



**RESPONSE TO CONSULTATION OF THE COLLEGE OF OCCUPATIONAL THERAPISTS OF
ONTARIO REGARDING PROPOSES CHANGES TO
THE STANDARDS OF OCCUPATIONAL THERAPIST ASSESSMENTS**

September 2020

The Ontario Society of Occupational Therapists (OSOT) is pleased to have had the opportunity to review the Draft Standards for Occupational Therapist Assessments circulated by the College of Occupational Therapists of Ontario for stakeholder consultation on August 11, 2020. We are pleased to forward the following comments and input to contribute to the development of meaningful, fair, and clear standards.

Overall, the reorganization and re-wording of this Standard is helpful to highlight the important minimum expectations for assessment. The simplified language and removal of a portion of text helps occupational therapists focus on the indicators of which they are being held accountable.

Understanding that the name change of this document is to reflect that the occupational therapist is doing the assessment rather than the profession (“occupational therapy”), and, to be consistent with the titles of the other Standards of Practice, it is recommended that the title be “Standards **for** Occupational Therapists’ Assessment”.

Introduction and definition of Assessment

Ongoing acknowledgement that assessment is the foundation of occupational therapists’ clinical decision-making and work with clients is appreciated. Although the definition of assessment has not significantly changed, the explanation and wording around this has been tightened and provides a brief overview of the context in which the Standard is being placed.

The overall re-organization and update of the text is clear and provides occupational therapists with a more succinct and precise document. The removal of the “Steps” from the Standard makes the overall flow of the assessment process more fluid, allowing for variation in practices and the ability to move between (forward and backward) the components.

The updating of the titles for the sections makes their contents clear and easy to access.

Standard 1 – The occupational therapist will establish a personal scope of practice and demonstrate knowledge, skills, and judgement to practice within this scope prior to accepting referrals.

OSOT offers no objection to this standard or the specific performance indicators. In 1.4 we note that explaining the role and responsibilities includes “all stakeholders”, however, at this point in the assessment process, the client/SDM may not have provided consent to discuss assessment (or services) with others. It may be too early to identify “all” stakeholders so this requirement may not be possible this early in the assessment process. It is recommended that the word “all” be removed or that this indicator be added to Standard 3 where consent is obtained.

Standard 1.5, “Perform occupational therapist assessments in accordance with the Standards of practice and the Code of Ethics” also seems to be prematurely placed in the “Service Initiation” section and may be better placed in Standard 4, Assessment.

Standard 2 - The occupational therapist will screen the referral and gather sufficient information to determine whether or not to proceed with the occupational therapy assessment.

To maintain consistency with the other indicators, “An OT will:” should be changed to “An occupational therapist will:”. To maintain consistency with the title change of this Standard, should the Standard statement be changed to “...or not proceed with the occupational therapist assessment”?

In indicator 2.2, “Gather and review client information to determine whether or not to proceed with the assessment and communicate this finding to the client/SDM and referral source (if appropriate)” this is listed prior to client consent, which may be necessary in collecting information, for example, speaking to doctors, teachers, etc. It is recommended that clarification be made to gathering information to which the OT is permitted to access (e.g. through the referral information) or in which the OT has authorization from the client to gather (e.g. client has already permitted access to a record).

In indicator 2.3, “Prevent and manage any actual, potential, or perceived conflicts of interest prior to proceeding with the assessment” there is no mention of identifying/recognizing the conflict. The *Standards for Prevention and Management of Conflict* and the proposed amendments to the *Code of Ethics* do include a focus on how to recognize conflicts, and it would be beneficial to at least reference the Standards and/or *Code of Ethics* if not include the need to **recognize**, prevent and manage conflicts.

Standard 3 – The occupational therapist will ensure the necessary consent is obtained from the client/SDM in accordance with the Standards for Consent.

The specific requirements in indicator 3.2 greatly exceed the minimum requirements of the *Health Care Consent Act, 1996*, and are very prescriptive. The prescriptiveness of this indicator is not consistent with the requirements of the rest of the Standard.

Indicator 3.5, “At the onset of service, clarify expectations about how the information will be shared” is encompassed in 3.4 “Ensure appropriate consent is obtained to collect, use, and **disclose** personal health information and assessment results; unless not legally required to do so” and we do not feel this repetition is necessary.

Standard 4 – The occupational therapist will apply and use safe assessment methods and tools that are client-centred, and evidence-informed to assess the client’s occupational performance issues

In indicator 4.3.1, “Have the necessary training to administer the assessment tool” may lead to occupational therapists believing that all assessment tools used must have a formal training component, although many of our assessment tools can be self-learned. This statement may cause occupational therapists to believe COTO is endorsing assessment tools with formal training protocols over those that do not. This is covered under indicator 1.2, “Determine if they have the required knowledge, skills and judgment needed to deliver the service” and does not need to be indicated separately here.

Indicator 4.5, “Remain current, using relevant evidence and best practice approaches” can be seen as part of 4.2. “Select a theoretical approach, assessment methods and tools, that are appropriate to assess the client using relevant evidence and best practice approaches”. It may be useful to combine these two indicators.

Standard 5 – The occupational therapist will ensure they have sufficient information to proceed with the analysis in order to formulate professional opinions and recommendations.

We acknowledge the addition of 5.3, “Determine if the assessment represents a fair and unbiased evaluation of the client” and support this addition.

Standard 6 – The occupational therapist will document assessment methods, processes, and findings in accordance with the Standards for Record Keeping.

Although the *Standards for Record Keeping* is referenced, there is no mention of retaining or destruction of the records. We recommend that an indicator be added referencing that information documented related to the assessment must be retained and properly destroyed according to these Standards as well.

Standard 7 – The occupational therapist will ensure that relevant assessment information is communicated (results, opinions, recommendations) to the client/SDM or relevant stakeholders in a clear and timely manner.

Indicator 7.5, “Comply with current legislation when withholding all or part of the client’s record if sharing information will result in harm to the client or others” is confusing as it eludes to a “lock box” idea of withholding information the client has requested be withheld, however, in the same indicator it talks about divulging information when there is risk of harm – so withholding and sharing information? Clarification of this point may be to reword this indicator to “Comply with current legislation when withholding all or part of the client’s record poses a risk of harm to the client or others.”

Typographical Considerations:

- Page 3 and 4 – in the standard judgement (with an e), while in indicator 1.2 judgment (without an e).
- Page 7 – 5.5 needs a semi colon at the end.
- Page 8 – 6.6 needs a period at the end.

Summary of Recommendations

1. Reduce repetition and overlap of indicators with other sections. Where a point needs to be stressed, a reference to another indicator or the alternative Standard of Practice should be sufficient.
2. Ensure consistency with level of prescriptiveness/principled guidance throughout the document.
3. Rewording of some indicators is necessary to clarify the expectations.
4. Typographical considerations that were noted are communicated to be constructive.

We hope that these comments will be constructive to the Council’s review of this proposed Standards.

Sincerely,



Christie Brenchley
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