

Considerations for Virtual Practice

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Background

The term virtual or virtually is used by the Alberta College of Occupational Therapists (ACOT) to describe the use of any form of technology that enables communication between and/or service provision to individuals between different physical locations. It includes but is not limited to telephone calls, synchronous or asynchronous video applications, email, and text or other messaging applications.¹ For the purpose of this practice guideline, the term virtual practice is used to describe the provision of occupational therapy services through videoconferencing and/or telephone or voice over internet applications as an alternative or adjunct to in-person/face-to-face service delivery.

The guidance offered in this practice guideline elaborates on the expectations for virtual practice outlined in ACOT's Standards of Practice, Code of Ethics and the Competencies for Occupational Therapists in Canada (See [Appendix A](#) for the full list of relevant sections). This guideline does not address communicating with clients via email or text messaging applications, please see the [Practice Guideline: Electronic Communications with Clients](#) for guidance specific to communicating with clients via email and text.

The primary considerations for registrants to keep in mind and address prior to proceeding with virtual practice are outlined in the following sections.

Appropriateness of Virtual Practice

- Virtual practice has been found to improve access to occupational therapy services and reduce travel related costs for individuals living in rural and remote areas. It is also a potentially safer option for those who are immunocompromised and may prefer to have virtual appointments to minimize their risk of exposure to infectious agents that are circulating in a community. As well, virtual practice can improve access to unique or specific occupational therapy services regardless of where the client, registrant, or the persons they are responsible for supervising, are physically located. When determining appropriateness of virtual practice occupational therapists must consider which services they can reasonably and ethically offer in a virtual format. For example, while some screening, consultative, or psychosocial interventions may lend

¹ The use of virtual technologies in health service delivery is also referred to as telehealth, telerehabilitation, telepractice, virtual care, virtual health, remote service delivery, remote practice, online service delivery, etc.

themselves well to virtual provision, other services may not be possible, might need to be modified, or may pose ethical risks that outweigh the benefits. Also, some standardized assessment tools or certain psychotherapeutic modalities may not be validated for virtual administration.

- Check with the assessment tool developer beforehand to review risks and limitations of virtual delivery and get client to consent for (and document) any deviation from or modification of standard test administration or therapeutic modality protocols.
- Some assessment tool developers have made statements about modifications to administration and the impact on tool reliability and validity (for example, see the [Pearson Assessments](#) site for telepractice resources).

Equivalency of In-Person to Virtual Services

When health providers deliver health services through virtual means, they are expected to deliver services that meet the same expectations for quality of care as services delivered in-person. Virtual technologies should be used because they are an equivalent and/or preferred mode of service delivery for clients, not just for the convenience of the provider or employer.

Prior to proceeding with virtual service delivery, registrants are expected to review the research evidence for virtual practice for both the type of services they will be providing and the client population they are serving.

Information Privacy and Security

Privacy is paramount when delivering occupational therapy services in-person or through virtual means. To protect the transmission of personal and health information, the chosen application must provide end-to-end security and comply with the legislative requirements that apply in your situation. Depending on your employer or whom you are contracted by to provide services, you will either need to adhere to the requirements outlined in Alberta's *Health Information Act* (HIA), the *Freedom of Information and Protection of Privacy Act* (FOIP), the *Personal Information Privacy Act* (PIPA) and/or the federal government's *Privacy Act* or *Personal Information Protection and Electronic Documents* (PIPEDA).

Alberta's Office of the Information and Privacy Commissioner (OIPC) has prepared an advisory document on [electronic communication with clients](#). Although not all registrants work for employers listed as custodians or affiliates under the HIA, the recommendations in the OIPC document are considered best practice to ensure the security of the personal and health information of your clients. See the [Practice Guideline: Information Privacy and Disclosure Legislation](#) for the listing of custodians and affiliates listed in HIA, as well as information on the other information privacy legislation relevant to occupational therapy practice.

Getting Informed Consent for Virtual Practice

The process of informed consent should include discussion about risks, benefits and limitations associated with the delivery of services virtually and plans to deal with any issues or emergencies that may arise during a session.

NOTE: *A potential risk to discuss with clients or their substitute decision makers is the possible normalization of certain behaviours during video interactions (i.e., normalizing the practice of undressing or dressing in front of a video camera), particularly with children and certain activities of daily living (ADL) interventions such as dressing or toileting. Discuss this risk with the parent/guardian and identify what you are doing to mitigate the risk (i.e., ensuring the parent/guardian is present, offering coaching regarding appropriate/inappropriate use of videoconferencing technology, holding off on some ADL interventions until an in-person visit can be arranged, etc.).*

It is up to you to determine whether your client has the capacity to provide informed consent to virtual service delivery and if not, the informed consent needs to be sought from a substitute decision maker. Although ACOT does not require that informed consent be received in writing (it can be provided verbally), your employer may require that a more formal consent form be signed. In either case, consent must be sought and documented in accordance with the ACOT Standards of Practice.

Application Functionality

ACOT cannot recommend or endorse any particular videoconferencing or voice over internet applications, services or platforms. When choosing an application, you will want to consider

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

Other Important Considerations

Regardless of the application selected, registrants need to be mindful of

- Their own competence, and the competence of anyone they supervise, to provide the services virtually. Registrants are responsible for ensuring they, and any

persons they are responsible for supervising (i.e., students, support personnel, staff), have the knowledge, skills and abilities required before they deliver services virtually.

- Any facilitation/support on the remote end – does someone need to be available to support the client with their technology or activities?
- Having a dedicated/private space to ensure content cannot be overheard by others.
- Having emergency plans for adverse or unexpected events, including awareness of local emergency and/or support resources, in place.
 - Be sure to confirm the location/address where your client is physically situated before each session, so you know where to direct emergency services if needed.
- Whether the client's funding source (e.g., contracting organization, client's insurance plan) accepts and/or reimburses for services delivered virtually.
- Whether their professional liability insurance policy covers them to provide occupational therapy services virtually (either within or outside of Alberta) including coverage in case of security breaches.

Virtual Practice Outside of the Alberta Borders

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

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

For additional information about practicing in and from other jurisdictions, refer to the [Practice FAQs: Registration Requirements for Practice Across Jurisdictions](#).

References and Additional Resources*

Alberta Virtual Care Working Group – [Optimizing Virtual Care in Alberta: Recommendations from the Alberta Virtual Care Working Group](#).

Canadian Association of Occupational Therapists (CAOT) – [Telehealth: Practical Considerations](#).

College of Occupational Therapists of Ontario (COTO) – [Providing Virtual Services](#).

College of Physiotherapists of Alberta (CPTA) - [Telerehabilitation: What Patients Should Know and The Pros and Cons on Online Physiotherapy](#).

World Federation of Occupational Therapists (WFOT) – [Position Statement on Occupational Therapy and Telehealth](#) and [Occupational Therapy International Practice Guide](#)

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

- According to the Accountability and Professional Responsibility SoP Clauses 4 and 5, registrants are expected to take reasonable steps to ensure their employer's or contracting organization's policies, procedures or processes (or their own, if self-employed) do not prevent them from meeting or exceeding the expectations outlined in this guideline.
- If your employer's or contracting organization's virtual practice policies, procedures or processes exceed what is outlined in this guideline, you should follow their guidance.

Contact ACOT if you have any questions or would like to discuss virtual practice in your specific workplace – info@acot.ca or 780.436.8381.

Appendix A – Relevant Clauses and Indicators in ACOT’s Standards of Practice, Code of Ethics and Competencies for Occupational Therapists in Canada

Standards of Practice

- **Accountability and Professional Responsibility** (A&PR Clause 1(a), p. 17)

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 services either

- i. from that jurisdiction to clients physically located in Alberta; or*
- ii. from Alberta to a client physically located in another jurisdiction.*

- **Documentation and Record Retention** (D&RR Clause 3 (b), p. 27-28)

A registrant:

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

(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), anticipated timeframes for service delivery, participation of supervised persons in service provision, and/or any modifications to the service plan based on monitoring and evaluation of services.

- **Privacy and Confidentiality** (P&C Clause 5, p. 37-38)

A registrant:

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

- **Risk Management and Safety** (RM&S Clause 3 (d)-(f), p. 42-43)

A registrant:

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

(d) risks relevant to the practice setting, mode of service delivery (in-person

** 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.

or virtual) and/or client population served;

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

(f) breaches of client privacy or confidentiality.

- **Service Provision** (SP Clause 3, p. 45)

A registrant:

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; roles and responsibilities of individuals involved in the request for service; desired outcomes for service; expected timeframes; etc.)*

Code of Ethics

- **B. Responsibilities to Clients** (p. 9)

Registrants have an ethical responsibility to:

B.8. Incorporate risk management approaches in service provision as appropriate for the client's priorities, needs and circumstances, and the practice situation.

Competencies for Occupational Therapists in Canada

- **Domain A: Occupational Therapy Expertise** and **Domain B: Communication and Collaboration** (p.10-12)

The competent therapist is expected to:

A1.4 Support clients to make informed decisions, discussing risks, benefits, and consequences.

A3.4 Evaluate risks with the client and others.

A5.1 Agree on the service delivery approach.

B1.3 Employ communication approaches and technologies suited to the context and client needs.

B2.2 Maintain confidentiality, security, and data integrity in the sharing, transmission, storage, and management of information.

B2.3 Use electronic and digital technologies responsibly.