



METHODOLOGY SUPPLEMENT

ESSENTIAL COMPETENCIES OF PRACTICE FOR OCCUPATIONAL THERAPISTS IN CANADA, THIRD EDITION – METHODOLOGY SUPPLEMENT

Susan Glover Takahashi

Cathryn Beggs

Jodi Herold



ACOTRO

ASSOCIATION OF CANADIAN OCCUPATIONAL THERAPY
REGULATORY ORGANIZATIONS

WHO WE ARE

Established in 1989, the Association of Canadian Occupational Therapy Regulatory Organizations has a membership comprised of the ten provincial occupational therapy regulatory bodies in Canada. Our members work to protect the public by fulfilling their statutory mandate to regulate the practice of occupational therapy in their respective jurisdictions. Together, we work to promote consistency and excellence within the occupational therapy regulatory environment across Canada.

To learn more about ACOTRO, please visit: www.acotro-acore.org
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900-20 Rue Bay St., PO Box 78, Toronto, ON M5J 2N8

For more information on the development of the competencies for nonclinical work, please refer to the following publication:

Glover Takahashi, S., Beggs, C., & Herold, J. (2011). *Methodology working documents for the development of the essential competencies of practice for occupational therapists in Canada* (3rd ed.). Toronto, ON: Association of Canadian Occupational Therapy Regulatory Organizations.

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Canada 

LIST OF ACRONYMS

ACOTRO: Association of Canadian Occupational Therapy Regulatory Organizations

ACOTUP: Association of Canadian Occupational Therapy University Programs

CAOT: Canadian Association of Occupational Therapists

COTO: College of Occupational Therapists of Ontario

IEOT: internationally-educated occupational therapist

P2P: peer-to-peer

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1.0 INTRODUCTION

This document describes the processes undertaken by the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) in the review, revision, and renewal of *Essential Competencies of Practice for Occupational Therapists in Canada* (Second Edition) in order to create the third edition.¹

This document is not a research report or a policy document, but an archive of the processes used by ACOTRO to ensure that the essential competencies were as accurate and complete as possible.

The timing of the review, revision, and renewal of the competencies document was concurrent with other ACOTRO work on documenting the current educational benchmark for education of occupational therapists in Canada, and establishing the processes and tools to determine the substantial equivalence of internationally-educated occupational therapists (IEOTs).

As the review, revision, and renewal were planned, it was established that the *Essential Competencies* (Third Edition) would include two streams:

- 1** The competencies that have been the focus of the first and second editions; and
- 2** A newer set of competencies: those competencies pertaining to nonclinical work² and that would be based on background information developed by the College of Occupational Therapists of Ontario (COTO).

Activities were undertaken in four broad areas to develop the *Essential Competencies*:

- 1** Preparation;
- 2** Data collection, analysis, and verification;
- 3** Interpretation and triangulation; and
- 4** Explanation.

Throughout the project, the methodology was rigorously applied to ensure validity of the final document. This rigour was applied to each stage for each part of the competency document (i.e., clinical and nonclinical), with due care and attention paid to the individual and procedural trustworthiness, credibility, transferability, and conformability. This approach was applied to all tasks, such as producing prompt and thorough meeting notes, verifying meeting notes with key informants, and triangulating data across multiple sources (i.e., documents, key informants, surveys, and focus groups).

The application of this methodology to the development of the *Essential Competencies* is summarized graphically in Figure 1: Methodology for the Review, Revision, and Renewal of the Essential Competencies on page 9.

¹ Association of Canadian Occupational Therapy Regulatory Organizations, 2003

² The term “clinical” and its derivatives are used in the general sense and are not meant to indicate that occupational therapists work only in medical environments where the term “clinical” is the most common.

2.0 METHODOLOGY TO REVISE ESSENTIAL COMPETENCIES

2.1 PREPARATION

Each stream in the competency project had several preparatory activities; some were shared across the two streams, and others were discrete. The preparation phase for both streams of competency development included the orientation of the Steering Group and Advisory Group and clarification of the project purpose, outcomes, and methodology. Prior to the start of the project activities, the groups were enrolled in the password-protected online collaborative working space commonly known as peer-to-peer (P2P).

The project to develop the clinical competencies for the *Essential Competencies* (Third Edition) was initiated in January 2009 with a comprehensive environmental scan and document analysis, and was completed in March 2010. The final document incorporated results from:

- Consultations with key informants from ACOTRO, the Association of Canadian Occupational Therapy University Programs (ACOTUP), and the Canadian Association of Occupational Therapists (CAOT); and
- A field consultation (survey) of a representative sample of nationally-registered occupational therapists.

To complete the key deliverable of the *Essential Competencies*, the project consultant considered:

- The definition of competence and the features of competence;
- The development of a competency framework;
- The description of the relationship between the CAOT competency profile and the *Essential Competencies Inventory*;
- A more explicit description of the competencies related to inter-professional practice and those related to patient safety; and
- The refinement of the competencies and performance indicators.

The project methodology's development was guided by the following groups:

- The *Essential Competencies Steering Group* oversaw project development and completion (see Appendix A for membership and terms of reference);
- The *Essential Competencies Advisory Group* advised the Steering Group and provided feedback on draft documents (see Appendix B for membership and terms of reference); and
- ACOTRO provided input for review of draft documents and finalization of the *Essential Competencies*.

Care was taken to ensure that the Steering and Advisory Groups showed no material differences in demographics.

Guiding principles adopted for development of the *Essential Competencies* included the following:

- The current *Essential Competencies (Second Edition)* is broadly used and generally functioning well for occupational therapists working in clinical settings. As such, the needed revisions are likely to be modest;
- The current document does not fit as smoothly for those that do non-clinical work; ACOTRO members initiated discussions about explicitly developing the nonclinical competencies;
- Changes to consider include:
 - Deleting or fine-tuning duplicative or redundant areas;
 - Including or enhancing competencies related to inter-professional practice, teamwork, and collaboration;
 - Including or enhancing competencies related to safety in practice; and
 - Considering areas of need as illustrated through regulator data about which competencies are linked to complaints, discipline, and/or requests for practice advice.
- The *Essential Competencies* will be revised so that
 - The words “occupational therapist” and “OT” will be used instead of “therapist”;
 - All competency statements will start with a single verb; and
 - Each competency statement will have a similar number of performance indicators – where possible, a maximum of five.

2.2 DATA COLLECTION, ANALYSIS, AND VERIFICATION

This section describes the data collection, analysis, and verification of the essential competencies.

Documents that were reviewed included

- Essential Competencies of Practice for Occupational Therapists in Canada (2nd edition, 2003);
- General literature about competence, literature specific to occupational therapy, and grey literature about current and emerging occupational therapy practice; and
- Complaints inquiry data and practice inquiry data (e.g., phone and email help) gathered from each regulator.

The *Essential Competencies* (Third Edition) was developed through an iterative writing process after analysis of the above documents. With each iteration, one level of the competence framework was reviewed, revised, and deliberated on by the advisory and steering groups. The group review and refinement process was facilitated through P2P, as well as through teleconferences and written revisions and comments.

Once the revisions to all levels of the competence framework were reviewed and revised, the project consultant used a survey to gather data to validate the draft units of competence and competency statements for occupational therapists in Canada. See Table 1.

RESULTS

For several reasons, the competency document can be considered reliable:

- The number and percentage of survey respondents were satisfactory, and the demographics of the respondents highly resembled registered occupational therapists in Canada as a whole;
- Overall, the survey results indicated that the respondents very much agreed with the revised competency statements presented to them; and
- The competency document was validated by a large group of survey respondents.

TABLE 1: PROJECT APPROACH, DATA COLLECTED, AND METHODS

Project Approach and Purpose	Data Collected	Methods
<p>Approach: Field consultation – online survey</p> <p>Purpose: To validate the draft units of competence and competency statements for OTs in Canada</p>	<p>Approach: Field consultation – online survey</p> <p>Purpose: To validate the draft units of competence and competency statements for OTs in Canada</p>	<p>As there were many competency statements and performance indicators upon which to comment, two forms of the survey were developed.</p> <p>These two forms were assigned randomly. Form A asked participants to rate competency statements in Units 1 through 5, and Form B asked participants to rate statements in Units 2, 3, 4, 6, and 7. Therefore, all participants rated Units 2, 3, and 4, and half responded to Units 1, 5, 6, and 7.</p> <p>Consistent with previous practices, the ACOTRO group decided that the survey would be administered in English only but that the survey invitation would be bilingual.</p> <p>A total of 7480 OTs in Canada were invited to participate in the survey, representing about 56% of all registered OTs.</p> <p>Just over 1900 respondents (about 25 per cent of those receiving the invitation) logged on to the survey (Forms A and B combined). Of these 1900, about 1450 completed to the end of Section 1, which asked about demographic characteristics and practice activities. About 1300 completed the survey, for a “completed” response rate of about 17 per cent, which in turn represents about 10 per cent of all registered OTs in Canada.</p>

2.3 INTERPRETATION AND TRIANGULATION

This section describes the grounded theory³ and group consensus processes used to develop an understanding of the collected and verified data for the clinical competencies.

The advisory and steering groups reviewed the survey results in detail, and the qualitative analysis of the comments. Care was taken to ensure that the groups responded to both forms in a similar way.

Almost all of the competency statements had a very high degree of respondent support; thus the final iteration involved a modest refinement of those statements for consistency of terminology, format, and structure. Some examples were added where needed. A small number of competency statements had less agreement, and these competencies were more carefully considered to determine if the issue pointed to disagreement or to emerging areas of practice. Often the qualitative analysis helped focus the issue and inform the needed revisions.

Based on the field consultation survey, the project consultant completed revision and refinement of the competencies, including consideration of:

- Modest refinements of those competency statements rated lower by the survey respondents;
- Qualitative feedback to inform experts of modest refinements; and
- The need for refinements to be done cautiously given the survey respondents' high level of agreement with the current document.

The steering group considered additional feedback from survey respondents and then suggested that the document needed to:

- Focus on direct/clinical work versus the consultant occupational therapy role;
- Focus on "real" practice especially regarding current work models and certain contexts (e.g., rural and private);
- Eliminate duplication and jargon, decrease "philosophy," and clarify vague statements; and
- Include more cues to the performance indicators.

2.4 EXPLANATION

This section explains how the collected and interpreted data from the clinical competencies were carefully reviewed and approved.

Final documents prepared included:

- Essential Competencies of Practice for Occupational Therapists in Canada, (*Third Edition*): Report on Consultation Survey (November 2009); and

- Essential Competencies of Practice for Occupational Therapists in Canada (*Third Edition*), May 2011).

New features in the *Essential Competencies* include

- A definition of competence and a description of the elements of competence;
- A description of the competencies for clinical and nonclinical work;
- An overview of the approach used for the Essential Competencies and the Profile of Occupational Therapy Practice in Canada (2007);⁴
- Fine-tuning of duplicative or redundant areas from the previous edition;
- A more explicit description of the competencies related to inter-professional practice, teamwork, and collaboration in occupational therapy;
- A more explicit inclusion of the competencies related to client safety in occupational therapy practice; and
- Adjustments to reflect other changes in practice context, such as health human resources or culture.

Documents resourced for preparation of the methodology supplement included:

- Essential Competencies of Practice for Occupational Therapists in Canada (*Third Edition*, May 2011);
- "Advisory Group: Updated Essential Competencies – Terms of Reference" (March 2009);
- "Steering Group: Updated Essential Competencies – Terms of Reference" (February 2009);
- Essential Competencies of Practice for Occupational Therapists in Canada, (3rd ed.): Report on Consultation Survey (November 2009);
- "Complaints & discipline estimates by competency statement" (April 16, 2009); and
- "SECTION 4: Essential Competencies of Occupational Therapists in Canada" (April 16, 2009).

Once the clinical competencies were approved by the advisory and steering groups, ACOTRO members carefully reviewed the final document. Some editorial and formatting refinements were made. Following the review and commentary through P2P and discussion at a meeting, the clinical competencies were approved.

The Publication Working Group appointed by ACOTRO (see Appendix E) then assisted and oversaw the work of the communications experts.

³ Grounded theory is a systematic qualitative research methodology in the social sciences, one that emphasizes generation of theory from data in the process of conducting research.

⁴ Canadian Association of Occupational Therapists, 2007

3.0 METHODOLOGY TO DEVELOP THE ESSENTIAL COMPETENCIES FOR NONCLINICAL WORK

3.1 PREPARATION

Development of the competencies related to nonclinical work was initiated during the final phase of the review of the existing essential competencies.

In 2008, the Nonclinical Registrants Working Group from COTO developed recommendations for the process of regulation for occupational therapists with nonclinical work. In 2010, COTO provided leadership and support to ACOTRO to undertake a cross-Canada approach to describe and validate the essential competencies – one that would address the nonclinical work of occupational therapists.

A project operational model and methodology were developed to complete four key steps:

- 1** To develop ACOTRO's working definition of key terms ("clinical work," "nonclinical work," and "client");
- 2** To document analysis of *Essential Competencies* (Third Edition) to establish which features of its competency framework would apply to nonclinical work;
- 3** To prepare a national validation survey of registrants; and
- 4** To conduct field consultation through focus groups to provide further feedback and validation.

The field consultation was undertaken as an additional step, because the competencies addressing nonclinical work were new features of the third edition, and clarity and completeness of the data collection were paramount. Specifically, the richness of the focus groups would provide an enhanced layer of confidence in the interpretation and triangulation of data sources.

Members of the following groups provided guidance and input throughout the project:

- *The Nonclinical Essential Competencies Steering Group oversaw project development and completion (see Appendix C for membership and terms of reference).*
- *The Nonclinical Essential Competencies Advisory Group advised the steering group and provided feedback on draft documents (see Appendix D for membership and terms of reference).*
- *ACOTRO provided input for review of draft documents and finalization of the document Updating the Essential Competencies for Occupational Therapists in Canada (Third edition) Working in Nonclinical Roles.*
- *Subject matter experts provided information about job descriptions for occupational therapists engaged in nonclinical work.*

3.2 DATA COLLECTION, ANALYSIS, AND VERIFICATION

This section describes the data collection, analysis, and verification for the competencies addressing the nonclinical work of occupational therapists.

The project consultants reviewed the following documents in preparation for developing an initial draft of the competencies addressing nonclinical work:

- *The literature review as outlined in Section 2.2, for the existing essential competencies;*
- *The COTO documents related to the provincial Nonclinical Registrants Working Group; and*
- *The legal interpretation of "nonclinical" provided by Richard Steinecke (May 2009).*

The advisory group reviewed a collected sample of job descriptions for occupational therapists with nonclinical work.

The project consultants used two field consultation approaches to gather data: i) an online survey and ii) focus groups. See Table 2 for a description of the two approaches and Table 3 for details of the results.

TABLE 2: PROJECT APPROACH, DATA COLLECTED, AND METHODS

Project Approach and Purpose	Data Collected	Methods
<p>Approach: Field consultation – online survey</p> <p>Purpose: To validate the competencies for OTs engaged in nonclinical work. These OTs were defined as registered OTs who had no clinical hours, or whose place of employment, area of practice, or position type best matched the definition of “nonclinical.”</p>	<p>Demographic features of respondents (age, gender, years registered as an OT, jurisdiction, primary work and area of practice, and employer type)</p> <p>Extent of time spent on direct and indirect care activities</p> <p>Ratings on accuracy of competency statements and performance indicators for OTs engaged in nonclinical work</p>	<p>Provincial regulatory bodies were asked for sample respondents in the jurisdiction and who met established criteria (no clinical hours, and specific primary type of workplace, area of practice, and position).</p> <p>A total of 2529 OTs were invited to participate in the survey; 498 logged on to the survey; and 364 completed it, for a response rate of about 14 per cent.</p>
<p>Approach: Field consultation – focus groups</p> <p>Purpose: To validate the essential competencies that are relevant and appropriate for OT registrants engaged in nonclinical work</p>	<p>General feedback about Draft 2 of the essential competencies for nonclinical work: key role, units of competence, competencies, and performance indicators</p> <p>Specific feedback about competencies and performance indicators for which survey respondents indicated some level of disagreement</p>	<p>Seven 2-hour focus groups were held in four regions (BC, MB, ON, Maritimes), five by teleconference and two on-site.</p> <p>There were 40 participants from a variety of employment settings and whose work was nonclinical.</p> <p>There was an almost equal representation of participants in the following roles: educators, managers, professional leaders, and others.</p>

TABLE 3: PROJECT RESULTS

Project Method	Results
Field consultation – online survey	<p>Survey participants represented the population of interest (researchers, educators, and administrators) in gender distribution, geographic distribution, primary area of practice, employer type, and position.</p> <p>Overall, participants very much agreed with the competency statements and performance indicators:</p> <ul style="list-style-type: none"> • <i>No competency statement had less than 80 per cent of respondents selecting either Agree or Strongly Agree.</i> • <i>No competency statement had more than five per cent of respondents selecting either Somewhat Disagree or Strongly Disagree.</i>
Field consultation – focus groups	<p>Overall, focus group participants found the field consultation to be a valuable process and were in favour of including competencies for OTs engaged in nonclinical work in the <i>Essential Competencies</i>:</p> <ul style="list-style-type: none"> • Participants felt that education about the inclusionary aspect of registration for OTs engaged in clinical and nonclinical work will be important, along with publication of the <i>Essential Competencies</i>. • Participants showed an overriding sense that some OTs may be leaving the profession because their work is untraditional and/or nonclinical and they do not feel they can continue their registration as OTs.

3.3 INTERPRETATION AND TRIANGULATION

This section describes the grounded theory⁵ and group consensus processes used to develop an understanding of the collected and verified data for the nonclinical competencies.

The advisory and steering groups reviewed the survey and focus group results in detail, and the qualitative analyses of the comments from both types of field consultation.

Almost all of the competency statements had a very high degree of support from survey respondents and focus group participants, so the final iteration of document revisions involved a modest refinement of those statements for consistency of terminology, format, and structure. Some examples were added where needed. The description of the term “nonclinical” and a small number of the

competency statements had less agreement, so these areas were more carefully considered to determine if the issues pointed to disagreement or to emerging areas of practice. Often the qualitative analysis helped focus the issue and inform the needed revisions.

Based on the survey, the project consultants completed revision and refinement of the nonclinical competencies, including consideration of

- *Modest refinements of those competency statements rated lower by the survey respondents,*
- *Qualitative feedback to inform experts of modest refinements, and*
- *The need for refinements to be done cautiously given the survey respondents’ high level of agreement with the current document.*

⁵ Grounded theory is a systematic qualitative research methodology in the social sciences, one which emphasizes generation of theory from data in the process of conducting research.

Based on the focus groups, the project consultants completed revision and refinement of the nonclinical competencies, including consideration of

- *Inclusion of information and examples that will help readers understand the differences between clinical and nonclinical work;*
- *Inclusion of language to clarify the definition of “client,” particularly regarding consulting, research, and other examples of working with clients when the work is not related to occupational performance; and*
- *Revision of competencies and performance indicators to increase clarity as suggested.*

The steering group considered additional feedback from survey respondents and approved the following:

- *Clarification of situations considered to be direct contact with a client;*
- *Definitions of a clinical and a nonclinical registered occupational therapist;*
- *Definition of “client”; and*
- *The units of competence, competencies, and performance indicators for occupational therapists who engage in nonclinical work.*

3.4 EXPLANATION

This section explains how the collected and interpreted data from the nonclinical competencies were carefully reviewed and approved.

The *Essential Competencies* (Third Edition) include an explanation of why nonclinical competencies have been added, including

- *Clarification about accountability to the regulatory college for some areas of work if the occupational therapist is registered;*
- *Interest in retaining the registration of occupational therapists who move into nonclinical work;*
- *Regulatory college interest in attending to the real or potential risk of harm to the client; and*
- *Clarification about what is included in the use of “occupational therapist” as a title, and about accountability to this regardless of work (nonclinical or clinical).*

Documents prepared included

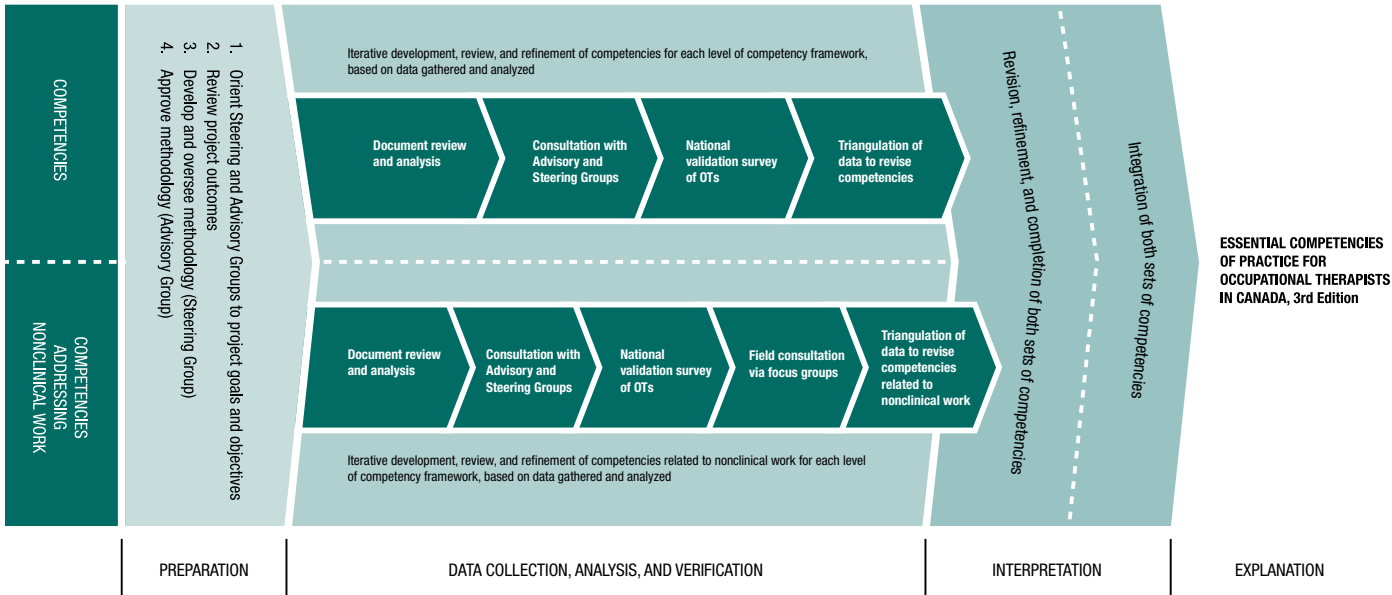
- *Nonclinical Essential Competencies of Practice for Occupational Therapists in Canada: Report on Consultation Survey (January 2011);*
- *Updating the Essential Competencies for Occupational Therapists in Canada (Third Edition) Working in Nonclinical Roles (January 2011); and*
- *Updating the Essential Competencies for Occupational Therapists in Canada (Third edition) to Reflect Nonclinical Registrants: Results of Field Consultation – Focus Groups, October & November, 2010 (January 18, 2011).*

Documents resourced for preparation of the methodology supplement included

- *“Briefing note to ACOTRO members” (January 25, 2011);*
- *Updating the Essential Competencies for Occupational Therapists in Canada (Third Edition) Working in Nonclinical Roles (January 2011);*
- *Legal interpretation of “nonclinical” provided by Richard Steinecke (May 2009);*
- *Nonclinical Essential Competencies of Practice for Occupational Therapists in Canada: Report on Consultation Survey (January 2011); and*
- *Updating the Essential Competencies for Occupational Therapists in Canada (Third Edition) to Reflect Nonclinical Registrants: Results of Field Consultation – Focus Groups, October & November, 2010 (January 18, 2011).*

Once the clinical competencies were signed off by the advisory and steering groups, ACOTRO members carefully reviewed the final document. Some editorial and formatting refinements were made. Additional efforts were made to ensure consistency between the clinical and nonclinical competencies and to ensure that definitions, descriptions, and methodology were included in the final document. Following the review and commentary through the online collaborative working space and discussion at a meeting, the nonclinical competencies were approved. The Publication Working Group appointed by ACOTRO (see Appendix E) then assisted and oversaw the work of the communications experts.

4.0 FIGURE 1: METHODOLOGY FOR THE REVIEW, REVISION, AND RENEWAL OF THE *ESSENTIAL COMPETENCIES*



5.0 REFERENCES

Association of Canadian Occupational Therapy Regulatory Organizations. (2003). *Essential competencies of practice for occupational therapists in Canada* (Second Edition). Toronto, ON: Author. Retrieved from College of Occupational Therapists of Ontario web site: http://www.coto.org/pdf/Essent_Comp_04.pdf

Canadian Association of Occupational Therapists. (2007). *Profile of Occupational Therapy Practice in Canada*. Ottawa, ON: Author.



APPENDIX A: TERMS OF REFERENCE AND MEMBERSHIP FOR THE ESSENTIAL COMPETENCIES STEERING GROUP

MANDATE

To oversee the deliverables and provide input to the IEOT Project, Phase 2, Essential Competencies Component, which will validate the essential competencies, context, and capabilities that need to be assessed for IEOTs.

RESPONSIBILITIES

The Steering Group will

- *Confirm the essential competencies project plan and project deliverables,*
- *Advise the project consultant and project manager,*
- *Oversee the allocation of project funds and payment of project staff,*
- *Review and confirm agendas for Steering Group meetings,*
- *Review and confirm meeting notes for Steering Group meetings, and*
- *Co-chair Steering Group meetings.*

COMPOSITION

The Steering Group will comprise

- *The registrar from the College of Occupational Therapists of British Columbia, the registrar from the College of Occupational Therapists of Nova Scotia, the registrar from COTO, and the executive director of the Saskatchewan Society of Occupational Therapists; and*
- *Project consultant and project manager⁶, who participate in an ex officio capacity.*

TERM OF OFFICE

The term of office for the Steering Group is the duration of the IEOT Project, Phase 2, Essential Competencies Component. The project's expected completion date is September 2009.

MEETING FORMAT

- *Electronic communication will involve an online collaborative working space (the P2P system), email, and teleconferences.*
- *A consensus model will be used to arrive at the preferred course of action.*

CONFIDENTIALITY OF INFORMATION

Steering Group members shall not divulge information revealed to them through their work.

Further, the College of Occupational Therapists of British Columbia protects the confidentiality of all personal and internal college information it has collected (i.e., on the P2P system). The safeguarding of this information and its disclosure meet current legislated requirements and college policy.

EXPENSES

Project funding will pay for Steering Group meetings.

MEMBERSHIP

Coralie Lennea (Chair)
Executive Director, Saskatchewan Society of Occupational Therapists

Kathy Corbett
Registrar, College of Occupational Therapists of British Columbia

Gayle Salsman
Registrar, College of Occupational Therapists of Nova Scotia

Barbara Worth
Registrar, College of Occupational Therapists of Ontario

SGT & ASSOCIATES CONSULTING

Susan Glover Takahashi
Project Consultant, Ex officio

PROJECT MANAGER

Jayne Kirby
Ex officio

⁶ The project manager

- *Coordinates meeting arrangements and communications for the consultant,*
- *Prepares the agenda in collaboration with the consultant,*
- *Serves as liaison with Publication Working Group members and the consultant, and*
- *Facilitates meetings where required.*

APPENDIX B: TERMS OF REFERENCE AND MEMBERSHIP FOR THE ESSENTIAL COMPETENCIES ADVISORY GROUP

MANDATE

To advise ACOTRO and the Essential Competencies Steering Group during IEOT Project, Phase 2, Essential Competencies Component.

RESPONSIBILITIES

The Advisory Group will

- Advise the Steering Group on the table of contents and draft outline of the revised Essential competencies,
- Advise and support the Steering Group and project consultant, and
- Review draft documents and provide feedback.

COMPOSITION

The Advisory Group will comprise

- One representative from ACOTUP;
- One representative from the CAOT;
- Three ACOTRO members;
- Project manager (ex officio); and
- Project consultant (ex officio).

TERM OF OFFICE

The term of office for the Advisory Group is the duration of the IEOT Project, Phase 2, Essential Competencies Component. The project's expected completion date is September 2009.

MEETING FORMAT

- Teleconference meetings will be held as needed; communication will be via email and P2P between teleconferences.
- A consensus model will be used to arrive at the preferred course of action.

CONFIDENTIALITY OF INFORMATION

Advisory Group members shall not divulge information revealed to them through work on this project, including communication and consultation with external organizations.

Further, the College of Occupational Therapists of British Columbia protects the confidentiality of all personal and internal college information it has collected (i.e., on the P2P system). The safeguarding of this information and its disclosure meet current legislated requirements and college policy.

EXPENSES

Project funding will pay for teleconferences and P2P support for the Advisory Group.

MEMBERSHIP

Gayle Salsman (Chair)
Registrar, College of Occupational Therapists
of Nova Scotia

Ann Bossers
ACOTUP representative

Kathy Corbett
Registrar, College of Occupational Therapists
of British Columbia

Claudia von Zweck
Executive Director, Canadian Association
of Occupational Therapists

Leanne Worsfold
Manager of Quality Programs,
College of Occupational Therapists of Ontario

SGT & ASSOCIATES CONSULTING

Susan Glover Takahashi
Project Consultant, Ex officio

PROJECT MANAGER

Jayne Kirby
Ex officio

APPENDIX C: TERMS OF REFERENCE AND MEMBERSHIP FOR THE NONCLINICAL ESSENTIAL COMPETENCIES STEERING GROUP

MANDATE

To provide input and oversight to the IEOT Project, Phase 2, Nonclinical Essential Competencies Component, which will develop and validate the nonclinical essential competencies.

RESPONSIBILITIES

The Steering Group will

- *Confirm the nonclinical essential competencies project plan and project deliverables,*
- *Advise the project consultants and project manager,*
- *Review and confirm agendas for Steering Group meetings,*
- *Review and confirm meeting notes for Steering Group meetings, and*
- *Chair Steering Group meetings.*

COMPOSITION

The Steering Group will comprise

- *The registrar from COTO, the registrar from the College of Occupational Therapists of British Columbia, and the registrar from the College of Occupational Therapists of Nova Scotia; and*
- *Project consultants and project manager, who participate in an ex officio capacity.*

TERM OF OFFICE

The term of office for the Steering Group is the duration of the Nonclinical Essential Competencies Project. The project's expected completion date is December 2010.

MEETING FORMAT

- *Electronic communication will involve an online collaborative working space (the P2P system), email, and teleconferences.*
- *A consensus model will be used to arrive at the preferred course of action.*

CONFIDENTIALITY OF INFORMATION

Steering Group members shall not divulge information revealed to them through their work.

Further, the College of Occupational Therapists of British Columbia protects the confidentiality of all personal and internal college information collected (i.e., on the P2P system). The safeguarding of this information and its disclosure meet current legislated requirements and college policy.

EXPENSES

Project funding will pay for Steering Group meetings.

MEMBERSHIP

Kathy Corbett
Registrar, College of Occupational Therapists of British Columbia

Gayle Salsman
Registrar, College of Occupational Therapists of Nova Scotia

Barbara Worth
Registrar, College of Occupational Therapists of Ontario

SGT & ASSOCIATES CONSULTING

Susan Glover Takahashi
Lead Consultant, Ex officio

Cathryn Beggs
Ex officio

PROJECT MANAGER

Cathy Sannuto
Executive Assistant to Registrar, College of Occupational Therapists of Ontario, Ex officio

APPENDIX D: TERMS OF REFERENCE AND MEMBERSHIP FOR THE NONCLINICAL ESSENTIAL COMPETENCIES ADVISORY GROUP

MANDATE

To advise ACOTRO and the Nonclinical Essential Competencies Steering Group during the IEOT Project, Phase 2, Nonclinical Essential Competencies Component.

RESPONSIBILITIES

The Advisory Group will

- Advise the Steering Group on the table of contents and draft outline of the nonclinical essential competencies document,
- Advise and support the Steering Group and project consultants, and
- Review draft documents and provide feedback.

COMPOSITION

The Advisory Group will comprise

- One representative from ACOTUP;
- Two representatives from the CAOT;
- Four ACOTRO members;
- Project manager (ex officio); and
- Project consultants (ex officio).

TERM OF OFFICE

The term of office for the Advisory Group is the duration of the IEOT Project, Phase 2, Nonclinical Essential Competencies Component. The project's expected completion date is December 2010.

MEETING FORMAT

- Teleconference meetings will be held as needed; communication will be via email and P2P between teleconferences.
- A consensus model will be used to arrive at the preferred course of action.

CONFIDENTIALITY OF INFORMATION

Advisory Group members shall not divulge information revealed to them through work on this project, including communication and consultation with external organizations.

Further, the College of Occupational Therapists of British Columbia protects the confidentiality of all personal and internal college information it has collected (i.e., on the P2P system). The safeguarding of this information and its disclosure meet current legislated requirements and college policy.

EXPENSES

Project funding will pay for teleconferences and P2P support for the Advisory Group.

MEMBERSHIP

Gayle Salsman (Chair)
Registrar, College of Occupational Therapists of Nova Scotia

Maureen Coulthard
Director of Standards, Canadian Association of Occupational Therapists

Heather Cutcliffe
ACOTRO Representative, Prince Edward Island Occupational Therapy Regulatory Board

Catherine Donnelly
Assistant Professor, Queen's University; Representative, ACOTUP

Elinor Larney
Deputy Registrar, College of Occupational Therapists of Ontario

Coralie Lennea
Executive Director, Saskatchewan Society of Occupational Therapists

Claudia von Zweck
Executive Director, Canadian Association of Occupational Therapists

SGT & ASSOCIATES CONSULTING

Susan Glover Takahashi
Lead Consultant, Ex officio

Cathryn Beggs
Ex officio

PROJECT MANAGER

Cathy Sanutto
Executive Assistant to Registrar, College of Occupational Therapists of Ontario, Ex officio

APPENDIX E: PUBLICATION WORKING GROUP

Mary Clark

Communications Consultant

Kathy Corbett

*Registrar, College of Occupational Therapists
of British Columbia*

Coralie Lennea

*Executive Director, Saskatchewan Society
of Occupational Therapists*

Susan Glover Takahashi

Project Consultant

