

New Edition of Essential Competencies Addresses NonClinical Work

Essential Competencies of Practice for Occupational Therapists in Canada was recently revised by the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO). This third edition reflects changes to occupational therapy practice over the past few years with more explicit descriptions of the competencies related to interprofessional practice, teamwork, and collaboration. Occupational therapists whose work extends beyond direct client care will also find competencies that address other roles. ACOTRO recognizes that developing competencies that are inclusive of all occupational therapists recognizes that public protection is dependent on a profession that supports and monitors the competence of all its members, regardless of their present roles (*Essential competencies 3rd ed., 2011*).



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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.

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Carol Williams, Chair

In looking back over an extremely busy, productive and interesting second year as Chair of the COTBC Board, with an increased understanding that has come from the passage of time and close personal involvement, I realize that I now better appreciate the way in which the Board functions in fulfilling its complex role of supporting the College. If one wanted to summarize the strategic plan of the board, in simple terms, it could be said to both set and guide organizational direction; to ensure that the necessary resources are available; to monitor performance and, perhaps most importantly of all, to make certain that the best interests of the general public are being served and protected.

Taking this latter point one step further: if a layperson were to ask me in what manner the role of the Board supports and oversees the best interests of the general public, how would I best answer? I would summarize it as follows:

First and foremost, ensuring the professional competence of all our practicing registrants.

Following on from the above: the exacting and ever evolving establishment and monitoring of entry-to-practice standards ensuring only competent and qualified individuals are registered with the College and can call themselves occupational therapists.

The investigation into any complaints raised about the practice or capability of registered members.

To further explain to this hypothetical layperson the manner in which this is achieved, I would go on to explain how the *Health Professions Act* provides that one third of the COTBC Board must be public members. The College Bylaws require six elected registrant members and three appointed public board members. The public members having no personal background in the profession — a requirement both shrewd and subtle — laying, as it does, a solid foundation for open, objective, and unbiased input. Inevitably, the varying backgrounds, professions and life experiences of these three public Board members can only serve to enhance and expand the overall vision and perspective of the Board as an entity. With the passage of time and close interaction with the

professional expertise of the six registrant members, the public board members are absorbed into what becomes an effective, closely knit team which is well suited to its role of oversight and guidance.

My hypothetical layperson — obviously a person with a keen and inquisitive mind — might well now ask what a typical Board meeting entails. How would I best answer that?

First and foremost, we listen. We listen to what our registrants are telling us. We deliberate; we do our utmost to make decisions representing the best interests of the College and its registrants, but ultimately decisions are

made in accordance with the *Health Professions Act* and our mandate to protect the public.

What are the Board's key initiatives for the current year? They could best be summarized as follows:

Revisions to the College Bylaws and development of the Continuing Competence Program. The path of self-regulation has led the Board to approve the second element of the Continuing Competence Program. In developing the Continuing Competence Exam to monitor the continued safe, ethical and effective practice by occupational therapists, we recognize that self-regulation is paramount in protection of the public.

The committee, registrants, staff and consultants continue to address the challenges of bringing the exam to fruition in 2014 and ensuring it tests fairly the diversity of everyday occupational therapy practices. From my point of view as a

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And what would be my parting words and actions to this layperson?

I would give them a copy of *You and Your Occupational Therapist* to reinforce how the

College ensures quality occupational therapy care. I would end by saying: *I can't say enough about the high standards set by the Registrar Kathy Corbett and the support of the staff as well as the dedication and commitment of the Board. We work well together and it has been a very enjoyable two years as Chair.* ■

Introducing Your New Board Members

The following occupational therapists began their terms at the end of January 2011. Many thanks to Heather Gillespie, Jeff Boniface and Tanya Boudier who served on the College board for multiple terms and passed their responsibilities on at the January Board meeting.

Andrea Bowden, Victoria

After completing a BSc(Psych) at the University of Victoria in 1999 and a BSc(OT) from the University of British Columbia in 2002, Andrea has worked in acute care and private practice settings in both Victoria and the Lower Mainland. Andrea currently works for the Vancouver Island Health Authority (VIHA). Previously a Clinical Educator and a Coordinator of Rehabilitation Services, Andrea recently joined VIHA's Professional Practice group as a Practice Consultant. In this role she is part of a team that supports learning and performance in the organization.



As a manager she has successfully advocated for occupational therapy services to remote communities for adults and children. She has fostered a supportive work environment where colleagues are encouraged to deliver evidence-based programs that meet the needs of their community. Angenita has returned to the Board to help manage the challenges that lie ahead for occupational therapists in maintaining and enhancing their competency when serving the public in a changing health care climate.

Angenita Gerbracht, Prince Rupert

Angenita returns to the COTBC Board this year, having served previously as a member and chair from 2003-2005, as well as a member and chair of the Quality Assurance Committee. A practicing occupational therapist since 1987, she also works as the Rehab Manager at Prince Rupert Regional Hospital. Angenita's past experience covers many practice settings: home and community care, acute care and outpatient occupational therapy.



Darlene Russell, Penticton

With close to 20 years of experience in clinical settings including acute care, community, residential, mental health and private practice, Darlene brings a wide practice lens to the Board. She is currently a professional practice leader for the Interior Health Authority, having worked in management for over four years. Darlene graduated from the University of Alberta in 1991 and obtained her Master of Rehabilitation Science from the University of British Columbia in 2009. She has served on the COTBC Registration Committee for the past two years. ■



New Online Resource Available Soon

The Quality Assurance Committee is pleased to announce a new online resource to support occupational therapists in applying the COTBC code of ethics in practice. *Ethics in Everyday*

Practice is the first of three chapters. Watch your email inbox or check the COTBC website (www.cotbc.org) for the launch.



Duty to Report — Worth a Call

Kathy Corbett, Registrar

From time to time, registrants of either COTBC or another health profession college contact the Registrar to discuss concerns about an occupational therapist's practice or conduct, wondering if he/she should or are obligated to report their colleague to the College. Sometimes the caller needs assistance in understanding the expectations for practice (standards) and conduct (ethical code) to frame their concern; sometimes, the caller just needs to know what would happen if a concern was reported and what might happen (complaint process); and other times, the caller is ready to report and needs information on how to proceed. While not an easy call to make, callers relate that the reason for the call is the overriding concern for the client's well-being.

A Legal and Ethical Responsibility

In B.C., the *Health Professions Act* (the "Act") sets out a legal duty for occupational therapists to report in situations where there are reasonable grounds to believe that the health professional is not practicing competently or his/her ability to practice is impaired and may pose a significant risk to the public. The *Act* [s. 32.1(b)] provides that mental or physical ailments, an emotional disturbance or an addiction to alcohol or drugs may impair the ability to practice. The *Act* also requires occupational therapists to report any sexual misconduct of a health professional. Registrants should also be aware that employers have an obligation under the *Health Professions Act* to report to the College when a registrant's employment is terminated, suspended or restrictions placed on their work as a result of impaired or incompetent practice.

Duty to report is also an ethical responsibility. *Every client has the right to safe, competent and ethical occupational therapy services* is one of the values in our Code of Ethics. Section 4(5) of the Code

underscores the ethical responsibility for reporting: *Report unsafe, incompetent or unethical care, including boundary violations, to the appropriate authority.* Our Code also recognizes the responsibilities of occupational therapists to "assist their colleagues to recognize and take corrective action to address potential unsafe, incompetent or unethical care" (Section 8.3). In essence, the client has the right and we have the obligation to assist colleagues and/or to report.

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Deciding to Take Action

The obligation to take action is shared by all health professionals and their employers under the *Health Professions Act*. Ultimately any report will have to be in writing to the college. However, there are some logical steps to follow that can assist in a thoughtful and fair process in considering a report to a college. Similar to the College of Registered Nurses

of B.C.'s Duty to Report standard, the following process is recommended:

- *Define the Behaviour*

Frame your concerns by asking whether the registrant is failing to provide competent care,

and in what way? What ethical standard or competency has been potentially breached? Is this a pattern and/or has the health professional been unwilling or unable to recognize or correct the behaviour? What harm has occurred and/or are clients likely to be harmed in the future?

You may also find it helpful to contact the college to gather more information, such as the expectations for practice or conduct or for more information on your duty to report.

- *Decide on the Appropriate Course of Action*

Review the relevant sections of the Act to determine whether your concern meets the obligation to report to the college. Contact the registrar (or the person at the particular college that deals with complaints) to discuss your concern. He or she will assist you with the best course of action and next steps to take.

Consider whether you can discuss your concerns directly with the registrant or with a manager or the person to whom you normally report workplace concerns. Discussion and feedback with your colleague (or your manager) may resolve the concerns and you may not need to take any further action. Document your concerns and any action taken.

If the report is about sexual misconduct, contact the Registrar as soon as possible. Note: concerns about sexual misconduct based on information from a client require you to obtain consent from the client before making the report.

- *Report to the Regulatory Body*

Before you submit a formal report, contact the health professional's college to discuss what is required in the report and the next steps. The report will have to be in writing to the registrar. Be clear about your concerns and as specific as possible and include any actions that may have been taken. Be informed about the next steps in the process as the college moves forward to investigate the concerns in a fair and transparent manner.

Duty to report is also an ethical responsibility. Every client has the right to safe, competent and ethical occupational therapy services

Keep a Patient Safety Perspective

Keeping in mind that clients/patients/residents have a right to safe and ethical services delivered by competent professionals, registrants might best situate their duty to report obligations within the patient safety perspective. Patient safety not only focuses on establishing health care systems and processes which minimize error and adverse events, but also centers on the professionalism and competence of individual practitioners. Keep a prevention-oriented approach to both your own practice and the practice of your colleagues. Learn to address concerns of a colleague in a respectful but direct way using a patient safety/client best interest orientation to your feedback. Consider professional development on topics such as giving and receiving feedback and conflict resolution – early intervention is the safest approach. If in doubt, contact the registrar of the health professional's college for direction. ■

Advancing Quality Occupational Therapy Care in B.C. Update on the Continuing Competence Program

Mary Clark

Development of the Continuing Competence Program continues as new information is gathered and shared among various health professional regulators across Canada. Although different approaches are used, all agree that the prospect of having one's competence reviewed raises concerns and anxiety even among the most competent and confident practitioners. Balancing these concerns with the responsibility and privilege that comes with self-regulation is a challenge for the occupational therapy profession.

Government and the public recognize that the profession "knows itself best" and therefore entrusts the College to establish a Quality Assurance Program (QAP) to support and monitor practice. Through this program and other College duties, the profession fulfills its promise to ensure that people living in B.C. receive safe, ethical and competent care by registered occupational therapists. A major component of the COTBC QAP is the Continuing Competence Program. Throughout its development the College has made a concerted effort to follow the guiding principles established, of which one is the design of a program which reflects quality, balance, fiscal responsibility and fairness. The following information reports on the development process based on these values.

The present COTBC Continuing Competence Program consists of three elements:

1. *Competence Maintenance*: the bi-annual Self-Assessment and annual Professional Development Plan initiated in 2006.
2. *Competence Assessment*: the key features case-based examination currently under development.
3. *Competence Improvement*: a customized program designed to help the individual occupational therapist bring their practice up to the standard set by the profession.

Competence Maintenance Review

As reported in the Summer 2010 issue of *InStep*, self-assessment as a means of judging one's competence is flawed due to our tendency to ignore our weaknesses and concentrate on improving those competencies in which we already excel (Regehr & Eva, 2005; Regehr & Mylopoulos, 2008). Given this, the COTBC Board approved the recommendation from the Continuing

Competence Committee to review other methods through which B.C. occupational therapists could gather and/or receive information to help inform their competence maintenance or enhancement activities. This review has begun, and will continue in 2012.

Competence Assessment Development

Now known as the Continuing Competence Exam, this element of the program was announced in October 2009. Since then the Continuing Competence Committee has proceeded to develop a blueprint to identify aspects of competence that will be included in the exam. The final blueprint will be completed this Fall. The *draft* blueprint includes three dimensions:

1. Key regulatory topics (e.g. consent, conflict of interest).
2. Priority essential competencies.
3. Core contexts of occupational therapy practice.

Policy Development

The COTBC Board has started to review policies recommended by the Continuing Competence Committee, with the following approved over the past year.

1. Recognizing that competence varies with diverse approaches to practice and practice settings, occupational therapists will be asked to demonstrate competence in one of the following four practice areas:
 1. Adult and Older Adult – Physical Health
 2. Adult and Older Adult – Neurological Health
 3. Adult and Older Adult – Mental Health
 4. Child and Youth Health

This information was validated through a survey sent to all registrants in April 2010, with 283 responses received. Of those who identified their primary role as direct service provision 98% indicated a high degree of confidence in their ability to demonstrate their competence in at least one of the four proposed context categories.

Detailed practice context descriptions are being developed to assist occupational therapists to find the best fit. Those occupational therapists who do not feel their practice falls within any of these four areas will be encouraged to participate in the pilot test. Results of the pilot testing will inform improvements to the exam prior to the initial launch.

2. Registrants whose roles and therefore work does not require any direct contact with and/or responsibilities to a client will not be required to write the exam. The newly released third edition of the *Essential Competencies of Practice for Occupational Therapists in Canada* (2011) includes more information regarding what constitutes nonclinical work.

Constructing the Exam

The Exam Development Sub-Committee (EDSC) was appointed in January 2011, and has started its work on developing cases and questions in the four practice areas outlined above. In June the first Case Construction Session was held in Burnaby, and others will be arranged over the next year. At these sessions, occupational therapists provide details of practice scenarios that can be used by the EDSC in developing cases and questions. By using this information, cases are built that reflect current practice in BC and help to build an exam that is fair. The exam construction also goes under different reviews and pilot testing, all aimed at producing a quality assessment. The projected date for the first sitting of the exam was delayed and is now scheduled for early 2014. The Board approved the recommendation by the Continuing Competence Committee so that information gleaned from the Self-Assessment Review can be used to modify, if necessary, the development of the exam.

Competence Improvement

Work on this third element will begin later in 2012. It will be in place prior to the first sitting of the exam and will only apply to those registrants who were not successful in demonstrating their competence in the Competence Assessment element of the program.

The development of the Continuing Competence Program is guided by Glover Takahashi and Associates who are experts in the field of measuring competence. Meetings are scheduled for this Fall with researchers in the Faculty of Medicine at the University of British Columbia who also have expertise in this area. This exemplifies the College's commitment to developing a program that is based on best practices, and will help to inform the challenge of supporting and monitoring continuing competence. We encourage occupational therapists to ask questions and attend information sessions that will start again this Fall. ■

Timelines and Next Steps

2011-2012

- Review of the Competence Maintenance Component (Self-Assessment and Professional Development Plan)
- Information Sessions and Case Construction Sessions held throughout B.C.
- Construction of the exam

- Policy development and approval
- Ongoing program evaluation and consultation with experts

2012-2013

- Revised Competence Maintenance Element
- Pilot testing of the exam

- Further policy development and approval
- Development of the Competence Improvement Element

2014

- First sitting of the exam
- Competence Improvement Element in place



Moving From There To Here – Coming to Work as an Occupational Therapist in British Columbia

Susan Mulholland, Deputy Registrar

Have you ever wondered what it is like to move to B.C. and work as an OT? Are you interested in helping an OT from another country integrate into the workforce by supervising them during their provisional registration period? COTBC is just completing a project that will help facilitate this process.

Background

British Columbia is the second most popular destination in Canada for internationally educated occupational therapists (IEOTs); Ontario is the first (CIHI, 2009). According to the COTBC registrant data base, as of July 30, 2011 the majority of IEOTs in B.C. came from the United Kingdom, the USA, Australia and South Africa. Smaller numbers of OTs came from India, Hong Kong, New Zealand and the Philippines. Last year, 27% of new applicants had received their entry-level training from outside our country.

Moving to B.C. to work as an OT is a continuum of steps that starts when the IEOT is in his or her home country and first gathering information to consider moving. Along this pathway the IEOT typically has provisional registration with COTBC until all of the requirements are met and full registration is granted. During the provisional registration period the IEOT must work (or volunteer) under the supervision of a fully registered OT. Other OTs in B.C. may also take on various roles such as being friends or family offering information, direction and support, or as practice leaders or managers overseeing them, or as practice leaders or managers overseeing the recruitment and hiring and staff support processes.

During the provisional registration period the IEOT must work (or volunteer) under the supervision of a fully registered OT.

IEOT Supports Project

In November 2010, COTBC received funding from the BC Ministry of Advanced Education and Labour Market Development to explore how IEOTs could be supported while integrating into the BC workforce. The project team includes three occupational therapists: COTBC Deputy Registrar Susan Mulholland oversees the project, Sandra Bressler is the project manager and Tracy Dietrich is the project assistant. An Advisory Committee, with representation from the UBC Department of Occupational Science and Occupational Therapy, the Occupational Therapy Examination & Practice Preparation (OTEpp), BC Society of Occupational Therapists, management, an IEOT and an OT workplace supervisor, guides the project and ensures that all stakeholder views are considered.

Progress to Date

The initial phase of this project set out to find out what it is like to come to B.C. as an IEOT, in particular to better understand the workforce integration process with a particular focus on IEOTs who had applied for provisional registration between August 2008 and March 30, 2011. Sixty-six (66) stakeholders involved during the IEOT's provisional registration process were interviewed by

phone, with a smaller number participating in two focus groups. A diversity of perspectives was gathered from 40 IEOTs, 12 OTs who supervised them 7 professional practice leaders or managers, and 7 key informants.

The information gathered in these interviews is currently being analysed to identify gaps and challenges and what ingredients tend to result in success stories for the IEOTs. In particular, the project focused on the COTBC registration process including supervision during the work integration or provisional registration phase. The project assistant also did an extensive scan to identify resources that would potentially help to fill some of the gaps or address the challenges. These resources include literature, websites, organisations, and courses offered face-to-face or via distance. Some resources mostly benefit IEOTs while others may be helpful to the OTs supervising or working with the IEOTs and managers involved. This activity continues as new resources are identified and will be used to enhance the present COTBC website information.

How Can You Be Involved?

The information gathered in the interviews tells us that OTs working in B.C. can facilitate the workforce integration process at many of the steps along the pathway. A simple way to help is to link IEOTs to resources such as those websites listed below as well as to other OTs in the community. Supervising an IEOT during provisional registration and taking time to provide timely and constructive feedback when needed is also greatly appreciated.

Resources for IEOTs and Supervisors

COTBC (www.cotbc.org) in the “Working as an OT in BC” section.

BCSOT (www.bcsot.org) lists various resources including upcoming courses and Special Interest Groups.

CAOT (www.caot.ca) provides information and resources specific to the National Occupational Therapy Certification Exam (NOTCE) chat rooms as well as information about upcoming courses and the Canadian OT conference.

Go Canada OT – the IEOT Portal (www.gocanadaot.com) helps IEOTs understand working in Canada and in the different provinces.

OTepp (www.otepp.ca) is a free program to help internationally educated OTs write the NOTCE and integrate into the workforce. You need to register directly with them if you wish to participate.

Health Match BC (www.healthmatchbc.org) assists in the recruitment of health professionals on behalf of BC’s publicly-funded health care facilities.

Skills Connect (www.skillsconnect.ca) may provide support and funding to assist IEOTs entering BC.

Kwantlen Polytechnic University (www.kwantlen.bc.ca) offers a course on Professional Communications for Internationally Educated Health Professionals (IEHP). For more information contact: iehp@kwantlen.ca.

Canadian Immigrant Newsletter (www.canadianimmigrant.ca) provides general information about immigrating to Canada. ■

Provisional Registration

The majority of IEOTs are registered in the provisional category when they first come to BC. All provisional registrants, whether IEOTs or Canadian trained, are required to work under the *supervision* of a fully registered OT. The vast majority of IEOTs in this category are waiting to write and pass the next available sitting of the National Occupational Therapy Exam (NOTCE), formerly known as the CAOT exam. Less common are IEOTs who do not meet the currency hour requirements of having worked as an OT for 600 hours in the last 3 years or 1000 hours in the last 5 years. These individuals must participate in a more structured supervised

evaluation process known as a Competence Confirmation Practicum (previously called a Re-Entry Practicum). The purpose of this practicum is to confirm that the OT has the necessary skills and abilities to return to independent practice. The practicum may be done as a volunteer or in a paid work position. Regardless of the circumstance, all of these OTs must have provisional registration to work, volunteer or call themselves an OT.

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Opening New Doors – Telepractice

Susan Mulholland, Deputy Registrar

Technology is changing at a rapid pace and there are a growing number of communication options available for keeping in touch with people. Technology is decreasing geographic barriers and increasing how services, such as occupational therapy, can be delivered.

Telepractice, also referred to by various other names such as telehealth, telerehab, tele-occupational therapy or telemedicine, can be broadly defined as the use of communication technology to provide health-related information or services over short or long distances. Telepractice may include the exchange of patient information or providing assessment or therapeutic interventions to clients. Various technologies and methods may be used ranging from simple to complex including the telephone, email or online chat, as well as telephone or web-based videoconferencing (CAOT, 2011).

Practice Questions

At COTBC, we receive questions from OTs asking if they can use technology to provide services to clients who are living within or outside of B.C. For example:

I am an occupational therapist in private practice in Kamloops. I would like to offer services via Skype to clients living throughout the province. How can I do this?

I work for a Vancouver rehab company that is considering expanding to offer services in Alberta. My proposed intervention is a one-time telephone screening assessment with prospective clients. Is this possible?

What Do I Need to Think About?

Although technology can provide an attractive option for efficient, timely and often affordable methods for OTs to increase public access to services, several key issues must first be understood and considered.

Geography & Regulation

It is critical to understand where the occupational therapy service is occurring. Is it in B.C. where the OT is currently registered or is it where the client is receiving services? At COTBC, we believe that the service is being delivered where the client is receiving it. This has important implications when

considering using telepractice to work with clients living outside of B.C.; it cannot be assumed that practice is the same from province to province or in other countries. Therefore the OT is responsible for contacting the other jurisdiction to confirm the scope and standards of practice and to also make arrangements as necessary for registration (COTO, 2001). For example, the OT in Vancouver considering delivering services to clients in Alberta would first need to contact the regulatory body in that province prior to initiating any occupational therapy services.

Liability

Occupational therapists need to check with their carrier to clarify if their professional liability insurance will cover the intended telepractice services. In particular, Canadian therapists need to remember to pay attention to liability insurance when clients are located outside of Canada. The laws in other countries may be different and some insurance coverage entirely adequate for Canada may either not cover or be inadequate for activities deemed to occur, for example in the United States (COTO, 2001). Confirmation with your carrier of the extent of your insurance coverage outside of B.C. is recommended.

Using Technology

When deciding how to best deliver services, the technology options will need to be evaluated from the perspective of safety, security, quality, reliability and acceptability, to both the OT as a health provider as well as the client. The OT needs to be confident that the delivery of services through the use of technology will not compromise the standard of care and therapy (NIFTE, 2003). For example, when considering using video-conferencing to provide psychosocial support to a client, does the picture accurately display the client's face and skin tone to enable the OT to be able to read and respond appropriately to facial expressions revealing that the client is upset?

As with any piece of equipment, the OT needs to be knowledgeable and skilled in its use as well as aware of potential risks and limitations and how to mitigate these. Multi-tasking is a reality inherent to telepractice, and that means being able to provide quality care at the same time as manipulating the technology (NIFTE, 2003). For example, can you use the technology and still stay focused on the client?

An OT is responsible for ensuring that the proposed technology matches the client's skills, abilities and needs and to ensure he or she is provided with an appropriate orientation and training. The time needed for a client to become familiar with the technology will need to be taken into consideration when planning sessions.

Collecting and Using Information

When using technology therapists' fundamental responsibilities to their clients remain the same. The standards that apply to more traditional forms of communication (written paper, face-to-face) must also be applied to communication

facilitated through the use of technologies. It is critical to consider issues around consent, security and storage and to have documented policies and processes in place. For further details please refer to the COTBC practice guideline *Collecting, recording and protecting client information* and the College Bylaws available in the COTBC online Library at www.cotbc.org.

It is important to consider the degree of complexity that technology may introduce when determining processes related to collecting, recording and protecting client information. For example, clarification will be needed to determine who, where and how video-conferencing recordings will be stored and who would potentially have access to them.

To Stay Informed

Technology and occupational therapy practice are constantly evolving. This article has tried to address some of the key areas to be considered as well as hopefully stimulate awareness and discussion. Please watch the COTBC website for updates or contact the College if you have specific questions. ■

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College of Occupational Therapists of Ontario [COTO]. (2001). *Telepractice: Information for occupational therapists providing telehealth services*. Toronto, ON: Author.

National Initiative for Telehealth [NIFTE]. (September, 2003). *National initiative for telehealth framework of guidelines*. Ottawa, ON: Author.

Revised Practice Guideline on Supervision Coming Soon

Watch for the release of the 2nd edition of the practice guideline: *Supervising Support Personnel*. This document will replace the original document *Assigning of Service Components to Unregulated Support Personnel* published in March 2004.

The new guideline was updated by the Standards Committee with an expanded section on supervision as well as the addition of a practice expectations checklist.

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Essential Competencies of Practice for Occupational Therapists in Canada



Library

The Essential competencies (3rd ed.) is organized into the following seven units:

1. Assumes Professional Responsibility
2. Thinks Critically
3. Demonstrates Practice Knowledge
4. Utilizes an Occupational Therapy Process to Enable Occupation
5. Communicates and Collaborates Effectively
6. Engages in Professional Development
7. Manages Own Practice and Advocates within Systems

The competencies that describe nonclinical work do not include Units 3 and 4. They concentrate on the knowledge, skills and abilities required for effective development, delivery, oversight and/or improvement of systems and services, as opposed to clinical practice. However occupational therapists with many roles may draw upon both sets of competencies to accurately reflect their daily work. For example, practice leaders who carry a caseload may apply competencies from all units and pull specific competencies that address their management roles such as quality improvement.

Importance of Context

Although *Essential competencies (3rd ed.)* sets the standard for developing entry to practice and continuing competence requirements, it needs to be interpreted within the context and authority of each provincial regulatory organization. Likewise, the individual occupational therapist has the responsibility for applying these competencies within their practice and their various roles. It is expected that the vast majority of the competencies will be applicable in most contexts, but in the event that this is not possible a reasonable explanation should be available.

Process for Revisions

The revisions to *Essential competencies (2nd ed.)* and the development of the competencies for nonclinical work involved a collaborative and systematic process. It began with a comprehensive environmental scan and document analysis, followed by consultations with key informants as the competencies were reviewed and revised. A field consultation using a national survey of occupational therapists was also done to validate the content and construct of this edition. Additionally, focus groups were used as

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and the *Methodology Supplement* from the library on the COTBC website.

needed. The project was guided by a diverse group of experts on the Steering Group and Advisory Group that included members from ACOTRO, the Association of Canadian Occupational Therapy University Programs (ACOTUP), and the Canadian Association of Occupational Therapists (CAOT) as well as other experts external to occupational therapy (*Essential competencies 3rd ed., 2011*).

Other Updates

In addition to the development of the competencies for nonclinical work, the following additions and/or revisions were made:

- A definition of competence and a description of the elements of competence.
- A description of the competencies for occupational therapists with nonclinical work.
- An overview of the approach used for the *Essential competencies (3rd ed.)* and that used for the *Profile of Occupational Therapy Practice in Canada, 2007*.
- Fine-tuning of areas that were redundant in the previous edition.
- A more explicit description of the competencies related to interprofessional

practice, teamwork, and collaboration in occupational therapy.

- A more explicit inclusion of the competencies related to client safety in occupational therapy practice.
- Adjustments to reflect other changes in practice context, such as health human resources and culture. (*Essential competencies 3rd ed., 2011*).

Essential competencies (3rd ed.) describes the knowledge, skills, and abilities that are required for occupational therapists to provide safe ethical and effective services, and for some occupational therapists, the development, delivery, oversight and/or improvement of systems and services. With this third edition, occupational therapists now have an expanded repertoire of competencies which more accurately reflect the diversity of the profession. ■

Reference

Association of Canadian Occupational Therapy Regulatory Organizations [ACOTRO]. 2011. *Essential competencies of practice for occupational therapists in Canada (3rd ed.)*. Toronto, ON: Author.

Address change – let us know!

Keeping all your contact information up to date is a critical component of registration. It is your responsibility to ensure your contact information is accurate and current. Up-to-date contact information ensures College mailings are received in a timely manner. Also, COTBC is required under the *Health Professions Act* to maintain a public register. Information on the status of your registration is available to the public by contacting the College. The *Act* mandates that the register include the registrant's name, business address and business telephone number.

The College provides members of the public with your registration status, business address and business telephone number when requests for information are received. If you are self-employed, be advised that business contact information (even if it is the same as your personal contact information) is disclosed on the public register.

Please update your information online or provide it in writing via mail, fax or email message to registration@cotbc.org. ■



ACOTRO Update

Last year just over \$2 million was awarded by the Government of Canada's Foreign Credential Recognition Program, Human Resources and Skills Development Canada (HRSDC) for the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) *Harmonization Project*. Spearheaded by COTBC, this project will complete the final phase of a Pan-Canadian initiative aimed at implementing a common assessment approach for the assessment and qualification recognition of internationally educated occupational therapists. Building on Phase I and Phase II, highlights of this project include implementing harmonized policies for assessments for English language fluency and academic credentials; pilot testing and implementation of the profession-specific tools developed in Phase II – the Profession Specific Credential Assessment and the Competence Assessment Tool; and mapping of the regulatory *Essential competencies of practice for occupational therapists, 3rd edition* to the *National Occupational Therapy Certification Exam Blueprint*.

The project is supported by a full-time project manager, Rita Parikh who joined COTBC in late February 2011. A project council made up of the registrars from the Ontario, Nova Scotia and B.C. colleges provides oversight of the project. For each of the project components, steering committees and advisory groups will be struck to provide direction and guidance.

COTBC registration statistics reinforce this province's reliance on occupational therapists moving to British Columbia from other provinces and countries to meet its occupational therapy

workforce demands. Through collaboration in this project, COTBC and its fellow regulatory colleges across the country are better positioned to have consistent and fair qualification recognition processes and create supports necessary for successful registration of internationally educated occupational therapists.

This project also underscores each ACOTRO member's commitment to ongoing regulatory cooperation and

collaboration for quality occupational therapy regulation in Canada. ■

Spearheaded by COTBC, this project will complete the final phase of a Pan-Canadian initiative aimed at implementing a common assessment approach for the assessment and qualification recognition of internationally educated occupational therapists.



Changes to Health Care (Consent) and Care Facility (Admissions) Act in Force

The Ministry of Health has provided several resources which are now posted on the COTBC website to assist occupational therapists in learning about the changes to health care consent and advance care planning in B.C., effective September 1, 2011.

The changes include the formalization of Advance Directives as a binding legal document that allows a capable adult to provide consent or refusal to health care in advance of a time when the care may be needed. The new laws also allow capable adults to appoint a representative using an optional form without having to visit a lawyer or a notary public.

The *Health Providers Guide to Consent to Health Care* has been updated to reflect the addition of advance directive and will help OTs to understand the legal requirements for securing valid consent or refusal for health care for an adult.

Please review the documents found in the COTBC Library (under Legislative Updates) and if you have any questions, contact the registrar at: kcorbett@cotbc.org. ■

Occupational Therapists Duty to Report Driver Fitness Concerns – An Update

Many occupational therapists are aware of the change to the B.C. Motor Vehicle Act amended in June 2010. The relevant section for registrants was the amendment to Section 230: Report of Medical Condition or Impairment. Occupational therapists were added to the list of healthcare 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 impairment. This amendment also specifies 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 *still not in force* as the regulations, developed by the B.C. Office of the Superintendent of Motor Vehicles (OSMV) are not yet finalized by the Ministry of Public Safety and Solicitor General. The OSMV has confirmed the approval of the regulations is delayed now until January 2012. OSMV reassured the College that once the regulations are approved, there is a planned transition period of six months for bringing them into force. In the Fall COTBC will work

with OSMV to establish an occupational therapists' working group to assist with the transition to the new regulations.

Registrants will be informed as soon as there is any news about the release of the regulations and the amendments brought into force. In the meantime, occupational therapists may wish to review *Delivery of Services Relating to the Use of Motor Vehicles: Guide for Occupational Therapists* published by the Quebec OT association and available on the COTBC website. ■