

OTCC LEADERSHIP FORUM JUNE 6 2012

Hilton Hotel, Quebec City, QC

Minutes

Present: Giovanna Boniface, Cathy Vandersluis, Susan Rappolt, Andrew Freeman, Lori Letts, Tal Jarus, Claudia von Zweck, Sue Baptiste, Kathy Corbett, Margo Paterson, Juliette (Archie) Cooper, Huguette Picard, Jacqueline Rousseau, Sangita Kamblé, Marjorie Hackett, Anne McDonald, Brenda Lammi, Kate Rexe, Paulette Guitard, Heather Cutcliffe, Sharon Eadie, Cathy Pente, Alain Bibeau, Nicole Haché, Anne Carswell

Facilitator: Don Pollock

1. Introduction and Purpose of the Day

Don discussed the need for leadership in the profession to develop a strong common vision among occupational therapy organizations. It was agreed there is a case for change.

2. Update on Current National Initiatives

2.1 2011 OTCC Forum: Consensus was attained at the 2011 forum for the need for common research agenda. COTF has continued work on this initiative. Lynn Shaw has worked with representatives of COTF, CAOT and ACOTUP to develop a proposal to the Canadian Institutes for Health Research for funding for the development of a prototype for a clinical practice guideline for occupational therapy.

2.2 2010 OTCC Forum: Work continues on the development of a joint position statement on the topic of the use of title in occupational therapy. Representatives of PAC, COTF, ACOTUP, ACOTRO and CAOT are contributing to the development of the position statement.

3. Review and Discussions of Posters Describing Organizational Environmental Scans:

Representatives from ACOTUP, ACOTRO, COTF, CAOT and PAC reviewed the content of the environmental scans that were developed by each of the organizations in preparation for the forum. A copy of each environmental scan is attached to the minutes.

4. The Case for Change:

It was suggested that the current orientation of OTCC is not strategic and there is anxiety about potential negative issues that are on the horizon that are outside the control of the profession. The environmental scans highlighted that health care is not sustainable in its present form. The health care system is “Darwinian” – dependent upon the survival of the fittest. While rehabilitation should be a key component within health systems, the value of occupational therapy is undervalued. Occupational therapy organizations currently see the profession from a parochial position where a holistic perspective

is needed. While each organization knows what they would like to accomplish, a national vision is needed to bring the efforts of the individual groups to work together for the benefit of the profession.

Examples of external drivers for change were identified by participants and include:

- Change in the external environment is occurring; occupational therapy needs to be proactive to decide own future
- A population health needs approach is required to truly address health issues; occupation is foundational to all determinants of health
- Opportunities exist in other areas for occupational therapists than the health system; occupational therapists can/should look for alternative streams of funding

Internal drivers for change include:

- Occupational therapists have the ability and capacity to address major barriers or problems within the current health system e.g. chronic disease management
- Occupational therapists are well-educated and are able to create their own new roles
- An increased supply of occupational therapists is needed; the provinces in Canada with the most number of occupational therapists are the areas with the greatest shortages
- Need re-consideration of the scope of practice of the profession to remain competitive e.g. ability to communicate a diagnosis such as sensory processing disorder
- Entrepreneurial skills are needed by occupational therapist to take advantage of potential business opportunities

5. Values and Vision for the Profession:

Participants brain-stormed the following values regarding occupational therapy and the work of occupational therapists:

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|--|---------------------------------|
| • Accountability | • Collaborative |
| • Enabling | • Quality of life |
| • Diversity | • Lifelong learning |
| • Evidence-based | • Embracing change |
| • Accept uniqueness of person | • Innovation Health & Wellbeing |
| • Respectful | • Caring |
| • Creativity | • Value relationships |
| • Can do attitude | • Participatory |
| • Integrity | • Outcome focused |
| • Enable participation - Value in occupation | • Value positive conflict |

Don suggested that the OTCC consider the vision “Occupational therapy is visible and accessible to all the people of Canada”

The use of the name “OT Canada” was suggested as an alternative to the “Occupational Therapy Council of Canada”

6. Group Reports and Discussion

SOAR Analysis	
<p>Strengths</p> <ul style="list-style-type: none"> • Strong leaders (natural leadership) (internationally recognition) • Passion • Broad health/social contribution • Versatility • Systems view – solution focused • Fit with the government agenda • Evidenced-based/ best practices • Accountability within a regulated profession • Chronic disease management-self-management • Strong team players • Collaborative community • Broad and credible knowledge base • Strong students, strong graduates and strong educational programs 	<p>Opportunities</p> <ul style="list-style-type: none"> • Embrace Quebec model • Senior strategy • National promotional campaign • Driving assessment and rehabilitation • Mental Health • Health Accord 2014 • Openness to partnership • Primary healthcare initiatives • Correctional services • Hemodialysis • VAC • Focus energy on priorities • Restructure how we allocate resources • To support our research • Higher education – branching out of the profession
<p>Aspirations</p> <ul style="list-style-type: none"> • That every occupational therapist takes responsibility for the development of the profession is embedded in occupational therapy education programs. • Culture change – internal accountability • Succession plan to acculturate new emerging leaders • Research strategy to align with current system • Improved advocacy skills • Firm structure and commitment • Connectivity • Clear pathways of communication 	<p>Results</p> <ul style="list-style-type: none"> • Clear pathway of communication • Develop key messages for the profession – health accord • Able to communicate the cost effectiveness of occupational therapy services • Able to develop an advocacy strategy for the whole profession • Closer relationship with educators/ programs • Retention of title • Pride in the profession

7. Specific Implementation Actions

Statement of purpose

OT Canada is a council representing all sectors of the occupational therapy profession in Canada including researchers, educators, regulators and professional associations. The leaders of these groups comprise the membership of OT Canada.

This Council:

1. identifies key areas* and emerging trends
2. determines priority initiatives for collaborative action
3. establishes compatible and facilitating processes for implementation
4. ensures effective communication within and beyond the profession

*Key areas

- Integrated national research strategy
- Economic case for occupational therapy in Canada
- Seniors strategy – e.g. Ageing in place
- National Advocacy strategy to advance occupational therapy e.g. national awareness
- Human resource strategy (capacity, retention, leadership, diversity, succession planning, mentorship, volunteerism, professional engagement and involvement)
- Integrated scope of practice strategy
- Innovative services to meet population needs

Statement - Your partner for engaging participation in everyday living

8. Summary and Conclusions

The following 4 key areas were selected as priorities for OTCC:

- Economic case for occupational therapy in Canada
- National advocacy strategy to advance occupational therapy e.g. national awareness
- Human resource strategy (capacity, retention, leadership, diversity, succession planning, mentorship, volunteerism, professional engagement and involvement)
- Integrated scope of practice strategy