ALBERTA COLLEGE of OCCUPATIONAL THERAPISTS

Standards of Practice

Practice expectations for registered occupational therapists in Alberta

Only two of the thirteen standards included in this document are **in effect as of Jun 16, 2023.**

Refer to the 2019 version of the Standards of Practice for the expectations for occupational therapy practice in Alberta (which are in effect until this full set of new standards can be adopted by ACOT Council).

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

INTRODUCTION

Honouring Traditional Lands

The Alberta College of Occupational Therapists (ACOT) acknowledges that these Standards of Practice govern occupational therapists who live, travel through and practice on the traditional lands of the signatories of Treaties 6, 7, 8 and 10; the eight Metis Settlements in Alberta; and the Territories and Districts of the Métis Nation of Alberta.

ACOT commits to reconciliation by honouring the spirit and intent of the Treaties and Agreements made with the First Nations, Métis and Inuit Peoples of Canada – that of peace, friendship, mutual respect and understanding.

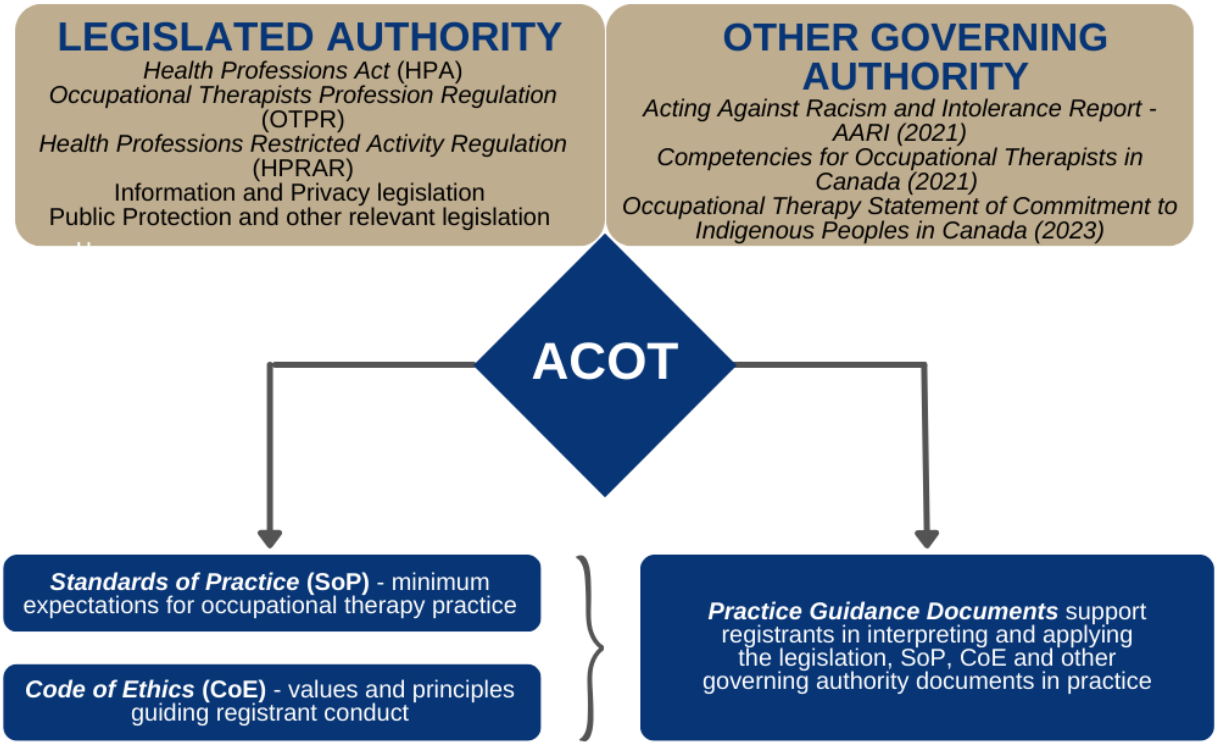
Background

Occupational therapists registered to practice in Alberta on the general, provisional or courtesy registers are regulated under the *Health Professions Act* (HPA) and the *Occupational Therapists Profession Regulation* (OTPR). Requirements to have standards of practice governing the practice of occupational therapy are found in the HPA. The Alberta College of Occupational Therapists (ACOT) is required to establish, maintain and enforce standards relating to the following:

- continuing competence - HPA s3(1)(c)
- the practice of the regulated profession - HPA s3(1)(c)
- the performance and supervision of restricted activities - HPA s1.6(1)(b)
- specifically legislated requirements - HPA s133.1 (preventing sexual abuse and sexual misconduct) and HPA s133.2 (preventing female genital mutilation)

Expectations for culturally safer, equity-focused practice are interwoven throughout this iteration of the ACOT Standards of Practice. This is consistent with ACOT's commitment to examine and address the ways in which systemic racism and other forms of oppression may manifest within the profession of occupational therapy. Racism and other forms of oppression affect clients, registrants of ACOT and the colleagues with whom registrants work. Racism and oppression are perpetuated within and by the systems where occupational therapy services are provided (i.e., health, education, social, justice).

The following graphic and table illustrate where the Standards of Practice are situated within the overall structure of the legislated and other governing authority for the practice of occupational therapy in Alberta.



Document	Description
Health Professions Act (HPA)	The act that governs the practice of the health professions currently regulated in Alberta. 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 in Alberta. It outlines more detailed provisions regarding register categories, requirements for registration application and renewal, and protected title.
Health Professions Restricted Activity Regulation (HPRAR)	The regulation that authorizes the performance of restricted activities by regulated health professions governed under the HPA.
Acting Against Racism and Intolerance Report – AARI (2021)	The report prepared to summarize the recommended actions from the AARI project, which was established in response to, and in recognition of, the systemic racism embedded within Canadian society and its institutions.
Competencies for Occupational Therapists in Canada – ACOTRO, ACOTUP, CAOT (2021)	A nationally adopted document that outlines the broad range of skills and abilities required of all occupational therapists at all stages of their career. Occupational therapists registered to practice in Canada are expected to use the competencies document to inform their practice and competence needs.

Document	Description
Occupational Therapy Statement of Commitment to Indigenous Peoples in Canada – ACOTPA, ACOTRO, ACOTUP, CAOT, COTF, (2023)	The statement prepared to summarize the recommended actions each of the participating organizations has committed to undertake to address the articles in the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP, 2007); the Calls to Action from the *Truth and Reconciliation Commission of Canada Report* (TRC, 2015) and the Calls to Justice from the report on *Missing and Murdered Indigenous Women and Girls* (MMIWG, 2019).
Standards of Practice (SoP)	The set of regulatory requirements that define the minimum expectations for the practice of occupational therapy in Alberta that result in the provision of ethical, accountable and effective services.
Code of Ethics (CoE)	The set of values and principles that guide the conduct of occupational therapists registered to practice in Alberta.
Practice Guidance Documents	Practice guidance documents include Practice Statements, Practice Guidelines, Practice FAQs and the Continuing Competence Program Manual. They are developed by ACOT to support registrants in the interpretation and application of relevant legislation, the Standards of Practice, Code of Ethics and the Competencies for Occupational Therapists in Canada (2021).

Purpose of the Standards of Practice

The Standards of Practice set out the minimum expectations and requirements for occupational therapy practice. They apply to all registrants regardless of role, responsibilities, job title, practice area or practice setting, client population, years in practice or level of experience. How the Standards of Practice are applied and met may vary depending on each registrant's practice situation. The Practice Guidance Documents referred to in the Supplemental Resources section of each Standard of Practice offer additional guidance on how to apply the Standards of Practice in various practice situations.

- Registrants are expected to use professional reasoning and judgment in balancing best practice evidence, their practice context and each client's context when applying the Standards of Practice. A registrant must, when requested by ACOT, be able to demonstrate how their practice meets the performance expectations outlined for each standard. Failure to follow the Standards of Practice may be found to constitute unprofessional conduct.

- ACOT, within its legislated mandate of serving and protecting the public interest, uses the Standards of Practice to inform registrants of the minimum requirements of professional practice in Alberta. The Standards of Practice are used in the

Continuing Competence Program and for Competence Assessments. They are also used to frame responses to questions or concerns about practice and in addressing complaints of unprofessional conduct.

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

- Employers or supervisors of occupational therapists can use the Standards of Practice to guide development of program or position/job descriptions, to clarify employee roles, gain awareness of an employee's regulatory responsibilities, and/or to evaluate employee performance.

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

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

How the Standards of Practice are Organized

Each Standard of Practice includes the following

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

- An Expected Outcome statement that describes what a client can expect from services when their occupational therapist is meeting the standard.

- Performance Expectations that outline the expected actions and behaviours of a registrant to show the standard has been met. The expectations are not listed in order of importance.

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

- Supplemental Resources that are either references for the content within a standard or provide links to additional resources and relevant legislation* related to each standard.

* The pieces of legislation listed in the Supplemental Resources section for each Standard of Practice are not inclusive of all of the legislative and regulatory requirements that could be relevant to a registrant's practice situation. The provincial and federal legislation relevant to a registrant's practice situation depends on where a registrant works, their practice area, funding sources accessed for client services, client population, etc.

NOTE: The use of superscript **L** and **G** is an accessibility feature for persons using screen readers.

- 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.

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, ACOT staff, colleagues from other Alberta and national regulators and other key partners.

ACOT respectfully acknowledges the content taken and adapted from the Standards of Practice of other regulatory organizations in Alberta, Canada and worldwide.

Some of the wording and content used in the performance expectations in the Standards of Practice has been adapted from the *Competencies for Occupational Therapists in Canada* (2021), *Promoting Occupational Participation: Collaborative Relationship-Focused Occupational Therapy* (2022) and the *Occupational Therapy Statement of Commitment to Indigenous Peoples in Canada* (2023).

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

REFERENCES

Alberta College of Occupational Therapists – ACOT (2021). *Acting Against Racism and Intolerance Final Report*.L

Alliance of Canadian Occupational Therapy Professional Associations – ACOTPA Association of Occupational Therapy Regulatory Organizations – ACOTRO; Association of Canadian Occupational Therapy University Programs – ACOTUP; Canadian Association of Occupational Therapists – CAOT; Canadian Occupational Therapy Foundation – COTF (2023). *Occupational Therapy Statement of Commitment to Indigenous Peoples in Canada*.L

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content/uploads/2021/12/Competencies-for-Occupational-Therapists-in-Canada-2021-Final-FR-web.pdf L).
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Government of Alberta (2014). *Psychosocial interventions: an interpretive guide to the restricted activity*.L

Government of Alberta. Regulated health professions and colleges.L

Government of Alberta. Specific Decision-Making.L

*Health Professions Act*L, RSA 2000, c H-7.

*Health Professions Restricted Activity Regulation*L, AR 22/2023.

*Occupational Therapists Profession Regulation*L, AR 217/2006 (with amendments up to and including Alberta Regulation 38/2023).

Nixon, S.A. (2019). The Coin Model of Privilege and Critical Allyship: Implications for Health. *BMC Public Health 19*:1637. Retrieved August 2022 from https://bmcpublichealth.biomedcentral.com/counter/pdf/10.1186/s12889-019-7884-9.pdf.L

Schön, D. (1983). *The Reflective Practitioner: How Professionals Think in Action*. London: Temple Smith.

GLOSSARY OF TERMS

Boundaries are the framework within which the therapist-client relationship takes place. Each person's boundaries will be unique to their own experiences. Appropriate boundaries set the parameters within which occupational therapy services are delivered and contribute to a client's and registrant's experience of safety throughout service provision. Boundaries make clear the difference between therapeutic and personal relationships and help avoid potential misunderstanding of words and actions.[1]

Capacity is 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.

Client is an individual or collective (i.e., family members/care partners, group, organization, community, population, system or combination of these) who uses **occupational therapy services**. The term "client" is used throughout the Standards of Practice except in the Maintaining Appropriate Boundaries: Sexual Standard of Practice where the term **patient** is defined and used according to the requirements outlined in the *Health Professions Act* (HPA).

Collaborative (or collaborate/collaboratively/collaboration) is 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, open exchange of information and shared decision making.[2] Through partnership and role clarification between members of an interprofessional team, collaborative practice helps ensure that the various providers' service plans coordinate and align rather than duplicate or conflict. In occupational therapy, "collaborative relationship-focused practice" is an approach that attends to the aspects and identities of both the therapist and the client(s) who use occupational therapy services while taking into consideration the multi-layered **contexts** in which people live and **occupational therapy services** occur." [2(p.100)]

Competence - HPA section 1(1)(f) defines competence as "the combined knowledge, skills, attitudes and judgment required to provide professional services." For the purpose of the Standards of Practice, the following more comprehensive definition of competence is used - "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." [3(p. 226)]

Competence Assessment(s) are the processes used by the **Competence Committee**

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[1] Adapted from the College of Psychologists of Ontario. Professional Boundaries in Health-Care Relationships.
[2] Egan, M. and Restall, G. (2022) *Promoting Occupational Participation: Collaborative Relationship-Focused Occupational Therapy.* Ottawa: Canadian Association of Occupational Therapists.
[3] Epstein, R.M. & Hundert E.M. (2002). Defining and Assessing Professional Competence. *Journal of the American Medical Association*, *287*(2) p.226-235.

and ACOT staff to further evaluate a registrant's competence to practice. Authority to create standards of practice for competence assessments is set out in HPA section 50(2)(b). Further direction on competence assessments is set out in HPA section 51(2) and section 51(3). Refer to the Competence Standard of Practice, the **Continuing Competence Program Manual** and Continuing Competence Program (CCP) Review and Evaluation Policies and Procedures for more information on ACOT's processes for competence assessments.

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**.

Context(s) refers to the wide variety of factors that can influence occupational therapy services. Context includes a registrant's or client's immediate environment and resources but also includes "history, geographic location, the natural and built environment, social and economic laws, legislation and policies, organizational policies and rules, social and cultural norms and expectations, social identities, secular and religious beliefs, prevailing societal attitudes and behaviours, networks and power relations within and among collectives (families, groups, communities and populations)" [2(p. 306)]

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.

Continuing Competence Program Manual is 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.

Equity-focused approaches, as used in the Standards of Practice and Code of Ethics, incorporate concepts of cultural safety, [4(p.3)] culturally safer practice[5(p.20)] and collaborative relationship-focused practice.[2(Ch.5, pp-97-111)] Equity is both a process (fair, inclusive and respectful treatment of all people) and a goal (equitable outcomes for all groups).[4(p.3)] As the effects of historical and current inequities based on a person's **personal characteristics and attributes** and **context(s**) continue to influence health outcomes, offering more or different types of/approaches to service may be necessary to achieve equitable outcomes.

Equity-focused approaches require occupational therapists to **critically reflect** and make conscious efforts to build trusting relationships with clients, address power imbalances within the therapist-client relationship and draw on each client's strengths and the strengths of their community. The aim of equity-focused approaches to occupational therapy service provision is to acknowledge and address systems of

[4] Alberta College of Occupational Therapists – ACOT (2021). Acting Against Racism and Intolerance Final Report.
[5] ACOTRO, ACOTUP, CAOT (2021) Competencies for Occupational Therapists in Canada.

inequity within a registrant's sphere of influence [5(p.13-14)] and create spaces for occupational therapy service provision where clients feel respected - "where there is no assault, challenge or denial of any aspect of [a client's] identity, of who they are and what they need."[4(p.3)]

Female genital mutilation is defined at section 1(1)(m.1)[L] of the HPA. For the purpose of these Standards of Practice, procurement of female genital mutilation does not include discussing with a client or connecting a client to resources regarding the procurement of gender affirming surgery.

Informed Consent is an agreement or permission to proceed with a service following a process of information exchange and confirmation of mutual understanding, leading to an informed choice. In order to be valid, the client or substitute decision-maker must have the capacity to give consent; the consent must also be given voluntarily and be specific to the proposed service and service provider. The consent provided may be **explicit** or **implied** from the circumstances and should be sought on an **ongoing** basis.

> **Explicit consent** (sometimes referred to as express consent) is the direct, expressed agreement for a specific service.
>
> **Implied consent** is agreement for a specific service that is inferred from the behaviours, actions or inactions, and/or surrounding circumstances which demonstrate a client's willingness to receive services.
>
> **Ongoing consent** confirms consent to proceed or continue with services even if informed consent to services has been previously provided. It acknowledges a client's right to withdraw consent at any time. Ongoing consent is particularly important if a registrant has doubts about a client's wishes; if there is a change in the client's personal or health status, service plan or mode of service delivery; or if the services involve touch, disrobing, or potential physical or psychological discomfort.

Needle acupuncture refers to the insertion of acupuncture needles below the level of the dermis with the intent to stimulate and balance the flow of energy (traditional Chinese principles) or to stimulate a neurophysiological response in the body (Western principles). A registrant authorized to perform needle acupuncture 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 are set out in section 39 of the *Health Professions Restricted Activity Regulation* (HPRAR).

Occupational therapy service(s) include the activities and actions undertaken by an occupational therapist, or person(s) they are responsible for supervising, in the process of service provision. As set out in section 3 of Schedule 15 of the HPA, 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."

The Occupational Therapy Expertise domain in the Competencies for Occupational Therapists in Canada (2021) also offers a description of what occupational therapists do in practice - "the unique expertise of occupational therapists is to analyze what people do and what they want to or need to do, and help them do it. Occupational therapists co-create approaches to service with their clients. They are mindful of people's rights, needs, preferences, values, abilities and environments. They work with clients to support their health and well-being."[5(p. 10)]

Oppression refers to the obvious and subtle ways that systems, dominant groups or individuals unjustly discriminate against others to maintain status, **privilege** and power. Forms of oppression include but are not limited to ableism, ageism, anti-fat bias, cis-genderism, classism, colourism, ethnocentrism, faithism, heterosexism, racism, sanism, sexism, sizeism, etc. Individuals can experience more than one form of oppression which can create interconnected barriers and compounding forms of discrimination.[4,5]

Patient, for the purposes of the **sexual abuse** and **sexual misconduct** provisions in the HPA and the Maintaining Appropriate Boundaries: Sexual Standard of Practice, an individual is a patient when an occupational therapist-client relationship is formed. This occurs when a registrant has engaged in one or more of the following activities:

- Received consent from the individual or their **substitute decision maker** to proceed with **occupational therapy service** planning;
- Worked with the individual to design and deliver a plan for service;
- Contributed to a health or occupational therapy service record for the individual; or
- Charged or received payment for occupational therapy services provided - from the individual or a third party on behalf of the individual.

For the purposes of the sexual abuse and sexual misconduct provisions in the HPA and the Maintaining Appropriate Boundaries: Sexual Standard of Practice, a person receiving occupational therapy services from a registrant is not considered a patient if the registrant is their Spouse or Adult Interdependent Partner, or if they are in an ongoing pre-existing sexual relationship with the registrant. A spouse is a person who is married. An Adult Interdependent Partner is defined at section 3(1)[L] of the *Adult Interdependent Relationships* Act.

Personal characteristics and attributes refer to the aspects of a person's identity including but not limited to the protected grounds listed in the *Alberta Human Rights Act*.

Personal characteristics and attributes include race, ethnicity, skin colour, language spoken, religion or spirituality, gender identity or expression, sexual orientation, variabilities in physical and mental health, ability or disability, age, marital status, family status, education, socioeconomic status, etc.

Privilege is the unquestioned or "unearned economic, political, social, material or cultural advantages" that people enjoy when they are members of more dominant groups in a society; often at the expense of members of an oppressed group.[1(p.311)] Differences in social position and power shape personal identity and status in society. Awareness of one's degree of privilege and/or experiences of **oppression** based on **personal characteristics and attributes** and **context(s)** (also known as positionality) is a crucial first step in the provision of equity-focused services.[5] See the *Coin Model of Privilege and Critical Allyship* to learn more about examining identity, privilege and positionality, **oppression** and systems of inequality.[6]

Racism "is a belief that one group is superior to others performed through any individual action, or institutional practice which treats people differently because of their colour or ethnicity. This distinction is often used to justify discrimination. There are three types of racism:[7]

> **Institutional racism** exists in organizations or institutions where the established rules, policies, and regulations are both informed by, and inform, the norms, values, and principles of institutions. These in turn, systematically produce differential treatment of, or discriminatory practices towards various groups based on race. It is enacted by individuals within organizations, who because of their socialization, training and allegiance to the organization abide by and enforce these rules, policies and regulations. It essentially maintains a system of social control that favours the dominant groups in society (status quo).[7]
>
> **Systemic racism** is an interlocking and reciprocal relationship between the individual, institutional and structural levels which function as a system of racism. These various levels of racism operate together in a lockstep model and function together as a whole system.[7]
>
> **Individual racism** is structured by an ideology (set of ideas, values and beliefs) that frames one's negative attitudes towards others; and is reflected in the willful, conscious/unconscious, direct/indirect, or intentional/unintentional words or actions of individuals."[7]

Reflective practice is the structured and purposeful examination of a registrant's own knowledge, skills and practice and personal experience throughout one's career. Reflection is part of practice reasoning – the critical thinking and decision-making processes that contribute to competence and the delivery of ethical, accountable and

[6] Nixon, S.A (2019). The Coin Model of Privilege and Critical Allyship: Implications for Health. *BMC Public Health 19*:1637.
[7] Canadian Race Relations Foundation – Glossary of Terms.

effective services.[2,8]

> **Reflection on practice** is 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.[8]
>
> **Reflection in practice** is the analysis of a practice situation while it is occurring. It involves analysis and determination of an alternate approach or strategy in the moment. [8]
>
> **Critical reflection** (or critically reflect) requires going beyond reflecting in and on practice. It requires the registrant to examine and challenge the ways in which their personal, professional and societal assumptions along with existing social systems and structures of power, keep inequities and injustices in place.[2(p.307)]

Restricted activities are high risk activities performed as part of providing a health service that require specific competencies and skills to be conducted safely.[9] Activities that are considered restricted activities in Alberta are listed in the HPA Part 0.1. Restricted activities are not linked to any specific health profession and a number of regulated health professionals may perform a particular restricted activity.

The restricted activities that occupational therapists are permitted to perform and supervise are listed in section 38 of the *Health Professions Restricted Activity Regulation* (HPRAR).

Restricted psychosocial intervention refers to the restricted activity as defined at section 1.3(1)(q) of the HPA and section 38(g) of the HPRAR.[10]

Registrant is an individual who is registered with ACOT on the general, provisional or courtesy register. The term registrant is synonymous with the term regulated member which is the term used in the HPA.

Risk(s) is the possibility (actual or perceived) of something unwanted happening that can cause physical or psychological harm. A registrant's or client's perceptions or experiences of risk in the workplace or in the service provision process are dynamic and can be influenced by their **personal characteristics and attributes**, **context,** past/current experiences of trauma, **racism** or other forms of **oppression,** and/or their **capacity** to perceive or understand the harm that risks could pose.

Risk management refers to the strategies used to avoid or minimize the harm that a risk can pose. Risk identification and mitigation approaches help to prevent harm. In

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[8] Schön, D. (1983). *The Reflective Practitioner: How Professionals Think in Action*. London: Temple Smith.
[9] Government of Alberta. Regulated Health Professions and Colleges.
[10] Government of Alberta (2014). Psychosocial interventions: an interpretive guide to the restricted activity.

situations when harm cannot be avoided, managed risk or harm reduction approaches may be appropriate.

Sexual abuse is "the threatened, attempted or actual conduct of a registrant towards a patient that is of a **sexual nature**." Specific types of conduct that are considered sexual abuse are listed in section 1(1)(nn.1)[L] of the HPA.

Sexual conduct refers to any conduct, behavior or remarks of a **sexual nature** and includes but is not limited to conduct that constitutes **sexual abuse** or **sexual misconduct**.

Sexual misconduct is defined at section 1(1)(nn.2)[L] of the HPA as "any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a regulated member towards a patient that the regulated member knows or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient's health and well-being but does not include sexual abuse."

Sexual nature is defined at section 1(1)(nn.3)[L] of the HPA. Factors that may be considered when determining if a registrant's conduct, behaviour or remarks are of a sexual nature are listed in performance expectation 5 of the Maintaining Appropriate Boundaries: Sexual Standard of Practice.

Substitute decision maker is 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. In Alberta, the types of substitute decision makers with legal authority to provide informed consent on a client's behalf vary depending on the legislation granting the decision-making authority. Examples of substitute decision makers include agents[11] (i.e., person named in an enacted personal directive), guardians[12] (i.e., parent(s) or legally appointed guardian(s)), or specific decision-makers[13].

Supervised Person(s) is a person who is working under the supervision of a registrant. A supervised person may be a non-regulated person, an occupational therapy student or a provisional registrant.

Supervision is the dynamic and evolving process involving a supervisor overseeing and directing what the supervised person does and how they do it.

> **Direct supervision** occurs when the supervisor is either physically present in the room or via real-time videoconferencing (if appropriate) to observe the assigned activity being performed and is available to provide immediate feedback, redirection and modelling as necessary to the supervised person.
>
> **Indirect supervision** occurs when the supervisor is aware of but not physically or **virtually** present in the room when an assigned activity is being performed.

[11] Government of Alberta. Personal Directives.
[12] Government of Alberta. Office of the Public Guardian and Trustee.
[13] Government of Alberta. Specific Decision Making.

Performance is monitored and evaluated through indirect means such as follow-up discussions with the supervised person, the client and/or client team members; or review of audio/video recordings or the supervised person's documentation.

Timely refers to a predetermined timeframe for communication, documentation or other actions to occur. The extent of time permissible is influenced by client expectations as well as requirements of referral sources, funders, contracting organizations and/or employer policies.

Virtual (or virtually) is the use of any form of technology that enables communication between and/or service provision to individuals in different physical locations. It includes but is not limited to telephone calls, synchronous or asynchronous video applications, email, and text or other messaging applications.

Standard of Practice

ACCOUNTABILITY AND PROFESSIONAL RESPONSIBILITY – In effect as of June 16, 2023

Standard

A **registrant**[G] practices in accordance with legislative and regulatory requirements relevant to the practice of occupational therapy in Alberta.

Expected Outcome

A **client**[G] can expect their occupational therapist to hold an active practice permit and to provide **occupational therapy services**[G] in accordance with the requirements for occupational therapy practice in Alberta.

Performance Expectations

A registrant

1. Maintains current registration with the Alberta College of Occupational Therapists (ACOT) in accordance with the requirements outlined in the *Health Professions Act* (HPA), the *Occupational Therapists Profession Regulation* (OTPR), ACOT bylaws and applicable registration policies.

   (a) This includes taking responsibility for determining and documenting if registration in another jurisdiction (within Canada or internationally) is required or not when providing **virtual**[G] services either

      i. from that jurisdiction to clients physically located in Alberta; or

      ii. from Alberta to a client physically located in another jurisdiction.

2. Is knowledgeable of and practices in accordance with legislation relevant to their practice situation and ACOT's Standards of Practice and Code of Ethics.

3. Is responsible and accountable for the occupational therapy services provided by themselves and any person(s) they are responsible for supervising.

4. Takes reasonable steps to ensure employer or contracting organization policies, procedures or processes do not prevent the registrant from meeting the expectations

outlined in ACOT's Standards of Practice, Code of Ethics and practice guidance documents.

5. In situations of self-employment, has processes in place for themselves and any persons they are responsible for supervising, which are consistent with legislation relevant to their practice situation and ACOT's Standards of Practice, Code of Ethics and practice guidance documents.

6. Uses protected titles in accordance with the HPA and the OTPR and reports unauthorized use of protected titles to ACOT.

7. Remains knowledgeable of the Competencies for Occupational Therapists in Canada (2021) to inform their practice and professional development.

8. Does not engage in behaviour that constitutes

   (a) the procurement or performance of **female genital mutilation**[G] of a client as defined by the HPA; or

   (b) **sexual abuse**[G] or **sexual misconduct**[G] as defined by the HPA and ACOT's Maintaining Appropriate Boundaries: Sexual Standard of Practice.

9. Reports to the complaints director of the relevant college, in accordance with section 127.2 of the HPA, if the registrant has reasonable grounds to believe that the conduct of another regulated health professional constitutes sexual abuse, sexual misconduct or the procurement or performance of female genital mutilation.

10. Complies with all legal duties to report including, without limitation, any reporting requirements concerning the abuse of children or persons in care.

11. Reports to the Registrar without delay

    (a) any finding of personal professional negligence or malpractice;

    (b) if the registrant is found guilty of unprofessional conduct by another regulatory body; or

    (c) if the registrant is charged with or convicted of an offence under the *Criminal Code*.

Related Standards

All

Supplemental Resources

About *Protection of Persons in Care* [L]
Answers to Frequently Asked Questions About: *Practice Across Jurisdictions* [L]

Answers to Frequently Asked Questions About: *Representing Title and Credentials* (to be updated to reflect new SoP/CoE)
Child, Youth and Family Enhancement Act (CYFEA)
Competencies for Occupational Therapists in Canada (2021) – Domain E: Professional Responsibility
Criminal Code (R.S.C., 1985, c. C-46)
Health Professions Act (HPA)
Occupational Therapists Profession Regulation (OTPR)
Practice Guideline: Considerations for Virtual Practice
Practice Guideline: Legal and Ethical Duty to Report (to be developed)
Practice Guideline: Information Privacy, Retention and Disclosure Legislation (to be updated to reflect new SoP/CoE)
Practice Guideline: Legislative and Regulatory Considerations for Private Practice (to be updated to reflect new SoP/CoE)
Practice Guideline: Use of Protected Title (to be updated to reflect new SoP/CoE)

COMMITMENT TO EQUITY IN PRACTICE – Not in effect

Standard

A **registrant**[G] understands and incorporates **equity-focused approaches**[G] in **occupational therapy service**[G] provision.

Expected Outcome

A **client**[G] can expect their occupational therapist and occupational therapy services to be respectful of the client's **personal characteristics and attributes**[G], **context**[G], or experiences of trauma and/or **oppression**[G].

Performance Expectations

To demonstrate their commitment to equity-focused practice a registrant

1. Builds knowledge and understanding through ongoing education about the following

   (a) The historical and current injustices, oppression and **racism**[G] experienced by First Nations, Inuit, and Métis peoples in Canada as a result of colonization and settlement; and

   (b) The various forms and systems of oppression, discrimination and inequities that impact an individual's or community's access to and experiences in health, education, social and justice systems.

2. Undertakes ongoing **critical reflection**[G], training, mentorship and/or experiential learning to gain awareness of biases, attitudes, assumptions, stereotypes and prejudices embedded in one's own knowledge and the systems in which one practices. This includes but is not limited to

   (a) Considering how the registrant's personal and professional identity; degree of **privilege**[G]; experiences of trauma and/or oppression; and/or positions of power, influence the therapist-client relationship and a client's experience of service provision; and

   (a) Having awareness of ways of knowing, being and doing beyond the registrant's own.

3. Comes to the therapist-client relationship with respect, humility and openness to **collaborate**[G] and build trusting relationships rather than presenting as an authority

or expert.

4. Engages clients in determining what an equity-focused approach to service delivery would look like for the client and incorporates those preferences into the plan for service delivery.

5. When engaging in the practice of occupational therapy, actively acts within their professional sphere of influence to address and prevent situations that are racist, oppressive or otherwise discriminatory through personal action and/or by seeking out appropriate supports, resources and/or paths of recourse.

Related Standards

Accountability and Professional Responsibility
Communication and Collaboration
Service Provision

Supplemental Resources

Anti-Racism in Occupational Therapy: A Conversation Starter (Alberta Health Services, 2021)
Competencies for Occupational Therapists in Canada (2021) – Domain C: Culture, Equity and Justice
Gebhard, A., McLean, S., St. Denis, V. (Eds.). (2022). *White Benevolence: Racism and Colonial Violence in the Helping Professions*. Halifax and Winnipeg: Fernwood Publishing.
Practice Standard: Indigenous Cultural Safety, Humility, and Anti-Racism (College of Occupational Therapists of British Columbia, 2022)
Practice Guideline: Demonstrating Equity and Anti-Oppression in Practice (under development)
Report from the Occupational Therapy Truth and Reconciliation Task Force. (ACOTPA, ACOTRO, ACOTUP, CAOT,COTF - Sep 2023).Occupational Therapy Statement of Commitment to Indigenous Peoples in Canada.
National Inquiry into Missing and Murdered Indigenous Women and Girls (2019) Reclaiming Power and Place.
Truth and Reconciliation Commission (TRC) of Canada (2015). Calls to Action.
United Nations (2007). Declaration on the Rights of Indigenous Peoples.

COMMUNICATION AND COLLABORATION – Not in effect

Standard

A **registrant**[G] communicates in a respectful and transparent manner that fosters **collaborative**[G] practice.

Expected Outcome

A **client**[G] can expect that communication with their occupational therapist is respectful and contributes to a shared understanding of the **occupational therapy service**[G] plan.

Performance Expectations

To demonstrate respectful and transparent communication, a registrant

1. Incorporates **equity-focused approaches**[G] into communication and professional interactions.

2. Builds and sustains **collaborative**[G] relationships by identifying persons with whom communication is important and communicates in a **timely**[G] manner which promotes open exchange of information, mutual understanding, and coordination of services.

3. Maintains confidentiality and receives a client's **informed consent**[G] as required prior to communicating or sharing personal and/or health information with persons other than a client.

4. Identifies any barriers to communication and uses approaches and technologies suited to each person's needs and **context**[G].

5. Verifies understanding of the information being communicated and adjusts as necessary considering the recipient's communication preferences and styles.

6. Takes accountability for spoken, nonverbal and written communications (e.g., in meetings with clients and colleagues; in written reports, in documentation or other correspondence; on social media or in other public forums such as conferences).

7. Is aware of their own communication style(s) and how it is received by others whose communication style(s) may differ and takes responsibility to address breakdowns in communication promptly and respectfully.

Related Standards

Accountability and Professional Responsibility
Commitment to Equity in Practice
Documentation and Record Retention
Informed Consent
Privacy and Confidentiality
Service Provision

Supplemental Resources

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

COMPETENCE – Not in effect

Standard

A **registrant**[G] practices within their level of **competence**[G] and actively participates in ongoing learning to acquire, maintain and enhance competence in practice.

Expected Outcome

A **client**[G] can expect that the **occupational therapy services**[G] they receive are provided by an occupational therapist who is competent to practice safely and effectively.

Performance Expectations

Competence in Practice

A registrant

1. Accurately represents and practices within their level of competence.

2. Engages in **reflective practice**[G] and ongoing learning to enhance their competence in practice throughout their career.

3. Incorporates the required knowledge, skills, attitudes and professional judgment when delivering occupational therapy services.

4. Takes appropriate actions in situations where they are not competent or prepared to deliver a particular service, are new to a practice area, and/or when their ability to provide services safely or competently is affected by illness, injury or substance use.

   (a) Actions taken, which are to be communicated to the appropriate persons in a **timely**[G] manner, may include but are not limited to

      i. Requesting, seeking and participating in appropriate education, training, mentorship or supervised practice to acquire competence;

      ii. Consulting with another occupational therapist or service provider; or

      iii. Referring the client to another occupational therapist or service provider.

Continuing Competence

As a means of maintaining competence and enhancing the provision of professional services, a registrant on the general or provisional register

5. Participates in and submits each year during practice permit renewal the **Continuing Competence Program (CCP)**[G] requirements established by Council and published in the **Continuing Competence Program Manual**[G] including

   (a) a self-directed program for continuing competence; and

   (b) any additional requirements described in the Continuing Competence Program Manual (i.e., college-directed activities).

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

6. A registrant may be requested to participate in **competence assessments**[G] as directed by the **Competence Committee**[G] (or delegate), and published in the Continuing Competence Program Manual, including

   (a) Periodic review and evaluation of all or part of their CCP submission in accordance with criteria developed by the Competence Committee and published in the Continuing Competence Program Manual;

   (b) Provision of additional evidence if the registrant's CCP submission is not satisfactory; or

   (c) Practice visits in accordance with HPA section 51(3).

7. If the result of any competence assessment 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 competence assessment;

   (c) to submit to more frequent review and evaluation; or

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

8. If a registrant fails to comply with the requirements set out in the Continuing Competence Program Manual or those in section 51.1 of the HPA, the matter may be referred to the Complaints Director.

Related Standards

Accountability and Professional Responsibility
Commitment to Equity in Practice

Supplemental Resources

Competencies for Occupational Therapists in Canada (2021) – Domain D: Excellence in Practice
Continuing Competence Program Manual (to be developed)

DOCUMENTATION AND RECORD RETENTION – Not in effect

Standard

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

Expected Outcome

A **client**[G] can expect their **occupational therapy service**[G] records to be accurate, legible, complete and protected from unintended disclosure.

Performance Expectations

Documentation

A registrant

1. Documents truthfully, respectfully and in a timely manner, keeping in mind how the information documented in a client record will be received by a client or others who read it.

2. Keeps records that are accurate, legible, complete with sufficient detail to allow the client's service plan to be continued by another colleague if necessary.

3. Documents within the client record details of the service provision process** such as the

   (a) **informed**[G] and **ongoing consent**[G] process.

      i. Documentation of informed consent (initial or ongoing) can be either recorded in a client record when consent was received verbally, or detailed in a consent form that is signed by the client or **substitute decision maker**[G].

   (b) details of the service plan such as the client's priorities and the goals for service, the rationale for service plan, mode of service delivery (i.e., in-person or **virtual**[G]), anticipated timeframes for service delivery, participation of supervised

** What is considered a 'client record' and/or the 'service provision process' can vary depending on a registrant's role (i.e., clinical or non-clinical) and how the client is defined in that role.

persons in service provision, and/or any modifications to the service plan based on monitoring and evaluation of services.

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

(d) date(s) and details relating to the service(s) provided including, where relevant, the client's progress or response to service(s).

(e) reason and plans for service conclusion or transition of services.

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

(g) terms of the service agreement including billing provisions such as fees charged for services rendered or products produced/provided.

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

(i) other information a registrant deems is relevant to the service provision process.

Record Retention

A registrant

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

5. Ensures that client records (either paper or electronic) incorporate an audit trail that clearly captures any alterations made to a client record including who accessed the record, who made the change or addition, and the date the change or addition was made.

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

7. Retains client records for at least eleven (11) years and three (3) months after the last date of service or in the case of a minor, for at least eleven (11) years and three (3) months after the client turns eighteen (18) years of age.

   (a) Client records can be retained beyond this time period if it is reasonably known

that information will be required for a valid reason such as notification of a pending legal proceeding.

8. Disposes of or transfers client records in a manner that maintains the security and confidentiality of client information.

   (a) Takes appropriate actions to prevent abandonment of client records (e.g., when retiring from, closing or transferring ownership of a private practice).

9. Provides a copy of client records to the client upon the client's request.

Related Standards

Informed Consent
Privacy and Confidentiality
Service Provision

Supplemental Resources

Limitations Act L
Practice Guideline: Information Privacy and Disclosure Legislation L (to be updated to reflect new SoP/CoE)
Answers to Frequently Asked Questions About: *Documentation and Record Retention* (under development)

ACOT
ALBERTA COLLEGE of OCCUPATIONAL THERAPISTS

Standard of Practice

INFORMED CONSENT – Not in effect

Standard

A **registrant**[G] respects a client's autonomy and provides the information required to support a **client**[G] in making an informed choice about proceeding or continuing with **occupational therapy services**[G].

Expected Outcome

A client can expect to understand their occupational therapy service options and the plan for service, and be given opportunities to discuss, question, refuse or withdraw consent for service at any time.

Performance Expectations

A registrant

1. Obtains **informed consent**[G] prior to providing an occupational therapy service.

   (a) Informed consent must be **explicit consent**[G] except, when in the registrant's professional judgment, **implied consent**[G] is appropriate and sufficient.

2. Obtains informed consent from a **substitute decision maker**[G] if a client lacks **capacity**[G] to consent.

3. At each point of the service provision process where initial and **ongoing consent**[G] is sought, provides the information needed for a client or their substitute decision maker to make an informed choice to proceed with, decline or stop occupational therapy services. This includes but is not limited to

   (a) Incorporating **equity-focused approaches**[G] to the informed consent discussion, adjusting as needed for a client's ways of knowing, being or doing, or their experiences of trauma and/or **oppression**[G];

   (b) Explaining service options, **risks**[G], benefits, potential outcomes or possible consequences of refusing services, involvement of other service providers, permission to communicate with others, limits of confidentiality; etc.;

   (c) Providing opportunities to ask questions and receive answers about proposed services and repeating or adapting the information if required; and

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

4. Ensures that consent is given voluntarily, without coercion, and without fraud or misrepresentation.

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

6. In situations where a client lacks capacity, and a substitute decision maker has not yet been appointed or cannot be reached, proceeds with services without informed consent only if the registrant has reasonable grounds to believe a delay in obtaining consent would place the client at risk of serious physical or psychological harm.

Related Standards

Accountability and Professional Responsibility
Documentation and Record Retention
Privacy and Confidentiality
Service Provision

Supplemental Resources

About Capacity Assessment in Alberta
Boivin, L., MacLachlan, J. (Jul/Aug 2019). Reflecting on Indigenous access to informed consent. *Occupational Therapy Now*, *21*(4), 11-12.
Foster and Kinship Care in Alberta
Practice Guideline: Informed Consent (to be updated to reflect new SoP/CoE)

ALBERTA COLLEGE of OCCUPATIONAL THERAPISTS

Standard of Practice

MAINTAINING APPROPRIATE BOUNDARIES: PROFESSIONAL – Not in effect

Standard

A **registrant**[G] maintains appropriate boundaries between professional and personal relationships and avoids or manages conflicts of interest.

Expected Outcome

A **client**[G] can expect that their relationship with an occupational therapist is respectful and appropriate **boundaries**[G] are maintained.

Performance Expectations

A registrant

1. Understands the impact of power imbalances in favour of the registrant in the therapist-client relationship.

2. Assumes responsibility for establishing, maintaining and communicating boundaries with clients that are appropriate for the practice situation.

3. Identifies, discloses and manages situations of real, potential or perceived conflicts of interest that cannot be avoided, and documents steps taken to manage any conflicts of interest that are identified.

4. Takes reasonable efforts to refrain from providing services to an individual with whom the registrant has a close personal relationship or with whom appropriate boundaries or judgment cannot be established or maintained.

   (a) In situations where this conflict of interest cannot be avoided (e.g., where no other professional with the specific skills is available), a registrant must disclose, manage and document this conflict of interest.

5. Identifies situations that could potentially lead to a therapist-client boundary crossing and takes steps to ensure that the therapist-client relationship is not compromised.

6. Concludes or transitions services to another occupational therapist or service provider when appropriate boundaries cannot be maintained or re-established.

Related Standards

Accountability and Professional Responsibility
Maintaining Appropriate Boundaries: Sexual

Supplemental Resources

Practice Guideline: Identifying, Disclosing and Managing Conflicts of Interest (to be developed)

MAINTAINING APPROPRIATE BOUNDARIES: SEXUAL – Not in effect

Standard

A **registrant**[G] does not engage in **sexual conduct**[G] with a **patient**[G] (as defined in the Glossary of Terms), as set out in the performance expectations of this Standard.

Expected Outcome

A patient can expect **occupational therapy services**[G] will be free from actions or remarks of a **sexual nature**[G].

Performance Expectations

Sexual Conduct with Patients

1. A registrant must never engage in **sexual abuse**[G] or **sexual misconduct**[G] with a patient. The consequences are as follows:

   (a) If a registrant is found by a Hearing Tribunal to have committed unprofessional conduct based in whole or in part on sexual abuse, then the Hearing Tribunal must cancel the registrant's registration and practice permit. The registrant is never permitted to apply for reinstatement.

   (b) If a registrant is found by a Hearing Tribunal to have committed unprofessional conduct based in whole or in part on sexual misconduct, then the Hearing Tribunal must at least suspend the registrant's practice permit for a period of time determined by the Hearing Tribunal to be appropriate. The Hearing Tribunal can impose more severe sanctions than a suspension. If a registrant's registration and practice permit are cancelled because of sexual misconduct, then the registrant cannot apply for reinstatement for at least 5 years.

2. All types of sexual conduct or sexual relationships with patients are prohibited even if the registrant believes the patient is consenting. The HPA does not recognize such alleged "consent" as a valid defence because of the inherent power imbalance that typically exists in the therapist-patient relationship.
3. If a registrant engages in sexual conduct with a patient that does not fall within the definition of sexual abuse or sexual misconduct, a Hearing Tribunal may still consider the conduct to be unprofessional conduct subjecting the registrant to sanctions.
4. A registrant must not engage in sexual conduct with a person with whom a patient has a significant interdependent relationship with. Although such conduct is not

considered to be sexual abuse or sexual misconduct, a Hearing Tribunal may still consider it to be unprofessional conduct subjecting the registrant to sanctions.

5. For the purpose of this Standard, whether a registrant's conduct, behaviour or remarks are of a sexual nature must be determined in light of all the circumstances, from the perspective of a reasonable observer. Factors that may be considered include the following:

   (a) The nature of the conduct, behaviour or remarks;

   (b) The situation in which the conduct, behaviour or remarks occurred;

   (c) The patient's perception of what occurred;

   (d) The registrant's intent and purpose;

   (e) Whether the registrant's motive was sexual gratification;

   (f) Whether the conduct, behaviour or remark was appropriate to the service provided;

   (g) Whether the registrant was under a misguided or clearly mistaken belief in the necessity of care;

   (h) Whether care was taken to respect the privacy and integrity of the patient during the provision of the service (e.g., appropriate draping and presence of another person if appropriate);

   (i) Whether informed consent was provided for the provision of the service;

   (j) In the case of touching, whether it was accidental or incidental;

   (k) Whether the conduct, behaviour or remark was unrelated to service provision; or

   (l) Any other relevant factors.

   No single factor is determinative. Instead, each of the relevant factors should be considered as part of the analysis to assist in determining whether the sexual nature of the conduct, behaviour or remark is apparent to a reasonable observer.

Sexual Conduct with Former Patients

6. A patient is no longer considered a patient one year (365 days) after the last date occupational services were provided, unless a registrant has provided a **restricted psychosocial intervention**[G], in which case the individual is always considered a patient and is never considered a former patient.
7. Sexual conduct with a former patient may be considered inappropriate after the one-year period has elapsed if there is more than a minimal risk of a continuing power imbalance between the registrant and the former patient. Factors that may be

considered to determine whether there is more than a minimal risk of a continuing power imbalance include the following:

(a) Whether the former patient understands the inherent power imbalance that typically exists in a therapist-patient relationship;

(b) The nature of the former patient's need for occupational therapy services;

(c) The type of occupational therapy services provided by the registrant;

(d) The length and intensity of the former therapist-patient relationship;

(e) The amount of time that has passed since the end of service provision, in light of the nature and extent of the therapist-patient relationship;

(f) Whether the former patient confided close personal or sexual information to the registrant while they were a patient;

(g) Whether this is a situation where the patient has redirected feelings about someone else onto the registrant;

(h) The vulnerability of the former patient including consideration of whether the former patient is in a vulnerable position (e.g., experiencing diminished **capacity**[G] for decision making, economic disadvantage, addiction, houselessness, etc.);

(i) Whether the therapist-patient relationship was established while the former patient was a minor; or

(j) Any other relevant factor.

Sexual conduct with a former patient after the one-year period has elapsed is not considered to be sexual abuse or sexual misconduct with a patient. However, such conduct may be considered by a Hearing Tribunal to be unprofessional conduct, in which case a Hearing Tribunal may impose a range of sanctions including suspension or cancellation of the registrant's registration and practice permit.

Related Standards

Accountability and Professional Responsibility
Maintaining Appropriate Boundaries: Professional

Supplemental Resources

Health Professions Act [L] (HPA)
Protecting Patients from Sexual Abuse and Sexual Misconduct Training Modules
Psychosocial interventions: an interpretive guide to the restricted activity (Government of Alberta, 2014)
Sexual Abuse and Sexual Misconduct Complaints (to be updated to reflect new SoP)

PRIVACY AND CONFIDENTIALITY– Not in effect

Standard

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

Expected Outcome

A **client**[G] can expect that personal and health information will be kept private and confidential except with the client's consent or when their occupational therapist has a legal or ethical responsibility to disclose the information and where that disclosure is permitted by law.

Performance Expectations

A registrant

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

2. Only accesses, collects and discloses client information that they have permission or a client's **informed consent**[G] to access, collect and disclose, and is

   (a) relevant to occupational therapy service provision,

   (b) only to the extent necessary for the circumstances, and

   (c) only disclosed to persons who reasonably need to know.

3. Informs a client of the limits of confidentiality. Client information may be disclosed without client consent only if

   (a) access to information and privacy legislation permits release without client consent;

   (b) a legal duty to report obligation requires disclosure of information for client or public safety; or

(c) 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.

4. Uses appropriate safeguards to protect client information from unwarranted disclosure.

5. Ensures all applications used for communication with or about clients and for **virtual**[G] service delivery is done using secure, encrypted devices and/or applications.

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 could otherwise compromise a client's privacy and confidentiality.

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

Related Standards

Accountability and Professional Responsibility
Informed Consent
Risk Management and Safety
Service Provision

Supplemental Resources

Child, Youth and Family Enhancement Act L (CYFEA)
Children First Act L (CFA)
Freedom of Information and Protection of Privacy Act L (FOIP)
Health Information Act L (HIA)
Personal Information Protection Act L (PIPA)
Personal Information Protection and Electronic Documents Act (PIPEDA)
About Protection of Persons in Care L
Office of the Information and Privacy Commissioner: How to Report a Privacy Breach L
Office of the Information and Privacy Commissioner: Privacy Management Programs L
Practice Guideline: Information Privacy and Disclosure Legislation L (to be updated to reflect new SoP/CoE)
Practice Guideline: Electronic Communications with Clients L (to be updated to reflect new SoP/CoE)
Practice Guideline: Legal and Ethical Duty to Report (under development)

RESTRICTED ACTIVITIES – In effect as of June 16, 2023

Standard

A **registrant**[G] performs and supervises **restricted activities**[G] in accordance with relevant legislation and regulatory requirements.

Expected Outcome

A **client**[G] can expect their occupational therapist is competent to perform or supervise the restricted activities that are used in **occupational therapy service**[G].

Performance Expectations

Authorized Restricted Activities

1. A registrant may only perform restricted activities that

   (a) occupational therapists are authorized to perform by section 38 and section 39 of the *Health Professions Restricted Activity Regulation* (HPRAR);

   (b) are appropriate to occupational therapy practice as described in Schedule 15 section 3 of the *Health Professions Act* (HPA);

   (c) they are competent to perform;

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

   (e) are performed in accordance with ACOT's Standards of Practice, Code of Ethics and practice guidance documents.

2. For the special authorization restricted activity of needle acupuncture (section 39 HPRAR), a registrant must provide evidence of having successfully completed advanced training approved by Council.

   (a) Advanced training must include a program of study that incorporates into the curriculum: theory, supervised practice, safety instruction, and a summative evaluation conducted by a qualified acupuncture practitioner which resulted in a passing grade.

      i. This evidence must be submitted to the Registrar for review. Confirmation

of approval must be received prior to the use of any acupuncture techniques in practice. Upon approval, authorization to perform the restricted activity of needle acupuncture will be listed on the registrant's practice permit and the public registry.

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

Supervision of Restricted Activities

3. An occupational therapy student or a non-regulated person is permitted to perform the restricted activities referred to in section 38 of the HPRAR (but not section 39 – needle acupuncture) with the consent of and under the supervision of a registrant.

4. For occupational therapy students the supervising registrant shall either be

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

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

5. For non-regulated persons, once the supervising registrant has determined that the restricted activity does not require ongoing professional judgment or reasoning and that the non-regulated person is able to perform the restricted activity safely and effectively, the supervising registrant shall either be

   (a) on-site and available for consultation through direct or indirect supervision while the non-regulated person is performing the restricted activity; or

   (b) not on-site but available for consultation through direct or indirect supervision 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 5(a). In this case, the supervising registrant is responsible for reviewing the activity performed by the non-regulated person through indirect means.

Related Standards

Accountability and Professional Responsibility
Competence
Informed Consent
Risk Management and Safety

Service Provision
Supervision

Supplemental Resources

Health Professions Restricted Activity Regulation[L] (HPRAR)
Practice Guideline: Determining Competence in Practice (to be developed)

ACOT
ALBERTA COLLEGE of OCCUPATIONAL THERAPISTS

Standard of Practice

RISK MANAGEMENT AND SAFETY – Not in effect

Standard

A **registrant**[G] identifies workplace and client safety **risks**[G] and implements appropriate **risk management**[G] strategies to avoid or minimize harm.

Expected Outcome

A **client**[G] can expect **occupational therapy services**[G] to be delivered with appropriate measures in place to ensure their physical and psychological safety during service delivery.

Performance Expectations

A registrant

1. Is aware of and complies with applicable legislation and regulatory requirements regarding client and workplace safety including but not limited to occupational health and safety legislation and any municipal, provincial and federal public health orders, notices and recommendations applicable to their practice.

2. Creates and maintains workspaces that promote client, colleague and personal physical and psychological wellness.

3. Identifies risks in practice and incorporates measures to mitigate and/or manage these risks. Risks include but are not limited to

   (a) exposure to environmental hazards or infectious agents;

   (b) working alone and other workplace hazards;

   (c) threats to physical or psychological safety;

   (d) risks relevant to the practice setting, mode of service delivery (in-person or **virtual**[G]) and/or client population served;

   (e) risks related to a client's service plan including but not limited to an unexpected response to occupational therapy services (including **restricted activities**[G]); or

   (f) breaches of client privacy or confidentiality.

Related Standards

Accountability and Professional Responsibility
Commitment to Equity in Practice
Privacy and Confidentiality
Service Provision

Supplemental Resources

Healthcare Excellence Canada: Patient Safety and Incident Management Toolkit
Occupational Health and Safety (OHS) Resource Portal – Healthcare
Office of the Information and Privacy Commissioner: Privacy Management Programs
Practice Guideline: Infection Prevention and Control
Practice Guideline: Legislative and Regulatory Considerations for Private Practice (to be updated to reflect new SoP/CoE)
Reusable and Single Use Medical Device Standards (Alberta Health, 2019)

SERVICE PROVISION – Not in effect

Standard

A **registrant**[G] follows a process for **occupational therapy service**[G] provision that is **collaborative**[G] and incorporates **equity-focused approaches**[G].

Expected Outcome

A client can expect their occupational therapist to collaboratively design, deliver and conclude a service plan that is responsive to their needs, priorities and circumstances.

Performance Expectations

Request for Services

A registrant

1. Gathers enough information about the referral/service request to determine whether to proceed, attending to the following and any other relevant factors

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

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

   (c) Any conflict of interest with the service request;

   (d) The client's and, if applicable, the referral source's expectations for services to be provided; and

   (e) Any contraindications to the referral/service request.

2. Recommends appropriate resources or other service providers when the service request cannot be met within the parameters of the registrant's practice area and/or the operational parameters of the organization(s) within which the registrant provides services.

Service Planning and Delivery

If proceeding with service delivery, a registrant, in collaboration with their client and colleagues as required or appropriate

3. Designs service plans (e.g., selection of methods, tools or processes for needs identification; treatment/intervention approaches; treatment/intervention modalities; mode of service delivery – in-person or **virtual**[G]; roles and responsibilities of individuals involved in the request for service; desired outcomes for service; expected timeframes; etc.)

    (a) Service plans must reflect the application of current practice theories, best available evidence and equity-focused approaches.

4. Ensures the methods, tools and processes used to identify client needs (i.e., informal or formal assessment) are appropriate for the service request, the factors known about the client (i.e., **personal characteristics and attributes**[G], experiences of trauma and/or **oppression**[G], priorities and circumstances) and the client's **context**[G].

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

5. Ensures the treatment/intervention approaches and modalities selected are appropriate for the service request, the factors known about the client and the client's context.

6. Implements service plan activities or assigns activities or tasks to non-regulated persons as appropriate.

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

8. Recommends additional resources or refers clients to additional/alternate service providers when, in the registrant's professional judgment, such resources or services are required.

Service Conclusion

A registrant

9. Continues to provide occupational therapy services until

    (a) the service(s) permitted or outlined in the referral/service request is completed;

    (b) the client has achieved the predetermined outcomes;

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

(d) the client ends the occupational therapy process;

(e) a conflict of interest arises that cannot be managed;

(f) the registrant is unable to maintain or re-establish appropriate **boundaries**[G] with the client; or

(g) circumstances outside the control of the client or the registrant necessitate the end of service delivery.

10. Provides reasonable notice of service conclusion and develops and communicates a transition plan, as required or appropriate, to support the client when occupational therapy services are concluded.

Related Standards

Commitment to Equity in Practice
Communication and Collaboration
Competence
Documentation and Record Retention
Informed Consent
Risk Management and Safety
Supervision

Supplemental Resources

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

SUPERVISION – Not in effect

Standard

A **registrant**[G] demonstrates accountability for the services delivered by any person they are responsible for supervising.

Expected Outcome

A **client**[G] can expect that **occupational therapy services**[G] delivered by a **supervised person**[G] will be monitored and evaluated by the occupational therapist responsible for supervising the services.

Performance Expectations

A registrant

1. Remains accountable for the services provided under supervision.
2. Only supervises occupational therapy services (including **restricted activities**[G]) that the registrant is **competent**[G] to supervise.
3. Ensures it is safe and appropriate for the supervised person to perform the services with a particular client having regard to the supervised person's competence to perform the supervised activities.
4. Does not assign occupational therapy services to non-regulated persons that require ongoing professional judgment or reasoning such as

   (a) interpretation of service requests/referrals or assessment findings;

   (b) the design of a client's service plan;

   (c) services that require professional reasoning, continuous monitoring or in the moment analysis and decision making in case immediate modification of the service plan is required;

   (d) planning for service conclusion; or

   (e) documentation that should be completed by the registrant.

5. Communicates to clients about the roles, responsibilities and accountability of supervised persons participating in the delivery of occupational therapy services and

obtains and documents the client's **informed consent**[G] for the services to be performed under supervision.

6. Establishes ongoing communication processes with supervised persons.

7. Determines, communicates and provides the degree and frequency of **direct**[G] or **indirect supervision**[G] required to ensure ongoing safety and effectiveness of the service(s) provided.

8. As required and appropriate, develops, communicates and implements a plan for supervision coverage when the registrant is unavailable.

9. Monitors and evaluates the services provided by a supervised person including the client's response to services and whether a change in the service plan is required.

10. Monitors the supervised person's documentation to confirm it is done in accordance with the Documentation and Record Retention Standard of Practice and employer or contracting organization policies relating to documentation and privacy.

Related Standards

Accountability and Professional Responsibility
Communication
Documentation and Record Retention
Informed Consent
Restricted Activities
Risk Management and Safety
Service Provision

Supplemental Resources

Competencies for Occupational Therapists in Canada (2021) – Domain A: Occupational Therapy Expertise
Practice Guideline: Supervision (to be developed)