

Updated January 31, 2023

# Standard for the Prevention and Management of Conflicts of Interest

## Introduction

The Standards of Practice establish the minimum expectations for all occupational therapists in Ontario. They describe how occupational therapists will provide safe, quality, ethical, accountable, and effective services. The Standards apply to all registrants of the College of Occupational Therapists of Ontario (“the College”), regardless of practice setting, job title, or role. The Standards, together with the Code of Ethics, Competencies, and Practice Guidance, establish the expectations for professional practice and the delivery of occupational therapy services.

---

### Code of Ethics

The Code of Ethics defines the College’s expectations for ethical practice. It includes a set of values and principles, and is intended for use in all **contexts** and for all levels of decision-making. It forms the foundation for occupational therapists’ ethical obligations. Occupational therapists must know and adhere to these principles.

---

### Competencies

The *Competencies for Occupational Therapists in Canada, 2021*, articulates the broad range of skills and abilities required of all occupational therapists. Occupational therapists are to remain familiar with the Competencies to inform practice and professional development.

---

### Standards

Standards of Practice establish the minimum expectations for occupational therapists—expectations that contribute to public protection. Standards apply to all occupational therapists, regardless of their role, job description, or area of practice.

---

### Practice Guidance

Practice Guidance provides information about specific practice situations or legislation. These are recommended practices.

---

## How the Standards are developed and updated

The Standards are based on core occupational therapy principles outlined in the *Competencies for Occupational Therapists in Canada (2021)*. The College monitors and revises Standards regularly through its committees, subcommittees, focus groups, and panels. The College consults with registrants and the public to ensure the Standards include core practice elements before seeking approval by the College’s Board of Directors. Registrant input is vital to ensuring the Standards reflect changing practice environments and expectations. Data from College committees and program areas such as Investigations and Resolutions, Quality Assurance, Registration, and the Practice Resource Service helps the College keep the Standards current.

## How the Standards are used

### Clients and the public

Occupational therapy clients and the public use the Standards to understand what they can expect from occupational therapists. These expectations include knowing that services are being provided in ways that are accessible, culturally sensitive, equitable, and inclusive.

## The College

The College uses the Standards in all statutory programs to ensure that applicants and registrants have the competencies and skills to practise effectively, to address questions or concerns about a registrant's practice, and to review and support the provision of quality services.

Failure to comply with the Standards constitutes professional misconduct (*Ontario Regulation 95/07*, s. 1 [1]).

The College's Practice Resource Service is available as an additional resource to help registrants and the public if they have questions about the Standards and occupational therapy practice. The Practice Service is confidential and available at 416-214-1177 or [practice@coto.org](mailto:practice@coto.org).

## Occupational therapists

Clinical and non-clinical occupational therapists are expected to use these Standards in their daily practice and, when requested by the College, be able to demonstrate how their practice meets the performance indicators. Occupational therapists must be able to provide a reasonable rationale when a Standard was not met, including when contextual factors required a deviation from the expectations.

In applying the Standards, occupational therapists must use professional judgement in the following ways:

- Determine how to best meet client needs in accordance with the Standards.
- Understand that these Standards are the College's interpretation of regulatory and practice expectations. When Standards and legislation conflict, the legislation prevails.
- If workplace policies conflict with the Standards, collaborate with their employers to identify and work toward resolving the differences in clients' best interests.

## Employers

Employers of occupational therapists use the Standards to know and follow the College's expectations of occupational therapists working at their organization.

## Educators and students

Educators and students use the Standards to inform curriculum and placement expectations.

## Use of the terms “client,” “patient,” and “service”

The College uses the term “client” to align with the *Competencies for Occupational Therapists in Canada*. It states that clients are “people of any age, along with their families, caregivers, and substitute decision makers. Therapists may also work with collectives such as families, groups, communities, and the public at large” (2021, p. 19). **The term “clients” applies to people and organizations that occupational therapists work with in both clinical and non-clinical settings.**

The *Regulated Health Professions Act, 1991* (RHPA) uses the term “patients” to refer to people receiving care from regulated health professionals. This definition is not as broad as the term “client” used in the *Competencies*. In these Standards, the College uses the broader term “client” with one exception: it remains consistent with the RHPA by using the term “patient” when referring to sexual abuse legislation.

The term “service” is used throughout these Standards to encompass all aspects of occupational therapy, including assessment, intervention, and consultation. “Service” also includes non-clinical roles

or activities completed by occupational therapists in their practice setting (for example, leading education sessions, coordinating services, researching, or teaching).

## How the Standards are organized

As one document, the Standards are sorted alphabetically by title. Each Standard contains:

- An introduction to the main topic explaining why the Standard is important
- Performance indicators or specific behaviours that show how the Standard is to be met
- A list of further resources, including College, legislative, and regulatory documents

### General resources

Association of Canadian Occupational Therapy Regulatory Organizations, Association of Canadian Occupational Therapy University Programs, and Canadian Association of Occupational Therapists. (2021). *Competencies for occupational therapists in Canada*. [https://acotro-core.org/sites/default/files/uploads/ot\\_competency\\_document\\_en\\_hires.pdf](https://acotro-core.org/sites/default/files/uploads/ot_competency_document_en_hires.pdf)

College of Occupational Therapists of Ontario. (2020). *Code of Ethics*. <https://www.coto.org/resources/code-of-ethics>

Occupational Therapy Act, 1991, Statutes of Ontario (1991, c. 33). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/91o33>

Ontario Regulation 95/07, Professional Misconduct. (2007). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/regulation/070095>

Regulated Health Professions Act, 1991, Statutes of Ontario (1991, c. 18). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/91r18>

# Standard for the Prevention and Management of Conflicts of Interest

Occupational therapists are required to be proactive in preventing, recognizing, and managing conflicts of interest in their practice. They must not exploit the client-therapist relationship for any form of direct or indirect benefit. They must ensure that clients' interests and well-being are always prioritized. Practising occupational therapy while in a conflict of interest is an act of professional misconduct (paragraphs 1.1 and 1.18 of the *Professional Misconduct* regulation).

*Occupational therapists are expected to:*

## 1. Understand what conflicts of interest are

- 1.1 Understand the types of conflicts of interest, their relevance to the occupational therapist's practice, and the situations that may lead to them. Conflicts of interest can be:
  - a. Perceived (for example, referring clients internally for other services)
  - b. Potential (for example, a close family member interviewing for a position at an organization to which the occupational therapist refers clients)
  - c. Actual (for example, receiving or making payment for referrals)
- 1.2 Recognize that client consent is not an acceptable reason to practise while in a conflict of interest.
- 1.3 If uncertain whether a conflict of interest exists, seek advice from knowledgeable individuals such as managers, peers, the College, or legal counsel.

## 2. Monitor and manage conflicts of interest

- 2.1 Provide fair and equitable services (for example, avoid preferential scheduling for referral sources that pay more).
- 2.2 Never take advantage of their position as an occupational therapist, and always maintain relationships of trust and confidence with clients.
- 2.3 Remain aware of and address any conflicts of interests that arise during the client-therapist relationship.
- 2.4 Understand when conflicts of interest are based on strongly held values, beliefs, or biases, or on cultural, human rights, or social grounds, and address these sensitively and carefully.
- 2.5 Avoid dual or multiple relationships with clients, such as additional financial, personal, or professional roles with clients while also providing occupational therapy services.
- 2.6 Take appropriate steps to resolve conflicts of interest in the client's best interests. This could include ending the therapeutic relationship.
- 2.7 If avoiding a conflict of interest is not possible, manage it by taking these steps:
  - a. Discuss the conflict of interest with the client, other professionals, partners, and interested parties before providing services

- b. Advise the client of their right to decline services at any time and, if possible, suggest alternatives
- c. Document in the client record the steps taken to address the conflict.

### **3. Avoid giving or receiving gifts or benefits**

- 3.1 Know that the inappropriate exchange of gifts, money, services, or hospitality can exploit client relationships and is considered a boundary violation.
- 3.2 Exchange gifts with clients only if these have little to no monetary value, the offer is not recurring, and refusal could harm the client-therapist relationship.
- 3.3 Recommend only products or services that are appropriately indicated, and that do not involve any personal gain, relationship, or financial interest for the occupational therapist or someone close to them. This applies unless the occupational therapist can manage the conflict of interest by taking these steps:
  - a. Disclose the nature of the benefit or relationship to clients in advance
  - b. Discuss other options for products or services, and allow clients to choose
  - c. Assure clients that services will not be adversely affected should they select an alternative supplier or product
  - d. Document the discussion in the client record
- 3.4 Never give or receive any incentive or benefit in return for client referrals.
- 3.5 Avoid self-referrals or soliciting clients (for example, referring clients from an employer's practice to the occupational therapist's private practice). This applies unless alternative options are not available or are not in clients' best interests (for example, clients are at risk of not receiving the services). In these cases, take these steps:
  - a. Disclose the self-referral to the occupational therapist's employer, clients, and others involved in the referral or services
  - b. Give clients the option of seeking alternative services
  - c. Document the full disclosure in the client record.

### **4. Manage relationships with interested parties**

- 4.1 Ensure that professional interactions with other professionals, partners, and interested parties (for example, vendors or lawyers) are in clients' best interests. Recognize that the occupational therapist's primary obligation is to their clients. Relationships with other professionals, partners, and interested parties must never affect the integrity of, trust in, and confidence in the client-therapist relationship.
- 4.2 Provide clients with options when recommending other services, professionals, and equipment.

### **5. Follow protocols for client participation in research or quality projects**

It is important for occupational therapists to help build their profession's body of knowledge and to contribute to research and initiatives that will innovate practice. This may involve formal or informal research studies, client and non-client participants, or quality activities in the workplace. Occupational

therapists must recognize any conflicts of interest that may arise from these initiatives and manage them appropriately.

- 5.1 Before involving clients in research activities, get approval from a Research and Ethics Board (following the Tri-Council Policy) to ensure that the proposed study is ethically defensible, socially responsible, and scientifically valid. This must include disclosing any conflicts of interest if the occupational therapist is acting as a researcher while also providing clients with services.
- 5.2 Obtain informed consent from clients before and throughout participation.
- 5.3 Ensure that clients are not pressured, unduly influenced, or coerced to participate, and that there is no adverse impact on them should they decline.
- 5.4 Disclose to clients any financial or other benefit that they or the occupational therapist will receive for participating.
- 5.5 Ensure that clients are fully informed about the purpose, methods, and risks, including intended use of any results.
- 5.6 Communicate the results to clients where possible or provide them with information about where the results can be found.

### Related College documents

Code of Ethics  
Standard for Consent  
Standard for Professional Boundaries and the Prevention of Sexual Abuse  
Standard for Record Keeping

### Resources

Ontario Regulation 95/07, Professional Misconduct. (2007). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/regulation/070095>

Panel on Research Ethics. (2020, February 19). *Tri-Council Policy statement: Ethical conduct for research involving humans – TCPS 2 (2018)*. [https://ethics.gc.ca/eng/policy-politique\\_tcps2-eptc2\\_2018.html](https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html)

# Glossary of Terms

## **Co-create**

Co-create is to “create (something) by working with one or more others” (Merriam-Webster, n.d.).

## **Context**

Context strongly influences occupational possibilities and healthcare services. There are three layers of context:

1. Micro context refers to the client’s immediate environment: their own state of health and function, family and friends, and the physical environment they move through
2. Meso context refers to the policies and processes embedded in the health, education, justice, and social service systems that affect the client
3. Macro context refers to the larger socioeconomic and political context around the client: social and cultural values and beliefs, laws, and public policies

## **Culturally safer**

Culturally safer is a refinement on the concept of cultural safety. Competent occupational therapists do everything they can to provide culturally safe care. But they remain aware that they are in a position of power in relation to clients. They are mindful that many marginalized people—Indigenous people, for example—have a history of serious mistreatment in healthcare settings. These clients may never feel fully safe. Occupational therapists allow those who receive the services to determine what they consider to be safe. They support them in drawing strength from their identity, culture, and community. Because cultural safety is unlikely to be fully achievable, occupational therapists work toward it.

## **Ecological considerations for care**

Occupational therapists consider the wider impact of the tools used to practise in order to support the sustainability of environmental resources. As environmental stewards where possible, occupational therapists recognize the ecosystems on which human health depends and support sustainability as part of a global initiative.

## **Intersectionality**

Intersectionality describes how a person’s multiple social identities (for example, ability, age, class, education, ethnicity, gender, geography, immigration status, income, indigeneity, race, religion, and sexual orientation) combine, overlap, or intersect to create different modes of discrimination and privilege. Intersectionality can help occupational therapists understand the myriad factors affecting a client’s health and the disparities in access to healthcare.

## **Power imbalance**

Occupational therapists are in a position of trust and authority over their clients. As a result, the client-therapist relationship is inherently unequal, which results in a power imbalance in favour of the occupational therapist. The client relies on the occupational therapist’s clinical judgement and experience to address health-related issues, and the occupational therapist knows the client’s personal information and has the ability to influence the client’s access to other resources and services.

This power imbalance places the client in a vulnerable position in the therapeutic relationship. Occupational therapists are expected to be aware of this inherent imbalance and ensure that professional boundaries are maintained to protect the client’s best interests and keep the client safe.

## **Vulnerable client**



The vulnerability of a client is determined by many factors, including their health status, life stage, social context, ability to access supports and resources, and the overall complexity of their condition and needs. Some indications of client vulnerability in occupational therapy practice may include those people who are at risk of being highly dependent on the occupational therapist or the services they can help them access, and where services may be prolonged or are high risk and intensive.

## Resources

Merriam-Webster. (n.d.). Ccreate. In *Merriam-Webster.com dictionary*. Retrieved November 27, 2022, from <https://www.merriam-webster.com/dictionary/ccreate>

College of Occupational Therapists of Ontario  
20 Bay St, Suite 900, PO Box 78, Toronto, ON M5J 2N8  
T 416-214-1177 • 1-800-890-6570 F 416-214-1173  
[www.coto.org](http://www.coto.org)

Information contained in this document is the property of the College of Occupational Therapists of Ontario and cannot be reproduced in part or whole without written permission.

© 2023, College of Occupational Therapists of Ontario  
All rights reserved.