Ontario Society of Occupational Therapists

RESPONSE TO CONSULTATION OF THE COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO REGARDING PROPOSED CHANGES TO THE STANDARDS OF PRACTICE

June 2022

The Ontario Society of Occupational Therapists (OSOT) is pleased to have had the opportunity to review the proposed changes to the Standards for Practice of the College of Occupational Therapists of Ontario (COTO or the College).

General Comments

We support the direction of moving the Standards for Practice into one, practical and convenient document. The ability to "click onto" the page number in the Table of Contents would be helpful for navigating quickly to the desired section. This functionality could be highlighted by having the page numbers in a different colour, or by including a statement at the top of the document indicating the capability.

The principled, rather than prescriptive, approach to the Standards will allow for greater flexibility in applying them, but may leave some individuals with more questions on how to demonstrate adherence. Providing the College's Practice Resource Service contact information directly in the document is helpful.

It is appreciated that the new *Competencies for Occupational Therapists in Canada's (2021)* language is reflected in the revised Standards. Other language coming from new occupational therapy resources, such as the *Collaborative Relationship-Focused Occupational Therapy* and *Canadian Occupational Therapy Inter-Relational Practice Process Framework*, should also be integrated into the Standards. For example, the shift away from "client" to "individual" or "persons".

It is helpful to have resources listed within the document, however, it is not apparent when the items are hyperlinked. It is recommended that these be either italicized or in a different font colour.

To improve the readers' experience, please add colons when a list follows. Without these it is difficult to identify the connection between the list and the statement. For example: "Occupational therapists are expected to:". This is also recommended within subgroups such as for the Standards for Acupuncture, standard 1.1 (c) should include a colon after "Applications of acupuncture including:". These changes will allow the reader to follow more easily and not be distracted by a lack of punctuation. Overall, a general

review of all punctuation to ensure consistency throughout, would be beneficial (there are a few missing periods as well).

The related College documents list at the end of each Standard is helpful, however, hyperlinking to each Standard referenced within the document would add value. This allows individuals to "click onto" the associated Standard and arrive at the correct page. Hyperlinks to documents outside of the combined Standards document would also be helpful.

Standards for Acupuncture

Please consider the following:

i) Edit the first paragraph to read as follows: "Controlled acts are procedures that pose a risk to the public if not performed by a qualified practitioner. Acupuncture is a controlled act under the law as it involves a procedure performed on tissue below the dermis. Occupational therapists who are competent to perform acupuncture are authorized to do so as an exemption."

ii) Standard 1, indicator 3 – recommend hyperlinking the reference to the *Standards for Consent* to the actual Standard in the document. OSOT members are particularly concerned about the proposed infringement on their privacy relating to personal health information. While it has been identified that regulators have unique authority to access information, it has not been adequately justified to occupational therapists why the information proposed needs to be shared beyond the circle of care of the individual if there is no meaningful impact on the therapist's ability to practice. To this point, we would argue that the provisions of the existing language should suffice.

Standards for Assessment and Intervention

OSOT welcomes the addition of intervention to the current Standards for Assessment as it provides a nice flow between the two activities.

i) Standard 1, indicator 7 – the lettering should begin at "a".
ii) Standard 2, indicator 1 – recommend that the word "safer" be changed to "safe".
    a. Indicator 2.7 – remove "from others" as it is implied from the rest of the sentence.
iii) Standard 3, indicator 5 – recommend that the word "and" be replaced with "including".
iv) Standard 4, indicator 1 – recommend replacing "partnership" with "co-create" to reflect newly introduced language.
    a. Indicator 3 – the third sentence is vague. Should it read: "Plan and discuss setting or resetting client goals…."?

Standards for Consent

This is an area that occupational therapists often struggle with understanding their responsibility and how much information is needed to obtain consent. It is helpful to include the difference between informed and knowledgeable consent at the start.

i. Recommend specifying which "law" (Health Care Consent Act) in the introduction. A hyperlink would also be helpful.
ii. In the second paragraph, recommend removing "always" as "consent is ongoing" is sufficient. In addition, this paragraph is confusing as "they" can refer to either the occupational therapist or the clients. It is recommended that the third sentence start with "The occupational therapist must…." to remove any ambiguity. Finally, "power imbalance" is not defined and may benefit from being so.
iii. Standard 1, indicator 3 – would it be helpful to include the requirements for determining capacity? Healthcare Consent Act, 4 (1) "that a person is able to understand the information that is relevant to making a decision about the treatment, admission or personal assistance service, as the case may be, and able to appreciate the reasonably foreseeable consequences of a decision or lack of decision."
iv. Standard 2, indicator 1 (i) – recommend providing an example of "any authority given through a legal process…"
v. Standard 3 – recommend COTO creates an accompanying document to identify the three privacy laws and how each would apply. This is a complex and somewhat confusing system of laws that need further explanation.
vi. Standard 4, indicators 4 and 6 – these are duplicative of Standard 3, indicator 1. Should the OT understand the laws and follow the requirements, indicators 4 and 6 repeat this requirement.
    a. Indicator 3 – this seems out of place here and is covered in the Standards for Record Keeping - Standards 6 and 10. Consider if the duplication between these Standards is necessary.
vii. Standard 6 – the use of "safely and securely" in the Standard statement seems out of place as the indicators relate to withdrawal of consent only. If required to remain, recommend connecting these to the indicator requirements in a more direct manner.
    a. Indicator 3 – recommend adding "if known" to the end as the reason(s) for withdrawal of consent may not be articulated by the individual.
    b. Indicator 4 – repetitive – is not needed again here.
viii. Standard 7, indicator 4 – the introduction of the privacy commissioner here seems out of place, should this fall under record keeping?

Standards for Infection Prevention and Control (IPAC)

i. Standard 1 – recommend an additional indicator or incorporate wording into 1.5 relating to using clinical judgement to either not enter a situation or find an alternative option should the situation be too risky. Currently, indicator 5 makes it sound like the OT should try to make their visit even if it puts them at risk.

ii. Standard 2, indicator 3 – referring to other guidance documents for IPAC for acupuncture is not necessary. It is more helpful to direct individuals directly to the Standards for Acupuncture (which do not go into details about IPAC measures). It may be helpful to include links to specific guidelines (if known).

Standards for Professional Boundaries and the Prevention of Sexual Abuse

---

i. Introduction – final paragraph refers to the OT's "licence to practise", however, should it be a "certificate of registration"?
ii. Standard 1, indicator 4 – we see the restriction of "never" forming personal relationships with clients of colleagues potentially problematic in small communities. The addition of if an "OT is or could be privy to personal information" would only be possible with client consent (to release information) which implies the OT is part of the circle of care and is directly involved in the client's care which is covered by the previous indicators.
    a. Indicator 7(b) – this would be challenging for an OT to demonstrate.
    b. Indicator 7(c) – what is the definition of "dependent"? This indicator addresses previous clients so what type of dependency would exist post-discharge?
    c. Indicator 7(d) – there is an exemption for emergencies so should this state that: "A client-therapist relationship is never resumed unless it falls under an emergency exemption"?
iii. Standard 2, indicator 2 – recommend defining power dynamics and intersectionality. Although the latter is defined elsewhere, it may be beneficial to define in in this section of the document as well.
iv. Standard 4, indicator 4 – this applies to other regulated professionals, but clarification is needed if this applies to those not regulated or health-related (e.g. personal support workers, rehabilitation therapists, teachers, etc.).

Standards for the Prevention and Management of Conflicts of Interest

---

i. Introduction – it is appreciated that the legislation was referenced but not quoted. This helps with the readability of the document.
ii. Standard 2, indicator 7(b) – recommend removing "practical" from the statement as it does not add value here. It is unlikely that OTs will suggest impractical alternatives.

Standards for Psychotherapy

---

i. Introduction – recommend adding a hyperlink to the supporting document: "When the Standards for Psychotherapy Apply".
ii. Distinguishing psychotherapy as a controlled act from other psychotherapy services –
    a. example of psychotherapy as a controlled act – we question "therapeutic use of self" as a psychotherapy technique as it is commonly used in many practice settings with a range of clients. This may generate questions from OTs if they, too, are practicing psychotherapy in settings not linked with mental health.

b. Example of psychotherapy outside of the controlled act definition – second sentence would benefit from the addition of an example of what their occupational performance may include by adding: "…not seriously impaired such that they can…."

iii. Standard 1, indicator 1 – there is an extra space between "evidence" and "informed" which needs to be removed. Clarification or a definition is needed for "integrity of the training".
   a. Indicator 2 –
      i. Recommend clarifying if the 50 hours of supervision is over a two-year period or a per year requirement.
      ii. It is helpful to assign a recommended quantity of hours, however, as this is a change from the current requirement, how will this be applied to those already engaged in a supervisory relationship? It is understood that this is only a recommendation, but there may be situations where the OT has been engaged in either significantly more or less than this and have a reaction to this guidance.
      iii. With the elimination of a five-year practice requirement before performing psychotherapy without supervision and changing the duration to two years, how will those in the process of supervision be handled? We anticipate those with more than two years' experience may be upset by this change as they may feel they have wasted time and/or money on supervision. Will there be guidance released to accompany these changes?
   b. Recommend clarifying the difference between peer and individual consultation. Should this be group and individual consultation?

iv. Standard 2 – these requirements are repeated in many other Standards for Practice and do not need to be repeated here. The only indicator that is unique is 7 which should remain.

v. Standard 3 – this seems out of place as the Standard statement is phrased in the positive but the indicators are telling us what not to do. It is our understanding that occupational therapists are not able to delegate the performance of psychotherapy to others so the Standard statement is misleading. Further clarification on students and re-entry candidates is needed as they are not yet regulated and therefore do not fall under the RHPA to perform controlled acts. In the case of students, they do not have two years' experience (as indicated in standard 1.2) and would require supervision. It may be clearer to state that psychotherapy cannot be delegated and students and re-entry candidates require supervision as per standard 1.2.

vi. Standard 4 – the use of "also" and "as well" within the same sentence is redundant. We recommend the removal of "also".

Standards for Record Keeping

i. Standard 1 – it is appreciated that this Standard reflects the new competency expectations to respect the client and use language that is appropriate, particularly when the client can request access to their record. However, is there a risk that an occupational therapist worries about how their record would be viewed by their client that they choose not to document some information as they are not yet proficient at the appropriate language?
   a. Indicator 1 – it is unclear how information is ethical. Should this be "accurate" instead?

ii. Standard 3, indicator 4 – the first sentence should read "….group therapy in which clients participate…" The last sentence in this indicator is repetitive and is not necessary.

a. Indicator 6 – we are not aware of any controlled acts that OTs are permitted to delegate so is this needed?

iii. Standard 4 – this section also includes designation and we recommend the statement be changed to: “Apply signature and designation correctly”.

iv. Standard 5, indicator 2(d) - this is repetitive and is not needed.

v. Standard 6, indicator 5(d) – should this begin with “Placing” rather than “Place”? We appreciate the addition of email in this Standard as it recognizes how many clients choose to communicate with their healthcare providers.

vi. Standard 7, indicator 1(c) – the words “if applicable” should be added.
   a. Indicator 1(g) – does the College provide any guidance on maintaining credit card information which does not fall under personal health information and would not be applicable to PHIPA requirements? Does credit card information need to be kept outside of the client file?
   b. Indicator 1(j) - does not relate to the other indicator requirements in this section. This statement may be better located in the opening statement for this Standard.

vii. Standard 9, indicator 1(a) – it is not clear what “validated by a unique identifier” means. Recommend clarifying if this is a two-factor authentication process, a search capability by either name or unique identifier, or something different.
   a. Indicator 1(b) and (f) – these indicators start off differently than the others in this section. It is recommended that they all begin with action words such as for (b) Produce a copy…. And (f) Back up files….
   b. Indicator 1(b) – recommend clarification as to whether this applies to both print and electronic records.
   c. Indicator 1(c) – recommend adding “if applicable” as multiple authors/contributors may not be relevant in a solo practice.

Standards for the Supervision of Students and Occupational Therapist Assistants

---

It is appreciated that these Standards have come together within one set of requirements. Some clarification if Standards/indicators apply to both students and OTAs equally is needed.

i. Standard 3, indicator 3 – experience and competence are different and should either be expressed as different, or we recommend removing “experience” from the list.
   a. Indicator 7 – recommend clarifying if the occupational therapist needs to co-sign documentation.

ii. Standard 5 – introduction – taking on students helps build the occupational therapy body of knowledge but does not contribute to competencies of the profession. It contributes to developing competencies in the students who will join the profession. The wording needs to be clearer.
   a. For traditional supervisory situations – this section specifies where the OT is “on-site” but can this include virtual/remote supervision within the same organization? Recommend clarification that this extends to supervision that may be through technology.
   b. Indicator 3(b) – “weaknesses” is not a commonly used term anymore; can this be replaced with “opportunities” or “areas for improvement”?

c. Indicator 5(d) – this may be challenging in some systems and is a new requirement. The College may receive some criticism for this change.

Standards for Use of Title

---

i. Standard 1 – the inclusion of "own" in the Standard statement is not necessary.
   a. Indicator 6 – does this apply to only University degrees? What about college or other degrees? Recommend clarifying.
ii. Standard 4, indicator 3 – a space is needed in the "MSc (OT)" designation.
iii. Standard 5 – indicators 2 and 3 can be combined into one sentence.

Thank you for creating a single document containing all Standards for Practice. The profession has a convenient single place to access their requirements.

Please contact me should you require any clarification, or wish to explore comments further.

Sincerely,

Marnie Lofsky, OT Reg. (Ont.), MA (Leadership)
Executive Director
Ontario Society of Occupational Therapists

110 Sheppard Ave. E. Suite 810
Toronto, Ontario M2N 6Y8
www.osot.on.ca osot@osot.on.ca