

ON THE record

VOLUME 14 ISSUE 1

WINTER 2014



20th Anniversary Event Celebration!

20e année commence du bon pied!

Removing “Spouse” from the Definition
of Sexual Abuse

Guideline on Social Media

In Memoriam: Barbara J. Worth



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

ON THE record

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The 20th anniversary year of the College got its official start as of January 1, 2014, and was kicked off with a celebration on December 10, 2013.

Letters to the Editor

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The College's 20th Year Got Off to a Terrific Start!

Elinor Larney, Interim Registrar

Officially, as of January 1, 2014, the College will have been in operation for 20 years, providing the regulation of the profession in the interest of the public.

To kick off this auspicious occasion, the College hosted an event which was attended by well over 200 occupational therapists and stakeholders of the College. Those who couldn't attend in person had access to live streaming over the internet.

Attendees celebrated the achievements of the profession through the College and re-committed ourselves to high quality service to the public and ethical, accountable care.

Lesya Dyk, President of the College, started the evening off by thanking OTs for their energy, professionalism and commitment to highest level of quality service. The profession's engagement with regulation through continuing competence activities, participation on Council and committees, completion of surveys, or participation on task groups, demonstrates the profession's ongoing commitment to providing services to the public that is ethical and accountable. In turn, the College values feedback from Registrants and strives to ensure feedback and information

is provided to Registrants. Lesya invited OTs to renew their commitment to regulation and acknowledged the work that the College does to ensure regulation continues to work effectively. Guest speaker, Dr. Brian Little, both educated and entertained our guests with his colourful descriptions of the influence of personality on actions. By the end of the session, each participant could recognize an introvert or an extrovert, as well as the impact this has on their behaviour. For an encore, please visit the College's website where the presentation can be viewed in its entirety.

Finally a toast was made to renewing the commitment to

working together, and our commitment to professionalism, integrity, accountability and mutual respect.

As a group we remembered Barb Worth, our former Registrar, who recently passed, whose leadership helped to define our profession's values. The profession's future leaders were called upon to preserve those values going forward.

Congratulations occupational therapists, for your 20 years of competent, ethical care. Thank you for the professionalism you bring to our profession every day, and your renewed commitment to meeting high standards through the regulation of the profession.

Here's to another 20 years!



College President Lesya Dyk with guest speaker Dr. Brian Little. See more 20th Anniversary Event photos on pages 8-9.



Notre 20e année commence du bon pied!

Elinor Larney, Régistratrice intérimaire

Décembre 2013 marquera le début de la 20e année de l'Ordre des ergothérapeutes de l'Ontario. C'est un moment parfait pour réfléchir à nos origines, en tant qu'organisme autonome autoréglementé de la profession, ainsi qu'à notre avenir.

Pour commémorer cette date importante, l'Ordre a organisé un événement auquel ont participé plus de 200 ergothérapeutes et intervenants de l'Ordre. Les gens qui ne pouvaient pas assister en personne avaient accès à une diffusion en direct de l'événement sur l'Internet. Nous avons célébré ensemble les réalisations de notre profession et avons déclaré à nouveau notre engagement envers d'excellents services ainsi que des soins responsables pour le public.

Lesya Dyk, présidente de l'Ordre, a entamé les festivités en remerciant les ergothérapeutes de leur énergie, professionnalisme et engagement envers des services de grande qualité. La participation des membres de la profession au processus de réglementation avec des activités axées sur la compétence permanente, la participation au conseil, aux comités et aux groupes de travail et la réponse à des questionnaires démontre que les professionnels veulent continuer

à fournir des services éthiques au public. L'Ordre apprécie également les opinions des membres inscrits et veille à fournir une rétroaction et de l'information à ses membres. Mme Dyk a invité les ergothérapeutes à renouveler leur engagement envers la réglementation et a reconnu les efforts de l'Ordre pour que le processus de réglementation maintienne son efficacité.

Notre conférencier invité, Brian Little (Ph. D.), a éduqué et divertit les participants en décrivant de manière très intéressante comment la personnalité influe sur les actions. À la fin de la séance, chaque participant pouvait reconnaître une personnalité introvertie et une personnalité extravertie ainsi que ses répercussions sur le comportement. Vous pouvez visiter le site Web de l'Ordre pour visionner toute cette présentation.

Finalement, nous avons porté un toast pour souligner notre engagement renouvelé à travailler ensemble et à faire preuve de

professionnalisme, d'intégrité, de responsabilité et de respect mutuel.

Ensemble, nous avons rendu hommage à Barb Worth, notre ancienne registraire qui est récemment décédée et qui a démontré un leadership qui nous a aidés à définir les valeurs de notre profession. Nous avons demandé à nos futurs leaders de préserver ces valeurs.

Nous félicitons donc les ergothérapeutes de leurs vingt ans de soins compétents et responsables. Merci de votre professionnalisme quotidien et de votre engagement permanent à satisfaire des normes élevées de réglementation de la profession.

Que nos prochains vingt ans soient aussi réussis!



Removing “Spouse” from the Definition of Sexual Abuse

Tim Mbugua, Policy Analyst

Implications of the new law to except spouses from the sexual abuse provisions of the *Regulated Health Professions Act*

The Ontario Legislative Assembly passed a new amendment to the *Regulated Health Professions Act* (RHPA, 1991) in October 2013. Bill 70 became law in November when it received Royal Assent.

The law means a regulatory college can apply for an exception from the sexual abuse provisions where it involves a professional treatment of their spouse.

This Bill originated from a 2010 court of appeal ruling between the College of Chiropractors of Ontario and one of its registrants. The ruling in that case implied that when a College registrant treats their spouse, they contravene sexual abuse provisions in the RHPA, and can thus face the mandatory revocation of their registration certificate for a period of at least 5 years. Following this ruling, the Minister of Health and Long-Term Care asked the Health Professions Regulatory Advisory Council (HPRAC), the body that advises the Minister on regulatory health issues, to review these RHPA provisions in regards to spousal treatment and to advise her accordingly. This review, along with input from the Ministry of Health

and Long-Term Care officials, formed the basis of the private member’s Bill 70, which amended the RHPA to provide for a **spousal exception** to the sexual abuse provisions under the Act.

If a regulation for the exception is applied for by any regulatory college, the amended RHPA provides that certain acts do not constitute sexual abuse if:

- The client is the Registrant’s spouse; and
- The Registrant is not engaged in the practice of the profession at the time the conduct or behaviour occurs.

Further, for the purpose of these provisions, a spouse in relation to a registrant, means:

- A person who is the member’s spouse as defined in section 1 of the *Family Law Act*, or
- A person who has lived with the member in a conjugal relationship outside of marriage continuously for a period of not less than 3 years.

The College of Occupational Therapists of Ontario has consistently discouraged Registrants from treating their spouses. The *Standards for*

Professional Boundaries, Standards for Prevention of Sexual Abuse, Standards for Psychotherapy and Standards for Prevention and Management of Conflict of Interest, all discourage personal relationships with a client. Apart from the sexual abuse issue, there are other problems associated with treating one’s spouse including:

- conflict of interest;
- lack of objectivity on the part of the Registrant;
- potential billing fraud;
- boundary crossing and violation;
- emotional involvement with the patient or client that may affect professional judgement;
- psychological and emotional harm that may follow if the relationship breaks down; and
- power imbalance between the Registrant and client.

While the College is not recommending an application for an exemption, we will continue to monitor this situation.

If you have an opinion or thoughts to share with the College on this topic, please call or email Tim Mbugua at 416-214-1177, ext. 246 or email tmbugua@coto.org.

Professional Liability Insurance: Who Needs It and Why?

Gillian Slaughter, Manager, Investigations and Resolutions

All Registrants of the College must carry professional liability insurance with a sexual abuse therapy and counselling fund endorsement.

This registration requirement is detailed in the General Regulation under the *Occupational Therapy Act* (1991) and is outlined in the College's Bylaws.

The requirement applies to **all Registrants**, even those who are on a leave of absence from their employment (and have not resigned their certificate of registration), Registrants whose employers do not require the insurance, and Registrants whose practice is non-clinical in nature.

The Ontario Society of Occupational Therapists of Ontario (OSOT) and the Canadian Association of Occupational Therapists (CAOT) both offer insurance programs that meet the College's requirements.

Other insurers may offer insurance policies that comply with the College's requirements, but if you decide to purchase such a policy, you must send the College evidence of compliance with those requirements prior to acceptance.

The insurance policy must provide:

- A liability limit of at least \$5 million per incident;
- A minimum coverage of \$5 million for the annual policy period;
- No deductible to the coverage;
- At least one year of extension of the coverage for claims made when on an extended leave or after retirement or otherwise ceasing to practise;
- No additional terms, conditions or exclusions, other than those which are standard to the insurance industry.
- The professional coverage must include proof of a sexual abuse therapy and counselling fund endorsement that:
 - provides coverage for therapy and counselling for eligible persons; and
 - provides coverage for the maximum amount of funding that may be provided for therapy and counselling as a result of sexual abuse by the Registrant.

It is in your best interest and the best interest of the public that you

carry the requisite insurance.

Liability insurance is a key public protection mechanism, as it gives the public access to needed recourse, if something goes awry. Individual liability insurance also protects the OT regardless of the actions or coverage provided by the employer.

If you have any questions about the insurance requirement, please contact the College.

Insurance Audit

Beginning in 2011-2012, the College conducted an audit of Registrants to determine compliance with the requirements.

Due to the significant number of OTs found to be without liability insurance, the College will continue to conduct audits to both highlight the necessity of this insurance and to ensure OTs have the appropriate insurance.

Please ensure that your professional liability insurance is current and that you are fully covered throughout the year.

Q&A

QUESTIONS AND ANSWERS

Should all personal health information be scanned into the electronic health record? If scanned, is it also necessary to retain the original hard copy or can this be destroyed?

Is the scanned personal health information a sufficient representation of the clinical record, or is it important to also retain the hard copy?

It is important to consider these questions within the context of what a client record represents. A client record is a medical legal document and a source of evidence and accountability, the primary purpose of which is to officially record events, decisions, interventions, and plans. As always, the College's *Standards for Record Keeping* is a resource and outlines the minimum expectations for all occupational therapists.

Many health care organizations have begun, if not completed, the transition to the electronic health record. As a result, many occupational therapists have posed questions related to the type, amount and integrity of the client files set to be converted into the electronic system.

There is no value in a Health Information Custodian (HIC) keeping multiple copies of the exact same personal health information. As such, as long as the integrity of the client file is kept intact during its transition to the electronic format, it is reasonable to assume that a scanned copy of personal health information is essentially the same thing as the hard copy or another medium. What this means is that it would be acceptable to take steps to safely destroy the hard copy of the client record after it has been scanned. Of course it is important to review all of the requirements for maintaining electronic records as outlined in the *Standards for Record Keeping*, indicator 3.10.

Since the College requires that raw data be retained as part of the clinical record, should this also be scanned into the electronic health record?

If the assessment results include the actual work that the client has completed and for which interpretation or scoring is required (i.e. tracing letters, cutting paper, etc.) the OT should use their clinical judgement as to what can reasonably be scanned. Essentially,

raw data should be retained to support the therapist's rationale for interpretation of assessment results and subsequent treatment planning.

If an OT's recommendations are questioned, the existence of the raw data adds credence to their accountability and is also valuable from a risk management perspective. If scanning the raw data would alter its integrity then it would be better to retain the hard copy, with a notation in the electronic health record, indicating its existence and where it can be found.

As a final consideration, OTs should use their clinical judgment in determining how much or what type of information should be scanned into the client's electronic record. This decision would consider, the practice setting, client population, type of OT service provided, relevance to the overall OT service/care provided and impact on accountability.

For example, in lieu of including numerous pages of standard energy conservation educational sheets in each patient's clinical record, the OT may instead reference the sheet(s), which in turn cross references to the service protocol which is maintained for the required record retention time period.

20TH ANNIVERSARY EVENT CELEBRATION
December 10, 2013





Using Social Media: Guidelines for Occupational Therapists

Anita Jacobson, Practice Resource Liaison

Social media use for the purposes of health care is growing. More regulated health professionals are using social media than ever before, including occupational therapists. Just released, the *Social Media Guidelines* provide context for occupational therapists' use of social media, both professionally and personally.

The *Regulated Health Professions Act* (RHPA, 1991) acknowledges occupational therapists as autonomous practitioners. Regulation of the profession also requires that occupational therapists practice according to established standards, guidelines and principles of practice, and apply these consistently in a responsible and intentional manner within the health care environment. Although each area of practice has its own unique characteristics and issues, the principles that guide practice are constant and apply across all environments.

According to new research findings, confidence exists in social networking as a viable means of communication outreach and education. But concerns also exist about the potential liabilities and risks. Despite these apprehensions, the utilization of social media

has been accepted in a number of health care organizations in Canada, the United States, and the United Kingdom, as a key communications strategy.

Some organizations have developed policies for staff using social media. The most popular social media vehicles being used in health care include Facebook, Twitter, YouTube, LinkedIn, and blogs.

It is important to note that the rate of change and development of new social media vehicles are in constant evolution.

The growing use of social media in health care comes with increased opportunities and risks. Increased communication presents increased risks to the public, as well as concerns of damage to organizations' and individuals' reputations.

The Guideline provides Registrants with a document that will assist them to use social media prudently, safely and ethically, both in their practice and in their personal lives. It also provides advice to help minimize risk to the public and themselves.

Definition of Social Media

Social media are digital technologies and practices that enable people to use, create, and

share content, opinions, insights, experiences, and perspectives, build relationships, and promote discussion. Social media can take many forms, including text, images, audio, video and other multi-media communications.

The hallmarks of all social media are user-generated content and interaction. Social media include both internal social media, viewable by only employees of an organization, and external social media visible to third parties of the organization.

As use of social media in health care has been documented to present both opportunities and risks, the College developed a guideline to assist OTs in their use of social media in a safe and ethical manner. In preparation for developing the Guideline, the College sought information through a literature search, environmental scan, and a survey regarding the opinions of Registrants in Ontario on their personal and professional use of social media. [continued page 11](#)



2014 PREP Module: Privacy and Confidentiality

Marnie Lofsky, Senior Manager, Practice (Interim)

The College is pleased to present the PREP Module for 2014. Some of you may recall the 2006 *PREP Module: Confidentiality and Privacy*, however, so much has changed in the interpretation and application of the legislation, as well as the health care environment since then, that the College has decided to revise this topic in 2014.

This year's Module uses a key phrase to walk you through everything you need to know on

the topic. The phrase is:

You can only collect, use or disclose personal health information with the informed consent of the client or if one of the exceptions apply.

This phrase will be broken up into component parts and described so that you are aware of privacy and confidentiality requirements that apply to your work.

Once again, the PREP Module will be provided in paper copy and online in electronic format, with the requirement to complete the *Reflection Page* in the Practice Development Portal. This year, the PREP Module is fully compatible with Apple products as well as PCs! The deadline for completion is May 31, 2014.

I hope you enjoy this year's *PREP Module: Privacy and Confidentiality!*

Social Media Guidelines

continued from page 10

In addition, the College participated in an inter-professional collaborative project with six other colleges and developed the *E-learning Module on Social Media, Pause Before You Post: Social Media Awareness for Regulated Health Professionals*. This has been posted on the College website. Information gained from that inter-college collaboration further informed and validated the development of the College's guidelines for social media.

The following are examples

of the topics discussed in the guideline.

Overview of principles for OTs when using social media:

- Maintain professionalism;
- Be knowledgeable of the risks in using social media in maintaining professional boundaries, reputation management, and privacy and confidentiality;
- Be knowledgeable of consent issues for client intervention/treatment;
- Be knowledgeable about

safeguarding clients and themselves from unethical or incompetent practice;

- Be knowledgeable of how to avoid a conflict of interest; and
- Regular monitoring of your online presence and communication principles.

While the College recognizes that new social media platforms and tools are developing and evolving constantly, these principles will remain relevant for all OTs navigating their communication with clients and the public.

Scope of Practice: Statistics

Elinor Larney, Interim Registrar

During spring annual renewal, the College collected information about the activities of occupational therapists related to controlled acts. And, while psychotherapy is still not considered a controlled act, statistics about this activity was collected as well.

The number of people performing these activities seems to be consistent with the numbers the College collected in the 2009 survey.

Therefore, a growth in the performance of controlled acts has not been evident. These numbers do not indicate different individuals, and some OTs may report performance of more than one controlled act. Of interest, 18 people have stated that they have ordered or applied a form of energy that is prescribed under the *Regulated Health Professions Act*.

They likely need to review the actual controlled act, as these energy forms include:

1. electricity for aversive conditioning, cardiac pacemaker therapy, cardioversion, defibrillation, electrocoagulation, electroconvulsive shock therapy, electromyography, fulguration, nerve conduction studies, transcutaneous cardiac pacing;
2. electromagnetism for magnetic resonance imaging; or
3. sound waves for diagnostic ultrasound or lithotripsy (use of lasers to destroy kidney stones).

It is unlikely that OTs are applying or ordering these activities. While they might like to be able to order X-rays, this involves a different act, the *Healing Arts Radiation Protection Act* (HARP, 1990).

The College will continue to ask OTs at annual renewal to report about performing controlled acts to monitor trends. OTs should also remember that they are not prohibited from performing controlled acts, however, they must only do so under delegation from someone with authority to perform them (with the exception of acupuncture), and they must have the knowledge, skill and judgement to perform these activities safely and ethically.

Do these results surprise you? Would you expect any trends over the next few years? Did you actually perform the controlled act of ordering or applying a form of energy that is listed here? The College is interested in your opinion. Please feel free to call or email me with your thoughts at elarney@coto.org.

Controlled act	Number reporting performing this activity in the 2012/13 year	% of total
Psychotherapy (not yet a controlled act)	283	56.6
Setting or casting a fracture	69	13.8
Administering a substance by injection or inhalation	53	10.6
Communicating a Diagnosis	41	8.2
Performing a procedure on a tissue below the dermis	19	3.8
Ordering or Applying a form of energy prescribed under the act	18	3.6
Acupuncture (OTs can perform acupuncture without delegation, through an exemption)	11	2.2
Spinal manipulation	2	.4
Inserting a hand, instrument or finger into a certain body opening	2	.4
Prescribing, dispensing or selling a drug	2	.4
Total	500	100%
Total number of OTs as of June 1, 2013	4870	

QA Update

Marnie Lofsky, Senior Manager, Practice (Interim)

QA tools and deadline

As of 2013, all Registrants are required to complete all mandatory tools online by May 31st. The College implemented this change based on feedback from OTs who suggested a firm deadline would assist them to plan their time and ensure their tools are completed every year. This new mandatory deadline for all Quality Assurance tools was a great success! Approximately 84% (up from 60% in the previous year) of Registrants completed their PREP Module by the due date.

As Self-Assessment tools are only required to be completed once every 2 years (half of all Registrants would be completing this tool in any year), of those expected to complete a 2013 SA tool, 70% completed it by the deadline date.

As Registrants become more familiar with the expectation to mark the tools **complete** by the deadline, we expect that the number of completed Professional Development Plans will continue to increase from the first year of 56% completion by the deadline.

Please remember to mark your finished tools as **complete** (select **exit** from the tool and follow the instructions), otherwise the tool is not considered complete.

All dates are recorded on the tool and tools **cannot** be completed retrospectively.

Remember that all tools are required to be marked **complete** by May 31, 2014. This includes the 2014 *PREP Module: Privacy and Confidentiality*, the 2013-2014 PD Plan, and your 2014 SA tool (if required this year). You should start a new PD Plan and establish goals on your 2014-2015 PD Plan as you complete your previous tool, however this tool should be left **in progress** until 2015.

Almost half of all the registered OTs logged onto the Practice Development Portal in the 7 days leading up to the deadline date.

To ensure you have sufficient time to complete your tools and manage any questions or issues that arise, please try to complete your tools early. The College receives a large volume of calls and emails close to the deadline date, so please allow sufficient time for us to address your concerns/questions.

Competency Review and Evaluation (Random Selection)

The Competency Review and Evaluation has now selected all eligible clinical Registrants and approximately half of the non-clinical Registrants.

New in 2014, the QA Program will be selecting OTs with a mixed nature of practice (those with both clinical and non-clinical duties).

This group will receive notification of their selections in late winter (February) and will need to provide some information back to the College with regards to what their duties and responsibilities include. This will help identify the most relevant tools to be used by each individual, making the review process more meaningful to and reflective of, their practice.

The Quality Assurance Program expects to select approximately half of the OTs who have identified their nature of practice as “mixed”.

In Memorium: Barbara Jane Worth, BSc (OT), OT Reg.(Ont.) 1952- 2013

As most Registrants know, College Registrar, Barb Worth, passed away in November 2013.

In reflecting on the news of her passing, I wanted to share some personal recollections of Barb, as well as some observations from colleagues, as a way of honouring Barb's many accomplishments and remembering the indelible mark she has left on the College.

I was always impressed with Barb's devotion to the profession and her strong leadership style. As Registrar, and prior to that as Council President, Barb was instrumental in developing the standards of practice that guide the profession. She knew, intuitively and unequivocally, that clients rely on their OT to act with integrity, professionalism and accountability. Barb knew that trust was the bedrock of the client-therapist relationship, and because it enhances this relationship, regulation was something of which to be proud.

I also knew, as many Council members did, that hiding behind her strong hand and unwavering commitment to the profession, there was a genuine concern for people, a keen sense of humor and a brilliant mind. Colleagues have described Barb's unique talents this way:

"Barb was always able to ignore the noise and hubbub of more complicated Council matters, easily identify the issue to be decided and make her choice. She was amazingly



organized and such a clear thinker."

"At Council, Barb made it feel so relaxing especially with that enormous positive attitude, and the big beautiful smile she possessed. I attended two Council dinners and by chance I sat next to her and understood clearly she was a lot of people's best friend/mother/wife etc."

"Barb's passion and commitment to the advancement of the profession of occupational therapy was inspiring! The profession has lost one of its best advocates."

"Barb came across as a worthy leader of a provincially regulated health board and provided able stewardship to the organization. She was the ideal mentor that we grew up to respect and regard as a true leader. She will be sorely missed as a person, and a top professional in her chosen field of expertise. She was honest, straightforward and articulate and her demeanour exemplified her as an industry leader in occupational therapy."

Barb will be sorely missed by the staff at the College, those who knew her through their work at the College on Council or a College committee, and the many colleagues and friends she made throughout her lengthy and distinguished career.

There is no question, Barb has left big shoes to fill. However, I have been asked by Council to continue in my role as Interim Registrar. For any questions about day-to-day issues, please continue to contact me at elarney@coto.org or 416-214-1177, ext. 233.

Elinor Larney
Interim Registrar

In recognition of her commitment to the profession, Barb's husband has set up the **Barbara Worth Fund**. It will be administered through the Canadian Occupational Therapy Foundation's online giving platform at www.cotfcanada.org. Donors can either click on the **DONATE NOW** button or go directly to www.canadahelps.org/services/wa/dnm/en/#/page/5127. If you wish, you can also mail a cheque to the Foundation, indicating in the memo line that it is "In Memory of Barbara Worth", or call the Foundation directly to make a credit card donation.

Applications for Registration Have Moved Online

The College is pleased to announce that online application launched October 24, 2013. The online application can be completed by individuals applying for a General or Provisional Certificate of Registration with the College. This includes recent graduates, internationally educated occupational therapists, occupational therapists coming from other Canadian jurisdictions and those who are re-registering after being inactive for a period.

Benefits to Online Application

- Efficient, easy to use and convenient;
- Returning Registrants' information will be pre-populated into the online form;
- Decreased internal processing times;
- Secure and convenient online payment;
- Access to a personalized list of documents required for submission;

- Track what documents have been received and when; and
- Improved communications through email with College staff.

Want More Information?

Contact Sue Price at sprice@coto.org or 416-214-1177 / 1-800-890-6570 extension 224, or Alison Reynolds at areynolds@coto.org or at extension 254 during regular business hours.

Council Highlights

The following are highlights from the October 30, 2013 Council meeting:

- Council approved the First Quarter 2013 Financial Report and Balance Sheet;
- Elinor Larney, Interim Registrar, reported on the status of nine (9) initiatives from the 2013-2014 Operational Plan. She also provided details of the 20th Anniversary celebration, scheduled for December 10th;
- Carolyn Everson, presented to Council, a summary of the key discussion topics from the October

29th Strategic Planning Day;

- The Interim Registrar took Council through a visual presentation, which reported on the status of 16 initiatives from the 2012/13 Operational Plan. She then introduced 14 new initiatives for the 2013/14 Operational Plan.
- Council approved the appointments of Avelino (Juri) Maranan Jr. and Nancy McFadyen as Non-Council members of the Fitness to Practise Committee, each, for a three year term;

- Council approved the appointment of Michelle Stinson as a Non-Council member of the Discipline Committee, for a three-year term;
- Council approved the *Guide to the Discontinuation of Service* with changes.
- Council approved the *Practice Guideline: Using Social Media* with changes, for distribution to Registrants.

Recent Events: Council meeting
Thursday, January 30, 2014

Council Election 2014

In October 2013, nomination forms for the College Council election for District

2 & 4 were distributed to Registrants working or residing in that district.

February 4, 2014

Voting packages will be mailed to occupational therapists in District 2 & 4.

March 6, 2014

Ballots must be received at the College office by 2:00 p.m.

