

The College of Occupational Therapists
of British Columbia

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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.

Drawing the Line

Professional Boundaries in OT Practice

Sexual misconduct. Two words that many occupational therapists understand, but thankfully few identify as a frequent practice dilemma or occurrence.

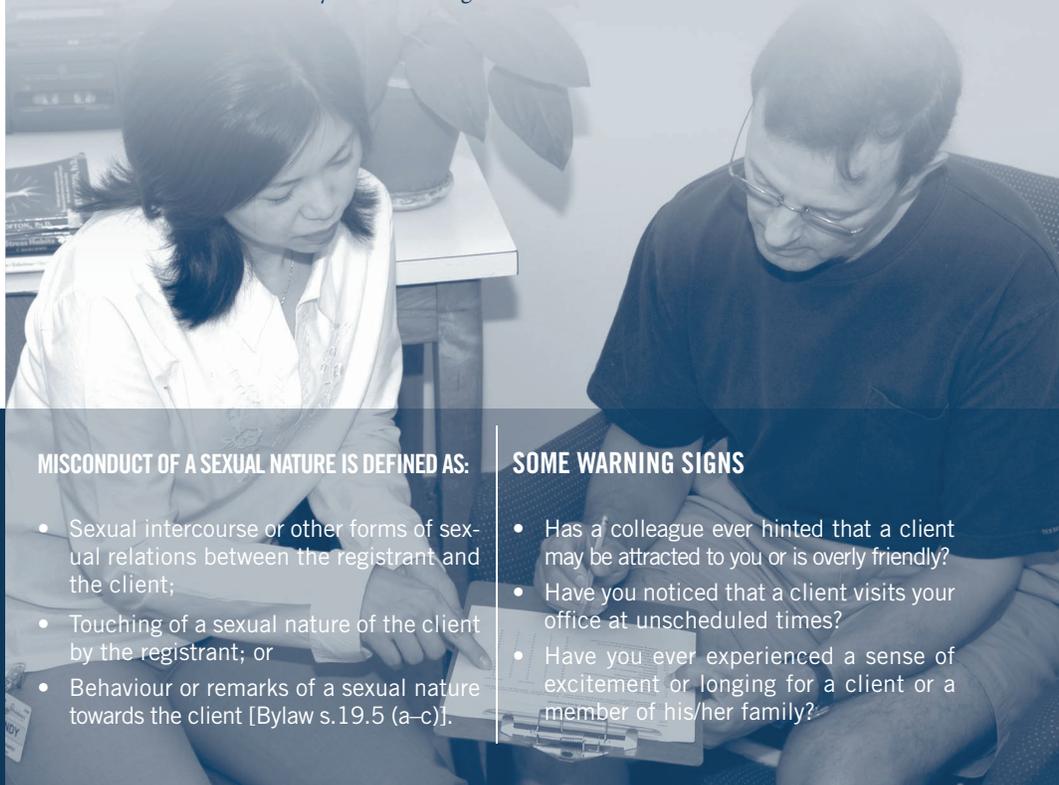
Nevertheless, the *Health Professions Act* requires the COTBC to establish a client relations program to prevent sexual misconduct. In February 2002, the Client Relations Committee was struck and their first priority was to establish conduct guidelines for registrants' relationships with their clients. The focus is on the therapist-client relationship and does not include relationships with colleagues or other health professionals.

In the summer of 2004, the committee was ready for feedback from the registrants regarding areas that needed specific educational strategies. The committee decided to hold an interactive seminar. To help focus the seminar's content, we circulated a survey that asked reg-

istrants about their knowledge of misconduct issues. The survey results indicated the majority of registrants were confident in their knowledge of the behaviours that constitute misconduct of a sexual nature between an occupational therapist and a client but were less confident in their abilities to recognize the behaviours that might lead to potential misconduct.

Although the respondents did not feel it was a big issue, i.e. sexual misconduct did not happen frequently, they still wanted guidelines. We received 81 surveys by mail and 13 were completed online giving us a response rate of approximately 7.5%.

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MISCONDUCT OF A SEXUAL NATURE IS DEFINED AS:

- Sexual intercourse or other forms of sexual relations between the registrant and the client;
- Touching of a sexual nature of the client by the registrant; or
- Behaviour or remarks of a sexual nature towards the client [Bylaw s.19.5 (a-c)].

SOME WARNING SIGNS

- Has a colleague ever hinted that a client may be attracted to you or is overly friendly?
- Have you noticed that a client visits your office at unscheduled times?
- Have you ever experienced a sense of excitement or longing for a client or a member of his/her family?

Message from the Chair

Jill Rihela



This year marks the fifth anniversary of the College of Occupational Therapists of British Columbia.

Let me start my first message in this milestone year by thanking Angenita Gerbracht for her leadership as chair of the board for the past two years and by introducing the board for 2005. Public members Mary O’Callaghan and Lynda Casey continue with

their terms of office, and Dr. Nancy Sheehan has been re-appointed by the Minister of Health. Elected members are Angenita Gerbracht, Caroline Ehmann, Jennifer Dickson, Jan Gauthier (re-elected for a third term), Jeff Boniface (newly elected) and myself (re-elected for a second term). Congratulations to Jan and Jeff, and thank you to Risa Greenwood who finished her term on January 31, 2005.

Reflecting on the November 6, 2004 AGM, I can’t help but recall the tremendous participation from registrants and board and committee members in the interactive seminar *Drawing the Line — Professional Boundaries in Occupational Therapy Practice*. The event was sponsored by the Client Relations Committee to gain insight from the registrants regarding real-life scenarios that illustrate current professional boundary issues. Thanks to everyone’s contributions, the committee achieved its goals and more. By going through the process, we all gained a deeper understanding of misconduct of a sexual nature as it relates to professional boundaries. In the cover story, read more about the seminar, as well as the Client Relations Committee’s plan to establish guidelines of conduct and to develop a prevention-oriented education program for registrants.

At the January 29, 2005 board meeting, the agenda for 2005 began to unfold and gain clarity. The Code of Ethics review is well underway. The Quality Assurance Committee’s Code of Ethics Review Steering Panel is initiating a review of a wide range of references and developing a project process map outlining key activities, timelines, and outcomes. They

have recruited Dr. Jan Storch, a professor at the School of Nursing at the University of Victoria, to assist with their work and be part of the broader consultation group — the advisory working group. An all-day, facilitated session with the advisory working group is planned for June.

As a result of the amendments to the *Health Professions Act*, the COTBC bylaws will be undergoing their first review and revision since February 2000 when they were initially approved. A working panel of the board has been appointed to work with the registrar. The review is expected to take most of 2005 to complete and will require Ministry of Health approval prior to being enforced. We will continue to provide updates as this project unfolds.

The Continuing Competence Committee has focused its work on the development of a self-assessment tool and professional development plan as one element of the COTBC’s continuing competency program. At the recent board meeting, the board approved the plan for a pilot study to trial these tools, as well as the draft guide to self-assessment. Over the next few months, watch our website and mail-outs for more information and consider volunteering in the pilot project (see page 11).

On June 30, 2005, COTBC will have been registering occupational therapists for five years. To mark the milestone, the board is considering various celebrations at and around the 2005 AGM. Let us know your ideas.

I look forward to working with the board and hearing from you throughout 2005!

COTBC UPDATE

The COTBC Update is published by the College of Occupational Therapists of British Columbia.

2005 BOARD MEMBERS

Occupational therapists

- Jill Rihela, Chair
- Jeff Boniface
- Jennifer Dickson
- Caroline Ehmann, Vice-chair
- Jan Gauthier
- Angenita Gerbracht

Public members

- Lynda Casey
- Mary O’Callaghan
- Nancy Sheehan

Registrar

- Kathy Corbett

Message from the Registrar

Kathy Corbett



REFLECTING ON HEALTH HUMAN RESOURCE PLANNING

Health human resource (HHR) planning has been a hot topic in British Columbia and across Canada for several years. Looming shortages in Canada's supply of health-care providers is increasingly front-page news.

Nurses point toward an aging workforce and internationally educated professionals (particularly physicians) identify barriers to having their qualifications

recognized for licensure to practise in Canada. In their report titled *Knowledge Matters: Skills and Learning for Canadians* (2002), Human Resources Development Canada indicate an increasing reliance on immigration as a source of skills and knowledge for the Canadian labour force, and that by 2011 Canada will be reliant on immigration to fill all its projected labour force growth.

Increased attention by the federal/territorial/provincial governments on changes to entry-level education, immigration (and improving access for internationally qualified health professionals) and the need for comprehensive data for human resource planning has engaged the attention of regulators.

What does this mean for the COTBC? We need to consider both the trends and our roles. As a regulator, the government will be expecting the college to develop strategies to ease the transition for internationally educated and trained occupational therapists. Identifying unintentional barriers for delivering occupational therapy services within new health delivery models will need to be studied; for example, the use of support personnel and primary health care.

The college has been actively participating in several initiatives and working with our fellow provincial occupational therapy regulators through the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO). This will help to inform our role and develop solutions. At right are some of these initiatives.

HEALTH HUMAN RESOURCES DATABASES DEVELOPMENT PROJECT — CANADIAN INSTITUTE FOR HEALTH INFORMATION (CIHI)

This project will oversee the development of a national occupational therapy profession database developed and maintained by CIHI. This supply-based database and reporting system will support HHR monitoring, evaluation and planning, as well as research to strengthen the evidence base on which HHR management is undertaken. Occupational therapy regulators in each province are viewed as key to this project; they are the primary data collectors and data providers and hold the most complete information on occupational therapists. Working to determine the data that needs to be captured in each province and integrated into the national database is a 34-month process. This project is in the first phase, which includes an information needs assessment to determine the data elements and definitions and develop formal agreements to continue with the project.

INTERNATIONALLY EDUCATED HEALTH PROFESSIONALS PROJECT

In September 2004 and December 2004, Health Human Resource Strategies Division of Health Canada in partnership with Human Resources and Skills Development Canada and Citizenship and Immigration Canada met with representatives from five health professions.

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College Welcomes New and Returning Board Members

APPOINTMENTS



NANCY SHEEHAN

We are pleased to announce that Dr. Nancy Sheehan was re-appointed by the Minister of Health Services to the COTBC board. Nancy Sheehan is dean emeritus at the University of British Columbia, having been

dean of the Faculty of Education for 13 years. Nancy has served on our board since January 2001, and brings a wealth of experience to the college. Nancy also sits as a public member on the Registration Committee and the Inquiry Committee.

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Reflecting on Health Human Resource Planning

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Each profession sent a representative from its national regulatory organization and its professional association. In the case of occupational therapy, representatives from ACOTRO and CAOT attended. The objectives of the meeting were to explore common issues related to foreign credential recognition and to identify potential projects that would benefit from a collaborative approach. The representatives identified several potential projects: identification of best practices in credential assessment (i.e. competency-based assessment); mentorship (i.e. assisting individuals in meeting practice standards); and education (i.e. orientation to the Canadian health-care system and to the particular profession). Follow-up is planned and hopes are that it will result in project funding proposals in collaboration with other organizations.

ENHANCED INTERDISCIPLINARY COLLABORATION IN PRIMARY HEALTH CARE (EICP) INITIATIVE: REGULATORY FACTORS BARRIERS & ENABLERS TASK GROUP

Regulatory representatives participated in this project task group. This initiative focuses on how to enable health-care providers everywhere in Canada to work together to deliver the best outcomes for clients. A partnership of ten national associations, including CAOT and the Canadian Nurses Association, leads the EICP project, which is funded by Health Canada's Primary Health Care Transition Fund. The EICP established consultation task groups to explore five themes, such as regulatory fac-

tors. The task groups focused on issues that encourage or get in the way of collaboration and teamwork in primary health care. Other themes included liability/risk management, funding issues, electronic health records and human resources.

These initiatives indicate that health human resource planning is multifaceted. The issues are complex and involve a number of stakeholders and perspectives. Forming an accurate picture of the current and future workforce needs is important for occupational therapy workforce planning. We will continue efforts to provide our perspective within a context of protecting the public through setting competencies and monitoring safe and ethical practice.

MORE INFORMATION IS AVAILABLE

- *Knowledge Matters: Skills and Learning for Canadians* (2002) at www.innovationstrategy.gc.ca
- CIHI Databases Projects at www.cihi.ca
- Enhanced Interdisciplinary Collaboration in Primary Health Care at www.eicp-acis.ca
- Internationally Educated Health Professionals Project from COTBC

BOARD MEMBERS

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ELECTIONS



JILL RIHELTA

Re-elected for a second term, Jill also serves on the Registration Committee and is chair of the Nominations Panel. Jill was also elected as chair of the board at the board meeting held on January 29, 2005. Jill is the occupational therapy professional practice chief at the Royal Columbian Hospital. She has direct care responsibility on the orthopedics and activation units.



JAN GAUTHIER

Re-elected for a third term, Jan also serves on the Nominations Panel and is currently chair of the Client Relations Committee. Jan is a rehabilitation consultant with Vancouver Coastal Health Authority (VCHA) and will be moving on April 8, 2005 to her new role as advanced community occupational therapy practice leader for VCHA.



JEFF BONIFACE

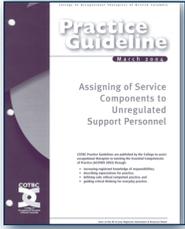
Jeff was newly-elected to our board last November for the term February 1, 2005 to January 31, 2007. He owns and operates his own private practice in North Vancouver where he works with people who present with a variety of conditions from traumatic brain injury to mental health concerns. Jeff is currently a board member for the Novaco Childcare Centre and is an active volunteer on provincial and national occupational therapy committees. He graduated from McMaster University in 1995 and has practised in B.C. since 1997. Jeff was recently appointed by the board to the Discipline Committee.

SUSTAINING OUR PUBLIC INTEREST FOCUS

There are three public members appointed by the government to our board, representing one-third of the COTBC board.

Survey Results — Practice Guideline Found Helpful

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In December 2004, the Standards Committee completed its analysis of the survey results regarding the college's *Assigning of Service Components to Unregulated Support Personnel* and found the guideline to have met all but one of its target outcomes.

The college is committed to the principles of continuous quality improvement. To this end, the guideline was evaluated using a systematic improvement approach, which included the use of a survey. The survey was completed by 124 college registrants, representing a 9.5% response rate. Four specific outcomes were measured. Please refer to Figure 1.

Overall, the results of the survey confirmed that the guideline was successful in:

- clearly describing the occupational therapist's key responsibilities and practice expectations regarding assignment; and
- appropriately supporting sound decision-making when occupational therapy service components are assigned to unregulated support personnel.

The decision loop tool of the guideline received an overall rating of 75%, slightly below the target of 80% set by the committee. Committee members analyzed the additional comments submitted by registrants and confirmed the need to explore this element of the guide-

line further. Several comments indicated that case studies, which illustrate how to apply the decision tool for critical thinking in practice, may be helpful. In the meantime, the registrar continues to provide education sessions, upon request, to assist registrants with using the guideline.

What's next? The committee is working on another improvement activity aimed at assisting registrants in applying the critical thinking decision tool in everyday practice.

The committee is also working on its second practice guideline — Documentation & Management of Client Records (working title only).

Guidelines are not intended to be prescriptive or dictate what must be done. Rather, we acknowledge that registrants are competent professionals accountable for the service they provide to the public. Guidelines are issued by the college to assist registrants with meeting the college's essential competencies and are intended to support, not replace, the exercise of professional judgement by occupational therapists.

Many thanks to the registrants who participated in the development and review of our first guideline. For those interested in greater details, please contact the college for the full report.

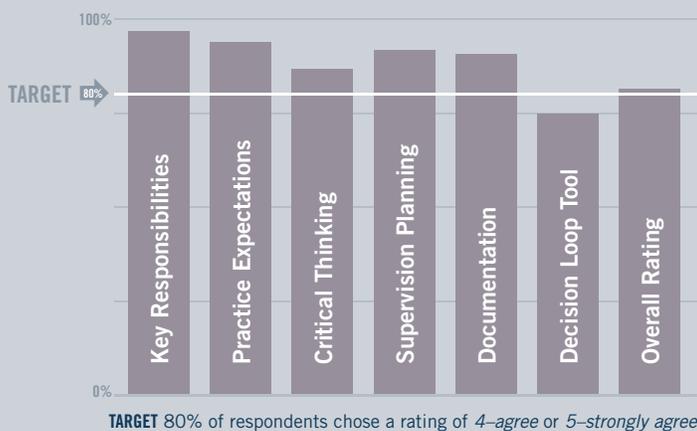
MEMBERS OF THE STANDARDS COMMITTEE

Helen Turner (chair)
Sarah Bryant
Sandy Daughen
Suzanne Leach
Hilary McInnis

The purpose of practice guidelines is to help occupational therapists meet the college's essential competencies by:

- increasing registrants' knowledge of their responsibilities;
- describing expectations for practice;
- defining safe, ethical, competent practice; and
- guiding critical thinking for everyday practice.

FIGURE 1 OUTCOME TARGETS AND SURVEY RESULTS



WE ASKED IF:

- The Guideline is understandable & comprehensive in describing key responsibilities.
- The Guideline is understandable & comprehensive in describing the practice expectations of an OT.
- The guideline is helpful for sound professional decision-making.
- The decision-loop tool is helpful in guiding the OT's critical thinking regarding risk assessment & risk control in assignment.



The Inquiry Committee and the Complaints Process

PART TWO: INVESTIGATIONS AND LESSONS LEARNED

As you will recall from Part One*, one of the ways the college fulfills its mandate to protect the public is by having processes in place to deal with complaints about the practice or conduct of a registrant (or former registrant).

In Part Two, we focus on investigations and general examples of complaints considered by the committee. As of February 2005, the college has received 22 complaints, four of which the committee did not investigate due to withdrawal of the complaint (one) or because the college did not have jurisdiction (three).

GATHERING ALL PERSPECTIVES

An investigation is triggered when a written complaint is received by the college and delivered by the registrar to the Inquiry Committee, which, in turn, is required under the *Health Professions Act (Act)* to conduct an investigation.

Every complaint received at the college is considered an allegation or, in other words, an unproven contention. The purpose of an investigation is to gather all information relevant to the allegation, detailed in the letter of complaint, before any determinations are made.

The investigation begins with the college requesting the registrant's account of the events and any information the registrant wishes to submit in his/her written response to the allegations in the complaint. The Inquiry Committee then reviews the letter of complaint and the written submission of the registrant. Following this review of the file, the committee determines if they need additional information to make a decision. On many occasions, further information is required and an inspector is appointed by the committee to collect the information.

Investigations are conducted in a procedurally fair manner, with both parties afforded a full and fair opportunity to put forward any infor-

mation they feel is relevant to the complaint. They may also make submissions with respect to any additional information provided to the Inquiry Committee.

OBJECTIVE FACT FINDER: THE INSPECTOR'S ROLE

The inspector acts as an impartial or objective fact finder and makes sure both the registrant and the complainant are treated fairly in the inspection process. The inspector is charged with providing the committee with sufficient relevant information to understand clearly the allegations under investigation. The Inquiry Committee provides direction on the scope of the investigation and may identify particular information needs.

The inspector will typically interview the person who made the complaint and the registrant. He/she collects relevant information such as assessment reports, referral documentation, informal notes or forms (such as consent) or relevant agency policies or procedures. The Act empowers the inspector to review and copy records or inspect the premises and equipment. Privacy of the individual is respected and the inspector gathers only necessary information.

The inspector does not express an opinion about the evidence or make recommendations during the investigation. The principal function of the investigator is to ascertain and report the facts as they are found. The significance of those facts is left to the Inquiry Committee, who decides what to do with the findings.

* Part One, published in the Fall 2004 issue of the newsletter, provided an overview of the steps taken by the Inquiry Committee to address complaints.

WHERE DO COMPLAINTS ORIGINATE?

Clients	10	
Other Health Professionals	6	
Agency/Organization	4	
Occupational Therapists (registrants)	2	

COMPLAINTS RECEIVED (TO DATE)

2001	4	
2002	3	
2003	7	
2004	8	
2005	0	

Total Number of Complaints 22
Since July 1, 2000

WHAT ACTIONS CAN THE COMMITTEE TAKE?

One of the more common (and incorrect) assumptions made by occupational therapists and members of the public is that occupational therapists who face complaints inquiries often have their registration suspended. The Inquiry Committee does not have the ability to suspend, revoke, fine or place limitations on a registrant's registration. In other words, the committee does not make decisions that have an immediate or direct effect on a registrant's right to practise his/her profession. This is the role of the Discipline Committee.

The actions the committee can take are defined in the Act. For any complaint, the Inquiry Committee must first determine, having considered all the information presented in the matter, whether any action is required. If not, the committee will take no further action; to date, the college has determined no further action was necessary for nine of the 18 files reviewed.

Other options include:

- taking any action the committee considers appropriate to resolve the matter between the complainant and the registrant;
- reprimand or remedial action by consent (written agreements where the registrant consents to certain undertakings such as education, a reprimand or undertaking not to repeat the conduct to which the complaint matter relates); or
- directing the registrar to issue a citation (which results in referral to the Discipline Committee and a hearing).

EXAMPLES OF ACTIONS

The number of cases to date where the committee has taken action is small; only three of the total of eighteen investigated complaints. In one

case, the committee requested that a registrant have a number of subsequent reports audited by a supervisor to confirm that the matter related to the original complaint was not repeated. In another case, the committee requested a registrant submit a letter to the committee outlining the process the registrant would use in the future for obtaining client consent for assessment.

These two examples demonstrate that the committee's approach, when deemed necessary, is to take action that will improve the registrant's practice in the specific matter considered in the complaint. Letters to registrants may also include cautions or reminders about appropriate practice and describe the factors considered in making their decision.

WHO ELSE KNOWS ABOUT THE DECISION

All decisions about a specific registrant are confidential unless the matter is referred to the Discipline Committee or there is a consent agreement (undertaking) where a registrant agrees to the provisions of the undertaking including disclosure. Only the registrant and the complainant are provided a copy of the committee's decision and reasons.

The Inquiry Committee is required to report its decisions to the board, however these are presented without any identifying information about either the registrant or the complainant. Should a complainant appeal the decision of the committee, a panel of the board would convene and be provided with all information considered by the committee.

Whether a decision is made to take no further action or require some remedial action, the decision is not disclosed on the public register and not reported should an individual wish to verify the registration of a registrant or former registrant.

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THE INQUIRY COMMITTEE AND THE COMPLAINTS PROCESS

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LEARNING FROM COMPLAINTS

Complaints to the college have come from a number of sources including clients and families, other health professionals, employers and occupational therapists. The environments include both public sector and private practice, cover a range of practice settings and roles, and span the client-age continuum.

Communication is a common underlying factor in the complaints considered by the college. Consent to assessment and treatment, access to a copy of a registrant's report on a client, and a lack of understanding of the scope of recommendations are all areas that have been considered in complaints.

The Inquiry Committee reviews the statistics but has recognized that the numbers, albeit small at this stage, are more meaningful if we can begin to know what the trends are and the types of concerns coming to the college. The committee is working on how to best categorize and track practice or conduct concerns to assist with educating registrants, identifying potential areas for the development of practice guidelines or future articles in the newsletter.

The process is one of ongoing understanding and learning from our and others' experiences, as well as educating and informing both the public and the registrants regarding our public interest role.

PRACTICE ENVIRONMENT AND TYPE OF COMPLAINT

Public Sector 11 

Private Practice 11 

Public Sector

Complaints withdrawn by complainant	1	
Decisions to take no further action	5	
Decisions where registrant requested to take action	1	
Complaints regarding alleged misuse of title occupational therapist	0	
Complaints where college did not have jurisdiction to investigate	2	
Complaints in progress/investigations in progress	2	
Citation and case referred to Discipline Committee	0	

Private Practice

Complaint withdrawn by complainant	0	
Decisions to take no further action	4	
Decisions where registrant requested to take action	2	
Complaints regarding alleged misuse of title occupational therapist	2	
Complaints where college did not have jurisdiction to investigate	1	
Complaints in progress/investigations in progress	2	
Citation and case referred to Discipline Committee	0	



DRAWING THE LINE — PROFESSIONAL BOUNDARIES IN OT PRACTICE

CONTINUED FROM PAGE 1

The committee has explored the nature of professional relationships with clients, as opposed to personal relationships with friends and family, along with the boundary violations that could occur if a professional relationship becomes a personal one. Although a boundary violation could result in several kinds of professional misconduct, such as conflict of interest or breach of confidentiality, the committee is focusing on those boundary violations that could potentially lead to misconduct of a sexual nature. One example might be the therapist accepting an expensive gift.

Drawing the Line — Professional Boundaries in OT Practice was held on November 6, 2004, just prior to the college's annual general meeting. Ninety-four registrants attended the seminar. It was designed to raise awareness about professional boundaries and introduce the concept of prevention of sexual misconduct and why it is relevant to everyday practice. Another important objective of the seminar was to solicit examples of scenarios grounded in

practice where the risk of inappropriate behaviours could be identified and used to develop the new guidelines.

The seminar was a success. Not only did the participants confirm that the committee was on the right track but they also brought forward a scenario that the committee had not previously identified. This scenario concerns occupational therapists who work with colleagues who have been clients in the past, a common occurrence in mental health practices. During the two-hour seminar, participants developed scenarios and answered the following questions.

1. Who does this scenario affect (both clients and OTs)?
2. What setting(s) might this occur in?
3. What might be the warning signs?
4. What suggestions do you have for the guidelines?
5. Can you offer any helpful hints?
6. Any other comments?

The information gleaned from these discussions will inform the development of the new guidelines. Participants commented that the seminar was very worthwhile and were glad they attended. The Client Relations Committee would like to thank all registrants who returned the completed questionnaires and/or attended the seminar. Your time was greatly appreciated.

Jan Gauthier, elected board member and chair
 Allyson Muir, vice-chair
 Erwin Fung
 Tannis Hill
 Lynda Casey, public board member

THE POTENTIAL IS REAL

Although the Client Relations Committee reviewed many existing guidelines from other health professional groups, they felt that the very nature of occupational therapy practice may result in some additional risks for boundary violations. We work with clients on personal matters that may require clients to disclose personal information. The setting is sometimes in the client's home or community environments that the client may perceive as social. Finally, when

assuming roles such as coaching or mentoring, clients may interpret our behaviour as one of a supportive friend. Some clients may not be aware of the need for professional boundaries. However, it does not matter whether a situation is therapist or client initiated. It is the therapist's responsibility to establish and maintain the trust relationship and avoid crossing the professional to personal boundaries.

CLIENT RELATIONS COMMITTEE — KEY ROLES

- Establish guidelines for the conduct of registrants with their clients.
- Establish educational requirements for registrants to support awareness of the issues and to promote learning about strategies to prevent misconduct.
- Establish measures for addressing professional misconduct should it occur.
- Establish processes to inform the public of the responsibilities of the registrants, and the college's complaint procedures.

SUMMARY OF SURVEY RESULTS — REGISTRANT KNOWLEDGE OF MISCONDUCT ISSUES

Rating of self-knowledge	4	How big an issue is it, i.e. how often does it occur?	2.0
Rating re: knowledge of colleagues	3.8	(1—never happens to 5—happens routinely)	
(1—not knowledgeable to 5—very clear)			
Ability to recognize potential behaviours	4.1	Direct experience with incident	YES 8 UNSURE 3 NO 83
Confidence in ability to deal with incident	3.7	Aware of a colleague with direct experience	6 2 86
(1—not confident to 5—extremely confident)			

College Notices

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IS YOUR HOME ADDRESS ON THE PUBLIC REGISTER? A REMINDER FOR SELF-EMPLOYED OCCUPATIONAL THERAPISTS

All regulated professionals must provide certain employment information to their college. The college is required by law to maintain a register that in turn makes this information available to the public. The *Health Professions Act* (HPA) stipulates that the register must include the registrant's name, business address, business telephone number and class of registration.

If you provide your home address and phone number as your place of employment, be advised that this becomes public information. The college will release this information to anyone who requests it, unless the registrar has a specific reason to believe: releasing the information may threaten the safety of a registrant; or the person making the request is seeking access to the register for commercial purposes [HPA s.22 (1-3) & s. 22.1 (1) a-e)].

There are some safeguards you can take. It is acceptable to provide a post office box as your employment address; also, purchasing a separate business telephone line may be advisable.

Please note that this only applies to occupational therapists that provide a home address and telephone information on the employment/business information section on their registration form. The information collected by the college in the home address section of the form is NOT released. The college is also subject to the *Freedom of Information & Protection of Privacy Act* wherein security and confidentiality of registrant personal information is protected.

If you have any questions, please contact the registrar.

CHANGE IN CRITERIA FOR ELIGIBILITY TO PRACTISE IN UNITED STATES

The National Board for Certification in Occupational Therapy (NBCOT) announced a change in the eligibility criteria for OTR examination candidates effective December 31, 2006. This change affects Canadian and internationally trained occupational therapists who may be considering writing the U.S. exam for OTR certification to practise in the U.S. Candidates applying after January 1, 2007 must have graduated from a post-baccalaureate accredited occupational therapy professional program recognized by NBCOT. Internationally educated occupational therapists who meet current eligibility criteria (approved diploma/baccalaureate degrees) must be approved to take the exam prior to December 31, 2006 and have until December 31, 2007 to become certified as an OTR. Otherwise, individuals will have to meet the new policy requirements. Go to the NBCOT website at www.nbcot.org for more details.

It's Coming — Annual Registration Renewal

Registrants can expect to receive their annual renewal form the week of May 9, 2005. As always, the renewal deadline is June 30 and renewal of your registration is required to legally practise in British Columbia. The fee remains at \$350.

Please be sure you fully complete your renewal form, and that you have signed the declaration and provided verification of your professional liability insurance. Registrants who fail to renew their registration by July 31 cease to be registered, must pay a late fee and are not able to work until their registration is reinstated by the board of the college. Employers are notified when a registrant ceases to be registered.

For convenience, registrants may return their completed renewal form anytime along with a post-dated cheque dated July 1, 2005. This gets the form off your desk and helps the college process registration materials in a timely fashion.

Registration is a professional responsibility. It assures the public that you are in compliance with the *Health Professions Act* and the college by-laws, and that you are entitled to practise as an occupational therapist in the province of British Columbia.

Continuing Competence Program Pilot Test

CALL FOR VOLUNTEERS

The college is currently seeking approximately 100 volunteers to pilot test the Self-assessment Tool and Professional Development Plan and provide us with feedback. The board has approved the first element of the college's continuing competence program for this pilot test.

It is important for the college to receive feedback that represents the diversity of occupational therapy practices and the individuality among occupational therapists. A strong response will contribute to the information we need to ensure that the college's first continuing competency tool is as helpful as possible.

Volunteer registrants will be asked to complete the self-assessment tool and create a professional development plan. Feedback will be sought by survey and may also require participation in a focus group by teleconference.

We expect to begin the pilot test in mid-May with the test run completed by the end of July.

If you are interested in receiving more information, please fill out the expression of interest form included with this newsletter and return it to the college by April 29, 2005. You can also visit our website for more details and complete the form online.



Legislation Updates

The provincial legislature passed the *Health Professions Amendment Act (Act)*, S.B.C.2003, c.57 (Bill 62) in October 2003. The new regulations came into force in stages. Some were effective immediately and several amendments were proclaimed in December 2003 and June 2004. Some of the amendments have yet to be proclaimed.

COTBC has monitored the changes to the Act and is now reviewing these and the college bylaws in detail. The bylaws have not been reviewed or revised since originally approved in February 2000, with the exception of one amendment in April 2001. (This amendment provided for a change to the annual meeting date requirement from May 2001 to November 2001.)

The board recently approved a project that will:

- Ensure our bylaws are in compliance with the amendments, identifying gaps or recommending revisions where required;
- Make recommendations to changes in college bylaws where we now have authority granted in the Act; and
- Consider requesting changes to our regulation where appropriate including a review of reserved acts.

More information will be provided as the project unfolds.

HOW TO REACH US

Kathy Corbett, *Registrar*
Jill Langridge, *Executive Assistant*
Darlene Hay, *Receptionist and Office Assistant*

TELEPHONE 250-386-6822
TOLL FREE IN B.C. 866-386-6822
FAX 250-383-4144
EMAIL info@cotbc.org
WEB www.cotbc.org

For registration questions: registration@cotbc.org

UPCOMING EVENTS

BOARD MEETINGS

April 15 & 16, 2005
COTBC Office, Victoria, B.C.

June 11, 2005
Venue to be announced, Richmond, B.C.

SELF-ASSESSMENT PILOT TEST

May-June, 2005
More information on page 10

REGISTRATION RENEWAL

June 30, 2005

ADDRESS CHANGES — 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 accessible 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.

To update your registrant file, please provide the information in writing via mail, fax or email message to registration@cotbc.org



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RETURN UNDELIVERABLE CANADIAN ADDRESSES TO

COTBC
Suite 219 – 645 Fort Street
Victoria, BC V8W 1G2

