ACOT
ALBERTA COLLEGE of OCCUPATIONAL THERAPISTS

# Standards of Practice

Practice expectations for registered occupational therapists in Alberta

Updated _____, 2023

## *Table of Contents*

***NOTE**: Items which are hyperlinked are underlined in blue and labelled with an "L". Glossary terms are indicated in **bold** with a "G" the first time they appear in each standard. The use of superscript **L** and **G** is an accessibility feature for persons using screen readers.*

*The glossary of terms used in each of the Practice Standards is included after the introduction section of this Standards of Practice document. Terms unique to the Specific Standards follow after the performance expectations for the two specific standards.*

# *INTRODUCTION*

## Background

Occupational therapists registered to practice in Alberta on the general, provisional or courtesy registers are regulated under the *Health Professions Act* L (HPA) and the *Occupational Therapists Profession Regulation* L(OTPR). Requirements to have standards of practice governing the practice of occupational therapy including the performance of restricted activities are set out in the HPA and the *To be Named Restricted Activities Regulation*. The Alberta College of Occupational Therapists (ACOT) Council is required to establish, maintain and enforce standards relating to:

- continuing competence – HPA s3(1)(c)
- the practice of the regulated profession – HPA s3(1)(c)
- the performance of restricted activities (New RA Reg sTBD)
- specifically legislated requirements outlined in HPA s133.1 (preventing sexual abuse and sexual misconduct) and HPA s133.2 (preventing female genital mutilation).

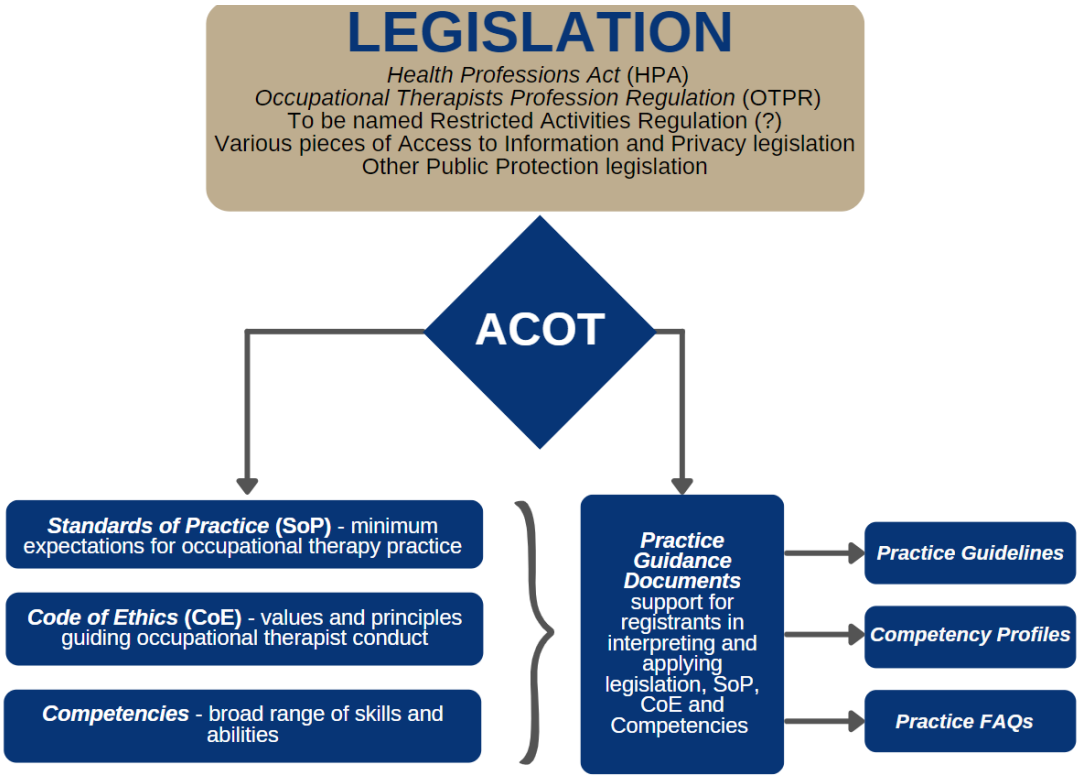
The Standards of Practice are one of the professional practice resources developed or adopted by ACOT. Together with overarching legislative requirements, these documents inform and guide the professional expectations and obligations of registrants when practicing occupational therapy in Alberta.

This iteration of ACOT's Standards of Practice aims to capture ACOT's commitment to examine and address the ways in which systemic racism and other forms of oppression manifest within ACOT and the profession of occupational therapy. Racism and other forms of oppression impact registered members of ACOT and the clients and colleagues with whom they work; they are perpetuated within the systems that occupational therapy services are provided (i.e., education, health, social, justice).

Content included in each Standard of Practice reflects the expectations for occupational therapists in Canada "*to acknowledge and respond to the history, cultures and social structures that influence health and occupation"* and *"create culturally safer relationships and anti-racist and ethical spaces"* in their practice (p.13; Competencies for Occupational Therapists in Canada L (ACOTRO, ACOTUP, CAOT 2021).

There is also a standard outlining expectations for how registrants can demonstrate their commitment to equity and culturally safer practice (p.23; Acting Against Racism and Intolerance Final Report L (ACOT 2021).

Where the Standards of Practice sit within the overall structure of governing authority for the practice of occupational therapy in Alberta is depicted in the graphic and described in the table on the following page.




| Governing Authority for the Practice of Occupational Therapy in Alberta | |
|---|---|
| ***Health Professions Act*** **(HPA)** | The Act that governs the practice of 29 health professions. It sets out standard processes for colleges relating to registration, continuing competence, and complaints and discipline. |
| ***Occupational Therapists Profession Regulation*** **(OTPR)** | The Regulation that governs the profession of occupational therapy. It sets out more detailed provisions regarding register categories, requirements for registration application and renewal, and protected title. |
| ***Standards of Practice*** **(SoP)** | The set of regulatory requirements which define the minimum expectations for the practice of occupational therapy that result in the delivery of ethical, accountable and effective services. |
| ***Code of Ethics*** **(CoE)** | The set of values and principles intended to be used in all contexts and for all levels of ethical decision-making to guide the conduct of occupational therapists in Alberta. |
| **Competencies for Occupational Therapists in Canada (2021)** | The broad range of skills and abilities required of all occupational therapists at every stage of their career. OTs are expected to use the competencies to inform their practice and professional development/competence needs. |
| **Practice Guidance Documents** | Practice guidance documents (i.e., Practice Guidelines, Competency Profiles, Answers to Frequently Asked Questions - Practice FAQs) are prepared to support registrants in the interpretation and application of legislative and other regulatory requirements including the Standards of Practice, Code of Ethics and Competencies. |

All registrants of ACOT are accountable for practicing in accordance with the legislation, Standards of Practice and Code of Ethics regardless of role/responsibilities/job title, practice area/setting, years in practice or level of experience. Practicing in breach of the Standards of Practice or Code of Ethics may constitute unprofessional conduct, as defined in the HPA.

- Registrants are expected to overlay professional judgment, best practice evidence and what they know of their practice context and the client's context when interpreting and applying the requirements, expectations and obligations outlined in the Standards of Practice and Code of Ethics.
    - A registrant must be able to provide reasonable rationale when these expectations cannot be met, including which client or contextual factors required a deviation from the expectations.
- If workplace policies conflict with the Standards of Practice, registrants are to collaborate with their employer to identify and work towards resolving the differences in the best interest of the client.

## Purpose of the Standards of Practice

Standards of Practice have different purposes depending on who is using them.

- Registrants use the Standards of Practice, together with their professional judgment, best practice evidence and awareness of the practice context, to guide daily practice. A registrant, when requested by ACOT, must be able to demonstrate how their practice meets the performance expectations outlined for each standard.

- ACOT, within the mandate of serving the public interest, uses the Standards of Practice to inform registrants of the minimum requirements of professional practice. They are used in the Continuing Competence Program and for Competence Assessments. They are also used to frame responses to registrant questions or concerns about practice and in addressing/processing complaints of unprofessional conduct.

- Occupational therapy clients and the public may refer to the Standards of Practice to gain understanding of what they can expect from an occupational therapist.

- Managers/Employers of occupational therapists can use the Standards of Practice to guide development of program or position/job descriptions, roles/responsibilities and/or to evaluate employee performance.

- Educators and students use the Standards of Practice to inform curriculum content and student placement/entry-to-practice expectations.

- Other health professionals/service providers may use the Standards of Practice to provide insight into roles/responsibilities, overlapping or complementary areas of practice and/or to highlight opportunities for collaborative practice.

## How the Standards of Practice are Organized

The Standards of Practice outlined in this document are organized according to whether they guide the practice of the profession (Practice Standards) or are specifically required by legislation (Legislated Standards). Each standard includes the following:

- A Standard statement that summarizes the expected performance of a registrant.

- An Expected outcome statement describing what a client can expect from an occupational therapist/occupational therapy services.

- Performance expectations outline the expected actions/behaviors of a registrant to show the standard has been met. The expectations are not all-inclusive nor are they listed in order of importance.

- Related standards that support or complement the expectations outlined in a specific standard.

- Supplemental resources that are either references for the content within a standard or provide additional information related to each standard.

## Use of the terms “client,” “patient,” and “occupational therapy service(s)”

The term “client” is used throughout the Standards of Practice document except in the Sexual Abuse and Sexual Misconduct standard where the term “patient” is defined and used according to the requirements outlined in the HPA. The term “client” refers an individual (and their family/care partners as appropriate), group, organization, community, population, system or combination of these with whom an occupational therapist provides services (in both clinical and non-clinical settings).

For occupational therapists in school/early childhood services settings providing general/ or universal recommendations in a consultant role prior to identifying more targeted/individualized student needs, a client may be the teacher(s) or school administrators.

For occupational therapists in non-clinical settings/roles such as clinical/professional practice support, management/leadership, research/academia, policy development or post-secondary education, etc., clients may include a team of occupational therapists/other service providers; a program/project being managed or evaluated; research participants and/or the beneficiaries of the knowledge acquired from research; persons, communities or organizations impacted by a policy decision; or post-secondary students to be educated.

The term "occupational therapy service(s)" or “service(s)” is used throughout the SoP to encompass all aspects of occupational therapy service delivery. Occupational therapy services include activities/actions undertaken throughout the process of determining and addressing a client’s occupational therapy needs, priorities and goals. For occupational therapists working in non-clinical settings/roles or with communities, populations or systems, occupational therapy service delivery may look different than in clinical settings/roles, however a similar process for service delivery is often followed.

## Acknowledgments

The Standards of Practice included in this document were coproduced in consultation and collaboration with registrants, members of the Standards of Practice and Code of Ethics Refresh Project working groups and steering committee, colleagues from other Alberta regulators and other key partners.

ACOT respectfully acknowledges the content taken and adapted from the standards of practice of other regulatory organizations in Alberta and Canada.

Questions regarding ACOT's Standards of Practice and occupational therapy practice can be directed to info@acot.ca or by calling 780.436.8381.

## *GLOSSARY of TERMS*

**Assent** refers to the agreement to proceed with services by someone who does not have the capacity to provide valid informed consent (e.g., a child or an individual with a cognitive impairment) but may still have the ability/desire to indicate a preference or choice to proceed or continue with services.

**Capacity** refers to an individual's ability to understand the information that is relevant to the making of a personal decision and to appreciate the reasonably foreseeable consequences of the decision or lack of decision. The age of capacity to consent to healthcare services in Alberta is 18 years unless a child is determined to be a **mature minor**. If there is legitimate reason to believe an adult is unable to make their own decisions, a formal **capacity assessment** can be initiated.

> **Capacity Assessment** refers to the formal assessment undertaken to provide the Court with information to help determine whether a **substitute decision maker** should be appointed for an adult. In Alberta, a formal capacity assessment can only be performed by a physician, psychologist or designated capacity assessor.
>
> **Mature Minor** refers to a person under the age of 18 (minor) who is recognized as being sufficiently mature to appreciate the nature and consequences of proposed services and provide their own **informed** and **ongoing consent** (known as the mature minor doctrine).

**Client** is an individual, group, organization, community, population, system or combination of these with whom an occupational therapist provides services.

**Collaborative** (or collaboratively) refers to the process of developing and maintaining effective relationships with clients and interprofessional colleagues through clear communication to enable optimal health, education or social outcomes. Elements of collaborative practice include respect, trust, shared decision making, role clarification and partnership in service delivery.[3] In occupational therapy, *collaborative relationship-focused practice*[4] is an approach that attends to the relational aspects of the therapist and the clients who use occupational therapy services while taking into consideration the multi-layered **contexts** in which people live and occupational therapy services occur.[4]

**Competence** - the *Health Professions Act* (HPA) s1(1)(f) describes competence as the combined knowledge, skills, attitudes and judgment required to provide professional services. A more comprehensive definition of competence is used in this standards of practice document:

> "*the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served*"; it is "*developmental, impermanent and context-specific*."[5] (p. 226)

Competence is developed, maintained and enhanced via **reflective practice** and participation in learning activities undertaken throughout an individual's life/career span.

**Competence Committee** is the committee established by Council in accordance with the HPA which has the authority to establish the policies and procedures for ACOT's Continuing Competence Program (CCP) and Competence Assessments (i.e., review and evaluation of CCP submissions and practice visits). An ACOT staff member(s) or a registrant in good standing may act as a delegate of the Competence Committee.

**Competencies for Occupational Therapists in Canada** refers to the nationally adopted document that describes the broad range of skills and abilities required of all occupational therapists at every stage of their career. OTs are expected to use the Competencies for Occupational Therapists in Canada to inform their practice and professional development needs.

**Context(s)** refers to factors that can influence occupational therapy services. Context includes a client's immediate environment such as the client's own state of health and function, availability of family, friends or other care partners, and the physical environment they move through (micro context), the policies and processes embedded in the health, education and social service systems that more directly affect the client (meso context) or the larger, broader socioeconomic and political context around the client (macro context).[2,3]

**Continuing Competence Program (CCP)** is the program established by Council whereby registrants report and reflect on their participation in learning activities undertaken to maintain and enhance their competence and the quality of their practice throughout their career. Examples of learning activities include but are not limited to attending or presenting at conferences/workshops, seeking out/being a mentor for colleagues or students, consulting or networking with others, conducting research or program evaluation, academic or self-directed study, reflective journalling, etc. Details of ACOT's CCP are included in the **Continuing Competence Program Manual**.

**Continuing Competence Program Manual** refers to the supplemental policy document that consolidates the details of ACOT's CCP including what registrants must include in their CCP submission for it to be deemed satisfactory.

**Culturally safer** is used in this standards of practice document to capture the concept of cultural safety while also acknowledging that the notion of safety is determined by the client not the person providing the services.

Culturally safe services are free of racism and/or any form of oppression and discrimination based on a client's **personal characteristics and attributes**. A commonly used definition of cultural safety is: "*an environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of any aspect of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge, and experience of learning together."* [1] A registrant is expected to strive for safety in practice, however, they are not the one deciding whether the client feels safe.

Culturally safer approaches to service delivery consider the social, political and historical contexts in which occupational therapy or other health, education and social services occur. Culturally safer approaches require awareness of power imbalances that affect relationships and communication with clients and colleagues. Culturally safer approaches to service delivery require a registrant to come to the client-therapist relationship with respect and **humility** rather than presenting as an authority or expert.[2,3]

**Duty to report** refers to a registrant's legal responsibility to report in specifically defined situations such as abuse of a child or a person in care (under public guardianship), when a person poses a serious threat of harm to themselves or others, or in the case of sexual abuse or misconduct or female genital mutilation by a regulated health professional.

**Informed consent** occurs following a process of discussion leading to an informed choice/decision. In order to be valid, consent must be:

- given by a person with **capacity** (see also **assent**)
- specific to the proposed service
- given by a client or substitute decision maker who is informed
- given voluntarily
- **ongoing**

**Ongoing consent** is the practice of confirming consent to proceed/continue with services even if informed consent to services has been previously provided. It acknowledges the client's right to withdraw consent at any time. Receiving ongoing consent to services is particularly important if a registrant has doubts about a client's wishes, there is a change in the service plan, or the services involve touch, disrobing, or potential physical/emotional discomfort.

Consent provided may be **explicit** or **implied** from the circumstances.

**Explicit consent** refers to the direct, expressed agreement for a specific service given either verbally (e.g., spoken, conveyed via an interpreter), in writing or via a reliable form of non-verbal communication. The term 'explicit consent' is often used interchangeably with 'express consent'.

**Implied consent** refers to consent which is inferred from the words or behaviour of the client, or surrounding circumstances, which show the client's willingness to receive services. Caution should be used when relying on implied consent; it is best practice to reaffirm the client's ongoing consent by asking for their explicit consent.

**Needle acupuncture** refers to the insertion of acupuncture needles below the level of the dermis into specific points in the body with the intent to stimulate and balance the flow of energy (traditional Chinese principles) and/or to stimulate a neurophysiological response in the body (western principles). Non-needle acupuncture techniques such as acupressure, laser and cupping are also used. A registrant authorized to perform acupuncture (using any technique) does so as a means of optimizing a client's health or ability to engage in daily activities.

Details regarding the authority for occupational therapists to perform needle acupuncture is set out in s18 of the OTPR - Special authorization restricted activities which states

***18*** *For the purpose of needle acupuncture, only a regulated member who has provided evidence to the Registrar of having successfully completed advanced training approved by the Council and the Registrar so indicates it on the regulated members register may, in the practice of occupational therapy and in accordance with the standards of practice governing the performance of restricted activities approved by the Council, perform the restricted activity of*

*(a) cutting a body tissue, or*
*(b) performing other invasive procedures on body tissue*

*below the dermis or mucous membrane.*

**Non-regulated person** refers to a person who, following academic and/or on-the-job training, performs activities that are assigned and supervised by an ACOT registrant. Non-regulated persons may have a variety of working titles including but not limited to, support personnel,

therapy/therapist assistant or therapy aide. They may also be students in therapy assistant training or other education/training programs.

**Occupational therapy service(s)** (or services) refer to the services provided within what is described as *occupational therapy practice* as set out in section 3 of Schedule 15 of the HPA which states:

***3*** *In their practice, occupational therapists do one or more of the following:*

*(a) in collaboration with their clients, develop and implement programs to meet everyday needs in self care, leisure and productivity,*

*(b) assess, analyze, modify and adapt the activities in which their clients engage to optimize health and functional independence,*

*(c) interact with individuals and groups as clinicians, consultants, researchers, educators and administrators, and*

*(d) provide restricted activities authorized by the regulations.*

Occupational therapy services include activities/actions undertaken by an occupational therapist, or the person(s) they employ and/or are responsible for supervising, throughout the process of determining and addressing a client's needs, priorities and goals.

**Occupational therapy student** refers to a student enrolled in an occupational therapy program approved by Council who is supervised by an ACOT registrant.

**Personal characteristics and attributes** refer to the aspects of a person's identity including but not limited to race, ethnicity, skin colour, language spoken, religion/spirituality, gender identity or expression, sexual orientation, variabilities in physical and mental health, ability/disability, age, marital status, family status, education, socioeconomic status, personality, etc.[1]

**Professional Boundaries** refers to the framework within which the client-therapist relationship takes place. Each person's boundaries will be unique to their own experiences. Appropriate professional boundaries set the parameters within which occupational therapy services are delivered and contribute to a client's experience of safety in service delivery.

**Reflective Practice** refers to the structured, purposeful and critical examination of a registrant's own knowledge, skills and personal/practice experience. Reflection is part of practice reasoning – the critical thinking and decision-making processes that guide quality and ethical practice.[3]

> **Reflection on practice** refers to a retrospective analysis of a practice situation as a means of determining what went well and/or what could have gone better. It is a way of generating ideas for alternate approaches and strategies to incorporate when facing similar practice situations in the future.
>
> **Reflection in practice** refers to the analysis of a practice situation while it is occurring. It involves analysis and determination of an alternate approach or strategy in the moment.
>
> **Critical reflection** goes beyond reflecting in and on practice. It requires the registrant to consider and challenge the ways in which their personal and societal assumptions and existing social systems/structures of power keep inequities and injustices in place.[3]

**Restricted activities** are high risk activities performed as part of providing a health service that

require specific competencies and skills to be carried out safely. Restricted activities, which are listed in Schedule 7.1 of the *Government Organization Act*, are not linked to any specific health profession and a number of regulated health professionals may perform a particular restricted activity.

The list of restricted activities occupational therapists are permitted to perform if they are competent to do so, and the restricted activity aligns with occupational therapy practice, is included in s17 of the OTPR:

***17** A regulated member may, in the practice of occupational therapy and in accordance with the standards of practice governing the performance of restricted activities approved by the Council, perform the following restricted activities:*

*(a) to cut a body tissue, to administer anything by an invasive procedure on body tissue for the purpose of administering injections and providing wound debridement and care;*

*(b) to insert or remove instruments, devices or fingers*
- *(i) beyond the cartilaginous portion of the ear canal,*
- *(ii) beyond the point in the nasal passages where they normally narrow,*
- *(iii) beyond the pharynx,*
- *(iv) beyond the opening of the urethra,*
- *(v) beyond the labia majora,*
- *(vi) beyond the anal verge; or*
- *(vii) into an artificial opening in the body;*

*(c) to set or reset a fracture of a bone for the purpose of splinting hands, arms, feet or legs, applying fracture braces and performing cranioplasty;*

*(d) to reduce a dislocation of a joint except for a partial dislocation of the joints of the fingers and toes;*

*(e) to administer diagnostic imaging contrast agents;*

*(f) to fit an orthodontic or periodontal appliance for the purpose of fitting a mouth stick or mouth splint;*

*(g) to perform a psychosocial intervention with an expectation of treating a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs*
- *(i) judgment,*
- *(ii) behaviour,*
- *(iii) capacity to recognize reality, or*
- *(iv) ability to meet the ordinary demands of life.*

**Registrant** refers to an individual who is registered with ACOT on the general, provisional or courtesy register.

**Substitute Decision Maker** refers to someone who is authorized to make decisions on behalf of or in partnership with a client when that client lacks the capacity to make the decision for themselves. A substitute decision maker could be an agent, co-decision maker, guardian or specific decision maker, depending on the legislation granting the decision-making authority.

**Supervision** refers to the dynamic and evolving process involving a supervisor attending to and directing what the supervised person does and how they do it.

**Direct supervision** refers to the supervisor being either physically present on-site or virtually present via real-time videoconferencing (if appropriate) to observe the assigned activity being performed and provide immediate feedback, redirection and modelling as necessary to the supervised person.

**Indirect supervision** refers to the supervisor being aware but not necessarily physically or virtually present when an assigned activity is being performed. Performance is monitored and evaluated through indirect means such as review of audio/video recordings, written records/chart notes, and/or through discussion with the supervised person, clients, family members/caregivers, team members or others as required.

**Timely** refers to happening at just the right, most useful or agreed upon timeframe; not happening too late.

ALBERTA COLLEGE of OCCUPATIONAL THERAPISTS

**Standard of Practice**

***IN PROGRESS***

## ACCOUNTABILITY and PROFESSIONAL RESPONSIBILITY

*IN PROGRESS*

## COMMITMENT TO EQUITY and CULTURALLY SAFER PRACTICE

*Reviewed by registrants in October – feedback incorporated*

# COMMUNICATION

## Standard

A **registrant**[G] identifies the person(s) with whom communication is important and necessary and communicates with them in a **timely**[G] manner that fosters an open exchange of information and promotes mutual understanding.

## Expected Outcome

A **client**[G] or colleague can expect that communication with an occupational therapist is timely and contributes to their understanding of the plan for **occupational therapy services**[G].

## Performance Expectations

A registrant:

1. Incorporates **culturally safer**[G] approaches in communication and professional interactions.

2. Demonstrates respect, compassion and accountability in spoken, nonverbal and written communication and professional interactions (e.g., in meetings with clients and colleagues, in written reports, charting or other correspondence, on social media and other public forums such as conferences).

3. Verifies each person's understanding of the information being communicated; adjusting as necessary to meet communication needs, preferences and styles.

4. Identifies potential barriers to communication and uses approaches and technologies suited to the client's needs and **context**[G]. For example, active listening, engaging family members/care partners and/or trained interpreters, use of augmentative communication technologies, provision of translated/plain language print or audio/videorecorded materials.

5. Takes responsibility to address breakdowns in communication between themselves and their clients/colleagues promptly and respectfully.

6. Promotes **collaborative**[G] practice by identifying persons with whom communication is important and communicating in a manner that fosters open exchange of information, mutual understanding, clarity of roles and coordination of services as appropriate.

   (a) Receives a client's **informed consent**[G] as required prior to communicating/sharing information with persons other than a client.

## Related Standards

Accountability and Professional Responsibility (see draft)
Commitment to Equity and Culturally Safer Practice (see draft)
Consent (see draft)

Documentation and Record Keeping (see draft)
Privacy and Confidentiality (see draft)
Service Delivery (see draft)

## Supplemental Resources

Competencies for Occupational Therapists in Canada (2021) – Domain B: Communication and Collaboration

*Reviewed by registrants Sept 2022 – Feedback incorporated*

# COMPETENCE

## Standard

A **registrant**[G] practices within their level of **competence**[G] and actively pursues ongoing learning to maintain and enhance competence in existing and/or new areas of their practice. A Registrant on the general or provisional register is also expected to meet the requirements of the Alberta College of Occupational Therapists (ACOT) annual **Continuing Competence Program**[G] and participate in competence assessments as directed.

## Expected Outcome

A **client**[G] can expect the **occupational therapy services**[G] they receive are provided by an occupational therapist who has the required and ongoing knowledge, skills, attitudes and professional judgment to practice safely and effectively.

## Performance Expectations

### *Competence in Practice*

A registrant:

1. Engages in **reflective practice**[G].

2. Practices within their level of competence, incorporating the required knowledge, skills, attitudes and professional judgment in the delivery of occupational therapy services.

3. Takes appropriate actions, and communicates the actions needed/taken, in situations where they are not competent, capable or prepared to deliver a particular service or are new to a practice area. Appropriate actions can include but are not limited to:

   (a) Requesting, seeking out and participating in appropriate education, training, mentorship or supervision to acquire competence; or

   (b) Consulting with, or referring the client to, another occupational therapist or service provider.

4. Takes appropriate actions when circumstances exist that impair the registrant's professional judgment or competence. This includes refraining from providing occupational therapy services and referring the client to another provider.

### *Continuing Competence*

As a means of demonstrating continuing competence and enhancement of a registrant's practice, a registrant on the general or provisional register:

5. Submits each year during registration renewal the Continuing Competence Program (CCP) requirements established by Council and published in the **Continuing Competence Program Manual**[G] including:

   (a) a self-assessment of the registrant's practice;

   (b) a self-directed learning plan;

   (c) any additional requirements described in the Continuing Competence Program Manual.

6. Submits as requested, evidence of completion of ACOT-directed training requirements as required by Council.

NOTE: CCP submission content and records provided by registrants will be housed in ACOT's online platform for a period of not less than ten (10) years.

### *Competence Assessments*

A registrant may be requested to participate in further assessment of the registrant's competence as directed by the **Competence Committee**[G] (or delegate) including:

7. Periodic review and evaluation of all or part of their CCP submission in accordance with criteria, policies and procedures developed by the Competence Committee and approved by Council.

8. Provision of additional evidence of having met the CCP requirements if the details provided in the registrant's CCP submission do not satisfy the criteria approved by Council.

9. Practice visits in accordance with the s51(3) of the *Health Professions Act* (HPA) and the criteria, policies and procedures developed by the Competence Committee and approved by Council.

### *Actions to be taken*

10. If the result of an assessment of a registrant's competence is not satisfactory, the Competence Committee or Registrar may direct a registrant or a group of registrants to undertake any one or more of the following within a specified period of time:

    (a) to complete specific CCP requirements;

    (b) to correct any problem identified in a CCP review and evaluation or practice visit;

    (c) to submit to periodic review and evaluation;

    (d) to report to the Competence Committee (or delegate) on specified matters;

11. If a registrant fails to comply with the requirements set out in this Standard of Practice, or as required under s51.1 of the HPA, the matter may be referred to the Complaints Director.

## Related Standards

Accountability and Professional Responsibility (see draft)

## Supplemental Resources

Competencies for Occupational Therapists in Canada (2021) – Domain D: Excellence in Practice
Continuing Competence Program Manual (to be developed)
Continuing Competence Program Individual-Level Review and Evaluation Policy and Procedures L(2022)
Continuing Competence Practice Visits Policy and Procedures L (2022)

*Open for Registrant review and comment Nov 18-28th, 2022*

# CONSENT

## Standard

A **registrant**[G] obtains **informed consent**[G] (and **assent**[G] when appropriate) for **occupational therapy services**[G].

## Expected Outcome

A **client**[G] can expect to be given the opportunity to discuss, question or refuse occupational therapy services and/or withdraw from service(s) at any time.

## Performance Expectations

A registrant:

1. Is aware of requirements regarding consent as outlined in this standard and other ACOT standards/supporting guidance document(s). This includes, as appropriate/required for their practice setting:

   (a) Having policies and procedures in place, for themselves and any persons they employ and/or are responsible for supervising, relating to consent.

   (b) Collaborating with employers/contracting organizations to ensure that policies and procedures relating to consent meet the expectations outlined in this and other ACOT standards/supporting guidance documents.

2. Presumes a client's **capacity**[G] to give, refuse or withdraw consent for services until the contrary is demonstrated. If a client does not have capacity to consent, a registrant:

   (a) obtains informed consent from a guardian or other **substitute decision maker**[G], and,

   (b) seeks the client's assent to occupational therapy services when possible.

3. Provides the information needed for a client to make an informed choice about occupational therapy services. This includes:

   (a) Incorporating **culturally safer**[G] approaches to the informed consent discussion considering factors such as the client's **personal characteristics and attributes**[G], **context**[G], preferences, priorities and goals.

   (b) Verifying a client's understanding of the information provided; adapting or repeating the information if required.

   (c) Providing a client the opportunity to ask questions and receive answers about the proposed service.

(d) Respecting a client's wishes to seek further information or involve others when making a decision to proceed with services.

(e) Ensuring that consent is given voluntarily, without coercion, fraud or misrepresentation.

3. Respects and honours a client's decision to accept, decline or end services at any time.

4. Receives **explicit consent**[G] except, when in the registrant's professional judgment, **implied consent**[G] is sufficient.

5. Revisits consent throughout the service delivery process to ensure a client's **ongoing consent**[G].

6. Proceeds with services without informed consent only if it is the best interests of the client where a delay in obtaining consent would prolong suffering or place the client at risk of serious psychological or physical harm.

## Related Standards

Accountability and Professional Responsibility (see draft)
Documentation and Record Keeping (see draft)
Privacy and Confidentiality (see draft)
Service Delivery (see draft)

## Supplemental Resources

About Capacity Assessment [L] in Alberta
Practice Guideline: Informed Consent [L] (will need to be amended to reflect new SoP)
Reflecting on Indigenous access to informed consent [L]

*Open for Registrant review and comment Nov 18-28th, 2022*

# DOCUMENTATION and RECORD KEEPING

## Standard

A **registrant**[G] maintains records that are accurate, legible, complete, written/provided in a **timely**[G] manner and are stored and/or shared in compliance with applicable legislation and regulatory requirements.

## Expected Outcome

A **client**[G] can expect that records of their **occupational therapy services**[G] are accurate, complete and are protected from unintended disclosure.

## Performance Expectations

A registrant:

1. Is aware of legislative and regulatory requirements regarding documentation and record keeping as outlined in this standard and other ACOT standards/supporting guidance documents. This includes, as appropriate/required for their practice setting:

   (a) Having policies and procedures in place, for themselves and any persons they employ and/or are responsible for supervising, relating to documentation and record keeping.

   (b) Collaborating with employers/contracting organizations to ensure that policies and procedures in place for documentation and recording keeping meet the expectations outlined in this and other ACOT standards/supporting guidance documents regarding the collection, use, disclosure, retention, security, and disposal of personal and health information.

### *Documentation*

A registrant:

2. Documents in a timely manner in accordance with requirements of referral sources, funders, contracting organizations and/or employer policies.

3. Documents factual information only; keeping in mind how the information documented in a client record will be received by a client or others who read it.

4. Keeps records that are accurate, legible and include sufficient detail to allow the client's service plan to be continued by another occupational therapist or colleague if necessary. Content within records can include:

   (a) the request for occupational therapy services,

(b) a client's **informed consent**[G] (and **assent**[G] where appropriate) to proceed with services including the participation of other service providers (e.g., students, support personnel, others). Initial informed consent can either be:

i. received from a client verbally with the details of the informed consent conversation documented in a client record, or

ii. detailed in a formal consent form that is signed by the client (or alternate if a client does not have **capacity**[G] to consent).

(c) the roles and responsibilities of those involved in the service request/plan for service (e.g., client, referral source, registrant, any persons the registrant employs and/or is responsible for supervising, etc.),

(d) risks and benefits of the service plan and what will be done to mitigate or manage risks,

(e) any results/findings and recommendations from the methods, tools and processes used to determine client needs (i.e., formal or informal screening and assessment); including rationale for any modifications to standardized test administration,

(f) service plan details including the client's priorities and goals, rationale for service plan, mode of service delivery (i.e., in-person or virtual), anticipated timeframes for service delivery, and any modifications to the service plan based on monitoring and evaluation of services,

(g) a client's **ongoing consent**[G] (**explicit**[G] or **implied**[G] as appropriate) or reasons for withdrawal of consent (if applicable),

(h) a client's progress/response to services,

(i) plans for conclusion and transition of services,

(j) relevant correspondence with the client or other key persons by telephone/videoconferencing, email, text or other messaging applications,

(k) any fees charged for services rendered or products sold,

(l) any requests for release of information including details of the request and whether records were released with or without client consent and the rationale for doing so,

(m) any other information a registrant deems is relevant to the services provided.

### *Record Keeping*

A registrant:

5. Maintains all documentation, correspondence and other records collected/stored in any form (e.g., written – paper/electronic, audio, photo or video) in compliance with applicable legislation, regulatory requirements, Standards of Practice, Code of Ethics, employer policies and/or the copyright permissions and licensing requirements of any standardized tools used (if applicable).

6. Ensures that both paper and electronic records incorporate an audit trail that clearly captures

any alterations made to a client record including who accessed the record, who made the change/addition and the date the change was made.

7. Backs-up electronic records to ensure access to client information in the event records are compromised.

8. Retains records in a manner that allows the record to be retrieved and copied upon request, regardless of the medium used to create the record.

9. Retains records for at least eleven (11) years and three (3) months after the last date of services provided or eleven (11) years and three (3) months after a client turns 18 if they were a minor when services were delivered.

10. Takes action to prevent abandonment of records (e.g., when retiring from/closing a practice).

11. Disposes of records in a manner that maintains the security and confidentiality of client information.

12. Provides a copy of records to the client upon request. Obtains client consent before providing a copy of their records to an authorized representative except where client consent to release is not required by legislation.

## Related Standards

Consent (see draft)
Privacy and Confidentiality (see draft)
Service Delivery (see draft)

## Supplemental Resources

*Limitations Act* L
Practice Guideline: Information Privacy and Disclosure Legislation L
Practice Guideline: Standards for Documentation L (will need to be amended to reflect new SoP)

*Open for Registrant review and comment Nov 18-28th, 2022*

# PRIVACY and CONFIDENTIALITY

## Standard

A **registrant**[G] upholds and protects a client's rights to privacy and confidentiality of information collected during the provision of **occupational therapy services**[G] by complying with applicable legislated and regulatory requirements.

## Expected Outcome

A **client**[G] can expect that records pertaining to occupational therapy services provided will be kept private and confidential except when their occupational therapist is permitted by law or has an ethical responsibility to release or disclose information stored in a client record.

## Performance Expectations

A registrant:

1. Is aware of and complies with the information and privacy legislation applicable to their practice setting (e.g., health system, school system, private practice) and/or the client population served (i.e., children, persons under public guardianship).

2. Ensures **informed consent**[G] is obtained prior to collecting, using, storing or disclosing client information (e.g., written – paper/electronic, audio, photo, video) and:

   (a) Only accesses and collects client information that is relevant to service delivery.

   (b) Limits disclosure of client information to person's who reasonably need to know and to the extent necessary to the circumstances.

   (c) Informs a client of the limits of confidentiality. Client information can only be disclosed <u>without</u> client consent if:

      i. Access to information and privacy legislation permits release without client consent.

      ii. A legal **duty to report** obligation requires disclosure of information for client or public safety.

      iii. A registrant has reasonable and probable grounds to believe that disclosure of information without client consent is necessary to respond to an emergency that threatens the life, health or security of a person or the public.

3. Uses appropriate safeguards to protect client information from unwarranted disclosure (e.g., locked offices/filing cabinets, use of encrypted devices/applications, secure login requirements including passwords or multi-factor authentication, encrypted documents, use

of secure information storage systems with access tracking/audit trail functions, deidentifying client records used for the purpose of teaching, research or publication, etc.).

4. Transports/Travels with client information only when essential for service delivery and uses additional safeguards to prevent a client's information from being visible to others when in public spaces.

5. Ensures all electronic communication with clients and others is done with client consent using secure, encrypted devices/applications.

   (a) Correspondence with clients via email, text or other electronic communication applications that includes information related to services delivered is considered part of a client's record and thus should be stored and retained securely along with other client documentation.

6. Avoids engaging in conversations about clients or the services provided that can be overheard, read on public forums (e.g., social media) or that otherwise breach a client's privacy and confidentiality.

7. Reports breaches of a client's personal or health information to their employer and/or Alberta's Office of the Information and Privacy Commissioner as required/appropriate.

## Related Standards

Accountability and Professional Responsibility (to be developed)
Consent (see draft)
Service Delivery (see draft)

## Supplemental Resources

*Child, Youth and Family Enhancement Act* (CYFEA)
*Children First Act* (CFA)
*Freedom of Information and Protection of Privacy Act* (FOIP)
*Health Information Act* (HIA)
*Personal Information Protection Act* (PIPA)
*Protection of Persons in Care Act* (PPCA)
Office of the Information and Privacy Commissioner: How to Report a Privacy Breach
Practice Guideline: Information Privacy and Disclosure Legislation
Practice Guideline: Electronic Communication with Clients

*IN PROGRESS*

## PROFESSIONAL BOUNDARIES

*IN PROGRESS*

## QUALITY IMPROVEMENT

*Reviewed by registrants Sept 2022 – Feedback incorporated*

# RESTRICTED ACTIVITIES

## Standard

A **registrant**[G] or anyone under a registrant's **supervision**[G], performs **restricted activities**[G] in accordance with relevant provincial legislation, regulatory requirements, and the Alberta College of Occupational Therapists (ACOT) Standards of Practice and Code of Ethics.

## Expected Outcome

A **client**[G] can expect their occupational therapist has the required knowledge, skills, attitudes and judgment to perform or supervise the restricted activities that are used in the delivery of **occupational therapy services**[G].

## Performance Expectations

### *Authorized Restricted Activities*

1. A registrant may only perform restricted activities that

   (a) are authorized to be performed in s17 and s18 of the *Occupational Therapists Profession Regulation* (OTPR) (also listed in in the Glossary of Terms under Restricted activities),

   (b) are appropriate to occupational therapy practice as described in Schedule 15 of the *Health Professions Act* (HPA) (also listed in the Glossary of Terms under occupational therapy services),

   (c) they are competent, authorized or supervised to perform,

   (d) are appropriate to the registrant's area of practice/practice context and a client's needs, priorities and goals for occupational therapy services.

2. For the special authorization restricted activity of needle **acupuncture**[G] (s18 OTPR), or any other non-needle acupuncture techniques, a registrant must provide evidence of having successfully completed, with a passing grade, formal acupuncture training with instructional, theoretical and practical components taught by a qualified acupuncture practitioner through an acupuncture program approved by Council.

   (a) This evidence must be submitted to the Registrar for review and confirmation of approval must be received prior to use of any acupuncture techniques in practice. Authorization to perform the restricted activity of needle acupuncture will be listed on the registrant's practice permit and the public registry.

   (b) The registrant is expected to notify ACOT if they are no longer competent to perform acupuncture so that the authorization to perform needle acupuncture can be removed from the registrant's practice permit and the public registry.

3. An **occupational therapy student**[G] or a **non-regulated person**[G] is permitted to perform the restricted activities referred to in s17 of the OTPR (but not s18 – needle acupuncture) with the consent of and under the supervision of a registrant according to any other requirement set out in this Standard of Practice.

### *Performing Restricted Activities*

A registrant:

4. Assesses and documents the risks and benefits associated with use of a restricted activity in occupational therapy service delivery prior to performing or supervising the restricted activity, and

   (a) explain the rationale for the restricted activity to the client,

   (b) communicate the risks and benefits to the client and obtain and document **informed consent**[G] to proceed,

   (c) employ appropriate risk mitigation strategies and adjust service plans as required to address risks and enhance benefits.

5. Monitors and evaluates the client's response to the restricted activity and adjust use of the restricted activity as required.

6. Ensures strategies are in place to address any critical or unexpected occurrences associated with the use of the restricted activity.

### *Supervision of Restricted Activities*

7. In addition to any other requirement set out in this Standard of Practice, a registrant who supervises a person performing a restricted activity is responsible for the restricted activity performed and must:

   (a) be competent to perform the restricted activity in question without supervision;

   (b) be satisfied with the knowledge, skill and judgment of the supervised person performing the restricted activity;

   (c) ensure it is safe and appropriate for the supervised person to perform the restricted activity with the particular client;

   (d) obtain and document informed consent for the restricted activity to be performed under supervision, unless consent is not possible because of emergency;

   (e) determine, provide and document the degree and frequency of supervision required to ensure ongoing safety and effectiveness of the restricted activity.

8. For occupational therapy students, the supervising registrant must be able to observe and promptly intervene to stop or change the actions of the student who is under supervision. The supervising registrant shall either be

   (a) present in the room or via videoconference (if appropriate to the restricted activity) and available to provide **direct supervision**[G] of the restricted activity being performed, or

(b) not present in the room but is available for consultation (onsite or via telephone or videoconference) if the supervising registrant has determined through direct supervision, that the student is able to safely and effectively perform the restricted activity with **indirect supervision**[G]. In this case, the supervising registrant is responsible for reviewing the activity performed by the student.

9. For other non-regulated persons, once the supervising registrant has determined that the non-regulated person is able to safely and effectively perform the restricted activity, the supervising registrant shall either be

   (a) on-site and available for consultation and to assist while the non-regulated person is performing the restricted activity; or

   (b) not on-site but available for consultation (via telephone or videoconference) if the supervising registrant is of the opinion that the non-regulated person does not require the supervising registrant to be on-site for consultation as described in 9(a). In this case, the supervising registrant is responsible for reviewing the activity performed by the non-regulated person.

10. A registrant may supervise other ACOT registrants, other regulated health professionals or non-regulated service providers who require supervised practice to attain or maintain competence in performing a restricted activity if:

    (a) the supervised regulated health professional or service provider is also authorized by regulation to perform the restricted activity and is doing so in accordance with the requirements of their own regulatory college (or regional health authority in the case of non-regulated service providers providing addictions counselling under the *Restricted Activities Authorization Regulation*).

    (b) the supervising registrant is doing so in accordance with the requirements set out in this Standard of Practice.

## Related Standards

Accountability and Professional Responsibility
Competence (see draft)
Consent (see draft)
Safety and Risk Management (see draft)
Service Delivery see draft)
Supervision (to be developed)

## Supplemental Resources

*Name of restricted activity Regulation TBD* (to be developed by government)
Restricted Activities Authorization Regulation [L]
Restricted Activities Competency Profiles (to be developed)

*IN PROGRESS*

## SAFETY and RISK MANAGEMENT

*Reviewed by registrants in October – feedback incorporated*

# SERVICE DELIVERY

## Standard

In collaboration with a **client**[G], a **registrant**[G] selects and uses appropriate processes and approaches to **occupational therapy service**[G] planning and delivery. Selected processes/approaches reflect, and are responsive to, the client's **personal characteristics and attributes**[G] and **contexts**[G] that influence the client's needs, priorities, and attainment of service goals.

## Expected Outcome

A client can expect their occupational therapist to be **collaborative**[G] in determining and implementing plans for service delivery that reflect and are responsive to the client's needs, priorities and goals for occupational therapy services.

## Performance Expectations

### *Service Initiation*

Engaging a client and colleagues as required/appropriate, a registrant:

1. Gathers enough information to determine whether to proceed with a referral/service request. Information gathered and considered includes but is not limited to:

   (a) The parameters of the registrant's practice area and/or the operational parameters of the organization(s) the registrant provides services within (e.g., practice setting, practice/program scope, caseloads, waitlists, urgency of client need, etc.),

   (b) The registrant's **competence**[G], capability and preparedness to provide the requested service(s),

   (c) Any conflict of interest with the service request, or

   (d) Any contraindications to the service request.

2. Recommends alternate resources or other services/service providers if a decision is made to not proceed with the referral/service request based on information gathered.

### *Service Planning, Provision and Evaluation*

In collaboration with their client and colleagues as required/appropriate, a registrant:

3. Manages or resolves any conflicts of interest identified prior to proceeding with the service request.

4. Obtains **informed consent**[G] (and **assent**[G] where appropriate) to proceed with services including the participation of other service providers (e.g., students, support personnel, others) and to collect, store and disclose information to persons other than the client.

5. Identifies and communicates the roles and responsibilities of those involved in the referral/service request (e.g., client, referral source, registrant, other services providers, etc.)

6. Ensures the methods, tools and processes used to determine client needs (i.e., formal or informal screening and assessment) are appropriate for the service request, the factors known about the client (personal characteristics and attributes, priorities and goals) and the client's context.

   (a) Methods, tools and processes used in determining client needs are to reflect the application of current occupational therapy theories, relevant evidence and **culturally safer**[G] approaches.

   (b) If standardized tools are used, they are to be administered according to established protocols unless, in the registrant's professional judgment, modifications to test administration are necessary.

7. Identifies any gaps in findings and determines if additional information is needed.

8. Co-designs service plans (e.g., selection of appropriate treatment/intervention approaches, treatment/intervention modalities, mode of service delivery – in-person or virtual, expected timeframes, etc.) to address the client's priorities and goals identified through determination of needs.

   (a) Plans for service are to reflect the application of current occupational therapy theories, relevant evidence and culturally safer approaches.

9. Recommends additional resources or refers to other service providers when, in the registrant's professional judgment, such resources or services are required.

10. Implements service plan activities and/or assigns activities/tasks to non-regulated persons as appropriate, with the client's consent.

11. Monitors and evaluates the client's response to services and when/whether the goals of service delivery have been attained. Modifies approaches or implements alternatives as needed based on evaluation findings.

*Service Conclusion*

A registrant:

12. Concludes occupational therapy services when:

   (a) A client has achieved the predetermined outcomes,

   (b) A client has achieved maximum benefit or is no longer benefitting from the occupational therapy services as determined by the registrant,

   (c) A client chooses to end the occupational therapy process,

(d) A new or unforeseen conflict of interest arises that cannot be resolved,

(e) A registrant is unable to maintained or re-establish **professional boundaries**[G] with a client.

(f) Circumstances outside the control of the client or registrant necessitate the end of service delivery.

13. Provides reasonable notice of service conclusion and develops transition plans, as required/appropriate, to support/minimize harm to a client when occupational therapy services are concluded.
    (a) This includes but is not limited to consultation with/referral to other service providers and/or recommendation of or referral to follow-up programs/services.

*Documenting Service Delivery*

A registrant:

14. Documents the service delivery process and communicates/shares documentation with the client and other key persons as appropriate. This includes seeking/receiving consent as required prior to communicating to or sharing documentation with persons other than the client.

## Related Standards

Commitment to Equity and Culturally Safer Practice (see draft)
Communication (see draft)
Competence (see draft)
Consent (see draft)
Documentation and Record Keeping (see draft)
Supervision (to be developed)

## Supplemental Resources

Competencies for Occupational Therapists in Canada (2021) – Domain A: Occupational Therapy Expertise

*IN PROGRESS*

## SUPERVISION

ACOT
ALBERTA COLLEGE of OCCUPATIONAL THERAPISTS

**Standard of Practice**

***To be developed according to s133.2 of the HPA***

## PREVENTING FEMALE GENITAL MUTILATION

*IN PROGRESS*

*To be developed according to s133.1 of the HPA*

## PREVENTING SEXUAL ABUSE and SEXUAL MISCONDUCT

## *REFERENCES*

**IN PROGRESS - will change order once the full glossary is finalized**

[1]Acting Against Racism and Intolerance Final Report (ACOT 2021)
[2]Competencies for Occupational Therapists in Canada (ACOTRO, ACOTUP, CAOT 2021)
[3]Promoting Occupational Participation: Collaborative Relationship-Focused Occupational Therapy (Egan & Restall, 2022)
[4]The Coin Model of Privilege and Critical Allyship: Implications for Health (Nixon, 2019) retrieved from https://bmcpublichealth.biomedcentral.com/track/pdf/10.1186/s12889-019-7884-9.pdf
[5] Epstein, R.M & Hundert E.M (2002). Defining and Assessing Professional Competence. *Journal of the American Medical Association*, *287*(2) p.226-235. Retrieved Sep 2022 from https://www.researchgate.net/publication/298348201_Defining_and_Assessing_Professional_Competence
[6] Schön, D. (1983). The Reflective Practitioner: How Professionals Think in Action. London: Temple Smith.