, the Ontario College of Physicians and Surgeons, the College of Psychologists of Ontario and the Ontario College of Social Workers and Social Service Workers (not under the auspices of the RHPA) will have access to the title *psychotherapist*.

Professions authorized to use this title were given an option to develop a regulation to guide Registrants on its use. After careful consideration and consultation, the College decided to use a different tool to guide Registrants on the use of title psychotherapist. With the *Standards for Psychotherapy* already in place, an amendment to these Standards was developed to reflect the additional standard on use of the title.

Council has now approved the standard on use of the title *psychotherapist*. It is important to

note that the amended RHPA has not been proclaimed, which means the new law regarding the use of the title *psychotherapist* is not yet in place. However, the standard took effect as soon as it was approved by Council. This means that Registrants who wish to use the title, are now free to do so as long as they adhere to the standard.

The amended RHPA gives Registrants a variety of ways they can identify themselves verbally and in writing. The legislation emphasizes that the Registrants' occupational therapy title or College should come first, particularly when identifying themselves in writing. The new standard has re-emphasized this requirement and added that any time the Registrant is identifying themselves (verbally or in writing), their occupational therapy designation should come first to avoid any ambiguity or confusion. What sets College Registrants apart from others practising psychotherapy is that they are first and foremost

occupational therapists practising psychotherapy. It is imperative to let the public know that they are occupational therapists, accountable to the College of Occupational Therapists of Ontario, with expertise and skills to practice psychotherapy.

The new standard, which is included in this mailing package to all Registrants and other stakeholders, will form the 12th standard under the already existing *Standards for Psychotherapy*.

It is imperative to let the public know that they are occupational therapists, accountable to the College of Occupational Therapists of Ontario, with expertise and skills to practice psychotherapy.

Q&A

QUESTIONS AND ANSWERS

Q: *What is my professional obligation to participate in the rendering of additional opinions/assessments, as follow-up to an assessment report I completed 5 years ago and related to a client, with whom I no longer have involvement and in an area of practice in which I no longer practice?*

A. Recognizing that in some practice settings, the provision of health care often falls on the backdrop of medical/legal proceedings; OTs wonder - upon assessing or treating a client, are they rendered “hostage to a situation of never-ending involvement with the client?” Let’s dispel some of the myths and consider the reality of the situation.

OTs are 100% accountable for the health care task they conduct; in this case, the assessment. According to the *Standards for OT Assessments*, it is the expectation that this accountability takes the following form, “The OT must provide adequate opportunity to share the assessment information with the client, and/or providing clarification and addressing

feedback as requested by the client in relation to the health care task for which the assessment was commissioned.”

Upon discharging, or in some other way discontinuing service, the OT ceases to be involved and therefore is not typically compelled to provide an opinion or participate in additional assessment/treatment activities related to the client. The OT’s re-involvement would require a re-referral, the decision on the part of the OT to accept the referral, and on the condition that informed client consent for this re-involvement is obtained.

This is supported by the *Personal Health Information Protection Act* (PHIPA), the *Health Care Consent Act* (HCCA) and the *College’s Standards for Consent*. Under PHIPA, it is important to understand the limits of the original assessment (a health care task), in regards to the collection, use and disclosure of personal health information, and based on informed consent as outlined in the HCCA and the *Standards for Consent*. When the OT undertook the assessment, he/she obtained

informed client consent to conduct the assessment and use the client’s personal health information for a specific health care purpose. No overall consent was provided for the use of this information for non-specific and undisclosed purposes in the future (nor can such consent be obtained).

While it is understood that ethical, competent, accountable practice must characterize all your OT interaction, accepting a single client referral will not cause you a lifetime of never-ending involvement with a particular client.

Q: *I work in a geriatric program. One of my roles is to accept referrals for driving assessments and training. My question has to do with the Informed Consent process. When we give the client information regarding the risks and benefits of having the evaluation, some clients refuse to give consent. How can we handle this issue which is an important part of the consent process, in a sensitive, yet objective manner?*

A: When giving consent for a driving assessment, clients need to understand the benefits and risks to participation in the driving assessment process. It is very important for the OT to discuss that he/she understands that the client knows how to drive, but that it is the client's medical condition's effect on the many skills required to drive safely that need to be determined. This type of assessment is meant to help clear up any uncertainty or issues with regard to the client's skills needed for driving; he/she may be able to demonstrate that he/she is in fact fit to drive despite the concerns that led to the referral in the first place. It may be helpful to provide examples of the need for specific testing, such as when a doctor orders cardiac testing to determine the best type of heart medication that a patient should be on.

The dialogue begins at the initial referral. Inform the client about what the evaluation will entail. Many individuals could be immediately offended that anyone would question their driving abilities.

The client can be told that some individuals are able to drive despite their medical condition, while others may not. Just a diagnosis alone is not enough to decide if someone should be driving or not. The OT should tell the client that there are three possible outcomes to the findings:

1) fit to drive/retains license;

- 2) remedial training is recommended to help rehabilitate any issues if possible; or
- 3) unfit to drive, which would likely result in the suspension of the client's license.

It is important throughout this sensitive dialogue to inform the client that the client's safety is everyone's first concern. It is helpful to tell the client that it is solely their medical condition that is causing the concern; prior to the onset of the medical condition, there was no cause for concern about their driving abilities. OTs are not required by the *Highway Traffic Act* to report the driver to the Ministry of Transportation (MTO), but physicians are required to do so if the driver has a medical condition that may affect their ability to drive. By not participating in the assessment, the client is not able to demonstrate that he/she is fit to drive, therefore the physician will be obligated by law to report the client's medical condition to the MTO. If the client still does not consent, the OT should communicate to the client's physician that the client did not consent to participate in the driving evaluation. The MTO could do one of three things based on the physician's report:

- 1) immediately suspend the driver's license;
- 2) require that the client complete a driving evaluation; if he/she did not comply with the

- requirement to submit to a driving evaluation then his/her license would be placed under medical suspension; or
- 3) request more detailed medical information.

Again, it cannot be stressed enough that it is very important that the client understands that everyone involved (physician, referral source, family members, etc.) are concerned for the client's well-being and are making recommendations for medical care and assessments based on these concerns.

Discussions around driving cessation can begin at intake; it is important to point out that at some point everyone needs to cease some activities including driving, but accepting it is not always easy.

Thank you to Wendy Nieuwland for submitting this question.





The College Asked, You Answered

Jewelle Smith-Johnson, Director, Operations and Communications

An online survey distributed to College Registrants in late March indicated that while there is a notable difference of opinion about what engagement means for Registrants, as well as differing perceptions of the College, there is a strong consensus about the College’s role in protecting the public’s trust, as well as Registrants’ pivotal role in advancing the profession.

A total of 582 Registrants, representing approximately 12 per cent of all College Registrants, provided their feedback to the survey.

Registrants’ responses focused on the following general themes:

Role of the College

- Where engagement was interpreted as ‘I understand the College’s policies and practices’, 73 per cent of respondents indicated they understood the role and mandate of the College as a regulator. In terms of the College’s success at articulating its role to Registrants, 70 per cent agreed the College did a good job.

Registrant/College relationship

- Where ‘engagement’ was understood to mean ‘I am supported by the College in terms of what I need as a professional’,

many Registrants indicated they would be interested in having the College provide more educational opportunities, including different types of delivery methods, to help them in their practice.

- Many respondents noted that while they acknowledged the need for programs to reach new graduates, and for ongoing education, taking time out for education during the work day is problematic for their employers.

- Significantly, many respondents (82 per cent) pointed to a general lack of public awareness regarding the role of the College, suggesting the College may want to direct its attention to promoting greater external awareness of its role and mandate going forward. They noted that greater public awareness would help them in their day-to-day roles.

- In terms of providing them with the opportunity to become involved in the work of the College, 47 per cent of respondents agreed the College did a good job. Citing a lack of interest and of time, 87 per cent of respondents said they could not be more engaged in College activities at this time.

- Many respondents shared candid comments about their relationship with the College, offering that the relationship might be stronger but for issues such as renewal fees. Fees were a common source of discontent; many respondents indicated they thought College fees were excessive and questioned the value being received in return, while others suggested the College reduce printing and mailing costs by leveraging technology.

- Additionally, a significant majority of respondents expressed their frustration with the College

which they perceived as overly authoritarian, punitive and adversarial.

Effectiveness of College communications tools

- The survey delivery system did not allow respondents, electronically, to prioritize the communications tools they prefer to use, and as a result, more in-depth probing of the effectiveness of various tools will need to be done.
- Many respondents did take the opportunity to provide constructive written feedback about the effectiveness of our communications tools, including a commonly-shared view that the College should improve the online Quality Assurance tool and provide greater ease of navigation on its website.
- Respondents also encouraged the College to make greater use of webinars, as a way of discussing difficult practice issues, and potentially of video conferencing to make it easier for OTs in smaller communities outside of Toronto and the GTA to participate.
- Less use of legalese, greater use of plain language in College communications, and as noted earlier, a less adversarial stance with Registrants, were other common observations.

“We are really pleased to have this information and are committed to building positive relationships with our Registrants,” said Council President, Lesya Dyk. “We heard that there may be room to tell our story differently, in terms of the language we use and the approach we take to communicating with Registrants. We also heard that there is an opportunity to help them to understand why our role in protecting the public interest is so critically important. This is all helpful information, and we thank those who took the time to respond to the survey for making their views known.”

In the weeks ahead, the College will further review the many comments Registrants provided, looking for ways to promote and sustain the quality of OT practice in Ontario. Feedback from the survey will be used to shape improvements in communications, operations, IT planning and program delivery. There will also be ongoing opportunities for Registrants to provide feedback, as the College strives to further strengthen its engagement with Registrants.

“As the College approaches the twenty-year mark, it is necessary to be mindful of the ongoing need to promote standards to assist Registrants in their practice and to encourage a reputation of trust in the public eye,” said Elinor Larney, Interim Registrar. “In

health care, the public’s trust is paramount. That trust must not be jeopardized, and as a result, it is incumbent upon the College to deliver the programs, and exercise the standards, that will continue to protect this trust. We all have a role to play, as the College and Registrants act in common cause for the benefit of our profession.”

As the College approaches the twenty-year mark, it is necessary to be mindful of the ongoing need to promote standards to assist Registrants in their practice and to encourage a reputation of trust in the public eye.

Advertising Regulation Update

Elinor Larney, Interim Registrar

For those of you who have been wondering whatever happened to that advertising regulation the College was going to change, here is your answer.

In January 2013, the College Council decided to withdraw its submission to the Ministry of Health and Long-Term Care (the Ministry) that would have changed the current advertising regulation.

The College originally submitted the Advertising Regulation to the Ministry in 2009, after much debate about the proposed changes, as well as the feedback received from occupational therapists around the province. The proposed changes updated the language of the regulation, and were meant to address the policy direction set by the Ministry.

OTs would have reviewed these proposed changes in 2008. The process of amending a regulation is generally a lengthy one, due to the increased scrutiny that is required for a policy that holds the force of law. During this time, the Ministry determined that a significant change would be needed to the regulation that would alter the policy related to direct solicitation of business by occupational therapists of clients.

In essence, the Ministry was reversing a long-standing policy that prohibited direct solicitation

of business from prospective clients, to one where business could be solicited as long as this solicitation was appropriate in the context, respectful of client choice, and did not involve undue pressure or promote unnecessary products or services.

The College's rationale for prohibiting direct solicitation is that targeting and/or pressuring the public for services is unethical and diminishes the credibility of the profession. Direct solicitation of services or products can be seen as exploitative in nature and not in the best interest of the public.

It should be noted that the current prohibition is not intended to prevent general advertising of services in public places, through doctor's offices, or other referral sources.

After a lengthy discussion, the College Council decided to withdraw the regulation amendments from the Ministry. Council did not feel they could support a change of this significance without considerable discussion and without consulting with occupational therapists.

Council also noted that while there were positive aspects of the

regulation based on the other proposed changes, it was not worth giving up the public protection that is achieved by prohibiting direct solicitation.

At this time, any changes to the advertising regulation are not being considered. As always, any feedback to the College from occupational therapists on this issue is welcome.

The College's rationale for prohibiting direct solicitation is that targeting and/or pressuring the public for services is unethical and diminishes the credibility of the profession. Direct solicitation of services or products can be seen as exploitative in nature and not in the best interest of the public.

Practice Development Portal Update

Marnie Lofsky, Manager, Quality Programs

As of 2013 all Quality Assurance tools must be completed in the Practice Development Portal. The following items were due by **May 31, 2013**:

- **Self-Assessment Tool** – if you are required to complete your Self-Assessment tool in 2013. Remember this tool is completed every second year.
- **PREP Module: Conflict of Interest** – the Reflection Page.
- **2012-2013 Professional**

Development Plan– all evidence must have been entered and the Plan needs to be complete. You can complete your plan even if all goals are not achieved – just enter the reason why the goal is not achieved in the *Evidence* column.

- **2013-2014 Professional Development Plan** – you will need to create goals on this plan with the intent to work on achieving them over the next year. DO NOT mark this

tool complete at this time. You can add/modify goals throughout the year and return to your Plan as often as you wish.

If you have questions or need assistance with the Portal tools please contact either Marnie Lofsky, Manager, Quality Programs at mlofsky@coto.org, or Karen Giallelis, QA Program Associate at kgiallelis@coto.org.

Professional Liability Insurance – It is a Requirement for all Registrants

Occupational therapists are reminded that they must have current liability insurance that meets the College's requirements.

Professional liability insurance with a sexual abuse therapy and counseling fund endorsement is a non-exemptible registration requirement for a Certificate of Registration for all occupational therapists, regardless of employment status or employment type. This non-exemptible registration requirement is outlined in the College's General Regulation, the Bylaws - Part 20, and the

Regulated Health Professions Act (RHPA, 1991). This mandatory requirement is enforceable by law. To ensure compliance with this requirement, the College may conduct an insurance audit.

Those Registrants audited will be required to forward copies of their current insurance certificates to the College within 30 days. Failure to provide a copy of the insurance certificate may result in revocation and/or referral to the Investigations, Complaints and Resolutions Program.

The insurance programs offered by the Ontario Society of Occupational Therapists (OSOT) and the Canadian Association of Occupational Therapists (CAOT) meet the College's requirements. Although insurance may be purchased elsewhere, until the College has had an opportunity to review the purchased insurance policy, it cannot accept the insurance as valid. For that reason, Registrants must send to the College evidence of the insurance policy content that demonstrates it meets the College's liability insurance requirement.

Council Highlights

The following are highlights from the March 28, 2013 Council Meeting:

- Council approved the January, 2013 Financial Report and Balance Sheet.
- Council reviewed the December, 2012 Investment memo.
- Barb Worth took Council through a visual presentation, which reported on 7 initiatives from the 2012/2013 Operational Plan that had reached a significant hallmark or had been completed.
- Richard Steinecke presented to Council the human rights challenges and duties that regulatory colleges face.
- Council approved the appointment of Mathew Rose, as a Non-Council Committee member of the Inquiries, Complaints, and Reports Committee (ICRC), for a three-year term.
- Council approved the appointment of Vijay Sachdeva as a Non Council Committee member for the Quality Assurance Committee, for a three-year term.
- Council approved the appointment of David Wysocki, as a Non-Council member of the Registration committee for a three-year term.
- Council approved the appointment of Gord Hirano, as a Non-Council committee member for the Patient Relations Committee, for a three-year term.

Upcoming Council meeting
Wednesday, June 26, 2013
9:00 a.m.

Please call **Cathy Sannuto** 416-214-1177 ext. 232 or email csannuto@coto.org if you wish to attend. Space is limited.

