

Assessing Continuing Competence – What’s Critical?

On February 15th, practising registrants were required to submit their annual Continuing Competency Declaration form to affirm that they have established or updated their professional development plans based on their self-assessments.

This is considered Competency Maintenance and Ongoing Development – the first element of the college’s Continuing Competency Program.

Many occupational therapists have been waiting for the announcement of the next elements of the program. These elements will include competency review and evaluation and competency improvement. Questions include “Will the college conduct random audits of our documents? After all, we are required to keep them for five years.” “Perhaps they are considering professional portfolios like those used in Ontario.” “What about peer or on-site assessments used in other organizations?” “My occupational therapy role does not include direct client care; how will the college assess my competence?”

These are valid questions and concerns, and the Continuing Competence Committee can add to the list. “Is self-assessment an accurate reflection



Consultant and workshop facilitator **Susan Glover Takahashi** with Continuing Competence Committee Chair **Risa Greenwood**

of one’s competence?” “What areas are critical to assess?” “What tools exist to measure these? Are they valid and reliable?” “What is sustainable?”

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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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Essentials in Quality Regulation: Connecting, Cooperating and Collaborating

Kathy Corbett

The COTBC orientation program for new board and committee members always includes a dedicated discussion on the environmental scan. What are the current issues influencing the college's work? What changes may be on the horizon and how do our activities attend to the environment? A recent invitation to present at the *Bridges 11 Conference**— *Connecting the dOT's*, an annual professional development event of the Vancouver Coastal Health and Providence Health occupational therapists, provided an opportunity to share how the COTBC is connecting the dots in our regulatory world to ensure a responsive and effective college.

Quality professional regulation requires, more than ever, attention to the changing environment and context within which we do our work. Our college work does not occur in isolation — it happens within the context of an increasingly global economy, a shortage of occupational therapists, evolving demographics, changing approaches to regulation and increasing demands for public accountability. Participation in local, provincial, national and international activities ensures our college context remains current and relevant.

Valuing the Connections

Building and sustaining connections with registrants, the public and other organizations are valued activities and hence reflected in the college's strategic plan. Here are some examples that translate the plan into action. Registrant engagement in college activities was the focus of a recent quality improvement initiative of the board's Nominations Panel. The outcome confirmed that the college is creating a healthy and participatory environment, and thus efforts to sustain and enhance this were recommended. A professional development day, *Facilitating for Results*, for board and committee member chairs and vice-chairs, is planned to enhance registrant skills in facilitation and leadership. Being responsive to individual registrant calls to the college about practice, providing education sessions and our efforts to sustain and grow our registrant feedback mechanisms underscore the importance we place on registrant connections.

Quality professional regulation requires, more than ever, attention to the changing environment and context within which we do our work.

Accountability to the public is another strategic direction. Recently, newspaper headlines focused on a perceived lack of transparency of regulatory decisions, and thus highlighted the need to inform and enhance public access to information. COTBC has improved its information for the public on the inquiry and discipline processes and a fact sheet is near publication on the expected conduct of registrants with respect to professional boundaries. We are also evaluating our current college processes to address the

public's need for transparency.

Regular meetings with the UBC Department of Occupational Science and Occupational Therapy were initiated. There is great potential for working together on issues confronting the college, such as access to courses for upgrading knowledge and growing our occupational therapy workforce. Sharing the Annual General Meeting day event for the past seven years with BCSOT is another example of the college's efforts to invest in connections.

Connecting with other health regulators through the Health Regulatory Organizations (HRO) of B.C. is another key forum for COTBC to build connections. Through HRO, B.C. regulators advance quality regulation by networking, sharing information and working together on topics of mutual interest. In January 2008, COTBC, along with the College of Physical Therapists of B.C., sponsored a very successful workshop for our HRO colleagues to share the expertise of our consulting team regarding essential skills and tools to manage effective continuing competency programs.

Engaging in Cooperation

COTBC is active in volunteering its time to participate on committees or advisory groups relevant to advancing quality regulation in B.C. Our position to date consists of taking a proactive attitude, investing the time and recently assisting with the shaping and provision of constructive input to government initiatives. An example of COTBC involvement is our membership on the Regulators Advisory Committee for a Ministry of Economic Development initiative called Solutions for Access, which is a forum to improve access for internationally educated professionals. COTBC is also a member of the Skills Connect for Immigrants – Health (SCI-H) Consortium and sits on the Advisory Committee for SCI-H. The SCI-H consortium brings together public authorities and related public and private agencies that have key roles in the supply and employment of professionals and other specialized workers to the health sector in B.C.

COTBC responds to many requests to provide the regulatory perspective. Whether it is a health region's electronic record implementation project or an organization serving a particular population, the college works where possible to increase understanding regarding the obligations and responsibilities of registrants and the college role in regulating safe, ethical and quality practice.

Investing in Collaboration

Collaboration seems simple enough, but in reality efforts to truly collaborate take a great deal of work. It also requires confidence to stay the course so that the long-range view is not lost. The return on the investment however is well worth the effort. Here are some highlights of

current collaborations. COTBC is working together with the College of Physical Therapists of B.C. and consultants to assist in framing our respective quality assurance programs and continuing competency tools. While the cost sharing of this endeavour is an obvious benefit, the joint session in January resulted in a synergy that will advance the work of both colleges.



COTBC was awarded funds from the B.C. Ministry of Economic Development for a national collaborative project of the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) that will assist with the evaluation of internationally educated occupational therapists for licensure and/or registration.

Other examples of collaboration efforts are evident through COTBC participation in the work of ACOTRO. In November 2007, the Canadian Institute of Health Information released the report *Workforce Trends of Occupational Therapists in Canada, 2006*, the first annual publication focused on the supply of the occupational therapist workforce in Canada. ACOTRO in partnership with the Association of Canadian Occupational Therapy University Programs and the Canadian Association of Occupational Therapists, developed an *Access and Registration Framework for Internationally Educated Occupational Therapists*. For more details on these efforts, refer to the College Connections article on page 10.

COTBC strives to connect the dots, linking together the elements important to quality regulation in an ever-changing world. Enhancing our connections with registrants and the public, building our networks and engaging meaningfully with others, will ensure our work is relevant and responsive to the constant change that we all know is a reality. ■

*Bridges is an annual professional development event of the Vancouver Coastal Health & Providence Health occupational therapists focused on four pillars for excellence: **p**ractice, **e**ducation, **r**esearch and **l**eadership.



Pictured above: Workshop facilitators **Susan Glover Takahashi** and **Jodi McIlroy**, experts in continuing competency assessments for health professionals.

Occupational therapists are often given the responsibility to assess whether individuals are capable to return-to-work, to live independently, and in some cases to accept or refuse care. Since this responsibility is not taken lightly, occupational therapy practice uses the best available evidence to ensure that the assessment and recommendations are valid, reliable, and specific to the individual and environment. Assessing competence of an occupational therapist to begin, continue, or resume work in British Columbia is much the same.

Process to Date

In the past year, members of the Continuing Competence Committee have continued to familiarize themselves with various frameworks and models for continuing competency programs, and worked collaboratively with other provincial organizations who are also carefully examining the options. In September 2007, consultant Dr. Susan Glover Takahashi was hired to work with the committee to draft a framework to guide future decision making. Last November, staff and committee representatives attended the National Continuing Competence Conference in Toronto where various models from other regulatory organizations were presented and much was learned from their development work.

A joint workshop with the College of Physical Therapists of B.C. was held in January 2008 to compare draft frameworks and to discuss the

advantages and disadvantages of various options. On a national level the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) has started on the second stage of its work, which will result in a framework to assess the competencies of internationally educated occupational therapists, and an action plan for selection and testing of competency-based tools. (*Read more about this project on page 10*).

The Next Steps

The committee will be reviewing the draft framework, exploring options for the next components and reporting back to the board with recommendations. Through this newsletter and other venues, registrants will be kept informed of the developments as we proceed to establish the other components of our continuing competency program.

If you have any questions regarding continuing competence please direct these to the registrar, Kathy Corbett. ■

Continuing Competence Committee

Risa Greenwood, *Chair*

Naz Chow

Donna Drynan

Jennifer Glasgow

Hilary MacInnes

– Mary Clark

Continuing Competency Program

The college is directed by the *Health Professions Act* to protect the public by superintending the practice of the profession. One of the ways the college meets this directive is through the Continuing Competency Program which assists occupational therapists to maintain and develop

their professional competence. At the present time, registrants are required to:

- complete self-assessments bi-annually,
- update professional development plans annually,
- submit their Continuing Competency Declaration forms by February 15 each year, and
- keep all documents for five years.

Obtaining Consent— Not a Shared Decision

Mary Clark

Common language surrounding consent to health care services uses terms such as 'shared decision making' and 'informed' consent. They have become so commonplace that they are in danger of becoming euphemisms. In the new college practice guideline, *Obtaining Consent for Occupational Therapy Services*, both terms are purposefully omitted.

Instead, readers will be encouraged to think of consent in terms of the client's rights, the client's decision and the elements of valid consent. Although shared decision making was originally meant to reflect the process of the decision, and encouraged health professionals to engage in a discussion regarding consent, the message that the client ultimately makes the decision was sometimes lost. Our message: Share in the process, but not in the final decision.

Work on the new guideline began in March 2007 with the systematic review of 56 documents related to consent. These documents included primary and secondary research papers, meta-analyses, practice guidelines from other health professions and occupational therapy regulatory organizations, and practice magazines. From these documents, the committee was able to pull the areas of potential misinterpretation, misunderstanding and controversy regarding the present B.C. Adult Guardianship legislation, specifically The Health Care (Consent) and Care Facility (Admissions) Act. This act sets out the procedures to follow when seeking consent to health care from an adult. The college guideline seeks to make these procedures meaningful for occupational therapists and practice.

Following the outline of previous guidelines, the practice expectations describe the 'musts' to obtaining valid consent, and the key responsibilities suggest additional measures an occupational therapist might *consider*. For example, the occupational therapist *must* obtain consent directly from the client, and provide the person with an opportunity to ask questions and receive answers about the proposed occupational therapy

care. However, the guideline also suggests that the occupational therapist *consider* sharing information regarding the use of support personnel in the provision of occupational therapy services.

These 'musts' and 'considerations' are reinforced in a consent checklist that occupational therapists will find useful to confirm whether they are obtaining valid consent or not.

The Risk Management Decision Making tool is also part of this guideline and has undergone further refinements. Specific examples, such as a mature minor and an individual whose capacity is questioned, are provided to help demonstrate the application of the tool. Identifying the risk factors that may interfere with

obtaining valid consent allows the occupational therapist to adjust the communication methods, augment the information given to the client and also consider the best 'proof' that consent was obtained. Although not required, written consent is the best method of proving that consent was obtained, or not obtained.

Within the year, the Standards Committee will send out a survey to elicit feedback on the guideline. In the meantime if you have any questions regarding the guideline or obtaining consent, please contact registrar Kathy Corbett. ■

Standards Committee

Heather Gillespie, *Chair*

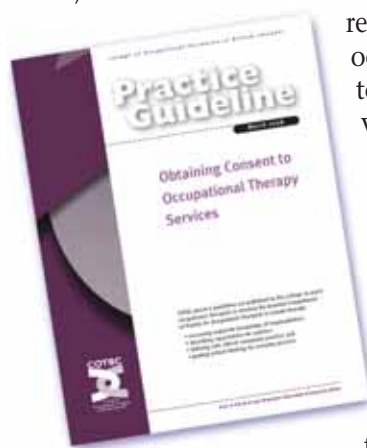
Sarah Bryant, *Vice Chair*

Sharon Campbell

Christina Mills

Natalie O'Mara

The most recent Practice Guideline is being mailed with this issue of **instep**



Test your consent knowledge and practices

With this issue of **instep** occupational therapists will find the latest practice guideline from the college: *Obtaining Consent to Occupational Therapy Services*. We hope that this guideline will encourage you to step back and examine your present practices regarding consent, and consider within your practice context, what procedures you can put in place, and what strategies you might consider prior to seeing a client to ensure that you are obtaining valid consent.

Obtaining valid consent requires us to manage risk factors that will vary depending on the complexity of the client's condition, the practice context, our own skills and knowledge and the nature of the referral. By managing the risk factors we can be more confident that the client understands the nature of the occupational therapy services we are proposing, and appreciates the consequences of the decision to give consent or not. Assessing risk also increases our awareness of situations that require more diligent documentation. When the probability of not obtaining valid consent is low, it may be enough to record that oral consent was obtained, but in higher risk situations, obtaining written consent, specific to the situation, is the safest method for proving that valid consent was received.

Try answering the following questions to test your present knowledge, and review the guideline for more information. (*Answers appear at the bottom of the page.*)

1. The Healthy Living program is an outpatient program for seniors with low incomes living independently. It is designed to assist seniors to continue to live independently but also to identify seniors who may be at risk and need institutional care. Clients do not need a referral to participate in the program, which is delivered in the clients' homes and includes a variety of individual care delivered by many different health professionals. When clients are accepted into the program they sign a form consenting to the program. This is sufficient to proceed with an occupational therapy assessment of independent living skills.
 True False
2. A client is being seen regularly in the rehabilitation unit by occupational therapist Sally Jones. Sally is ill and Sue Smith covers her caseload. Sue must obtain consent to occupational therapy services prior to continuing with the program set up by Sally.
 True False
3. Mr. Brown is on a rehabilitation unit recovering from a stroke. He does not have a client representative or substitute decision maker, and is considered capable of making decisions regarding his care. He initially refused occupational therapy services but later agreed when told he would be discharged home without any mobility aids that he needed. The occupational therapist was successful in obtaining valid consent.
 True False

4. Mr. Smith is recovering from a rotator cuff repair. He is 40-years-old, self-employed and anxious to return to work as soon as possible. He consented to an occupational therapy assessment but has not agreed to the intervention, which includes a graduated return to work plan and modified work such as no lifting. The occupational therapist was short on time and explained that he might tear the muscles again if he resumed work right away. Mr. Smith said he was willing to take the risk. The occupational therapist made a brief note in the chart that Mr. Smith had decided not to participate in occupational therapy and the file was closed. She did not have time to record any details of the discussion. She obtained valid consent and documented sufficiently.

True False

5. If a client is admitted to hospital involuntarily due to a suicide attempt it is still necessary to obtain consent to an occupational therapy assessment to see if he can return to his former work.

True False

This column is intended to encourage occupational therapists to reflect critically on their current practices and make decisions that promote safe, ethical and competent care. The questions and answers should not replace ongoing professional judgment.

Answers:

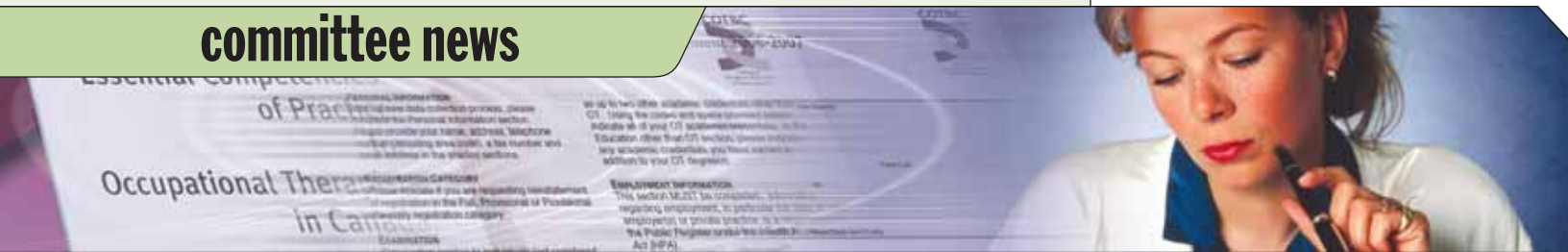
False Although many occupational therapists would obtain oral consent while explaining that the regular therapist was ill, it is not necessary to obtain consent unless there is a significant change in the care plan or a new intervention is recommended.

False A form agreeing to participate in a program may not be specific enough to be considered valid, especially if the client does not have opportunities to ask questions and receive answers related to the occupational therapy services he or she is to receive. In this case, it is best to obtain consent specific to the occupational therapy services.

True A person who is involuntarily detained can still be capable of making a decision to accept or refuse occupational therapy services.

False Although Mr. Smith was motivated to return to work due to loss of income, he may have needed more time to discuss the consequences of not modifying his return to work. Without more discussion and detailed documentation, it might be considered that the occupational therapist did not explain the risks of refusing the intervention sufficiently.

False Consent should be given voluntarily and not under threat of losing future services and/or equipment. Explaining the occupational therapy service, the risks and benefits, and allowing Mr. Brown to ask questions and receive answers, may have been more successful in obtaining valid consent.



Exchanges at the January Board Meeting

There was an exchange of hands at this year's January board meeting. Incoming board members observed the present board in action and made quick acquaintances with outgoing board members. Long standing board members Angenita Gerbracht (elected) and Nancy Sheehan (public appointee) attended their last meeting. Both of these dedicated women served on the board since the college began in 2001. Although Nancy will have more time to spend with her grandchildren, Angenita will continue to venture down from Prince Rupert as Chair of the Quality Assurance Committee for another year.

Remembering Lynda Casey

Another public board member, Lynda Casey, was also recognized. Lynda died in late October, leaving a legacy of generosity and dedication and fond memories of her wonderful sense of humour. Lynda's passing will leave a gap in many lives. At her funeral, family and friends explained that it was 'Casey' who everyone went to see when they needed help: "Casey would know what to do." On the board and the Client Relations Committee we called her Lynda, and she called us on anything that was illogical and unnecessarily complex. She will be greatly missed.

New Board Members for 2008

We have three new incoming board members. They participated actively at the board meeting in January and are already assigned to various committees.



Sherry Baker

Sherry Baker has owned and operated a private consulting and counselling practice since 1990. Sherry Baker and Associates offers teaching and life skills coaching, small business and employment counseling and organizational development. After retiring as the Executive Director of Ishtar Transition Housing Society and Aldergrove Neighbourhood Services, in 2006 she started up two companies: 55pluspros.ca, a web-based employment matching service for people over 50 and Influence Media – a re-seller of leading-edge technologies for the advertising industry.

Sherry has sat and chaired many provincial, regional and local boards over the years. She has just completed six years as a public member on the Board of Registration for Social Workers. She is also the Treasurer of the BC Coalition to Eliminate Abuse of Seniors and immediate past chair of the South Fraser Family Court and Youth Justice Committee, as well as a founding Board Member of the Minerva Foundation for B.C. Women. Sherry has been a Rotarian for 15 years and is a member of

Soroptimist International. She was awarded the Canada 125 Medal "in recognition of significant contribution to compatriots, community and to Canada".

Sherry holds a Master of Arts in Applied Behavioral Science from City University in Seattle, a Bachelor of Home Economics from the University of B.C. and a Diploma of Business Administration from Fraser Valley University College.



Vila Nova Carvalho

Vila Nova is currently a lawyer in private practice. Previously, he was a Solicitor for BC Hydro Power Authority, Deputy Chief Corporation Counsel at the Tanzania Legal Corporation and Resident Magistrate for the Tanzanian

Judiciary. Vila Nova is a board member with the Gulf and Fraser Fishermen's Credit Union. In the past, he has served as a board member for the Vancouver Community College and the Richmond Foundation, and is a former Chair for the Richmond General Hospital and the Richmond Multicultural Concerns Society. Vila Nova has his Barrister at Law from Middle Temple in London, England and his Master at Law from the University of Dar es Salaam.



Anu Tirrul-Jones

Anu Tirrul-Jones comes from Prince George, B.C. where she is an occupational therapist at the *Child Development Center*, and has helped establish outreach services. She has worked in the field for over 30 years, primarily in paediatrics with some experience in long-term care and adult psychiatry. Anu has worked both in public and private practice sectors, and in rural and urban settings. She has held various volunteer positions including president of the Alberta Association of Occupational Therapists when it was both a professional association and regulatory organization. She has also coordinated a monthly soup kitchen.

First graduating from the University of Toronto in 1972 with a Diploma in Physical and Occupational Therapy, she later earned her BScR (OT) from the University of British Columbia in 1980 and a MSc (OT) from the University of Alberta in 1991.

New Chair of the Board – Heather Gillespie

Congratulations to Heather Gillespie who was elected chair of the Board of Directors for 2008. Heather was elected to the board last year and is chair of the Standards Committee. She practises occupational therapy in Nanaimo.



Registrants Attend Ethics in Everyday Practice Sessions

Mary Clark

The Quality Assurance Committee (QAC) has held two sessions for registrants on the new Code of Ethics. The first was held prior to the college's Annual General Meeting (AGM) in late October, and the second as part of Vancouver Coastal Health's Bridges Occupational Therapy Education Day in mid-February. A third session is planned for March 13 in Victoria.

The purpose of these sessions is to provide the committee with a baseline of registrants' current knowledge regarding the code, the frequency with which they use the code, and their level of confidence in using it in everyday practice. There is a pre- and post-test in which registrants are asked to choose the correct eight values from over 20 values, and assess their level of confidence using the code to identify personal strengths, barriers and opportunities for self-improvement. The committee also wanted to poll participants' opinions regarding what college supports would help them to apply the code in everyday practice.

"We want the code to be used everyday not just when there is an ethical dilemma or crisis. It should be a conscious part of every decision," explained QAC Chair Angenita Gerbracht.

Sixty-nine people who attended the AGM Session. Test results indicate that prior to the session only 54% correctly identified 6 out of 8 values, and only 63% were confident to use the code in everyday practice. These scores rose to 94% and 86% respectively.

Following the last session, the Quality Assurance Committee will review the results of the sessions and make recommendations regarding additional supports to assist occupational therapists to 'walk the talk of ethics'. The Health Professions Act requires the college to have a Code of Ethics, and expects occupational therapists to use it to ensure that the public receives safe, competent and ethical care.

The committee encourages you to review the Code of Ethics and use it to guide your daily practice. For example, discover how it can help you to schedule your time and set client priorities, resolve conflict and assert your opinion regarding management policies that may contravene the best interests of the client. Try walking the talk of ethics today! ■

"We want the code to be used everyday not just when there is an ethical dilemma or crisis. It should be a conscious part of every decision."

**Angenita Gerbracht,
QAC Chair**

Quality Assurance Committee

Angenita Gerbracht, *Chair*
Tanya Boudier, *Acting Vice-chair*
Sherry Baker
Emma Christensen
Louisa Cotton
Anu Tirrul-Jones



Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

Workforce Trends - New CIHI Report Available



Released in November 2007, the report *Workforce Trends of Occupational Therapists in Canada, 2006* provides the first annual publication of the Canadian Institute for Health Information (CIHI) focused solely on the supply of occupational therapists in Canada. Funded by Health Canada, the project, initiated in January 2005, provides comprehensive information on Canada's occupational therapy

workforce based on data elements established with ACOTRO members and subsequent data provided annually to CIHI. Although occupational therapists are not currently regulated in the Territories, the Canadian Association of Occupational Therapists provided their voluntary membership data on occupational therapists in the territories. This new national occupational therapy database provides a new source of timely, quality information that will support health human resource monitoring and evaluation, planning, research and policy activities.

For more information and the report:
http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=hhr_ot_e

Framework for Guiding Activities to Assist the Integration of International Occupational Therapists (IEOTs) into the Workforce

ACOTRO, in partnership with the with the Association of Canadian Occupational Therapy University Programs and the Canadian Association of Occupational Therapists developed an *Access and Registration Framework for Internationally Educated Occupational Therapists*. Funded by the Government of Canada's Foreign Credential

Recognition Program, the project objectives were to:

- identify the pathway(s) followed by IEOTs from the point of consideration of immigration to Canada, to successful licensure and/or registration as occupational therapists, and finally to integration into the occupational therapy workforce;
- describe the types of activities and processes involved at key points on the pathway(s); and
- define processes and necessary supports for assisting IEOTs to move through the pathway to registration and integration into the profession.

The Access and Registration Framework for IEOTs presents the overall pathway an IEOT is required to follow to practise occupational therapy in Canada. While the framework recognizes that there are differences between provinces in the process of licensing and/or registration of candidates, there are five key components identified that are relevant to all jurisdictions, including: information, assessment, preparation and support, entry into the occupational therapy workforce (registration) and integration into the occupational therapy workforce (success in the workforce). The framework will guide further action to improve integration of IEOTs into the workforce.

A copy of the report is available on the COTBC website (www.cotbc.org) under Resources and Links.

Legislation Update

Criminal Records Review Act Amendments

The Criminal Records Review Program (CRRP) within the Ministry of Public Safety and Solicitor General is responsible for processing criminal record checks under the *Criminal Records Review Act* ("the Act") in order to determine whether or not an individual poses a risk to children.

Under the *Act*, anyone who works with children directly, or having, or potentially having unsupervised access to children, in the ordinary course of employment or in the practice of an occupation, must submit to a criminal record check.

The *Act* also requires governing bodies such as the COTBC to obtain criminal record checks for every registrant. Indeed, consent for a Criminal Record Check has always been a condition of initial registration.

The amendments to the *Act* came into effect on May 31, 2007 (Bill 16, *the Public Safety Statutes Amendment Act*, 2007). The most noticeable change for registrants is the new requirement to submit to a re-check every five years. Other amendments include expanded definitions of “conviction”, “relevant offence” (to include an offence in a jurisdiction outside Canada) and the phrase “work with children”. In addition, six new offences have been added to Schedule 1 of the *Act*.

New criminal record checks and re-checks will be assessed on the expanded list of offences. The amendments also confer additional powers on the CRRP to assess compliance of governing bodies with the *Act*.

Since new offences have been added to the *Act*, it is possible that individuals who previously received clearance may not obtain clearance during their re-check. If a criminal record check reveals one of the 62 relevant offences, the file is referred to an adjudicator within the Criminal Records Program to prepare a recommendation to the Deputy Registrar (of the Criminal Records Program) as to whether the individual poses a risk to children and the individual’s governing body is notified for appropriate regulatory action.

For more detail on the amendments a copy of Bill 16 can be found at:

http://www.leg.bc.ca/38th3rd/3rd_read/gov16-3.htm

Changes Coming for Registration Renewal

Mandatory Five Year Criminal Record Re-check Now Required

As a governing body, the COTBC is responsible under *the Criminal Records Review Act* to require registrants to comply with the act and authorize a Criminal Record Check as a condition of registration with the college. Changes to the act now require the college to submit criminal record checks for all individuals with criminal record check clearances older than five years. (Refer to Legislation Update on opposite pages for details.)

This means all registrants must undergo a re-check every five years and registrants with clearances older than five years will be required to authorize a Criminal Record Check (re-check) in the upcoming registration renewal. Occupational therapists registered with the college before July 1, 2004 are affected.

These registrants will be notified by the college and sent an authorization form including detailed instructions and fee information. There is a \$20 administrative fee charged by the government for every Criminal Record Check that is processed.

Online Registration Renewal Option Coming this Year

Registrant response to last year’s survey question on the renewal form was overwhelmingly in favour of the college providing an option to renew online. The board approved the allocation of resources to develop an online renewal option and plans are underway to have this available for the upcoming renewal for 2008-2009.

The college will continue its usual renewal notice process this year with all registrants receiving a renewal package in the mail. (Please be sure you keep us up to date on any address changes.) Information about the online renewal option will be provided both on the website and in your renewal package.

Continuing Competency Program Declarations

Continuing Competency Declaration forms were due February 15, 2008. Meeting continuing competency program requirements is a condition for renewal of your registration. If you are a current registrant or if you are returning to practice before July 1, 2008, you must complete the requirements prior to renewal or reinstatement of your registration. Don’t hesitate to contact the college if you have any questions about the requirements.

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2008 Board Members Occupational therapists

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Jennifer Glasgow, *Vice-chair*
Jeff Boniface
Caroline Ehmann
Jillian Rihela
Anu Tirrul-Jones

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Vila Nova Carvalho
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Kathy Corbett
Registrar
Mary Clark
*Director of Program Development
and Communications*
Jill Langridge
Executive Assistant
Darlene Hay
*Receptionist and
Administrative Assistant*



college calendar

COTBC Board Meetings

April 11, 2008
June 7, 2008

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

Registrant Renewal Deadline

June 30, 2008

3rd Annual UBC Capstone Conference

August 28, 2008
UBC Master of Occupational
Therapy graduates present
their research

Keynote speakers:

Sue Baptiste, Associate Professor,
Faculty of Health Sciences,
McMaster University

Pam Andrews, Facilities
Project Leader for
Vancouver Coastal Health

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
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.

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

