

Considerations for Virtual Practice

Originally Prepared March 20, 2020

Updated October 2021

ACOT uses the term *Virtual Practice* to describe the use of information and communications technologies (ICTs) such as telephone or videoconferencing as an alternative to in-person/face-to-face service delivery when a client and OT are in different locations. The use of ICTs in health service delivery is also referred to as telehealth, telerehabilitation, telepractice, virtual care, virtual health, remote service delivery, online service delivery, etc.

The practice and delivery of occupational therapy (OT) services through the use of ICTs has become increasingly prevalent as a result of the COVID-19 pandemic. During the pandemic, virtual practice was adopted as an Infection Prevention & Control measure (substitution) which permitted continuity of care particularly during outbreaks and lockdowns. Virtual practice also enables increased access to OT services for individuals living in rural and remote areas as well as increased access to unique/specialist OT services for all clients, regardless of where the client or OT/support personnel they supervise are physically located.

Despite the prevalence and increasing ubiquity of virtual practice as a mode of service delivery, the move to virtual delivery of OT services should be undertaken with careful consideration. The primary considerations for OTs to keep in mind and address prior to proceeding with virtual practice have been outlined below.

Equivalency of In-Person Services to Virtual Services

When health professionals engage in the provision of services through virtual means, they are expected to deliver services that meet the same expectations for quality of care as services delivered in-person. Prior to proceeding with virtual service delivery, OTs are expected to review the research evidence for virtual practice for both the type of services they will be providing and the client population they are serving. OTs are also expected to convey the risks, benefits and limitations of virtual practice to their clients via the informed consent process as they would if the services were delivered in-person.

Information Privacy and Security

As per ACOT [Standard of Practice](#) 1.2, you are expected to be aware of and comply with regulatory and professional legislation that applies to your practice area/practice setting:

"the occupational therapist shall be knowledgeable of and adhere to all relevant public protection legislation, regulatory and professional legislation, bylaws, standards of practice, and code of ethics applicable to his/her/their occupational therapy practice."

ACOT [Code of Ethics](#) indicator 1.6 also requires OTs to:

"safeguard client information from unwarranted disclosure."

Privacy is paramount when delivering OT services in-person or through virtual means. To protect the transmission of personal and health information, the chosen application must provide end-to-end security and comply with the legislative requirements that apply in your situation. Depending on your employer or whom you are contracted by to provide services, you will either need to adhere to the requirements outlined in Alberta's Health Information Act (HIA), the Freedom of Information and Protection of Privacy Act (FOIP), the Personal Information Privacy Act (PIPA) and/or the federal government's Personal Information Protection and Electronic Documents (PIPEDA). If your client resides/is physically located outside of Alberta, you are also required to ensure adherence to the privacy legislation of the province/territory/state/country both you and your client are physically located in at the time of service delivery.

Alberta's Office of the Information and Privacy Commissioner (OIPC) has prepared an advisory document on [electronic communication with clients](#).

Although not all OTs work for employers listed as custodians or affiliates under the *Health Information Act*, the recommendations in the OIPC document are considered best practice to ensure the security of the personal and health information of your clients. See ACOT's [Information Privacy and Disclosure Legislation](#) practice guideline for the listing of custodians and affiliates listed in HIA, as well as information on the other information privacy legislation relevant to OT practice.

Application Functionality

ACOT cannot recommend or endorse any particular videoconferencing application, service or platform. When choosing a videoconferencing application, you will want to consider:

- Privacy features (i.e., encryption needs and/or potential hacking) and security settings
- Cost of the application
- Available features and technical supports offered (e.g., to assist with troubleshooting before or during sessions)
- Your own and your client's home technology/wireless and/or data capacity
- Speed of transmission – available bandwidth (can vary across the province and even certain times of day resulting in pixelated/freezing video and/or choppy audio)
- Whether your employer permits use of an application

Other Important Considerations

Regardless of the application selected, OTs need to be mindful of:

- What services can you reasonably and ethically offer - while some screening, consultative, or psychosocial interventions may lend themselves well to remote provision, other services may not be possible, might need to be modified, or may pose ethical risks that outweigh the benefits. As well, some standardized assessment tools or certain psychotherapeutic modalities may not be validated for virtual administration.
 - Check with the assessment tool/modality developer beforehand to review risks and limitations of remote/virtual delivery and get client to consent for (and document) any deviation from or modification of standard test administration or therapeutic modality protocols.

- Some assessment tool developers have made statements about modifications to administration and the impact on tool reliability/validity (for example, see the [Pearson Assessments](#) site for telepractice resources).
- Your own competence, and the competence of the support personnel you supervise, to provide the services virtually. OTs are responsible for ensuring they, and any staff/students under their supervision, have the knowledge, skills and abilities required before they deliver services virtually.
- Facilitation/support on the remote end – does someone need to be available to support the client with their technology or activities?
- Dedicated/private space – ensuring content cannot be overheard by others for both yourself and your client.
- Emergency plans for adverse or unexpected events; including awareness of local emergency and/or support resources.
 - In the case of psychosocial interventions or any other services where there is risk of adverse or unexpected events, be sure to confirm the location/address where your client is physically situated before each session, so you know where to direct emergency services if needed.
- Whether your funding source (e.g., contracting organization, client's insurance plan) accepts and/or reimburses for services delivered virtually.

Client Consent

Registered OTs are expected to obtain informed consent from their clients when there is a change in mode of service delivery. The process of informed consent should include discussion about risks, benefits and limitations associated with the delivery of services virtually and plans to deal with any issues/emergencies that may arise during a session.

IMPORTANT: A potential risk to discuss with clients/parents/guardians is the possible normalization of video interactions*, particularly with children and certain activities of daily living (ADL) interventions such as dressing/toileting. Discuss this risk with the parent/guardian and identify what you are doing to mitigate it (i.e., ensuring the parent/guardian is present and offering coaching regarding appropriate/inappropriate use of videoconferencing technology, turning off the camera during those aspects of assessment/treatment, holding off on some ADL interventions until an in-person visit can be arranged, etc.).

** not just a risk from a privacy perspective, but also a behaviour perspective; normalizing the practice of undressing/dressing in front of a video camera.*

It is up to you to determine whether your client has the capacity to consent to an alternate mode of service delivery and if not, the consent needs to be sought from the client's parent/guardian. Although ACOT does not require that consent be received in writing (it can be provided verbally), your employer may require that a more formal consent form be signed. In either case, consent must be documented in adherence with ACOT's [Standards for Documentation](#).

Liability Insurance

SAOT has received the following confirmation from their affiliated insurance provider:

“HDF Insurance has no restrictions in relation to delivering professional services virtually, as long as you are working within your scope of practice and reside in Canada.”

CAOT’s affiliated insurance provider, BMS, has provided a similar statement:

“Your CAOT Professional Liability Insurance has no restrictions in relation to delivering professional services via telehealth, as long as you’re working within your scope of practice and licensed jurisdiction (BMS & CAOT, 2020).”

Regardless, you will want to confirm with your provider that your liability insurance policy covers you to provide OT services remotely including coverage in case of security breaches.

Virtual Practice Outside of the Alberta Borders

For OTs registered to practice in Alberta, it is important to confirm where your client is located prior to service delivery. If your client is physically situated outside of Alberta at the time of service delivery (even if temporarily), you may need to be registered in the jurisdiction you are providing services to as well as where you are providing services from. Each province/state/country has different legislative, registration and professional liability insurance requirements for out-of-jurisdiction OTs; thus, registration requirements may differ.

TIP: *The three northern territories (Yukon, Northwest Territories, Nunavut) and some countries internationally, do not have OT regulatory bodies/colleges. If you are providing services to clients in a country that does not have a regulatory/licensing body for OTs, you will want to check your professional liability insurance policy to ensure you are covered to provide OT services there. As well, make sure your clients in those territories/countries know you are registered to practice in Alberta and to contact ACOT with any concerns about the services they have received.*

A memorandum of understanding (MOU) on Virtual Practice across provincial borders is close to being finalized by the provincial regulators whose legislation permits them to adopt the agreement. As not all regulators are able to adopt the MOU or implement it immediately, you are advised to confirm registration requirements with the regulatory body your client is physically situated (permanently or temporarily) prior to delivering OT services through virtual means.

NOTE: *Similar to the College of Occupational Therapists of Ontario (COTO), ACOT is adopting the intent of the MOU effective October 1, 2021. Registration requirements for OTs registered outside of Alberta who are practicing virtually with clients physically situated in Alberta have been adjusted accordingly – with some exceptions. Refer to the [Practice Across Jurisdictions](#) page of the ACOT website.*

Additional Resources*

CAOT – [Telehealth: Practical Considerations](#)

WFOT – [Position Statement on Telehealth](#) and [OT International Practice Guide](#)

Physiotherapy Alberta College + Association (PACA) - [PACA Telerehabilitation guide](#)¹

Alberta College of Speech Language Pathologists and Audiologists (ACSLPA) – [Telepractice - Information for ACSLPA members](#)¹

COTO – [Guidelines for Telepractice in Occupational Therapy](#); [New: Information on Virtual Services](#)

¹ ACOT would like to acknowledge PACA and ACSLPA for sharing their content and collaborating in the development of the original version of this practice guideline.

COTBC - [Telehealth in Occupational Therapy Practice](#)

*Please also refer to any guidance documents prepared by your employer regarding telehealth, telepractice and/or virtual health. For example, Alberta Health Services (AHS) has prepared resources relating to videoconferencing and virtual service delivery for all health professionals including a Rapid Review on [virtual versus in-person care](#) and sample scripts for [client consent](#). Access these and more from the [AHS Virtual Health](#) page.