



# SCOT

Saskatchewan College of  
Occupational Therapists

## ***Scope of Practice for Occupational Therapists in Saskatchewan*** **Guidance Document**

### **Section 1: Introduction**

- 1.1. Statement of Purpose
  - 1.1.1 Broad Scope of Practice Definition
  - 1.1.2 Definition of Occupational Therapy
- 1.2. Background Information

### **Section 2: Occupational Therapy Scope of Practice**

### **Section 3: Factors that Influence an Individual Therapist's Scope of Practice**

- 3.1. Education and Training
  - 3.1.1. General Skills
  - 3.1.2. Self-Assessment/Individual Competence
  - 3.1.3. Advanced Skills
  - 3.1.4. Extended Skills
- 3.2. Scope of Employment
- 3.3. High Risk Activities

### **Section 4: Other Considerations**

- 4.1. National Competency to Practice
- 4.2. Provincial Continuing Competency Program
- 4.3. Delegation
  - 4.3.1. Occupational Therapist Acceptance of Delegation
  - 4.3.2. Occupational Therapist Delegation to Others
- 4.4. Assignment to Occupational Therapist Support Personnel

### **Appendix**

- A. Occupational Therapy Practice
- B. Decision-Making Algorithm
- C. Risk Assessment and Management Framework

### **References**



## **Section 1: Introduction**

### **1.1. Statement of Purpose**

The purpose of this document is to outline the scope of practice guidelines for occupational therapists working within Saskatchewan. The information provided in this document is intended to support, not replace, an occupational therapist's professional judgement and clinical reasoning.

Within the province of Saskatchewan, there is no defined scope of practice for occupational therapy within legislation (Government of Sask., 1997). As a regulatory body responsible for protecting the public, the Saskatchewan College of Occupational Therapists (SCOT) aims to provide information to help guide decisions regarding scope of practice for its members. However, occupational therapists are accountable for the services they provide to the public and the onus is on the occupational therapist to determine what is within their scope of practice and individual competence. If an occupational therapist remains unsure whether a particular activity is within their professional scope after reviewing this document, SCOT administrative staff may be contacted for further assistance.

#### **1.1.1. Broad Scope of Practice Definition**

Determination of whether a practice is within an individual's scope is an exercise in professional judgment and clinical reasoning. Each individual professional is responsible to consider the purpose of their occupational therapy practice, whether it fits the definition of the profession, and if it is within the domain of practice. The person, occupations, and environments fall within the occupational therapy domain (Townsend & Polatajko, 2013).

A profession's scope of practice is defined as the full spectrum of roles, functions, responsibilities, activities, and decision-making capacities which individuals within a profession are educated, competent, and authorized to perform. Full scope of practice is attained with experience, appropriate supervision, and engagement in professional development (OTA, 2017) to enhance the knowledge and skills of practitioners.

#### **1.1.2. Definition of Occupational Therapy**

The World Federation of Occupational Therapy (WFOT, 2018) defines occupational therapy as: "the client centred health profession concerned with promoting health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do,



or by modifying the occupation or the environment to better support their occupational engagement.”

## **1.2. Background Information**

Occupational therapists are eligible to use the protected title of occupational therapist in Saskatchewan when registered and issued a licence to practice by the Saskatchewan College of Occupational Therapists (SCOT) (Government of Sask., 1997). Occupational therapists are autonomous healthcare professionals who are expected to demonstrate integrity, loyalty, and reliability while also maintaining professional competence in their practice (SCOT, 2022). Professional competence is monitored through a continuing competence program (ScOT). This continuing competence program is an annual licence renewal requirement and may influence the scope of practice for each individual practitioner. Scope of practice does not have a specified definition in Saskatchewan occupational therapist legislation (Government of Sask., 1997).

## **Section 2: Occupational Therapy Scope of Practice**

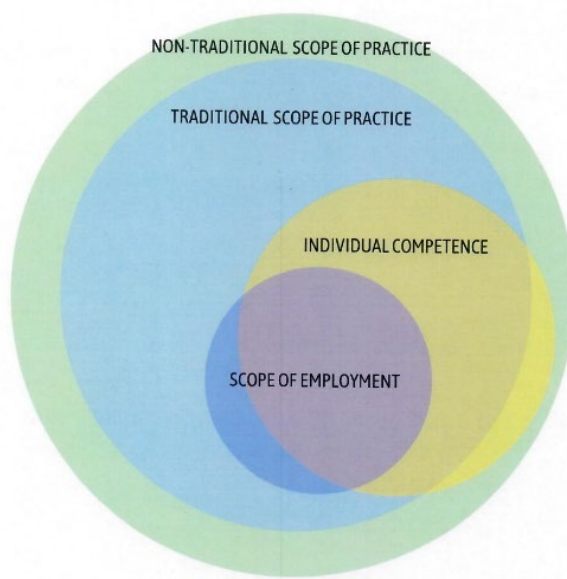
The worldview of scope and extension of occupational therapy practice “is to enable a person’s participation in priority occupations within their environment” (WFOT, 2018). The evolving scope of occupational therapy practice requires a commitment to lifelong learning that is emphasized nationally (CAOT, 2012). Scope of practice for occupational therapy differs across provinces. In Saskatchewan, the scope of practice of an occupational therapist is recognized as the activities within the individual’s competence, what the occupational therapist is authorized to perform, and their scope of employment. This scope of practice is recognized at an individual level and not within Saskatchewan legislation (see Appendix A).

## **Section 3: Factors that Influence an Individual’s Scope of Practice**

Individual occupational therapists operate within a scope of practice that is influenced by their education and training, their scope of employment, and the activities that they perform. It is the judgment and clinical reasoning of each occupational therapist that determines the individual’s scope of practice. Figure 1 represents the interconnectedness of several factors that may influence scope of practice and will be expanded in the section to follow.



**Figure 1: Relationship of Individual Competence with Scope of Employment and Scope of Practice**



**Note:** Modified from COTNS (2018)

### **3.1. Education and Training**

Occupational therapists have a broad education in the medical, psychological, social behavioral, and occupational sciences. This education allows occupational therapists to work independently, or on multidisciplinary, interdisciplinary, or transdisciplinary teams. As an expert in enabling occupation, occupational therapists may assume roles as a professional, communicator, scholarly practitioner, collaborator, change agent, and practice manager (CAOT, 2012) working collaboratively on individual, group, community, or population levels.

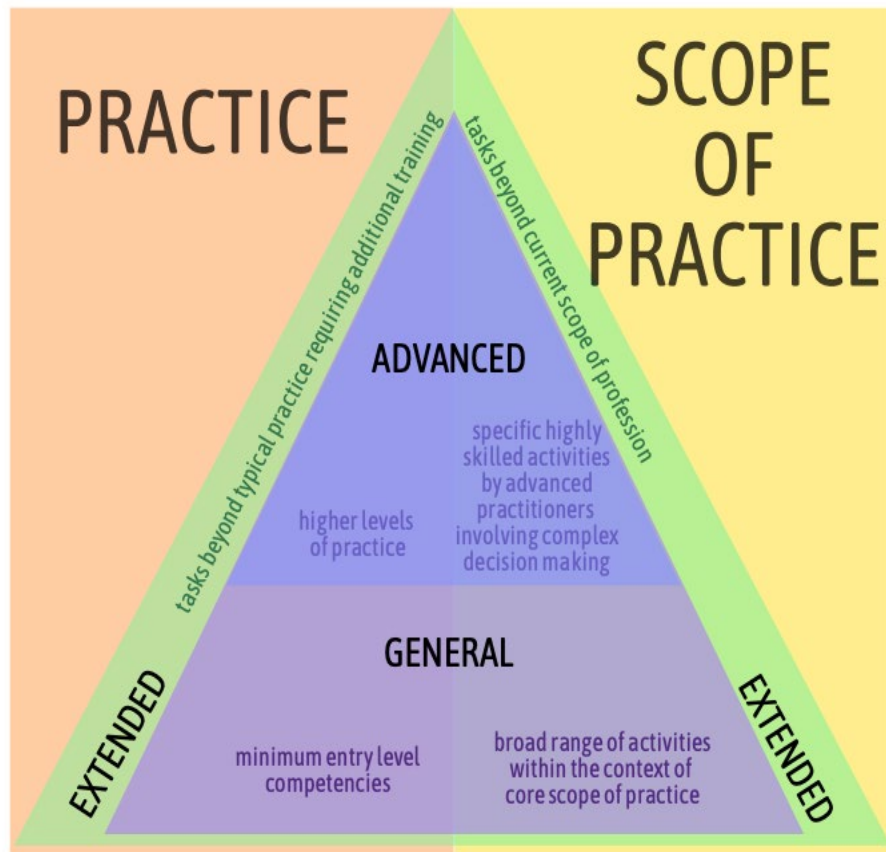
Education and training influences the individual's competency and what the individual is authorized to perform within their individual practice. This document will further explain traditional and non-traditional scope of practice into general, advanced, and extended skills.

#### **3.1.1. General Skills**

The individual competency of an occupational therapist is influenced by many factors (see Figure 2) but all occupational therapists graduate with entry level knowledge and skills to practice occupational therapy that is taught at the masters post-secondary education level. Successful completion of the National Occupational Therapy Certification Examination (NOTCE, 2022) measures the baseline knowledge for an occupational therapist to enter practice in Saskatchewan. Individual occupational therapists further develop their skills and confidence through experience and commitment to professional development (see Appendix A).



**Figure 2: Conceptual Model of Knowledge and Skills that Influence Occupational Therapists Scope of Practice**



### **3.1.2. Self-Assessment/Individual Competence**

Individual competency of an occupational therapist is both a professional commitment and a continuing competency requirement to maintain a licence to practice in Saskatchewan (SCOT). The scope of practice of an occupational therapist evolves with reflection of the individual's practice and is influenced by the:

- level of competence, education, qualifications, and experience of the individual,
- emerging research and evidence,
- context in which they practice (for example: age, environment, client, etc.),
- clients' health needs, abilities, and goals, and
- organizational structure including quality, funding, and risk management (OTA, 2017).



Within their individualized scope of practice, occupational therapists must only perform assessments and interventions that are within their individual competence. Individual competence is determined by their:

- education,
- practice experience,
- patient populations,
- context of practice,
- ongoing formal education, and
- ongoing informal education.

Occupational therapists are required to maintain competence within their individual scope of practice. They will perform assessments and interventions within their competence and will seek support from their employer to improve their competence in required practice areas as needed. Occupational therapists are expected to practice within evidence-based and best practice guidelines. When occupational therapists are not competent to provide the recommended intervention, they will provide the client with alternative resources (COTNS, 2018). Level of competence in a practice area may be guided by a decision-making algorithm (see Appendix B).

### **3.1.3 Advanced Skills**

Advanced skills-refers to specific activities that require leadership, governance, and evaluation necessary to ensure safety and quality within an advanced practice role. To maintain professional practice standards, there may be a need for:

- additional training,
- enhanced competency,
- practice verification,
- internal credentialing by an employer,
- professional supervision and/or monitoring,
- teaching, and
- research activities.

Some examples that require advanced skills may include complex driver assessments, specialized seating prescription, pain management interventions, or specific mental health interventions requiring additional training, practice experience, research, and evaluation. Complex professional decision-making or practice in high risk or highly skilled areas of practice are typically a natural extension of the general scope of the profession (OTA, 2017)(see Appendix B and C).



### **3.1.4 Extended Skills**

Extended skills are beyond the context of general and advanced occupational therapy practice. They include performing tasks beyond the current scope of the profession and may be associated with another profession's legislation. Occupational therapists must ensure that they are not undertaking activities which are in the exclusive scope of practice of another discipline. Extended scope of practice requires further training and may involve legislative or regulatory changes.

## **3.2. *Scope of Employment***

Scope of employment influences the scope of practice of an individual occupational therapist.

- Occupational therapists are expected to only perform assessments and interventions that are within their scope of employment. This refers to the range of roles and responsibilities that are defined by the employer and/or funder through legislation, job descriptions, policies and procedures, guidelines, orientation processes, and education (COTNS, 2018).
- Occupational therapists may have competencies to perform an assessment or intervention that is not within their current job description; however, they shall not perform these interventions without manager or employer authorization. Appendix B and C provide a process to assist with the decision-making process and risk assessment for this type of situation.
- Where the scope of employment requires an occupational therapist to participate in an intervention that is beyond their individual competence, but within the professional scope of practice, it is the responsibility of the occupational therapist to inform the employer of their level of competence and work together with the employer to develop skills and achieve competence (COTNS, 2018).

## **3.3. *High Risk Activities***

Risk assessment is an integral part of occupational therapy practice that involves self-assessment of training, experience, skills, knowledge, and judgement prior to performing a therapeutic activity to ensure the best possible client outcomes in a safe and ethical manner (COTO, 2020).

Additional factors that may impact the ability to safely perform authorized therapeutic activities include, but are not limited to:

- practice setting,
- context and environment,
- equipment,
- client needs,
- abilities and goals, and
- employer policies and procedures.



It is important for occupational therapists to consider both the risk and harm that may occur to the client and/or therapist. Practice that requires performance of advanced and extended skills may present occupational therapists with situations that contain a higher element of risk to themselves, the client, and/or the employer. Using a risk management framework is one way to minimize risk and prevent harm, by identifying any possible risk factors, their level of probability and degree of harm, and steps to take to mitigate the associated risk (COTNS, 2018) (see Appendix B and C).

## **Section 4: Other Considerations**

### **4.1. National Competency to Practice**

Through a *national collaborative initiative*, a single competency document to describe entry-to-practice competencies and competencies used throughout the span of an occupational therapist's practice was developed. Collaborators included the Canadian Association of Occupational Therapists (CAOT), the Association of Canadian Occupational Therapist Regulatory Organizations (ACOTRO), and the Association of Canadian Occupational Therapy University Programs (ACOTUP). It is intended to guide and support occupational therapists in demonstrating appropriate knowledge, skills, and attitudes while practising within the individual occupational therapist's scope of practice and is adopted by SCOT.

Occupational therapy competencies are grouped into six domains that include:

- occupational therapy expertise - facilitate occupation;
- communication and collaboration - listen, share, and work with others;
- culture, equity, and justice - respect and continue to learn about traditions and ways of doing;
- excellence in practice - aspire to always do our best and improve performance;
- professional responsibility - serve clients, respecting rules, and regulations;
- engagement with the profession - help the profession to grow so that collectively we help society.

The competencies identified are the foundation for the occupational therapist as an individual professional to define their scope of practice within their level of competency in each of the domains (ACOTRO, et al., 2021).

### **4.2. Provincial (SCOT) Continuing Competency Program**

An individual occupational therapist's scope of practice is predicated on participating in the provincial (SCOT) continuing competency program in Saskatchewan. This is a formalized process to monitor an occupational therapist's obligations to meet the required competencies. This includes engaging in reflection and professional development to maintain an annual licence to practice within the province.





### **4.3. Delegation**

Delegation is a term used in some provinces to describe a process by which a regulated health professional (authorized to perform a certain task) transfers authority to another health professional (not authorized to perform a certain task) to perform a specific function in a selected situation. Delegated transfer of authority may refer to regulated activities, restricted acts, or *controlled acts* as defined in some provincial health profession legislation (ACOTRO, 2019).

#### **4.3.1. Occupational Therapist Acceptance of Delegation**

Where legislation authorizes the process of delegation, an occupational therapist may accept delegated activities only if both the occupational therapist and the authorized professional are competent to perform the task safely and effectively. It is essential that clearly written instructions are provided to the occupational therapist in order to perform the delegated task, and that written employer authorization is acquired prior to commencement of the task.

#### **4.3.2. Occupational Therapist Delegation to Others**

Where provincial legislation allows, an occupational therapist may delegate a specific function in a selected situation to another health professional if the person to whom the task is delegated is competent to perform the task. The occupational therapist maintains responsibility to monitor the delegated legislative and employer-authorized function.

### **4.4. Assignment to Occupational Therapist Support Personnel**

Assignment is the process whereby the occupational therapist allocates responsibility for the delivery of particular aspects of occupational therapy service components to an occupational therapist assistant or other related service provider and is different from the act of delegating. An occupational therapist is unable to assign a task that is outside of an individual's competence to support personnel. The expectations of the occupational therapist assigning a service component is that they have performed an assessment from which they determined which tasks may be assigned. A supervision and communication plan is developed, as well as direct modifications and termination of the assigned tasks. Occupational therapists cannot assign service components that are outside their scope of employment to support personnel (COTN, 2018). The assigned task and supervision are part of the therapist's scope of practice.



## Appendix A

### Process of Occupational Therapy Practice

The individual competency of an occupational therapist is influenced by many factors, but all occupational therapists graduate with an entry level knowledge and skill to practice occupational therapy. The scope of practice of all licensed occupational therapists is guided by this practice process:

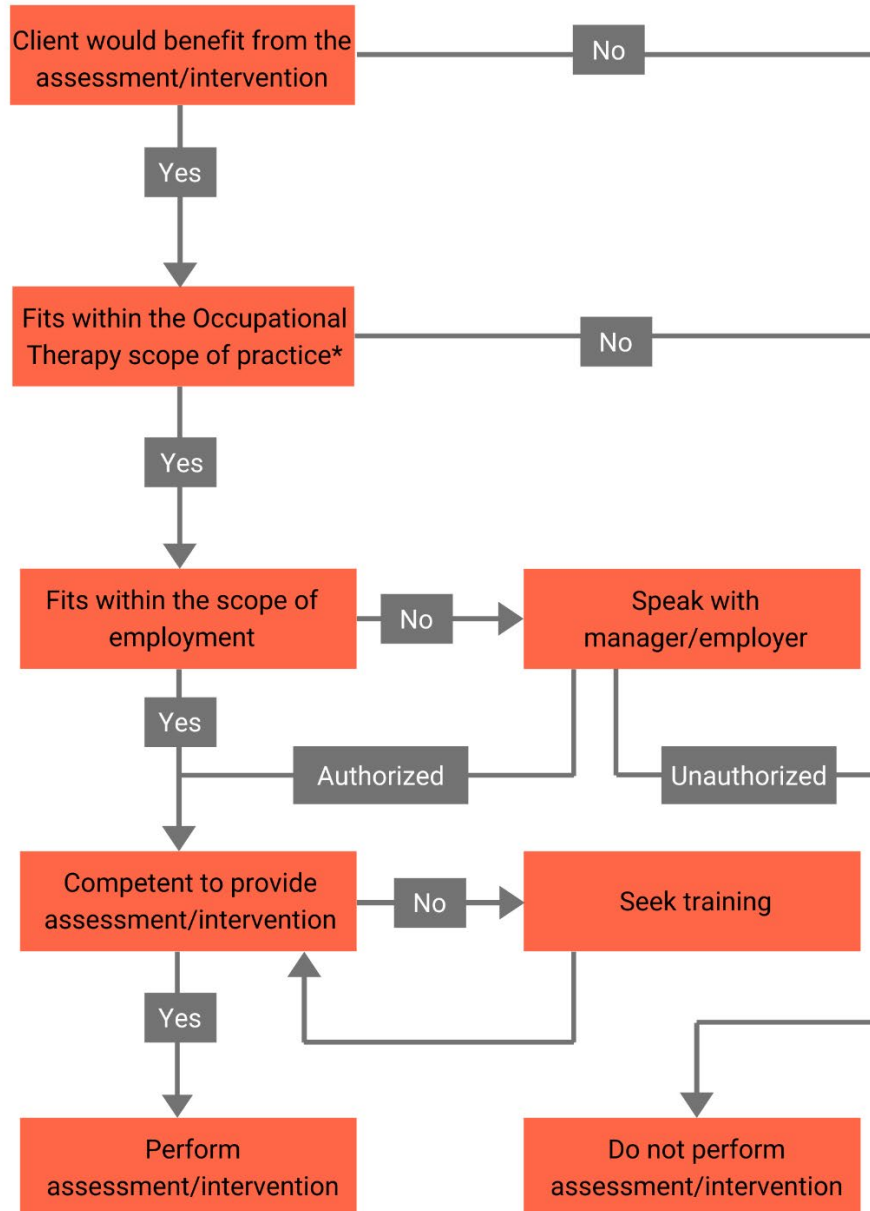
- *evaluating and providing intervention(s) in collaboration with the client, family, caregiver, or others;*
- *developing, improving, sustaining, or restoring skills in activities of daily living (ADL), work or productive activities, and play or leisure;*
- *identifying and facilitating engagement in meaningful and healthy occupations;*
- *developing, remediating, or restoring sensorimotor, cognitive, or psychosocial components of performance;*
- *educating the client, family, caregiver, or others in carrying out appropriate non-skilled interventions;*
- *consulting with groups, programs, organizations, or communities to provide population-based services.*

*Interventions may include:*

- *therapeutic use of meaningful and purposeful occupations;*
- *adaptation of environments and processes to enhance functional performance in occupations;*
- *promotion of health and wellness through engagement in valued occupations;*
- *graded tasks and activities as prerequisites to engagement in occupations;*
- *design, fabrication, application, or training in the use of assistive technology or orthotic devices and training in the use of prosthetic devices;*
- *application of physical agent modalities as an adjunct to or in preparation for engagement in occupations;*
- *application of ergonomic principles to the performance of occupations (CAOT, 2012).*



## Appendix B Decision-Making Algorithm



***\*Adhering to relevant legislation and regulations.***

**Note:** Modified from COTNS (2018)



## Appendix C

### Risk Assessment and Management Framework

Occupational therapists must demonstrate judgement and clinical reasoning skills when determining which assessments or interventions to perform with their clients within their scope of practice. It is important for occupational therapists to consider both the risk and harm that could occur to the client and/or therapist. Using a risk management framework is one way to minimize risk and prevent harm, by identifying any possible risk factors, their level of probability and degree of harm, and steps to take to mitigate the associated risk. The following is a sample:

#### ***Step 1: Identify risk factors***

- Client:
  1. Current condition
  2. Medical history
  3. Capacity to give consent
  4. Relationship with occupational therapist
  5. Culture, values, and beliefs
  6. Comfort level with setting/intervention/assessment/profession
  7. Past experience with setting/intervention/assessment/profession
  8. Comprehension and understanding
- Assessment/Intervention:
  1. Benefits and risks
  2. Possible contraindications
  3. Supporting evidence and validity
  4. Alternative options
- Practice environment:
  1. Practice setting
  2. Allotted time and available resources
  3. Available staff and support personnel
  4. Client population
  5. Employer policies/procedures
- Occupational therapist:
  1. Knowledge and comfort level with the assessment/intervention
  2. Relationship with client
  3. Scope of employment

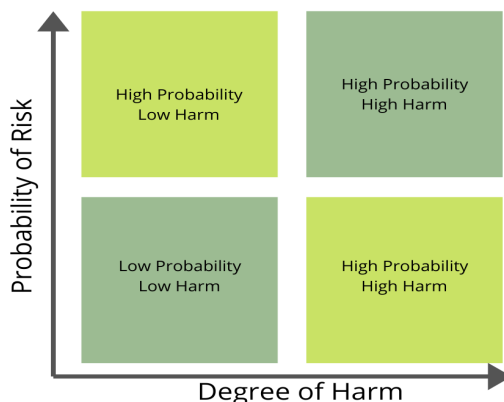
#### ***Step 2: Assess risk factor degree of probability and harm***

Once the risk factors for the client, assessment/intervention, practice environment, and occupational therapist have been identified, the next step is to identify the probability of them occurring



and the degree of harm they could cause to the client, occupational therapist, employer, profession, and public.

**Figure 4: Probability of Risk and Degree of Harm**



**Note:** (COTNS, 2018).

### **Step 3: Identify steps to mitigate risk**

It is the responsibility of the occupational therapist to determine the risk factors and their level of probability and degree of harm, as well as steps to mitigate the risk. The following are examples of strategies that may be used to mitigate risk:

- establish clear, honest, and transparent communication with the client regarding risks and benefits of an activity, alternative options, and the level of competence of the occupational therapist;
- clearly document all risks, benefits, progress, and outcomes;
- frequently monitor the outcome for higher risk activities;
- seek supervision from another occupational therapist or another regulated health professional;
- only perform activities that are low risk for areas of competence that are developing;
- only perform assessments/interventions that you are comfortable and competent to perform;
- only perform activities under delegation or medical directive where they are clearly documented and supported by employer policies and guidelines;
- seek current evidence that supports the recommended assessment or intervention
- review employer policies and procedures;
- contact your employer's legal department or your liability insurance for legal counsel;
- review SCOT standards and guidelines and contact them for additional support if needed.

*Note: The following framework is adapted from the College of Occupational Therapists of Nova Scotia Practice guidelines (COTNS, 2018):*



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