

Continuing Competence: Overcoming Our Blind Spots

Mary Clark

The proposition that self-assessment does not promote competence is rippling across the province. It is driven in large part by the research work of University of British Columbia's Associate Director of Research in the Centre for Health Education Scholarship, Dr. Glen Regehr. He and other scholars in adult education, medical education and cognitive psychology argue that self-assessment requires self-awareness and those who are the least competent are also the least aware of their weaknesses (Regehr & Eva, 2005). In addition, even when the weaknesses are identified, we don't necessarily seek out opportunities for improvement (Regehr & Mylopoulos, 2008). Simply put: We all have blind spots, and we focus on improving what we already do well. This has important implications for regulated health professionals who are given the responsibility of self-regulation, part of which is monitoring and supporting their continued competence.



continued on page 8

The mission of the COTBC

...is to protect the public by regulating, advocating and advancing safe, ethical and quality occupational therapy practice in British Columbia.

Summer 2010 Contents

COTBC celebrates 10th Anniversary	
– Letter from Minister Kevin Falcon	
– Highlights of activities planned	2
Carol Williams	
– First public board member elected as Chair of COTBC	3
Registrar's reflections	
– Sharing Information about registrants	4
Launch of the College's new website	6
Competence check	12
– Email Communication	
– Reporting Fitness to Drive concerns	
Legislation updates	
– Public Notice of Inquiry and Discipline Committee Decisions	14
College calendar	16



**PERSONAL MESSAGE AND GREETINGS FROM
HONOURABLE KEVIN FALCON
MINISTER OF HEALTH SERVICES
COLLEGE OF OCCUPATIONAL THERAPISTS OF BRITISH COLUMBIA
10TH ANNIVERSARY
SUMMER 2010**

On behalf of the Government of British Columbia, I would like to congratulate the College of Occupational Therapists of British Columbia as it marks 10 years of self-regulation in the province.

Since assuming full responsibility for regulating the profession in 2000, the College has worked hard to ensure that B.C.'s occupational therapists meet the highest professional standards so that individuals receive safe, ethical and effective care.

Occupational therapists provide a very important role in our health-care system enabling engagement in everyday living for their clients. They assist people with activities that are essential to their health and well-being and aid them in overcoming a variety of challenges. This work is especially commendable for the long-term lasting effect it has on patients by improving quality of life and overall happiness.

As you celebrate this important anniversary, we acknowledge the work of the many occupational therapists and volunteers who have contributed to the development of the College and to the profession. We thank the College for their role in facilitating the best practices for this profession across British Columbia.

Yours truly,

Kevin Falcon
Minister of Health Services

Ministry of
Health Services

Office of the Minister

Mailing Address:
PO Box 9050 Stn Prov Govt
Victoria BC V8W 9E2

Location:
Parliament Buildings
Victoria

Registrar
Kathy
Corbett
received this
letter from
the Minister
of Health
Services Kevin
Falcon on the
occasion of the
College's 10th
Anniversary.

In 2010 COTBC celebrates its 10th Anniversary



Here are a few highlights of the activities planned.

OT West Reception

Friday October 22: A 10th Anniversary Evening Reception for registrants and invited guests. Watch for more details and RSVP information in the Fall.

Keynote Presentation at Annual General Meeting (AGM)

Saturday, October 23: AGM events begin with an inspiring keynote address by Jan Robinson the Registrar & CEO of the College of Physiotherapists of Ontario. Jan is an occupational therapist by training and was the first registrar of the College of Occupational Therapists of Ontario.

Carol Williams

Elected as First Public Board Member to Serve as Chair

Mary Clark

As the profession celebrates ten years of self-regulation in British Columbia in 2010, the year may also be remembered as the first time a public board member was elected as chair. Carol Williams began her term on January 30, 2010. With public members making up one third of our board, the public's interest is well represented. With a public member as chair, we strengthen our commitment to protect the public's interest and ensure people who live in British Columbia receive safe, ethical and competent care.

"I am honoured to be the first, and look forward to continuing with the good work done by previous chairs and boards," said Carol. "I hope to maintain the high level of respect the College holds among the registrants and related health and government agencies." She also looks forward to working with Registrar Kathy Corbett and Deputy Registrar Susan Mulholland, whose support, knowledge and extraordinary work are essential to meeting the College's goals.

One of Carol's goals is to increase awareness of occupational therapy among the general public. "I joined the board in January 2007, and in the past three years I have come to appreciate the professionalism, knowledge in various areas of occupational therapy and the role of the College," said Carol. "I was not familiar with the work of occupational therapists so it was very helpful to attend the sessions held prior to the Annual General Meeting as learning opportunities."

Carol's working life was spent in the British Columbia Court system as a court manager and a Justice of the Peace. This background in the justice system has fit well with her work on the Inquiry Committee where, as Carol describes, "each case is different and requires careful consideration of both sides." She is also concerned that many issues come to the



2010 College Chair Carol Williams with her dog Mr. D'Arcy.

College that might have been resolved in the workplace if processes were in place to do so. As part of the 10th Anniversary Task Group, she

hopes to reach out to employers to increase their understanding of the college's role.

"The learning curve has been steep, but as chair I will do my best to encourage and maintain your high standard of practice and ensure the college continues in its role of overseeing, anticipating and demonstrating those standards," said Carol. "I welcome the opportunity to hear from any registrant or member of the public regarding any concerns and/or suggestions they may have which the board can address."

Carol is fortunate to be retired, and her days are filled with other volunteer roles, gardening and hiking with her dog, Mr. D'Arcy, in the gorgeous nature parks and beaches around Victoria. We look forward to her leadership as we celebrate our 10th anniversary. ■

She is a recognized leader in profession-based regulation. Jan's presentation entitled: **Regulatory Organizations: A Strategic Instrument or an Archaic Leviathan** will include 'audience participation' as in past year's pre-AGM sessions.

Honoured guests at the AGM include previous chairs of the Board of the College who will share thoughts on significant events that advanced the work of the College in their year.

You and Your Occupational Therapist (OT)

A new brochure outlining the history of occupational therapy regulation in B.C., how to find a registered occupational therapist, and the ways in which occupational therapists provide the public with safe, ethical and competent care.



Sharing Information about Registrants:

Access and Accountability

Kathy Corbett, Registrar

The College is committed to protecting the privacy and confidentiality of information it receives or creates in the course of fulfilling its regulatory functions. It does this by complying with our statutory obligations under the *Freedom of Information and Privacy Protection Act (FIPPA)* and the *Health Professions Act (HPA)*. Disclosure of information is guided by the principles embedded in the privacy legislation or directly authorized under legislation, such as the *HPA*. This article highlights the kind of information shared by the College with the public, with government, and with other organizations.

The College Register

Did you know the College is required to maintain a list of individuals registered with the College and make certain information about those individuals is available to the public?

Section 21 of the *Health Professions Act* requires the College to maintain a public register and specifies what it must contain. The registrant's name, registration status (including whether the person is a current or former registrant), class of registration, any limits or conditions on registration, any suspensions or cancellations, and business contact information is required. The register also includes the occupational therapist's registration number.

Did you know the College is required to maintain a list of individuals registered with the College and make certain information about those individuals is available to the public?

known as the CAOT exam. Verification requests may come from individuals who may be seeking the services of an occupational therapist, such as a potential employer or a funder. In recent years, more employers and funders are seeking an annual verification of their list of occupational therapists.

The Act also requires the register be open to inspection, with discretion of the registrar to limit such access.

The public register will be made available on our new website to provide transparent access to information about occupational therapists in British Columbia.

How is this information made available?

The information on the register is currently available to the public by request. Typically, this disclosure involves responding to requests to verify that an occupational therapist holds valid registration with the college and any conditions or limitations on practice. A common example of a limitation is where supervision may be required until the registrant completes his/her re-entry requirements, or a new graduate passes the National Occupational Therapy Certification Examination, formerly

The website is due for launch in August, and the public register available in the early fall. Clients and employers can verify that their occupational therapist is registered by visiting the College website and clicking on "Find an OT" which will take them to the public register. We also encourage you to promote this link in your client communications.

Access to the register underscores the public's right to know their occupational therapist holds valid registration and can provide occupational therapy. Registrants can be proactive with the public in presenting their valid annual registration card.

Public Notification of Inquiry and Discipline Decisions

Changes to the *Health Professions Act* in 2008 outlined new requirements for all colleges regarding public notification of the decisions made by Inquiry and Discipline Committees (HPA s.39.3). The *HPA* specifies the types of decisions that must be published and that notices must, in most cases, include the name of the registrant, the description of the action taken, and the reasons for the action taken. The *HPA* also outlines that the notification requirement may be met by posting a notice on college websites. The most notable change for COTBC registrants is the requirement to publish certain Inquiry Committee decisions, previously only published in a summary description form within the annual report and without any individual identification. For more details please read the article on page 14, *Public Notice of Inquiry and Discipline Decisions*.

Participation in Community Healthcare and Resource Directory (CHARD)

Consent to share personal information is one of the key principles for protecting privacy of personal information. During this registration renewal, registrants were provided with an opportunity to participate in the Ministry of Health Services, Provider Registry System (PRS) by providing their consent for release of personal information by the College, specifically their date of birth. This would in turn allow occupational therapists in the Provider Registry System to participate in **CHARD**. Detailed

information was provided so registrants could make an informed choice and know why and where the date of birth information was being used.

While the COTBC may legally share the registrant data considered public information, registrant date of birth is considered personal information. Along with seeking consent from registrants, the College also sought information and assurances regarding the security of such information within PRS. In response to our concern Jack Shewchuk, Chief Executive Officer, Vital Statistics Agency, Ministry of Health Services wrote:

CHARD is a secure web-based directory for general practice physicians (GPs) to find detailed information on selected healthcare professionals and resources.

It is a joint initiative of the Ministry of Health Services, the British Columbia Medical Association and HealthLink BC. The directory provides information about both publicly funded and privately funded services, and is searchable by geographic area and areas of practice for health professionals. The invitation from CHARD presents an exciting opportunity for occupational therapists in B.C. to build a stronger relationship with GPs and increase access by the public to occupational therapy services.

We fully appreciate the concerns the College may have regarding the potential for a privacy breach, particularly in regards to birth date. I would like to assure you that this data element, like any other elements can be securely locked down so that only the College and the Provider Registry Administrator have access to this information. To further alleviate any concerns, the Provider Registry Administrator is under strict oath regarding confidentiality. A provider can only be added to the Provider Registry with appropriate completeness of all data fields. Birth date is essential for the algorithm to determine matches and potential duplicates. I can assure you that these elements

will only be used for matching purposes and will not be shared with any Provider Registry data consumer unless directed by COTBC.

continued on page 7

Launch of the College's

We are saying good-bye to our website which served us well over the past 8 years. Building our online capacity to better inform and support registrants and provide improved information for the public is a priority for the College. The launch of a refreshed, more intuitive and interactive website is one step in achieving that priority. The revisions required not only a new, fresher and more appealing design but also improved navigation. Increased accessibility to most frequently requested information was a main objective as well as making College news and activities more visible. As more content is developed, we hope the site will move from a passive distributor of information to one where visitors can 'do'.

The screenshot shows the homepage of the College of Occupational Therapists of British Columbia (COTBC). At the top right, there are links for 'Home' and 'Contact Us', a search bar with a 'GO' button, and a 'Find an OT' button with a magnifying glass icon. The COTBC logo is on the left, with the tagline 'Protecting the public's right to quality occupational therapy in BC'. Below the logo is a navigation menu with five items: 'About the College', 'You & Your Occupational Therapist', 'Registration', 'Quality Practice', and 'Library'. A large banner image shows a therapist working with a child, with the text 'Advocating for safe, ethical competent practice'. To the right of the banner are three icons: a map of BC for 'Working as an OT in British Columbia', hands for 'Practice Concerns', and a person for 'Standards of Practice'. Below the banner are three columns: 'News' with two items from June and July 2010, 'Quick Links' with six items, and 'Key Initiatives' with three items. At the bottom, contact information for the College is provided, including address, phone, fax, and email, along with icons for Home, Sitemap, and Contact Us.

Home | Contact Us Search... GO

COTBC
College of Occupational Therapists of British Columbia

College of Occupational Therapists of British Columbia
Protecting the public's right to quality occupational therapy in BC

Find an OT

About the College You & Your Occupational Therapist Registration Quality Practice Library

Advocating for safe, ethical competent practice

Working as an OT in British Columbia

Practice Concerns

Standards of Practice

News

June 30, 2010
June Board Meeting Highlights
Public notice of inquiry and discipline decisions was one of several important discussions that took...

July 15, 2010
Public Notice of Inquiry and Discipline Committee Decision
Starting this Fall, public will be able to check if an occupational therapist's practice has been limited, has conditions or has been suspended or cancelled.

Quick Links

- Find out About the Continuing Competency Assessment Tool
- Register for an Information Session on the Continuing Competence Assessment Tool
- Download the Registration Reinstatement Form
- Register for the 2010 AGM on October 23, 2010
- Points to Ponder When Communicating to Clients via Email
- COTBC 2009-2010 Annual Report

Key Initiatives

Work on the Continuing Competence Program is focused on reviewing the Annual Self-Assessment and developing the second component of the program, the Continuing Competence Exam.

Supporting Internationally Educated Occupational Therapists to practise in Canada has led to several provincial and national initiatives

Monitoring the development of restricted acts which narrowly define a list of invasive, higher risk activities that must not be performed by any health...

College of Occupational Therapists of B.C.
Suite 219, Yarrow Building, 645 Fort St., Victoria, B.C. V8W 1G2

Phone: (250) 386-6822
Toll Free (B.C.): 1-866-386-6822

Fax: (250) 383-4144
Email: info@cotbc.org

Home Sitemap Contact Us

New Website

For example, visitors will be able to register for College events and submit a practice question. Access to the public register will be through the *Find an OT* button on the home page, and available in the Fall. The Quality Assurance Committee is working on an eLearning module designed to help occupational therapists apply the Code of Ethics to everyday practice. And... existing guidelines and other college documents will be transposed online so visitors can link to related information easily.

A small field test to registrants, members of the public, committee members, and other regulators was done before finalizing the design and main navigation. The results were very helpful in confirming our direction and fine tuning of content especially in the News and Quick Links sections. As with our present site, there will be a feedback form. We welcome your comments as we continue to develop the website to meet your information needs.

Visit us soon at www.cotbc.org.

...continues on page 15

Sharing Information about Registrants: Access and Accountability

...continued from page 5

Kathy Corbett, Registrar

Through an Information Sharing Agreement with the ministry, the College will also specify what data is available for CHARD and what information is restricted, such as date of birth.

Disclosure of Health Human Resources Information for Planning

COTBC along with other provincial occupational therapy regulators has worked over the past four years with the Canadian Institute for Health Information (CIHI) to create the National Occupational Therapist Database. Providing registrant data for this purpose has resulted in an annual CIHI publication on the workforce trends of occupational therapists. The reports (three to date) provide a useful perspective on the supply, demographic, employment and education of occupational therapist in Canada. COTBC is in its last year of a five year agreement to provide registrant data and it is anticipated this will continue with an opportunity to confirm we are collecting the right information to meet our needs.

Recently, the College provided registrant data to assist the BC Ministry of Health Services with their forecasting initiative to project demand for occupational therapists and build it into their health human resources service planning activities. Changes to the *Health Professions Act* underscore the

continued interest by the ministry for registrant and College data for the purpose of health planning. Section 52.2(2) of the *HPA* grants the Minister of Health Services authority to direct colleges to “collect health human resources and personal information, as considered necessary or appropriate by the minister for the purposes of health human resources planning and management.” While there are no regulations in place yet, it is clear that the demand for access to data held by the College about registrants is likely to continue.

The College registrant data was also provided to assist with an initiative of the UBC School of Occupational Science and Occupational Therapy to help with evaluating the education program. Data was also provided to assist with a research project on occupational therapy in acute care.

The demand for information regarding occupational therapists comes from many sources. However, just like occupational therapists must protect their clients' personal information to the highest standard, the College takes seriously its responsibility to protect the personal information entrusted to its custody. If you have any questions or concerns regarding the collecting or safe guarding of your personal information, please do not hesitate to contact the College. ■

Continuing Competence: Overcoming Our Blind Spots

...continued from front cover

Mary Clark

Regehr and Eva (2005) suggest that high performers underestimate their abilities and the lowest performers overestimate, i.e. they are the least likely to self-identify areas for improvement. Continuing competence, unlike entry-level competence, is not keeping up with every area of occupational therapy practice but maintaining and improving competencies in the area of practice in which you work. The upside is that this intense focus can create expertise in specific areas of practice. However, it takes considerable energy to address our weaknesses, even if we do become aware of them. To ensure the public is well-served by competent and independent (self-regulating) occupational therapists we must find a way to support one another in finding our blind spots and improving these, especially if our weaknesses may put the public at risk.

The Public Sees

It is somewhat ironic that this proposition of Dr. Regehr's rings true for the public. Unfortunately some have seen the blind spots and their concerns led to an amendment to the *Health Professions Act in British Columbia* in 2007 requiring all health professionals under the act to establish more rigorous programs of quality assurance. This means developing

programs that assist health professionals to realize where they needed to improve. In response to this amendment and Regehr's work, the College of Occupational Therapists of BC re-examined its original Continuing Competence Program which has three components: 1. Competence Maintenance (the Self-Assessment and Annual Professional Development Plan); 2. Competence Assessment (now the Continuing Competence Exam); and 3. Competence Improvement (to be developed). It became obvious that the Self-Assessment which has been in place for 3 years may not be sufficient and will be reviewed in 2010-11. It also confirmed the direction for the Continuing Competence Exam, now in development. This exam will provide an objective form of assessment to assist occupational therapists to identify the blind spots. The third component which is competence improvement will be equally important and requires the development of an individualized plan to assist an occupational therapist to improve his or her competencies.

Helping Occupational Therapists to See

The second component of the Continuing Competence Program will be a Continuing Competence Exam which was announced at the 2009 COTBC Annual

continued on page 10

Three Components of the COTBC Continuing Competence Program

Competence Maintenance
Self-Assessment
and Professional
Development Plan



Occupational therapists self-reflect to identify areas for professional development

Competence Assessment
Continuing Competence Exam



Occupational therapists demonstrate continued competence

Competence Improvement
Individualized program



Occupational therapist updates knowledge and skills to address specific competencies

Scenario A: Support Personnel

Mr. Sidhu, a 27-year-old construction worker, sustained a soft tissue injury to the lower back and left shoulder 6 months ago. He underwent an initial period of clinic-based physiotherapy treatment but has been unable to return to his position with his employer due to ongoing pain symptoms. After an occupational therapy assessment it was determined that he will require the services of an occupational therapist and a rehabilitation assistant for vocational integration.

Question 1:

What components of Mr. Sidhu's treatment could be assigned to unregulated support personnel?
Choose up to 6.

- a. Discharging the client when he has achieved the goals.
- b. Educating the client regarding pain management.
- c. Designing the final discharge plan.
- d. Grading of the client's program within established OT goals.
- e. Implementing the prescribed exercise program.
- f. Doing a Job site assessment.
- g. Making a referral for physiotherapy intervention.
- h. Monitoring attendance.
- i. Ongoing communication with the occupational therapist.
- j. Terminating an intervention.
- k. Reporting a change in the client's status.
- l. Selecting treatment strategies.

COTBC Pre-AGM Session: New Direct

Question 3:

Mr. Sidhu is three weeks into the prescribed exercise program with the rehabilitation assistant. The occupational therapist reviews the draft report from the rehabilitation assistant. Which statements should she tell the rehabilitation assistant to include in the final report?
Choose up to 5.

- a. Client should see a massage therapist.
- b. Client has increased cardiovascular tolerance on treadmill from 10 minutes to 15 minutes at level 2.
- c. Client has left shoulder impingement syndrome.
- d. Client is aware of his stretching exercises.
- e. Client is complaining of left shoulder pain.
- f. Client is now able to squat with proper body mechanics and pick up 10 lbs from floor to waist height.
- g. Client now tolerates 1.5 hours of the program with 2 rest breaks during the session.
- h. Client was advised to see a physiotherapist for left shoulder pain.
- i. Client was advised to take Tylenol at the end of the session.
- j. Social problems are affecting his compliance with exercise program.

Question 2:

What are the critical steps to be taken when devising a plan for supervision of the rehabilitation assistant assigned to Mr. Sidhu?
Choose up to 4.

- a. Ask rehabilitation assistant to modify the exercise program based on their own experience.
- b. Choose a rehabilitation assistant who has a background and experience in developing exercise programs.
- c. Communicate any physical restrictions from family doctor.
- d. Meet with the rehabilitation assistant at the end of the program when she reports that goals are completed.
- e. Review reports from the rehabilitation assistant and adapt or modify program as needed.
- f. Tell the rehabilitation assistant to report to the supervisor when there is something to discuss.
- g. Set up regular meetings to review progress with the client and the rehabilitation assistant.
- h. Ask the rehabilitation assistant to obtain consent from the client for his participation in the exercise program.

Question 4:

The rehabilitation assistant calls you in distress to tell you that her bag, which contained patient information, was stolen at the community centre where she was seeing the client. What are the **IMMEDIATE** steps that should be taken to address this situation?
Choose up to 4.

- a. Ask the rehabilitation assistant when the bag was stolen and document steps taken to recover the personal information in your chart.
- b. Using policy and procedures in place, confirm client information that would have been in the bag.
- c. Inform the client and relevant parties that the bag with the client's information was lost.
- d. Notify the college of the theft of patient information.
- e. Notify necessary law enforcement officials.
- f. Review policies and procedures in place to determine if policies were followed.
- g. Self evaluate on this experience and discuss strategies to ensure this will not happen again with the rehabilitation assistant.

COTBC Pre-AGM S

ical and Effective Practice • October 24 •

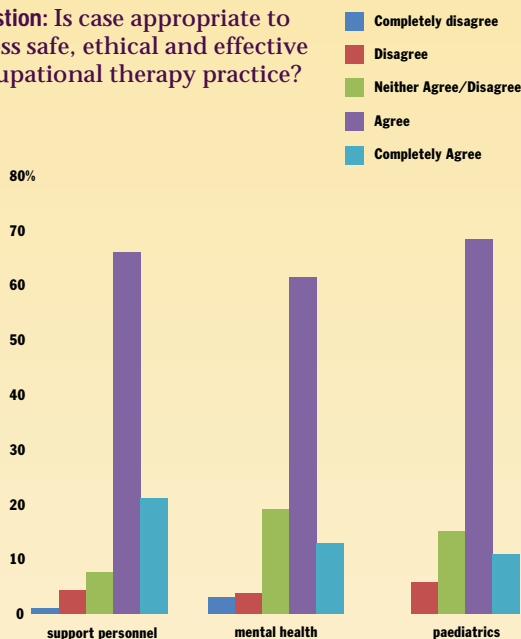
continued on page 10

Session Feedback

Based on 310 responses with 209 completing the support personnel case-based question, 163 did mental health and 120 did school age. Some completed more than one question.

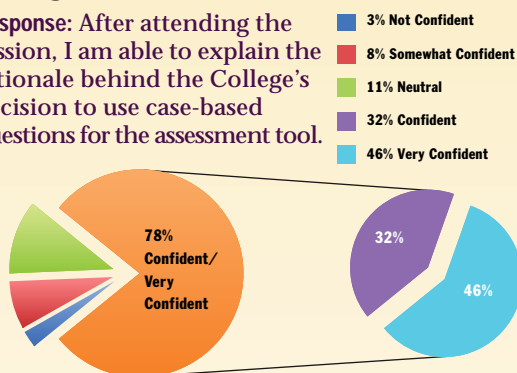
Overall Quality of Case

Question: Is case appropriate to assess safe, ethical and effective occupational therapy practice?



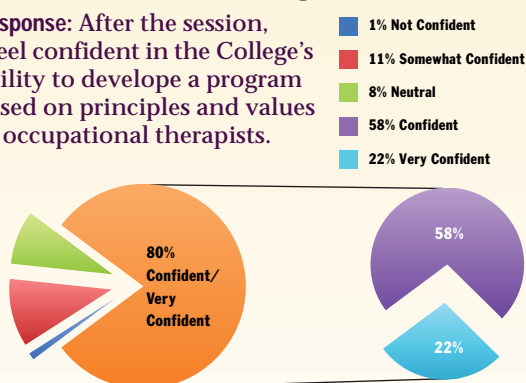
College's Rationale

Response: After attending the session, I am able to explain the rationale behind the College's decision to use case-based questions for the assessment tool.



Confidence in the College

Response: After the session, I feel confident in the College's ability to develop a program based on principles and values of occupational therapists.



General Meeting. This component is designed to validate those areas where the occupational therapist is meeting and or exceeding professional expectations, and identify areas for improvement. Occupational therapists who attended the pre-AGM session heard from the College consultant in this area, Dr. Susan Glover Takahashi, and the Continuing Competence Committee about the process of choosing the best tool for the second component. Participants were able to try sample questions.

Occupational Therapists' Reactions

Since the Annual General Meeting, there have been 9 similar sessions held throughout the province with approximately 310 occupational therapists attending.

At least 4 more are scheduled for the Fall. Participants in these sessions are asked to try the questions and complete a reflections sheet to provide us with feedback regarding whether they felt the scenario was realistic and relevant to occupational therapy practice, and suggested areas for improvement. Participants also complete a session evaluation form. The results from sessions held to date indicate that they increased participants' confidence in being able to describe the history, context and rationale behind the choosing the key features case-based approach, as well as explain what the questions are like. See left side bar. Other feedback has also been invaluable in improving future sessions and identifying needs for further information and supports regarding the program.

Questions Designed Around Cases and Key Features

This case-based approach was originally developed in 1995 at the University of British Columbia by Dr. Gordon Page to assess clinical decision-making skills (Page, Bordage, & Allen, 1995). The cases are proxies of real practice, and the questions are designed to assess the occupational therapists' decision-making abilities. Using this approach, cases are developed by occupational therapists working in the field to validate that the content is realistic and relevant to the specific practice area in B.C. The key feature questions are based on the premise that when planning occupational therapy interventions with clients there are many factors to consider, some of which are key and which if not addressed could lead to unsafe, ineffective and/or incompetent practices. Therefore the questions are designed to test the individual's ability to identify the key features, i.e. the critical steps in resolving an occupational performance problem and meet legal and ethical responsibilities.

Calling for Volunteers

The sample questions used in these sessions are drafts and not perfect. See samples on page 9. This has helped participants understand how carefully these cases and questions must be constructed, and to encourage occupational therapists to become involved in the writing of the cases and questions. Our consultants are experts in exam writing methodology, but must have input from occupational therapists in B.C. to ensure the assessment is addressing occupational therapy in B.C. Included in this newsletter is a Sign-up sheet. If you are interested in assisting with the exam development and have not already provided a volunteer form at one of the sessions please return it by September 10. You may also sign-up on the new College website.

Recent Progress

Since the board's decision to adopt a key-features case based approach to assess occupational therapists' competence, the committee and College staff have continued to work on the exam blueprint. It will consist of: (1) the priority essential competencies to assess; (2) key jurisprudence area (e.g. consent, confidentiality); and (3) core contexts of occupational therapy practice. The final blueprint will guide the development of the exam content.

Policy decisions are made as work progresses. At the June 2010 Board meeting, the board approved a policy which states that occupational therapists who have direct client contact will write the exam. A definition of non-direct client contact will follow from the Association of Canadian

Occupational Therapy Regulatory Organizations' (ACOTRO) work on identifying the non-clinical essential competencies. These are scheduled for release in 2011.

Information sessions will continue across the province. Please visit the COTBC website for times and locations. The College welcomes your participation and feedback; please direct any communication to info@cotbc.org or the registrar Kathy Corbett at: 1 (866)-386-6822.

Need More Information?

Visit the new College website at: www.cotbc.org, look for Quick Links and choose Continuing Competence Exam Development. ■

References

- College of Occupational Therapists of British Columbia. (2009). *Continuing Competence Program for College of Occupational Therapists of BC: From Ideas to Design*. Victoria BC: Author.
- Page, G., Bordage, G., Allen, T. (1995). Developing key-feature problems and examinations to assess clinical decision-making skills. *Academic Medicine*, 70(3), 196-201.
- Regehr, G., & Eva, K. (2006). Self-assessment, self-direction, and the self-regulating professional. *Clinical Orthopaedics and Related Research*, 449, 34-38.
- Regehr, G., & Mylopoulos, M. (2008). Maintaining competence in the field: Learning about practice, through practice, in practice. *Journal of Continuing Education in the Health Professions*, 28(S1), S19-S23.

Information Sessions:

Continuing Competence Assessment: Part Two of Your Continuing Competence Program.

Cranbrook:

September 11, 9 a.m. – noon.

Parksville:

September 21, 2:30 – 5:00 p.m.

Victoria:

September 14, 2:30 – 5:00 p.m.

Next Steps:

2010 Continue information sessions throughout the province.

Finalizing exam blueprint.

Recruitment of key informants and case writers.

2011 Development of exam content.
Board policy decisions e.g. who writes and when.

2012 Continue 2011 activities. Pilot testing.

2013 First exam is held.

Can I Use Email to Communicate with Clients?

Susan Mulholland, Deputy Registrar

More and more of us are using email in our personal lives to connect socially and share ideas and information with others. Email has become a quick, efficient and flexible way to connect with others. Over the past few years at COTBC we have received an increasing number of queries asking whether an occupational therapist, “can communicate with patients or clients by email?”

While the college does not have a policy on providing services or communicating with clients by email, the occupational therapist’s obligations for effective communication do not change whether it is by email or face-to-face. The accountability for all decisions and actions rest with the occupational therapist and good judgment is required on an individual basis. Some worksites or health regions may already have policies regarding the use of email for client communication. If not, the decision to use email for client communication ultimately lies with the individual occupational therapist who needs to first consider and weigh all the information, options available, and pros and cons.

Probably the most important thing to remember is that the standards that apply to more typical forms of communication (written paper, face-to-face, telephone) must also be applied to communication facilitated through the use of technology such as email. It is critical to consider issues around *consent*, *security* and *storage*. (For further details please refer to: *Practice guideline: Collecting, recording and protecting client information, March 2006* and the *College Bylaws* (available online at www.cotbc.org).

Consider the following when deciding whether to use email to communicate with clients:

1. Consent needs to be obtained from the client for the use of email. Consent includes details such as the purpose and type of information that can be sent and whether any information provided will be disclosed to other team members. For example, a client may only wish
2. to use email for confirming appointment times versus communication about treatment plans. The client needs to be fully aware of any risks involved with email communication prior to giving consent.
2. Be aware of the security of the email account and who has access to it; for example, will the client’s family members, friends or colleagues have access to it?
3. Take steps to assure security and confidentiality of client information. The desktop computer/ laptop or other device (e.g., Blackberry, iPhone, tablet) should be *dedicated* and *secure*, i.e., only accessible to staff normally trusted with client information versus also used by family members, friends or colleagues not working with the client.
4. Email addresses should be checked and **re-checked** with particular caution before sending particularly with systems with “pre-dial” or automatic address completion options. For example an email intended for John Smith mistakenly gets sent to John Smirnoff.
5. Confidential and sensitive client information permitted to be sent by email should be encrypted with access provided only to those individuals with an access code
6. Remember that email is not always instantaneous and may not be reliable with respect to delivery. In some situations, the client should be contacted and informed that confidential information is being sent, allowing for confirmation of receipt of the material.

7. Add a confidentiality disclaimer to email messages that states that the content is confidential and only intended for the stated recipient. It should also state that anyone receiving the email in error must notify the sender, and return or destroy the email as per the request of the sender. This does not however absolve occupational therapists of their responsibility for a breach of security.
8. Just as you have for other records, make sure you have policies in place on retention and destruction of email records including: how and where to securely store emails, for how long, how they will be destroyed, and what will be done with files if a computer is going to be “retired” or disposed of.
9. Clients should be aware that email messages may be kept in their client record.
10. Check in with clients and reflect on your “practice by email” to ensure that the communication continues to be clear and secure and meeting the intended purpose.

(Adapted from College of Physicians and Surgeons of BC, Canadian Health Record Association (CHRA) and British Columbia Medical Association). ■

If you are seeking further information you may find the following websites helpful

https://www.bcma.org/files/Use_of_Email_by_Physicians.pdf

Use of Email by Physicians of BC

www.qp.gov.bc.ca/statreg/stat/P/03063_01.htm

British Columbia's Personal Information Protection Act (PIPA)

www.oipc.bc.ca/

The Office of the Information & Privacy Commissioner website includes several resources including a handbook for businesses on PIPA

http://www.cio.gov.bc.ca/cio/priv_leg/pipa/impl_tools/tool_index.page

The BC government's PIPA website, which includes tools to assist with compliance.

Occupational Therapists Will Have Duty and Authority to Report Driver Fitness Concerns

On June 3, 2010, Bill 14 *Motor Vehicle Amendment Act* became law, providing for several amendments to the *BC Motor Vehicle Act*. The relevant section for registrants is the amendment to section 230 *Report of medical condition or impairment*. Occupational therapists and nurse practitioners are now part of the current healthcare professionals' list of psychologists, optometrists and medical practitioners who have a duty and authority to report under the Act about concerns of a person's fitness to drive as a result of a medical condition or functional impairment. The amendment will also specify the medical conditions and impairments that affect someone's ability to drive, and must be reported to the Superintendent of Motor Vehicles.

Registrants should be aware that the amendments to section 230 are not yet in force and will be brought

into force when the regulations are developed by the BC Office of the Superintendent of Motor Vehicles (OSMV). Registrar Kathy Corbett is a member of the OSMV Driver Fitness Advisory Group which will receive updates from the OSMV on the regulation development and implementation timelines.

COTBC wishes to thank the following occupational therapists for participating in the consultation sessions with OSMV including: Diana Robertson (BCSOT Representative on OSMV Driver Fitness Advisory Group), Sandy Leznoff, Sue Riel, Patti Erlendson, Janet Chasse and Lisa Kristalovich. Deputy Registrar Susan Mulholland attended on behalf of Kathy Corbett.

A news alert will be issued once the regulations are developed and the amendments are to be followed by occupational therapists. ■

New resource available now: *Delivery of Services Relating to the Use of Motor Vehicles: Guide for Occupational Therapists* (December 2008)

The Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) co-funded with the Canadian Association of Occupational Therapists (CAOT) the translation of this *Ordre des ergothérapeutes du Québec* (College of Occupational Therapists of Quebec) document.



Public Notice of Inquiry and Discipline Committee Decisions

The College's mandate to protect the public is legislated under the *Health Professions Act (HPA)*. One of the expectations of the profession to meet its commitment to the public is to address complaints about the professional conduct of an occupational therapist. This occurs through the College's Inquiry or Discipline Committees. The College investigates between seven to eight complaints each year.

Changes to the *Health Professions Act* in 2008 outlined new requirements for all colleges regarding public notification of the decisions made by inquiry and discipline committees (HPA s.39.3). The *HPA* specifies the types of decisions that must be published and that notices must, include the name of the registrant (with some exceptions), the description of the action taken, and the reasons for the action taken.

With the majority of complaints resolved by the Inquiry Committee, this will result in more information about the occupational therapist involved and the decision of the committee about the resolution of a specific complaint for the public, the government and other registrants than was previously available. Increased transparency on the decisions of our Inquiry and Discipline Committees serves the public interest and enhances public confidence in the College's ability to be self-regulating.

College inquiry and discipline committees carry out their functions and make decisions according to prescribed authority outlined in the *Health Professions Act*. This means, the types of decisions are based on the options allowed in the *HPA*. This is important when looking at the public notification requirements. *HPA* Section 39.3 details the types of decisions (section by section) of inquiry and discipline committees that must be disclosed through public notification. In general, public notification is required when a decision results in imposing limits or conditions on the practice of a registrant, or suspending or cancelling registration. It makes sense that the

public should know that a registrant's practice has been limited, has conditions or has been suspended or cancelled.

Some examples may help illustrate the decisions requiring public notification. As noted above, the majority of complaints are resolved by the COTBC Inquiry Committee and often through a consensual resolution process. Called consent orders and undertakings, the College enters into a formal agreement with the registrant that outlines the actions the registrant has agreed to take to address the issues identified during the investigation. For example, the registrant agrees to practise only under supervision for a period of time and provide specified reports to the College, provide a reflective paper that demonstrates an understanding of how the standard was breached and how standards will be met in the future, or submit to a period of suspension. The imposing of terms, conditions or suspension requires public notification.

Inquiry committees also have the ability to suspend a registrant's registration or impose limits or conditions if the committee considers the action necessary to protect the public during the investigation of a registrant or pending a hearing of the discipline committee. Called an *extraordinary action to protect the public* (HPA s.35), to date the College has not had to use this provision but could be used for example, where a complaint about misconduct of a sexual nature was received and a suspension during the investigation is viewed as necessary to protect the public. The suspension also requires public notification.

Inquiry committees are mandated to investigate when a registrant fails to authorize a criminal record check under the Criminal Records Review Act. The *HPA* directs inquiry committees to investigate and make decisions about imposing limits or conditions on practice, or whether to suspend or cancel the registration of the registrant. Any action under this section also requires public notification.

Inquiry committees may enter into an agreement with a registrant that imposes limits, conditions or suspension as a result of a complaint under the "Duty to report" sections of the Act (s.32.2, 32.3 and 32.4). For example, an investigation of a complaint where a registrant's addiction to alcohol was impairing safe practice results in a temporary suspension until the registrant is well, and the College is satisfied through undertakings in the agreement that the registrant can return to safe and ethical practice. The College is required to publish the decision.

It is important for registrants to know that the Inquiry and Discipline Committees have some discretion under the *HPA* to direct the Registrar to withhold all or certain information from publication. For example, sensitive information about the personal health of a registrant that impaired his or her ability to practise may be withheld. In any case, where information is withheld, the public notification must indicate that information was withheld.

On June 18, 2010 the COTBC Board approved a policy on public notification to guide how the

College carries out the public notification requirement. The College's website will include a page that is easily located by the public for accessing the public notifications, and organized by type of action and date of resolution. Public notifications will be accessible in an archive pending removal (or preservation) by a motion of the Board. Discipline decisions will remain in an accessible archive for ten years. These decisions were made by learning from the practices of other colleges such as nursing, physicians and surgeons, psychology and pharmacy that are already publishing decisions.

What will the notice look like? The College public notification will include the registrant's name and registration number (or case file number if directed by the relevant committee to withhold the name) and a summary that provides a description of and reasons for the actions taken. Information about the section of the *HPA* that guided publication will also be referenced.

Public notifications will be available on the website this Fall, 2010. The College will be monitoring and refining its policy in the context of how other Colleges are implementing the public notification requirements, particularly with respect to inquiry committee decisions. Public notification is a demonstration of the occupational therapy profession's commitment to responsible profession-based regulation. Questions concerning public notice of decisions may be made to the Registrar Kathy Corbett. ■

Ways to Make Navigating the Website Easier

...continued from front page 7

Update your Browser

Although the website should be viewable regardless of your choice of browser (e.g. Firefox, Safari and Internet Explorer) it will perform optimally if you keep your browser software updated. We are aware that many MAC users were unable to renew online this year and we appreciate their patience. This will be solved for next year's renewal period.

Check your Firewall

If you have chosen to receive your email at work you may need to contact your IT person about Firewalls.

Enable Pop-ups

Although these can open the door for annoying advertising, consider enabling these while on the College website. Links from some pages are designed

to open a new window and may not appear if you do not have pop-ups enabled. To turn these on or off, view the preferences in your browser menu.

Download Acrobat Reader

This a free download available from Adobe that will allow you to view and print PDFs. Many of the College resources are available in PDFs and most of the registrant binder. Visit www.adobe.com.

Keep Your Email Address Current

As the College moves to more electronic communication, it is even more important that you alert us to changes in your contact information, especially with respect to the email address you have chosen for your college emails. (Registrants were to self-select this on their renewal form.) ■

Official Publication of the
College of Occupational
Therapists of British Columbia

Suite 219-645 Fort Street
Victoria, B.C.
V8W 1G2
Telephone 250-386-6822
Toll Free in B.C. 866-386-6822
Fax 250-383-4144
General Email info@cotbc.org
Registration registration@cotbc.org
Web www.cotbc.org

**2010 Board Members
Occupational therapists**

Jeff Boniface
Tanya Boudier
Naz Chow
Heather Gillespie
Diane Graham, *Vice Chair*
Helen Turner

Public members

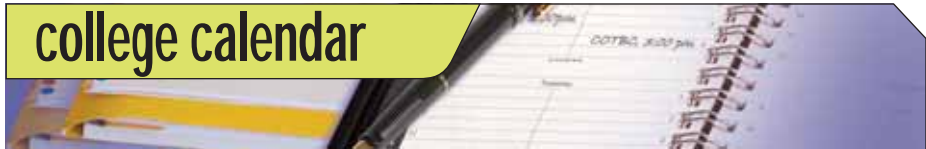
Sherry Baker
Vila Nova Carvalho
Carol Williams, *Chair*

Staff

Kathy Corbett
Registrar
Susan Mulholland
Deputy Registrar
Mary Clark
*Communications Director
& Projects Coordinator*
Jill Langridge
Executive Assistant
Darlene Hay
*Receptionist and
Administrative Assistant*



college calendar



COTBC Board Meetings

October 21, 2010, noon – 6 p.m.
Vancouver

Registrants are welcome at all board meetings. Please email Jill Langridge (jlangridge@cotbc.org) if you plan to attend.

OT West Conference

Building our Occupational Therapy Community

October 21-22, 2010, Vancouver.
Information: www.bcsot.org

Information Sessions on Continuing Competence Assessment

Cranbrook:

September 11, 9a.m. – noon.

Parksville:

September 21, 2:30 – 5:00 p.m.

Victoria:

September 14, 2:30 – 5:00 p.m.

UBC OS&OT Program Capstone Conference

August 26, 2010

Register at:

<http://www.capstoneconference.ca/>

Notice of COTBC Annual General Meeting

COTBC is pleased to provide notice to both registrants and the general public of the College's 10th Annual General Meeting (AGM).

Saturday, October 23, 2010, Plaza 500 Hotel, 500 West 12th Avenue, Vancouver, BC

Registration @ 8:00 a.m.

Pre-AGM Session 8:30 a.m.



Jan Robinson, CEO and Registrar College of Physiotherapists of Ontario

Regulatory Organizations: A Strategic Instrument or an Archaic Leviathan

While occupational therapy in British Columbia celebrates its 10th anniversary of regulation, the institution of profession based regulation is hundreds of years old. This social contract of a profession to public well being has had many roads of development over the years. Within the legislative structure that currently exists in B.C., how does this profession know its on the right road? What kind of regulatory journey does it want to set for the future? Let's explore

together strategic choices which can leverage the profession's regulatory mandate and make a difference to the health system.

Annual General Meeting 11:00 a.m.

The agenda includes a report from the chair, statutory committee reports and the auditor's report.

Event details, AGM agenda and registration forms will be provided to all registrants in mid-September. There is no charge to attend the day's activities. However, to assist us with organizing the meeting space requirements and coordinating the events, please complete the registration form and return it by the due date.

The AGM day will be shared with the British Columbia Society of Occupational Therapists again this year as part of the OT West Conference.

We look forward to seeing you there!