

Keynote speaker applauds new Code of Ethics

Opening this year's COTBC Annual General Meeting was ethics scholar Dr. Jan Storch, Professor Emeritus in the School of Nursing at the University of Victoria. In her hand was the new *Code of Ethics*, which she considers a breakthrough for the college:

"I commend you on your eight values, very careful wording of rights and responsibilities, and on providing guidance for occupational therapists... Your code provides the background and guidance for applying critical thinking to situations. It is clearly not a black and white answer book, nor was it intended to be one."

These were reassuring words to the Code of Ethics Review Panel who, over the past two years, have reviewed numerous codes of ethics and ethical frameworks with the goal of developing a code that is meaningful to everyday practice, yet not prescriptive.

The importance of a meaningful code was underscored by Dr. Storch, who reviewed the research into the utility of codes of ethics in countries that are part of the European Union. She discovered that codes created and imposed by an authority (such as a church) were rarely seen as helpful; if the codes were legislated they were perceived even more negatively, and sometimes with frustration and anger.



Codes that were created by the intended users, however, took on a more positive light. Like the Canadian Nurses Association (CNA) Code of Ethics which Dr. Storch is reviewing presently, the COTBC code will be reviewed formally every five years, or sooner if indicated. Education to support the use of the code and to gather input on its utility will be organized by the college, to ensure that the code continues to develop and remain relevant to current practice.

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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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Clarity for the public

Kathy Corbett

What's in a name? To the general public, our clients and other health professionals, a name, title or designation can quickly and effectively impart considerable information. It may confirm your education, provide information about your job role, convey professional affiliations, present technical certificates or represent your professional qualifications. Although intended to be helpful, the array of credentials you list might also be confusing. Clients or others may not be able to distinguish the meaning or the relevance of a particular "credential" to their needs.

The privilege of an exclusive *use of title* has a very specific meaning for regulated professions. This is referred to as title protection. It is an important regulatory mechanism used to assure the public that a title will only be used by individuals who have met the entry-to-practice requirements for registration and once registered, maintain their accountability for standards, ethics and continued competence.

In British Columbia, only registrants of the College of Occupational Therapists of British Columbia (COTBC) can legally use the title *occupational therapist* or *O.T.* Referred to as "reserved titles" in the *Health Professions Act (HPA)* and *Occupational Therapists Regulation*, the *HPA* makes it unlawful for individuals not registered with the college to represent themselves in such a way that might lead the public to believe he/she is an occupational therapist. The relevant *HPA* provision states:

"a person other than a registrant of a college must not use a name, title, description or abbreviation in any manner that expresses or implies that he or she is a registrant or is associated with the college" [HPA, Section 13(4)].

For example, this provision is relevant to individuals who graduated with a Bachelor of Science in Rehabilitation (BSR) or other programs often referred to as "combined programs". These graduates, to recognize their combined training, would like to use OT/PT after their name.

This is not allowed unless the person is registered both with COTBC and the College of Physical Therapists of B.C. Indeed, the college has taken action to require individuals to cease use of title unless registered with COTBC.

So what does this mean for registrants? College registrants often ask us what title or designation they should use to identify themselves to their clients or peers as registered occupational therapists entitled to practise in B.C. They wonder how other credentials and affiliations may be included, and if there is any restriction on their use.

Current guidance from the college is based on public protection principles and the legal requirements under the *Health Professions Act*, *Occupational*

Therapists Regulation and the *College Bylaws*. Let's explore some specific circumstances.

Job titles

These may or may not represent a professional designation. Many job titles are descriptive and can add useful information to the public about your role on the health team. You can use your job title and your professional designation of "O.T." or "occupational therapist". This may follow your educational credential, for example:

John Smith, MOT, Occupational Therapist
Case Manager, Fraser Valley Health Authority

In British Columbia, only registrants of the College of Occupational Therapists of British Columbia can legally use the title occupational therapist or O.T.



Specialists

Use of the title “specialist” is regulated by the college through the authority to establish a register of specialists [COTBC Bylaw section 49(2)]. To establish such a register, the board would need to establish requirements for registrants to meet in order to grant use of a specialist designation. To date, the board has not established a specialist register. Therefore, registrants are advised not to use the term “specialist” or any similar designation suggesting a recognized special status in any communications such as advertising, business cards and so forth [COTBC Bylaw section 91(5)].

Students

Occupational therapy students on fieldwork placements have a responsibility to represent themselves appropriately to their clients and team members. The use of a title or designation helps a person to identify the roles and characteristics associated with that title. For occupational therapy students this means representing themselves, their knowledge, skills and abilities, in a clear and open manner. Clients should understand that the individual is a student and under the supervision of a registered occupational therapist.

The college recommends that occupational therapy students use the designation “*Student Occupational Therapist* or *Student O.T.*” or “*Occupational Therapy Student* or *O.T. Student*”. Designation on a name badge and on client records should make clear to the public and team members, your role as a student in that fieldwork placement. Use of other credentials such as a previous degree is not necessary in a fieldwork placement and does not serve the public protection purpose.

Unregulated support personnel

Occupational therapists assigning service components to rehabilitation assistants should be mindful of what is represented to the client receiving services from the assistant. “I am here to provide your occupational therapy” is not appropriate as it implies the assistant providing care is an occupational therapist.

Professional memberships

Although many registrants wish to promote their membership in professional associations, designations such as *OT (C)* can be misinterpreted. The general public might consider this designation to mean “certified” occupational therapist rather than a member of the Canadian Association of Occupational Therapists (CAOT). Consider the goal of using such a designation. Perhaps it would be clearer to state on a business card – “Proud member of my professional associations BCSOT and CAOT”.

In summary, registrants should represent their professional designation clearly and use the title *occupational therapist* or *O.T.* Consider the use of other credentials and job title information from the perspective of your clients. Make provisions to explain what they mean and how it relates to your services.

The Association of Canadian Occupational Therapy Regulatory Organizations has identified the need to develop a joint position statement on *use of title*. Writing this article suggests the need for the college to explore whether or not additional guidance on how credentials should be represented in the interest of public protection is needed. What do you think?

Kathy Corbett, BSc(OT), Occupational Therapist Registrar and Chief Executive Officer, COTBC. ■

Review the marketing regulations in the bylaws [COTBC Bylaw section 91 (1 – 9)]. Marketing of occupational therapy services to the public requires careful consideration of how services are represented to the public.

Annual General Meeting highlights

On November 4, 2006 the college joined with the BC Society of Occupational Therapists (BCSOT) to share a day of education, networking and annual meetings. Over 90 people and vendor representatives registered for the day that

featured an address by ethics scholar Dr. Jan Storch, a presentation by this year's BCSOT Outstanding OT of the Year Alison McLean, and Dianna Mah-Jones' innovative practice presentation.

All motions were passed at the college Annual General Meeting, including the approval of the 2005 AGM minutes and accepting reports from the chair, committees and auditors. For her chair's address, Caroline Ehmann asked those present to reflect on the public interest. She challenged the audience's definitions and inquired into the ways in which they supported the public interest in their daily practice. Caroline suggested occupational therapists consider six areas for action that are

recommended by Richard Steinecke, a lawyer specializing in regulation issues for professionals. These include: (1) structural considerations, (2) orientation processes, (3) modeling the public interest, (4) education regarding the regulatory role, (5) participating in the work of the college, and (6) regular external input. Examples of both college and individual registrant activities that fall under these areas were presented. Please watch later in the year for an article by Caroline which details these and other ways of supporting the public interest.

Election results

Registrants faced a difficult challenge this year; they were presented with six excellent candidates for the 2007 COTBC board. Those candidates who were not successful have been asked to consider committee positions if they are not already involved with a college committee. The COTBC board members for the 2007 year include:

Jeff Boniface (re-elected)
Heather Gillespie (newly elected)
Jillian Rihela (re-elected)
Caroline Ehmann
Angenita Gerbracht
Jennifer Glasgow

Public Board Members who are appointed include:

Lynda Casey
Duncan Little
Nancy Sheehan

A chair and vice chair will be elected at the January board meeting and announced in the Spring newsletter, along with details of our newly elected and appointed board members. ■





Standards Committee

At their November meeting, the COTBC Board of Directors approved the committee's recommendation to develop a practice guideline on informed consent and an advisory statement on client's right to access his or her occupational therapy information. Recommendations regarding topic areas are based on an analysis of questions received from registrants and the public as well as changes in legislation that impact on occupational therapy practice.

Registration Committee

This committee had a busy fall registering many of the graduates from both UBC and other universities across Canada. From July 1 to November 30, 2006, 36 UBC graduates, 44 graduates from other programs across Canada and nine internationally educated candidates were granted registration. There are currently three provisional registrants completing a re-entry program.

The committee's review of the college's re-entry program identified the need to develop additional information and guidance for applicants and supervising occupational therapists. The committee is working on an information guide and guidelines for submission of re-entry program proposals, supervision plans and an evaluation format.

Comings and Goings – Committee Membership Update

A glance through any of the COTBC annual reports will highlight how committees contribute to the college's ability to meet its public protection mandate. The college values and appreciates the commitment and contribution of registrants. We want to acknowledge and thank those registrants completing their terms and welcome new appointees to our committees. Additional appointments will be made at the January board meeting.

	Outgoing Registrants & Board members* (Terms Expire January 31, 2007)	New, Reappointed, or Chair/Vice Chair Appointments**
Registration Committee	Debra Morgan (<i>Chair</i>) Jillian Rihela, <i>elected Board Member</i> Duncan Little, <i>Public Board Member</i>	Mimi Simon (<i>new member</i>) Holly Read (<i>Chair</i>) Elise Murphy (<i>Vice chair</i>)
Quality Assurance Committee	Judi Moscovitch Cathy Busby Susan Rechel	Tanya Boudier (<i>new member</i>) Emma Christensen (<i>new member</i>)
Standards Committee	Helen Turner (<i>Chair</i>) Hilary MacInnis (<i>Vice Chair</i>) Suzanne Leach Sandy Daughen	Sharon Campbell (<i>new member</i>) Heather Gillespie (<i>Chair</i>) Sarah Bryant (<i>Vice Chair</i>) (<i>two vacancies</i>)
Continuing Competence Committee	Emma Christensen (<i>Chair</i>) Dawn Daechsel	Risa Greenwood (<i>re-appointed</i>) Donna Drynan (<i>new member</i>) Naz Chow (<i>new member</i>) (<i>one vacancy</i>)
Client Relations Committee	Jan Gauthier, <i>elected Board Member</i>	(<i>No vacancies until August</i>)
Inquiry Committee	No outgoing members	Nicole Penner (<i>re-appointed</i>)
Discipline Committee	Michelle Becker (<i>Chair</i>) Betty Third Catherine Backman Jeff Boniface, <i>elected Board Member</i> Jan Gauthier, <i>elected Board Member</i>	Jan Gauthier (<i>re-appointed as a registrant member</i>) William Chan (<i>new member</i>) (<i>one vacancy</i>)

*Elected and Public Board Member appointments or re-appointments to committees will occur at the January 2007 Board meeting. **As of November 3, 2006

Interested in serving on a college committee? Positions are available on the following committees: Standards, Continuing Competence and Discipline. If you would like to participate please complete the Committee Expression of Interest Form available from the college website at: <http://www.cotbc.org/committees.php>

1

Dignity and Worth

Every client is unique and

Occupational therapists:

2

Individual Autonomy

Every client has the right and capacity for self-determination.

Code

4

Accountability

Occupational therapists are fully responsible for their practice and are obligated to account for their actions.

Code of

5

Confidentiality

Occupational therapists

Using the Code – Consider these thoughts

During her keynote address, *Codes of Ethics as a Means and an End: Preserving and Advancing Ethical Practice in Occupational Therapy*, Dr. Storch commented on many aspects of the COTBC code. They are grouped here to facilitate registrants' reflection on their ethical practice as they familiarize themselves with the new code.

Codes of ethics are applicable everyday

Dr. Storch recommends that we work with our code until "we know who we are and who we are not, and how we respect people in our care." All too often, codes of ethics are dismissed as irrelevant to everyday practice and ethical situations are framed as communication or organizational challenges. Some health professionals seek out their codes of ethics only in difficult situations where heroic decisions must be made, such as in end-of-life care. Dr. Storch suggests that this code provides guidance for everyday decision making. The code details rights and responsibilities integral to daily practice such as: "respect the client's right to comprehensive information," and "protect the rights of client privacy."

Codes of ethics can guide our moral reasoning

Dr. Storch suggests that codes are ever more important "in these chaotic and uncertain times, where there is rapidity of change." She has experienced change in people, government and public values, and referred to the work of American ethics researcher Ann Hamric who explored moral distress and moral climates. Hamric found that ethics was frequently avoided or marginalized. Instead of seeking guidance from a code of ethics, health professionals said that they relied on their intuition when making difficult decisions regarding patient care. Storch warns that intuition can be influenced by context, our values can shift or change, and we can rationalize our actions as "being realistic".

Developing a code that places 'Dignity and Worth' as its number one value is commendable, but this must be balanced with the common good.

She labeled this as "moral and ethical disengagement," defined as "the ability of people to engage and disengage with their own moral standards," often resulting in a "pullback due to the pressure of the moment."

Codes of ethics can create a moral community

Dr. Storch notes that codes can promote solidarity and loyalty, and allow a profession to hang on to common values and work together. She applauded the college's 'moral courage' by placing in the code our right and responsibility to challenge managerial policy. Under the value of 'accountability', registrants will find the following responsibility:

Recognize that professional obligations override management policies, and take all reasonable steps to resolve situations where management policies and professional obligations are in conflict.

Value #8: Trusting and Respectful Work Environments also caught Dr. Storch's attention, and she commiserated on toxic workplaces: "If we treat each other badly, the patient suffers." She acknowledges that moral distress can occur when one profession's ethics clash with another's, but we must identify these triggers and reach a common understanding across disciplines.

Codes of ethics can support advocacy

Some interpretations of the *Health Professions Act*, which governs occupational therapy, would suggest that advocacy is self-serving but Dr. Storch does not agree as long as the focus remains with protecting the public. In both the college's mission statement and now in its code, occupational therapists and their college have the responsibility to advocate for safe, competent and ethical practice. Dr. Storch questions whether we can go further with this and consider our responsibility to bring about change.

As occupational therapists she suggests that we have access to information that no one else does. We need to use “what we see to speak about what we know is happening to people.” Dr. Storch reminded the audience of the community-based nurses and social workers who were instrumental in bringing birth control information to mothers, and challenges the nurses of today to address their social justice responsibilities. Social justice defined by the Canadian Nurses Association in 2006 “involves a focus on the relative position of one social group in relationship to others in society as well as on the root causes of disparities and what can be done to eliminate them.”

The review panel struggled with the concepts of social justice and occupational justice and where these were best situated in the code. They now appear under the value of Individual Autonomy, as a responsibility “to advocate for the client’s right to determine and participate in meaningful occupations for his or her health and well-being.”

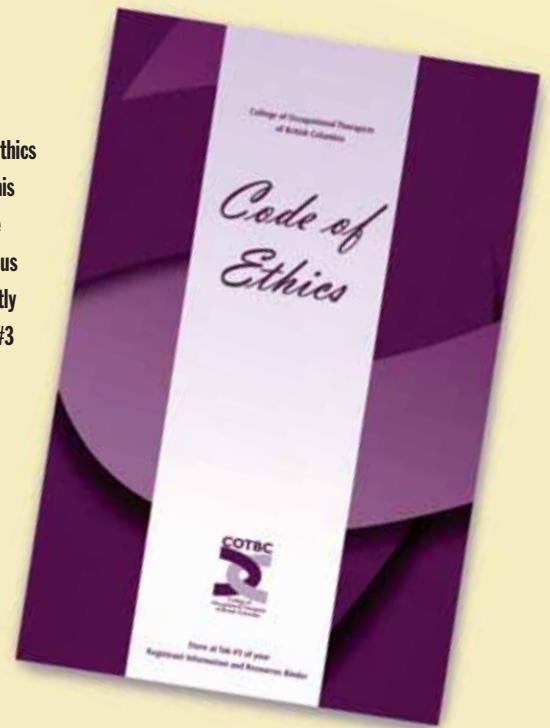
Codes of ethics can balance individual need with the common good

Developing a code that places ‘Dignity and Worth’ as its number one value is commendable, according to Dr. Storch, but this must be balanced with the common good. Unfortunately in history the common good has been used as an excuse to deny individual rights, and harm can result from what is sanctioned by authors as the public good. Finding a balance is not easy, but the atrocities of eugenics, such as the sterilization of people with developmental disabilities which occurred in the last century, must not be repeated.

The *Code of Ethics* will guide the setting and maintenance of college standards; it can be a public relations tool and promote professional solidarity; and it can guide everyday practice and inspire change. It was developed by occupational therapists through the review panel and a board of directors workshop which brought the public perspective to its creation. The college considers the code to be a living document, and looks forward to your input into its continued development. ■

— Mary Clark

The new Code of Ethics was mailed with this newsletter. Please replace the previous one that is currently stored under Tab #3 in your Registrant Information and Resources Binder.



About the Keynote Speaker

Dr. Storch, RN, BScN, MHSA, PhD is Professor Emeritus in the School of Nursing at the University of Victoria (UVIC). She is the former Chair of the UVIC’s Human Research Ethics Committee and taught courses in nursing ethics for graduate students and in nursing management for post diploma students. She continues to be involved in research and numerous federal, provincial and local committees. Her research interests include nursing ethics, organizational ethics, health ethics (end of life care, new reproductive technology), research ethics, and health policy. She published a book on *Patients’ Rights: Ethical and Legal Issues in Health Care and Nursing*, co-edited an anthology on *Perspectives of Canadian Health and Social Services Policy*, and is joint editor (with P. Rodney and R. Starzomski) of the book *Toward a Moral Horizon: Nursing Ethics for Leadership and Practice*. Jan was formerly Dean of Nursing at the University of Calgary. Prior to that she was Professor (then Director) of the Masters’ in Health Services Administration Program at the University of Alberta in the Faculty of Medicine. (Adapted from the University of Victoria’s School of Nursing website at: <http://nursing.uvic.ca/people/storch.php>).



Continuing Competency Program: Providing structure for reflection and commitment to change

Mary Clark

The first component of the Continuing Competency Program was launched in late August. Registrants are required to complete their self-assessments and professional development plans by early February. As evidence of completion, declaration forms are due at the COTBC office by February 15, 2007. The goal of this component of the program is self-reflection and enhancement or maintenance of individual competence. It is based on the college standards, the *Essential Competencies of Practice for Occupational Therapists in Canada*, 2nd Ed., (*Essential Competencies*) and was adapted from the competency program of the College of Occupational Therapists of Ontario. The guide, tool and plan were pilot tested among registrants, and revisions were completed based on these results.

Self-reflection and commitment to change are key components of this approach. Many theorists in critical thinking believe that self-reflection is triggered by life-altering events. One could argue that this program is life-altering for practicing therapists, and the compulsory nature of the requirement is an imposed trigger for appraisal. Stephen Brookfield, a scholar in education, considers critical thinking to be context-specific. It is for this reason that the Continuing Competence Committee recommends conducting a self-assessment whenever an occupational therapist changes a practice setting, rather than waiting for the compulsory bi-annual review.

Brookfield (2000) also contends that critical thinking is a social process, and is therefore best done with peers; this can present some problems for more isolated occupational therapists, as described by Brookfield:

Very few of us can get very far probing our assumptions on our own. No matter how much we may think we have an accurate sense of our own practice, we are stymied by the fact that we are

using our own interpretive filters to become aware of our own interpretive filters!... [You're] trying to see the back of your head while looking in the bathroom mirror (p.63-63).

To overcome this paradox, occupational therapists have reported meeting together to complete their self-assessments and professional development plans. For others, this is not realistic. However, providing the self-assessment tool based on the *Essential Competencies* provides content for appraisal and thus an alternative interpretive filter.

Research from the past five years into continuing education of health professionals supports using some type of "commitment to change" statement, or a form which can act as both a tool for further reflection and a reminder of the desired behavioural change (White, Grzybowski, & Broudo, 2004). The Professional Development Plan and Continuing Competency Declaration form are examples of commitment-to-change tools wherein occupational therapists develop learning goals to support the maintenance and/or enhancement of their competence.

This component of the continuing competency program is supported by research conducted to date. Nevertheless, how to best measure and enable continued competence is an ongoing challenge for regulators across Canada, and will continue to be a focus of the Continuing Competence Committee as this and additional components are developed. Questions regarding the program may be addressed to: info@cotbc.org.

References

- Brookfield, S. (2002). Clinical reasoning and generic thinking skills. In J. Higgs & M. Jones, (Eds.), *Clinical reasoning in the health professions* (pp. 62-67). Oxford: Butterworth-Heinemann.
- White, M., Grzybowski, S., & Broudo, M. (2004). Commitment to change instrument enhances program planning, implementation, and evaluation. *The Journal of Continuing Education in the Health Professions*, 24, 153-162.

Frequently Asked Questions

1. I can't afford continuing education, what can I do?

Attendance at workshops and conferences is only one way to maintain your competence. For example, some occupational therapists set a monthly schedule to review journal articles, which can be done individually or through 'Lunch and Learn' sessions with other therapists.

2. The college sent two copies of the Professional Development Plan forms. Do I keep one and send the other back to the college?

Only the Continuing Competency Declaration form needs to be returned by February 15 of each year. Completed Self-Assessments and Professional Development Plans should be kept for five years but do not have to be sent into the college. Two copies of the form were sent to each registrant for convenience. Please use one form for each learning goal. All documents and forms are available as PDFs on the college website under "Continuing Competency Program".

3. I am meeting most of the competencies but there are some in which I would like to excel. Can I focus my professional development plan on these?

By all means, in this case you would check off both "I meet consistently," and "I need or want to improve."

4. I'm not in a "hands-on" clinical position so the Essential Competencies don't apply.

Occupational therapists assume many roles. Here are examples of learning goals developed by occupational therapists in indirect service provision or professional development roles.

Administrator

Learning goal: By March 2007, I will be able to analyze and accurately interpret my rehabilitation services budget reports and respond fully to questions regarding budget variances.

(Competency Unit VII. Manages the Practice Environment, Item 20a)

Sales Rep

Learning goal: By June 2007, I will review *Drawing the Line: Guidelines for Establishing Professional Boundaries to Prevent Sexual Misconduct* and, together with colleagues, set policies on taking clients to lunch and giving gifts.

(Competency Unit 1: Assume Professional Responsibility, Item 4c)

Educator

Learning goal: By September 2007, I will have submitted at least two papers on my doctoral research to relevant scientific journals.

(Competency Unit V: Communicate Effectively, Item 16a.)

The Continuing Competence Committee has posted samples of Professional Development Plans on the college website. Please visit the Continuing Competency Program section under Registrant Information to review these. ■

Reminder! Declaration Forms Due February 15

Quality self-regulation more than ever requires attention to the changing environment and context within which we do our work. College participation in local, provincial, national, and international activities is one way our context remains current and relevant. Here are some highlights of recent activities.

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

ACOTRO confirmed its strategic plan priorities in May 2006. A continuing key priority includes implementing a project to develop competency-based evaluation processes for the purpose of assessing whether an individual has the requisite competencies for entry to practice for registration/licensure in any province. Regulators with a mandate to protect the public are responsible for granting registration/licensure to practise in any province in Canada, and ACOTRO is committed to ensuring consistent and congruent processes for evaluation of qualifications to practise.

One recent activity related to this strategic priority included a review at its May meeting of the preliminary recommendations of the recent Workforce Integration Study (a Human Resource and Social Development Canada funded project of CAOT's). This project examined facilitators and barriers to the integration of internationally educated occupational therapists; ACOTRO members were key informants and participated in the project's Advisory Committee. ACOTRO identified taking the lead on two specific recommendations that directly impact the mandate of regulators. These include: (1) consider alternate competency assessment methods for practice as an occupational therapist, and (2) centralize standards and processes for working as an occupational therapist. Feedback for the other recommendations, including support and level of involvement for ACOTRO, was also provided to the Advisory Committee. ACOTRO continues to participate actively in the initiatives around the recommendations from the project and other ACOTRO initiatives to enhance quality of occupational therapy regulation in Canada.

ACOTRO reviewed and revised the 2001 Mutual Recognition Agreement (MRA) with all ten provinces signing-off on the revised MRA in November 2006. The agreement is intended to enhance mobility of professionals between provinces. The recent revisions updated the education schedules to reflect the change in entry level education, clarified wording to improve interpretation of the provisions of the agreement, and confirmed our commitment to develop a consistent continuing competency model.

Connecting Internationally Educated Health Professionals (IEHP) to the BC Health Sector Work Force

COTBC participated in one of the IEHP initiatives of the BC Ministry of Health's Strategic Partnerships Health Human Resources Planning Division. BC's IEHP initiative has two key components: (1) identification, assessment and employment bridging of internationally trained health professionals under the BC Skills Connect for Immigrants Program; and (2) capacity building for health sector employers, post-secondary institutions, regulatory bodies and professional associations to provide services to IEHPs. COTBC attended a workshop to advise the Ministry on development of a consortium to implement a B.C. *Skills Connect for Health Professionals* program. Based on the model for other trades and developed by the Ministry of Economic Development, the program would provide such supports as career assessment and planning services, pre-employment skill builder services and workplace orientation and practice services. Follow up is anticipated in early 2007.



Legislation Update

Trade Investment and Labour Mobility Agreement (TILMA) between Alberta and B.C.

TILMA is an agreement between Alberta and British Columbia designed to promote economic development through reducing economic barriers and creating a freer movement for goods, services and investments. For professions and trades, the agreement enhances labour mobility in occupations for which there are provincial regulations. One objective of the agreement is to enhance labour mobility by recognizing occupational certification of workers in both provinces. The provinces have agreed to reconcile differences during a transitional period extending from April 1, 2007 to April 1, 2009.

The COTBC registrar Kathy Corbett met with Ministry of Health officials to begin dialogue on meeting the provisions of this BC-Alberta agreement. For COTBC this means ensuring any differences in requirements for registration/licensure between COTBC and the Alberta College of Occupational Therapists are reconciled so that there are no barriers to mobility across the two jurisdictions. For more information about this agreement visit http://www.gov.bc.ca/ecdev/download/BC-AB_TILMA_Agreement-signed.pdf The Labour Mobility provisions are contained in Section 13.



Posters Available

Each registrant who attended the Annual General Meeting (AGM) was able to choose from one of four Code of Ethics posters. For those unable to attend the AGM, these 45 by 28 cm (11 by 17 inch) posters are available from the COTBC office.

Postage and handling charges apply. Please call 1 (866) 386-6822 or email info@cotbc.org to order your copy and indicate which poster (#1, 2, 3 or 4) you prefer. Order forms can also be downloaded from the COTBC website at www.cotbc.org.

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2007 Board Members Occupational therapists

Caroline Ehmann, *Chair**
Jeff Boniface
Caroline Ehmann
Angenita Gerbracht
Heather Gillespie
Jennifer Glasgow, *Vice-chair**
Jillian Rihela
**until January 31, 2007*

Public members

Lynda Casey
Duncan Little
Nancy Sheehan

Staff

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



college calendar

COTBC Practice Presentations

January 15, 2007, 9:00 a.m.
EKRH OT Department
Cranbrook, B.C.
Contact:
darlene.russell@interiorhealth.ca

January 23, 2007, 8:30 a.m.
Kelowna, B.C.
Location: TBA
Contact:
Sharon.Campbell@interiorhealth.ca

January 23, 2007, 1:30 p.m.
Vernon Jubilee Hospital
Location: Ed Room #1
Contact:
Josee.Leclerc@interiorhealth.ca

January 24, 2007, 8:30 a.m.
Kamloops, B.C.
Location: RIH Boardroom
Contact:
Rhonda.Chisholm@interiorhealth.ca

Continuing Competency Declaration Forms

Due at COTBC office
February 15, 2007

COTBC Board Meetings

January 27, 2007
Richmond, B.C.

April 20 and 21, 2007
Victoria, B.C.

June 23, 2007
Richmond, B.C.

Registrants interested in
attending email: info@cotbc.org

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.

