STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
2005 Evergreen Street, Suite 2050, Sacramento, CA 95815-3827
P [916-263-2294] F [916-263-2701] | www.bot.ca.gov

TELECONFERENCE EDUCATION/OUTREACH COMMITTEE MEETING NOTICE & AGENDA

Rancho Los Amigos National Rehabilitation Center
CART Building Conference Room
7601 E. Imperial Highway
Downey, CA 90242

For Directions ONLY
(562) 401-6800

CSU, Dominguez Hills
MSOT Program
Room WHA 310D
1000 East Victoria Street
Carson, CA 90747

For Directions ONLY
(714) 943-5741

Department of Consumer Affairs
Donner Lake Room - 2ND Floor
2005 Evergreen Street
Sacramento, CA 95815

For Directions ONLY
(916) 263-2294

Eisenhower Medical Center
Hand Therapy Clinic
39000 Bob Hope Drive
Rancho Mirage, CA 92270

For Directions ONLY
(760) 773-1630

2111 Greenwood Avenue
San Carlos, CA 94070

For Directions ONLY
(650) 868-9438

August 24, 2012

4:30 pm – Committee Meeting

The public may provide comment on any issue before the committee at the time the matter is discussed.

A. Call to order, roll call, and establishment of a quorum.

B. Approval of the August 25, 2011, meeting minutes.

C. Approval of the January 19, 2012, meeting minutes.

D. Review and discussion of informational consumer brochure.

E. Review and discussion of proposed website content for Practice Reviewers and Advanced Practice Reviewers.

F. Review and discussion strategies and other information to encourage licensee participation in Practice Reviewers and Advanced Practice Reviewers programs.

*** *MORE INFORMATION ON OTHER SIDE* ***

G. Review of 2011-2014 Strategic Plan as it relates to Committee's Roles and Responsibilities.

H. Public comment on items not on agenda.
Note: The Committee may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 1125, 1125.7(a)]

I. Adjournment

ALL TIMES ARE APPROXIMATE AND SUBJECT TO CHANGE
ACTION MAY BE TAKEN ON ANY ITEM ON THE AGENDA;
ITEMS MAY BE TAKEN OUT OF ORDER

Questions regarding this agenda should be directed to Heather Martin, Executive Officer, at the Board's office in Sacramento. Meetings of the California Board of Occupational Therapy are open to the public except when specifically noticed otherwise in accordance with the Open Meeting Act. A quorum of the board may be present at the committee meeting. Board members who are not members of the committee may observe but not participate or vote. Public comment is appropriate on any issue before the workshop at the time the issue is heard, but the chairperson may, at his or her discretion, apportion available time among those who wish to speak. The meeting is accessible to individuals with disabilities. A person who needs disability related accommodations or modifications in order to participate in the meeting shall make a request to Jeff Hanson at (916) 263-2294 or 2005 Evergreen Street, Suite 2050, Sacramento, California, 95815. Providing at least five working days notice before the meeting will help ensure the availability of accommodations or modifications.

AGENDA ITEM B

APPROVAL OF AUGUST 25, 2011, COMMITTEE MEETING MINUTES.

Draft minutes are attached for review.

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TELECONFERENCE EDUCATION/OUTREACH COMMITTEE MEETING MINUTES

Thursday, August 25, 2011

Committee Members Present
Bobbi Jean Tanberg, Board Member
DeeDee Clark
Diane Mayfield
Danielle Meglio

Committee Members Present
None

Board Staff Present
Heather Martin, Executive Officer

DRAFT

A. Call to order, roll call, establishment of a quorum.

The meeting was called to order at 4:10. All committee members were present and a quorum was established.

B. Approval of the February 24, 2011, meeting minutes.

- Diane Mayfield moved to approve the February 24, 2011, meeting minutes as presented.
- Danielle Meglio seconded the motion.

Roll Call Vote

Bobbi Jean Tanberg	Aye
DeeDee Clarke	Aye
Diane Mayfield	Aye
Danielle Meglio	Aye

- The motion was adopted.

C. Review and discussion of the Education/Outreach Committee's Roles and Responsibilities and consideration of recommending changes to the Board.

Heather Martin explained that the Committee's Roles and Responsibilities document is a standing agenda item due to the newness of the Committee. Committee members discussed the fact that 'developing website content' was too narrow of a scope.

- Diane Mayfield moved to amend the wording of Roles #2 and 3 to 'develop content and communication tools' to education consumers about occupational therapy and educate licensees about the regulation of the profession, and add a new #6 'Identify and explore use of various communication tools.'

- DeeDee Clarke seconded the motion.

Roll Call Vote

Bobbi Jean Tanberg	Aye
DeeDee Clarke	Aye
Diane Mayfield	Aye
Danielle Meglio	Aye

- The motion was adopted.

D. Discussion and development of consumer-related informational brochures.

Bobbi Jean Tanberg advised the Committee that she contacted the American Occupational Therapy Association (AOTA) regarding linking information for consumer's on AOTA's website to the Consumers page on the Board's website; AOTA approved the request. The Committee agreed that placing a link to What is Occupational Therapy on AOTA's website would provide useful information for those interested in finding out more about occupational therapy. The Committee also suggested placing the same link to AOTA's website in the QuickHits section of the Board's website.

The Committee reviewed several brochures, including other State OT board brochures and website content and other California health board consumer brochures. The Committee discussed the Missouri OT Board's brochure and talked about using that as the model brochure and what amendments could be made to make it specific to California.

The Committee discussed the confusion about what is occupational therapy and the role of the Board and agreed providing information about service providers would be helpful.

- Bobbi Jean Tanberg moved to direct staff to bring back a draft consumer brochure to review at the next meeting.
- Diane Mayfield seconded the motion.

Roll Call Vote

Bobbi Jean Tanberg	Aye
DeeDee Clarke	Aye
Diane Mayfield	Aye
Danielle Meglio	Aye

- The motion was adopted.

To give staff more direction, Committee provided additional recommendations to assist with drafting a brochure, including adding bulleted list of activities across the lifespan to the brochure, e.g., low vision, activities of daily living, self-care skills, mobility, etc.

DRAFT

E. Discussion regarding holding Board and committee meetings that are accessible and informative.

The Committee discussed different ways to increase access to Board and Committee meetings, including suggestions look into: providing toll-free numbers so interested parties could call into the meeting (without having to attend, in person); the cost and/or limitations of holding meetings via videoconference; web-casting the Board's meeting (where meeting is recorded and made available on Board's website afterward); suggesting that meetings held via teleconference are recorded and made available on the Board's website so licensees could access/listen at their leisure.

Ms. Martin pointed out that only 30+ people receive Board information via United States Postal Mail, 350+ receive information via email, yet the Board's facebook page (OccupationalTherapy Board) has over 1200 'friends.' Thus, Board staff post Board and Committee meeting information on the Board's facebook wall to encourage interest and/or attendance.

F. Review of the Board's Disciplinary Guidelines and complaint data as it relates to attracting licensees so serve as an Expert Witness.

Ms. Martin provided complaint data and referenced the Board's Disciplinary Guidelines as it relates to the volume and types of cases the Board needed reviewed by Expert Witnesses.

G. Review of proposed Fact Sheets and FAQS for individuals serving as an Advanced Practice Reviewer and Expert Witness.

The Committee discussed the fact that use of the term 'Expert' could be off-putting to some licensees and discussed alternative names to use. The Committee also recommended the webpage for Expert Witness and Advanced Practice application reviewers be separated into two different webpages and provided other suggestions to provide more information to licensees, e.g., the frequency the person would need to review complaint cases or advanced practice applications, the time commitment, etc.

- Diane Mayfield moved to recommend the Board change the title of Expert Witness to Practice Reviewer and direct staff to update the Board's website accordingly.
- Danielle Meglio seconded the motion.

<u>Roll Call Vote</u>

Bobbi Jean Tanberg	Aye
DeeDee Clarke	Aye
Diane Mayfield	Aye
Danielle Meglio	Aye

- The motion was adopted.

DRAFT

H. Discussion regarding providing information via podcasts.

The Committee discussed how podcasts could be posted on the Board's website and that could maybe be a way to 'demystify' the complaint review process. Committee members suggested that if a recording of someone explaining the review process could be put on the Board's website and/or made into a podcast, that may be a way of getting out the word regarding complaint and/or case reviews.

- DeeDee Clarke moved to recommend Heather Martin contact someone who has previously reviewed cases and them be recorded while explaining the review process for posting on the board's website.
- Diane Mayfield seconded the motion.

Roll Call Vote

Bobbi Jean Tanberg	Aye
DeeDee Clarke	Aye
Diane Mayfield	Aye
Danielle Meglio	Aye

- The motion was adopted.

I. Agenda items for next meeting.

No additional items were suggested.

J. Public comment on items not on agenda.

No public comment was provided.

K. Adjournment

The meeting adjourned at 6:16 pm.

DRAFT

AGENDA ITEM C

APPROVAL OF THE JANUARY 19, 2012 COMMITTEE MEETING MINUTES.

Draft minutes are attached for review.

TELECONFERENCE EDUCATION AND OUTREACH COMMITTEE MEETING MINUTES

Committee Members Present
Bobbi Jean Tanberg, Board Member
DeeDee Clark
Diane Mayfield
Danielle Meglio

Committee Members Present
None

Board Staff Present
Heather Martin, Executive Officer

January 19, 2012

4:00 pm – Committee Meeting

A. Call to order, roll call, and establishment of a quorum.

The meeting was called to order at 4:15. All committee members were present and a quorum was established.

B. Approval of the August 25, 2011 meeting minutes.

The item was tabled until the next meeting.

C. Review and discussion of the Education/Outreach Committee's Roles and Responsibilities and consideration of recommending changes to the Board.

Ms. Martin explained that the Roles and Responsibilities document reflected edits from the Committee's last meeting. The Committee reviewed the rules and responsibilities document provided and made additional edits.

- Diane Mayfield moved to recommend the Board approved the Roles and Responsibilities document as edited.
- Danielle Meglio seconded the motion.

DRAFT

Roll Call Vote

Bobbi Jean Tanberg	Aye
DeeDee Clarke	Aye
Diane Mayfield	Aye
Danielle Meglio	Aye

- The motion was adopted.

D. Review and discussion of informational consumer brochure.

The Committee discussed a draft brochure entitled *A Consumer's Guide* with edits from the last meeting. The Committee further discussed what information would be helpful to consumers and directed additional edits.

- Danielle Meglio moved to direct Heather Martin to revise the brochure and provide a website mockup at the next meeting.
- Diane Mayfield seconded the motion.

Roll Call Vote

Bobbi Jean Tanberg	Aye
DeeDee Clarke	Aye
Diane Mayfield	Aye
Danielle Meglio	Aye

- The motion was adopted.

E. Review and discussion of proposed website content for Advanced Practice Reviewers and Practice Reviewers and discussion regarding strategies and other information to encourage licensee participation in both programs.

The Committee reviewed the information on the Board's website relating to recruitment of Practice Reviewers. The Committee discussed different information that an occupational therapist would need to know when considering whether to submit an application to the Board.

Suggested information to add included:
The amount of time spent to review a case and write an opinion will vary by case; no minimum number of cases required; participation will be based on a reviewers' availability; reviewing a case is optional - reviewers can decline to review a case; cases are reviewed at reviewers convenience; cases infrequently go to hearing; if a case goes to hearing, travel expenses are reimbursed.

Heather Martin will incorporate the Committee's suggestions and will bring a mock-up of website content to the next meeting.

Review and discussion of the Advanced Practice reviewer information on the Board's website was tabled due to time constraints.

DRAFT

F. Review of 2011-2014 Strategic Plan as it relates to Committee's Roles and Responsibilities.

Review the Board's Strategic Plan as it relates to the Committee's Roles and Responsibilities was tabled due to time constraints.

G. Agenda items for next meeting.

No future agenda items were noted.

H. Public comment on items not on agenda.

No public comments were provided.

I. Adjournment

The meeting adjourned at 6:10 pm.

DRAFT

AGENDA ITEM D

REVIEW AND DISCUSSION OF INFORMATIONAL CONSUMER BROCHURE.

A draft brochure is attached for review.

W A ARE MY RIGHTS WHEN RECEIVING OCCUPATIONAL THERAPY SERVICES?

- To receive competent professional services.
- To verify the credentials, names, and titles of the service provider.
- To receive a clear explanation of the services being offered or provided.
- To refuse any services offered.
- To know that all records will be kept confidential.
- To obtain copies of your records
- To file a complaint with the California Board of Occupational Therapy about an occupational therapist or occupational therapy assistant or an unlicensed practitioner.
- To request reasonable accommodations to access professional services.
- To maintain an ethical and professional relationship.

WHAT DO I DO IF I THINK MY RIGHTS HAVE BEEN VIOLATED?

If you suspect that someone is practicing without a license or has acted in an unprofessional manner you may report such to the California Board of Occupational Therapy by filing a written complain. Complaint forms and an authorization to release records can be found on the Board's website and can be emailed, faxed, or mailed.

More information about occupational therapy can be found on the American Occupational Therapy Association's website: www.aota.org

<INSERT ANOTHER PHOTO HERE>

If you would like more information from the Board, please call, write, email or fax:

California Board of Occupational Therapy
2005 Evergreen Street Suite 2050
Sacramento, CA 95815

Phone: (916) 263-2294
Fax: (916) 263-2701

Website: www.bot.ca.gov

State of California

A CONSUMER'S GUIDE TO OCCUPATIONAL THERAPY

Department of Consumer Affairs
California Board of Occupational Therapy
2005 Evergreen Street Suite 2050
Sacramento, CA 95815

Phone: (916) 263-2294

CALIFORNIA BOARD OF OCCUPATIONAL THERAPY MISSION AND RESPONSIBILITY:

The mission of the California Board of Occupational Therapy is to regulate occupational therapy by serving and protecting California's consumer and licensees.

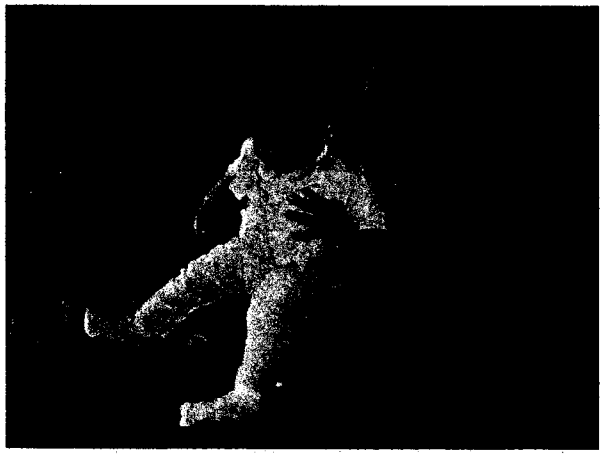
It is also the Board's duty to investigate all complaints against its licensees in a fair and equitable manner.

The Board is responsible for developing, implementing and administering the rules and regulations necessary to regulate the profession. The Board also investigates complaints related to the practice of occupational therapy.

WHAT IS OCCUPATIONAL THERAPY?

"Occupational Therapy" is the use of purposeful activity or interventions designed to achieve functional outcomes which promote health, prevent injury or disability and which develop, improve, sustain or restore the highest possible level of independence of any individual who has an injury, illness, cognitive impairment, psychosocial dysfunction, mental illness, developmental or learning disability, physical disability or other dis-order or condition.

Occupational therapy includes assessment or treatment by means of skill observation or elevation through the administration and interpretation of standardized or non-standardized tests and measurements.



Occupational therapy enables clients to maximize their capacity to participate in life activities that are important and meaningful to them.

OCCUPATIONAL THERAPY SERVICES INCLUDE, BUT ARE NOT LIMITED TO:

- developmental disabilities
- learning disabilities
- job-related injuries
- neurological problems
- orthopedic injuries
- birth defects
- stroke
- psychosocial disorders
- chemical dependency
- rehabilitation of the hand
- dysphagia care
- age-related disorders
- wellness
- driving
- ergonomic assistive technology

AGENDA ITEM E

REVIEW AND DISCUSSION OF PROPOSED WEBSITE CONTENT FOR PRACTICE REVIEWERS AND ADVANCED PRACTICE REVIEWERS

The following are attached for review:

- Current webpage
- Practice Reviewer application
- Advanced Practice Reviewer Application
- Practice Reviewer booklet

DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF OCCUPATIONAL THERAPY

Recruiting Practice Reviewers & Advanced Practice Reviewers

Practice Reviewers
The Board is currently recruiting qualified occupational therapists to review case materials, prepare written opinions, and possibly testify at administrative hearings as a Practice Reviewer. Practice Reviewers are paid $75 per hour for case review and preparation of the expert opinion report and $120 per hour plus expenses if called to testify at an administrative hearing. If you wish to provide this service to your community, please verify that you have:

- Ten or more years of experience with seven years of recent experience in the area of expertise for which they are reviewing cases or rendering a professional opinion.

Advanced Practice Reviewers
The Board is currently recruiting qualified occupational therapists review applicants for advanced practice approval and applications for advanced practice post-professional education. Advanced Practice Reviewers are paid $75 per hour for their services. If you wish to provide this service to your community, please verify that you have:

- At least five, of the past seven years, practicing in an advanced practice area.

Both Practice Reviewers and Advanced Practice Reviewers must have:

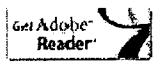
- A current and active California OT license without restrictions.
- No prior or current charges or discipline against any health care related license in California or in any other place of licensure.
- No criminal convictions, including any that were expunged or dismissed.

If you meet the requirements and are interested in providing this service to your community, complete the Practice Reviewer application or Advanced Practice Reviewer application and follow the instructions carefully. Once completed, send the application and your Curriculum Vitae (resume) to:

California Board of Occupational Therapy
2005 Evergreen Street; Suite 2050
Sacramento, CA 95815

If you have additional questions, please email the Board at: cbot@dca.ca.gov.

This web site contains PDF documents that require the most current version of Adobe Reader to view. To download click on the icon below.



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E-mail: cbot@dca.ca.gov Web: www.bot.ca.gov

APPLICATION FOR PRACTICE REVIEWER PROGRAM

Thank you for your interest in serving the Board of Occupational Therapy as a practice reviewer. Practice reviewers are licensed occupational therapists and occupational therapy assistants with the professional and educational background to review complaints, develop opinions, prepare written reports and/or testify at administrative hearings. Practice reviewers are an important part of the Board's Enforcement Program and their effectiveness is vital for fulfilling our legislative mandate to protect California consumers of occupational therapy services from unprofessional, incompetent and otherwise dangerous practitioners.

If you wish to provide this service to your community and be considered by the Board as a practice reviewer, please complete all sections of the application and submit to the above address. Please attach your resume or Curriculum Vitae.

A practice reviewer must hold a current and active license without restrictions.

It is imperative practice reviewers have at least ten (10) years experience with seven (7) years of recent experience in the area of expertise for which they will be reviewing cases and rendering a professional opinion. Please select (√) the applicable area(s) for which you are most knowledgeable, keeping in mind that you will need to defend your position in court should you be called to testify. ***California Civil Code Section 43.8 provides immunity for those practitioners who render an opinion against an occupational therapist or an occupational therapy assistant for the Board.***

- ☐ Private Practice
- ☐ School-Based Practice
- ☐ Pediatrics
- ☐ Work Program
- ☐ Administrative Management
- ☐ Physical Disabilities
- ☐ Behavioral Health
- ☐ Gerontology
- ☐ Home Health
- ☐ Hand Therapy
- ☐ Technology
- ☐ Education
- ☐ Research
- ☐ Wellness
- ☐ Other_____

Indicate all advanced practice area(s) which you have been approved by the Board and the date of approval:

- ☐ Hand Therapy - Date of Approval:
- ☐ Physical Agent Modalities - Date of Approval:
- ☐ Swallowing Assessment, Evaluation and Intervention - Date of Approval:

Section I: Personal Data (Please Complete All Boxes)

Last Name		First Name		Middle Name
Residence Address (Street No., Apt No.)		City	State	Zip Code
Home Telephone No. ( )	Business Telephone No. ( )	FAX No. ( )	E-Mail Address	

Section II: Professional Data (Please Complete All Boxes. Attach additional pages if necessary.)

License/Certification No.	Original Issue Date	Expiration Date	Type ☐ OT ☐ OTA

1. Do you possess a *current* certification from the National Board for Certification in Occupational Therapy, Inc. (NBCOT), or membership with the American Occupational Therapy Association (AOTA), Occupational Therapy Association of California (OTAC), or other state association?

☐ Yes NBCOT: Certification No. _____ as of _____ (date).
AOTA: Membership No. _____ as of _____ (date).
OTAC: Membership No. _____ as of _____ (date).
Other: _____ Membership No. _____ as of _____ (date).
Other: _____ Membership No. _____ as of _____ (date).
☐ No

2. Do you currently hold any other licenses or specialty certifications, including occupational therapy or any other health related field, in California or in any other state?

☐ Yes If yes, please provide a list and details below. ☐ No

_____
_____
_____
_____

3. Has any health related professional licensing or disciplinary body in any state, territory or foreign jurisdiction, or any branch of the military, denied, limited, placed on probation, restricted, suspended, cancelled or revoked any professional license, certificate, or registration granted to you, or imposed a fine, reprimand, or taken any other action against you?

☐ Yes If yes, please provide details below. ☐ No

_____
_____
_____
_____
_____

4. Have you ever been convicted of a crime?

☐ Yes If yes, please provide details below. ☐ No

_____
_____
_____
_____

5. Have you been actively engaged in the practice of occupational therapy (defined as at least 80 hours a month in occupational therapy, including direct client care, clinical activity, supervision, administration or teaching) in the past five years?

☐ Yes ☐ No

Please attach a copy of your resume or Curriculum Vitae to this application.

6. Please describe your related practice activities within the past five years.

7. Have you ever ceased practice for one year or more?

☐ Yes If yes, please provide details below. ☐ No

8. Please describe any mentoring or supervisory positions you have been involved with in the past five years.

9. Have you ever been an expert witness or a practice reviewer?

☐ Yes If yes, please state when and in what capacity, and describe your service as a witness or reviewer.
☐ No

10. Please describe any teaching or public speaking experience within the last five years. Please relate this experience to the specific area of expertise.

11. Have you ever been involved in an accreditation process?

☐ Yes If yes, please provide details below. ☐ No

_____

_____

_____

_____

_____

12. Why do you feel you are qualified to be a practice reviewer?

_____

_____

_____

_____

_____

_____

_____

_____

_____

Section III: Affidavit

I declare, under penalty of perjury of the laws of the State of California, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct.

Further, I certify that I have read and understand the disclaimer listed below.

_____ _____

Signature of Applicant Date

Disclaimer: Licensees are prohibited from making any claim or any advertisement in which they represent themselves as being affiliated in any way with the California Board of Occupational Therapy. Licensees shall not represent themselves as being an expert, a Board "expert," hold themselves out as holding any credential, or use any designation based on their participation in the Practice Reviewer Program. By signing the affidavit in Section III, you indicate that you understand the prohibitions concerning Board affiliation and advertising. Failure to comply may result in disciplinary action.

Information Collection and Access: The Board's Executive Officer is the person responsible for information maintenance. Business and Professions Code section 2570.18 gives the Board authority to maintain information. All information is mandatory. Failure to provide any mandatory information will result in the application being rejected as incomplete. Authorized personnel will use the information provided to determine your eligibility for participation in the Practice Reviewer Program. Each individual has the right to review his or her file maintained by the agency subject to the provisions of the California Public Records Act.

Rev (7/12)

STATE OF CALIFORNIA
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DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR

BOARD OF OCCUPATIONAL THERAPY
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E-mail: cbot@dca.ca.gov Web: www.bot.ca.gov

APPLICATION FOR ADVANCED PRACTICE REVIEWER PROGRAM

Thank you for your interest in serving the Board of Occupational Therapy as an expert reviewer. Expert reviewers are licensed occupational therapists with the professional and educational background to review applicants for advanced practice approval and applications for advanced practice post-professional education. Expert reviewers are an important part of the Board's Licensing Program and their effectiveness is vital for fulfilling our legislative mandate to protect California consumers of occupational therapy services from unprofessional, incompetent and otherwise dangerous practitioners.

If you wish to provide this service to your community and be considered by the Board as an expert reviewer, please complete all sections of the application and submit to the above address. Please attach your resume or Curriculum Vitae.

An expert reviewer must hold a current and active license without restrictions.

It is imperative that expert reviewers have been practicing in an advanced practice area for at least five (5) of the past seven (7) years.

Indicate all advanced practice area(s) which you have been approved by the Board and the date of approval:

- ☐ Hand Therapy - Date of Approval:
- ☐ Physical Agent Modalities - Date of Approval:
- ☐ Swallowing Assessment, Evaluation and Intervention - Date of Approval:

Section I: Personal Data (Please Complete All Boxes)

Last Name		First Name		Middle Name
Residence Address (Street No., Apt No.)		City	State	Zip Code
Home Telephone No. ( )	Business Telephone No. ( )	FAX No. ( )	E-Mail Address	

Section II: Professional Data (Please Complete All Boxes. Attach additional pages if necessary.)

License No.	Original Issue Date	Expiration Date	

1. Do you possess a *current* certification from the National Board for Certification in Occupational Therapy, Inc. (NBCOT), or membership with the American Occupational Therapy Association (AOTA), Occupational Therapy Association of California (OTAC), or other state association?

☐ Yes NBCOT: Certification No. _____ as of _____ (date).
AOTA: Membership No. _____ as of _____ (date).
OTAC: Membership No. _____ as of _____ (date).
Other: _____ Membership No. _____ as of _____ (date).
Other: _____ Membership No. _____ as of _____ (date).

☐ No

2. Do you currently hold any other licenses or specialty certifications, including occupational therapy or any other health related field, in California or in any other state?

☐ Yes If yes, please provide a list and details below. ☐ No

3. Has any health related professional licensing or disciplinary body in any state, territory or foreign jurisdiction, or any branch of the military, denied, limited, placed on probation, restricted, suspended, cancelled or revoked any professional license, certificate, or registration granted to you, or imposed a fine, reprimand, or taken any other action against you?

☐ Yes If yes, please provide details below. ☐ No

4. Have you ever been convicted of a crime?

☐ Yes If yes, please provide details below. ☐ No

5. Have you been actively engaged in the practice of occupational therapy (defined as at least 80 hours a month in occupational therapy, including direct client care, clinical activity, supervision, administration or teaching) in the past five years?

☐ Yes ☐ No

Please attach a copy of your resume or Curriculum Vitae to this application.

6. Please describe your related practice activities within the past five years.

7. Have you ever ceased practice for one year or more?

☐ Yes If yes, please provide details below. ☐ No

8. Please describe any mentoring or supervisory positions you have been involved with in the past five years.

9. Please describe any teaching or public speaking experience within the last five years. Please relate this experience to the specific area of expertise.

10. Have you ever been involved in an accreditation process?

☐ Yes If yes, please provide details below. ☐ No

11. Why do you feel you are qualified to be a reviewer of advanced practice applications?

Section III: Affidavit

I declare, under penalty of perjury of the laws of the State of California, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct.

Further, I certify that I have read and understand the disclaimer listed below.

_____ _____

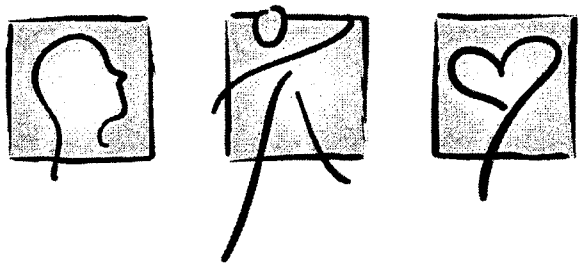
Signature of Applicant Date

Disclaimer: Licensees are prohibited from making any claim or any advertisement in which they represent themselves as being affiliated in any way with the California Board of Occupational Therapy. Licensees shall not represent themselves as being an expert, a Board "expert," hold themselves out as holding any credential, or use any designation based on their participation in the Expert Reviewer Program. By signing the affidavit in Section III, you indicate that you understand the prohibitions concerning Board affiliation and advertising. Failure to comply may result in disciplinary action.

Information Collection and Access: The Board's Executive Officer is the person responsible for information maintenance. Business and Professions Code section 2570.18 gives the Board authority to maintain information. All information is mandatory. Failure to provide any mandatory information will result in the application being rejected as incomplete. Authorized personnel will use the information provided to determine your eligibility for participation in the Expert Witness Program. Each individual has the right to review his or her file maintained by the agency subject to the provisions of the California Public Records Act.

Revised (8/09)

California
BOARD OF OCCUPATIONAL THERAPY



Practice Reviewer Booklet

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PRACTICE REVIEWER

A. Definition

A practice reviewer is a person who has special knowledge, skill or experience and who has scientific, technical, or other specialized knowledge that will assist the Board by:

- Determining whether there has been a deviation from the standard of practice,
- Determining whether unprofessional conduct has occurred, and
- Assisting with the understanding of the evidence presented.

The California Evidence Code, Section 720, defines an expert as follows:

> "(a) A person is qualified to testify as an expert if he has special knowledge, skill, experience, training, or education sufficient to qualify him as an expert on the subject to which his testimony relates. Against the objection of a party, such special knowledge, skill, experience, training, or education must be shown before the witness may testify as an expert.
>
> (b) A witness' special knowledge, skill, experience, training, or education may be shown by any otherwise admissible evidence, including own testimony."

B. Selection Criteria

Practice reviewers serve a critical role within the Board's Enforcement Program. Primarily, practice reviewers review cases in which violations of the practice act have been alleged.

The practice reviewer is expected to research and formulate thorough, objective, and professional evaluation of the licensee's actions in comparison to professional practice. Individuals considered for participation in the Practice Reviewer Program ***must*** meet the following criteria:

- *Have at least ten years (10) experience with seven (7) years of recent experience in the area of expertise for which they are reviewing cases or rendering a professional opinion.*

- *A practice reviewer must hold a current and active license without restrictions.*

Individuals are selected based on their areas of expertise in comparison to the subject matter of the alleged violation.

An individual who is selected as a practice reviewer and agrees to serve in this capacity, will receive from the Board confidential materials including, but not limited to, client medical records, professional interviews, and other investigative documents. The practice reviewer is asked to render a professional assessment and written opinion relative to a licensee's behavior. Specifically, the practice reviewer is asked whether a licensee's actions or failure to act are consistent with standards of practice and existing law and regulations. ***It is imperative that the practice reviewer render an objective and unbiased opinion.***

The opinion must be based on the practice reviewer's education, experience, and knowledge of the standards of practice of occupational therapy. It is equally important that the opinion be based on fact. ***The opinion must be supported by the evidence as presented in the investigative documents.*** If needed, published texts and authoritative materials that help define acceptable standards may be referenced.

C. Immunity from Liability/Legal Representation

Civil Code Section 43.8 states, in part:

> "...there shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any person on account of the communication of information in the possession of such person to any hospital medical staff... ...professional licensing board or division of such committee or panel of such licensing board, when such communication is intended to aid in the evaluation of the qualifications, fitness, character... of the practitioner of the healing arts..."

This statute provides for immunity from civil liability for an expert consultant or a practice reviewer acting within the scope of their duties in evaluating and testifying in cases before the Board. Should any problem arise in this area, you should immediately contact the Board's Enforcement Unit.

Business and Professions Code Section 154.5 states:

> "If a person, not a regular employee of a board under this code, including the Board of Chiropractic Examiners and the Osteopathic Medical Board of California, is hired or under contract to provide expertise to the board in the evaluation of an applicant or the conduct of a licensee, and that person is named as a defendant in a civil action arising out of the evaluation or any opinions rendered, statements made, or testimony given to the board or its representatives, the board shall provide for representation required to defend the defendant in that civil action. The board shall not be

liable for any judgment rendered against the person. The Attorney General shall be utilized in the action and his or her services shall be a charge against the board."

This statute requires the Board to provide representation (legal assistance) for an expert consultant or practice reviewer named as a defendant in a civil action based on expertise provided to the Board or its or its representatives. If you are named as a defendant in a civil action based on your review, evaluation, opinion(s) rendered, statement(s) made, or testimony, provided to the Board in your 'expert' capacity, you should immediately contact the Board's Enforcement Unit.

D. Confidentiality

Practice reviewers are given confidential materials to review including medical records and investigative documents. Practice reviewers are expected to safeguard the confidentiality of such records and to safeguard the identity the clients, complainants and licensees involved. Practice reviewers must ensure that any information contained in these materials is **not** disclosed to unauthorized parties. After the opinion is written and the administrative hearing concluded, all materials must be returned to the Board immediately. The practice reviewer's obligation to preserve confidentiality also extends to any assistant used in preparing the opinion.

E. General Information

1. Why can't the Board rely on its own expertise?

In Franz v. Board of Medical Quality Assurance (1982) 31 Cal. 3d 124, the court noted that where an agency wants to use its own expertise to fill a gap in a record, the reason for the agency's opinion must be stated in the record and the parties given the opportunity to rebut the expertise. What this means is that the Board cannot, on its own (based on the expertise of its members) make a finding that requires the expression of an opinion unless there is full disclosure of the opinion, the reason for it, and the opportunity to rebut.

This situation is most likely to arise when the Board is discussing a proposed decision in closed session and determines that certain facts constitute gross negligence even though the administrative law judge did not find gross negligence. Should this happen, the Board would be able to get around the problem by offering the parties the opportunity to rebut.

2. **Is a practice reviewer required to render an opinion when common knowledge indicates that conduct is gross negligence, incompetence, or unprofessional conduct?**

In theory, no professional opinion is required when the conduct (i.e. the violation) is a matter of common knowledge. Example: a practitioner sexually assaults a client in a treatment session. Normally, in such circumstances the prosecuting deputy attorney general will advise the administrative law judge it is common knowledge that sexually assaulting a client is unprofessional conduct. However, respondent's side has the right to object.

3. **Is a Practice Reviewer needed to establish unprofessional conduct?**

When certain conduct is defined by statute as constituting unprofessional conduct, all that must be shown is that the respondent engaged in the alleged conduct. Unprofessional conduct is defined in Business and Professions Code Sections 2570.28, 2570.29, and California Code of Regulations Section 4170[1].

In all other situations, a Practice Reviewer is required to establish unprofessional conduct except where official notice can be taken that as a matter of common knowledge, the conduct is unprofessional conduct.

4. **Is a Practice Reviewer needed to establish gross negligence?**

A practice reviewer will be required, in most cases, to establish that certain conduct does not meet the standards of the profession for care unless the conduct is such that, on its face, it constitutes gross negligence.

5. **Is a Practice Reviewer needed to establish incompetence?**

Normally, a practice reviewer will be required to establish incompetence because the performance of a licensee must be weighed against the standards of practice.

6. **When is an evaluation required from a practice reviewer?**

An evaluation is sometimes used (initially) to determine whether or not the complaint has merit and warrants further investigation or should be closed and doesn't warrant further investigation.

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[1] Appendix A

For example, if the case is sent to the Division of Investigation, the allegations reviewed by the practice reviewer may be used to make an initial determination as to whether the conduct alleged, if proven, would constitute unprofessional conduct, gross negligence or incompetence.

7. How is the practice reviewer's opinion used?

Professional opinions may be used at three (3) points during the processing of a case:

First, a professional opinion could be requested before the case is sent to the Division of Investigation. The allegations are reviewed by staff and a practice reviewer may be used to make an initial determination as to whether the conduct alleged, if proven, would constitute unprofessional conduct, gross negligence or incompetence. The purpose of the evaluation is to give guidance to the investigator. It has no value as evidence.

Second, when the file is sent to the Office of the Attorney General, a report from the practice reviewer may be included to state specifically which acts constitute unprofessional conduct, negligence, or incompetence. A report would not be required for matters that are placed in one of the categories specified in Business and Professions Code Sections 2570.28, 2570.29, or California Code of Regulations Section 4170.

Third, an opinion may be required before the deputy attorney general takes the case to a hearing, he or she may want a professional report which relates to the pleadings and responds to or explains specific charges in the accusation. The deputy attorney general may request a written report or may merely interview the practice reviewer. In any case, the deputy attorney general will indicate what type of testimony is needed.

8. How is a person qualified as a practice reviewer?

Before a person can give a professional opinion in a hearing, the attorney must establish that the person is, in fact, qualified to express an opinion. What the attorney must demonstrate is that the practice reviewer is familiar with the standards of practice of the profession and can weigh the respondent's conduct against those standards.

Matters such as degrees, education, experience, employment, professional affiliations, publications authored, academic positions and attainments and, most important, the basis for the practice reviewer's knowledge of the standards of practice will be introduced.

9. **Does a person have to be licensed in a profession to be able to render an opinion related to that profession?**

License status is one factor that may be considered but it is not necessary to establish expertise. A college professor who teaches a particular subject may have more knowledge about how a particular field operates than a licensee. Mere possession of a license alone does not qualify one as a practice reviewer.

F. Case Review and Analysis

If Board staff determines that a professional opinion is needed, the practice reviewer will be contacted to determine whether he/she is able to devote time to prepare an opinion. If so, the name of the licensee is disclosed so that the practice reviewer can determine if he/she has knowledge of the licensee or incident. If a practice reviewer has prior knowledge of the licensee or, for any reason, cannot be objective in assessing the case, the practice reviewer must decline the assignment.

The objective of the review is to determine if the licensee violated any law or regulations. At this stage, the practice reviewer should be primarily concerned with whether the licensee's behavior was a substantial departure from the standards of practice. The practice reviewer is not asked to be an advocate for the Board, licensee or the occupational therapy profession. ***The practice reviewer evaluation may determine whether or not the case will be submitted for disciplinary action. The quality of the practice reviewer's reasoning and impartially is crucial.***

The majority of cases for which a professional opinion is requested will involve unprofessional conduct including, but not limited to, incompetence or gross negligence.

Definitions

Incompetence - The absence of and failure to exercise that degree of learning, skill, care, and experience ordinarily possessed and exercised by responsible licensees.

Incompetence may be found in single or multiple occurrences. The deficit is in knowledge. This results in a performance deficit. Incompetence may result when a licensee performs, acts, or fails to act in a manner that reflects the absence of sufficient knowledge for safe and competent practice.

Gross negligence - A substantial departure from the standard of care which, under similar circumstances, would have ordinarily been exercised by a

competent licensee, and which has or could have resulted in harm to the consumer. An exercise of so slight a degree of care as to justify the belief that there was a conscious disregard or indifference for the health, safety, or welfare of the consumer is considered a substantial departure from that standard of care. Gross negligence is also defined as an extreme departure from the standard of care.

Gross negligence may be found in single or multiple incidents. There is a deficit in performance; however, the licensee is without a deficit in the amount or type of knowledge required for safe and competent practice. Gross negligence may result when a licensee fails to act or acts in a manner that is inconsistent with the standards of practice.

Negligence - The failure to exercise that degree of care that a reasonable person would exercise given the circumstances.

Mitigating circumstances - Circumstances that reduce or diminish the penalty imposed by law for an offense or damages arising from an offense. Acts alleging misconduct require careful assessment and evaluation. The practice reviewer is expected to provide an assessment and opinion of the licensee's actions in the presented context that is thorough, objective, and professional.

The practice reviewer is obligated to state the standard of practice and the departure therefrom. Although there are instances where mitigating circumstances are relevant to the imposition of penalty, those factors will be considered by the trier of fact. A practice reviewer should not attempt to determine the type and amount of discipline that should be imposed. Practice Reviewers should refrain from commenting on whether the licensee should or should not be disciplined because of mitigating factors or circumstances.

In most cases, the licensee has interacted with other providers of health care. However, it is critical that the assessment and opinion be focused on the licensee's actions, or lack thereof. An error by another health care provider should not constitute grounds for substandard care by the subject licensee. Irrespective of classification, licensees must be held accountable for their actions and consistency with the standards of practice.

Remember that practice reviewers are asked to render an opinion relative to the licensee's departure from standards of practice. **Patient injury is not required to establish a violation**. The violation could be actual or **potential** harm to a patient; this must be factored in the opinion. The potential for harm or injury is relevant (when no actual harm occurred) in order to determine the degree of departure from the standard of practice.

Helpful steps:

1. Thoroughly read the final investigative report and supporting documentation. You may need to review the documents more than once.

2. Determine the alleged misconduct or violation.

3. Review applicable statutory and regulatory language.

4. Determine whether the complaint or alleged misconduct is substantiated. Does the evidence support or refute the alleged misconduct?

5. Determine whether the subject licensee acted in a manner consistent with accurate professional standards of conduct or practice.

6. Determine the way in which the licensee's actions differ from standard practice or conduct exercised by a competent licensee in a similar circumstance.

G. The Written Opinion

Based upon the information presented in the investigation materials, the practice reviewer should address whether the alleged actions of the licensee constitute incompetence, negligence, gross negligence, or other acts of unprofessional conduct. The opinion should reflect current professional knowledge and applicable statues. Facts should be stated in a clear, concise, objective, and professional manner.

The general outline of information that should be included in the opinion follows.

- **Document Review**

List records and documents reviewed. (For example, final investigative report, notice of adverse action, etc.).

- **Alleged Misconduct**

1. Summarize events, including relevant client history and complaint, as presented in the submitted documents. Describe the licensee's actions and any problems that resulted from these actions. Identify all involved parties.

2. Identify related events. Summarize facts or findings including those factors that impact client care that are outside the licensee's control, such as staff shortages, emergency problems, etc.

- **Statutes and Regulations**

1. Cite applicable statutes that were violated.

2. State opinion of the licensee's actions. Does the act(s) constitute incompetence, negligence, gross negligence, no departure, simple departure, a substantial/extreme departure, a lack of knowledge or ability, a violation, etc? State the basis for the opinion clearly and in lay person terms, patient by patient (if more than one) and by incident by incident.

- **Standard of Practice**

1. State the standard of practice for the care of the patient(s) given the presented context of the alleged violation.

2. Evaluate the degree to which licensee's actions are consistent with the standards of practice.

3. Identify areas in which the licensee's action deviated from the standards of practice. Describe the actions the licensee should have taken.

- **Summary**

1. Summarize the opinion.

H. Practice Reviewer Testimony

In some cases, the practice reviewer will be required to provide professional testimony at an administrative hearing. The assigned Deputy Attorney General will apprise the Board of the scheduled hearing and need for professional testimony. Generally, a subpoena will be issued approximately sixty (60) days prior to the hearing date and delivered directly to the practice reviewer. This may necessitate a conference with the assigned Deputy Attorney General prior to the hearing and preparation for testimony. It is advisable to review your prepared report before meeting with the attorney general and prior to testifying at the hearing.

During the hearing, presentation of the case is the responsibility of the Deputy Attorney General. The practice reviewer's task is to provide testimony regarding the opinion. The practice reviewer is permitted to testify only to the matters that are within his personal knowledge and perception – what is heard, seen, read, written, or done. In addition, the practice reviewer is expected to render a professional opinion relative to the meaning or consequences of the alleged action.

The following recommendations are offered:

1. Keep responses clear, concise, and as brief as possible.

2. Respond only to those questions asked.

3. Respond in terms understandable to the hearing participants.

4. If a question is unclear, request clarification before attempting a response.

5. Refrain from responses that are long and complicated.

6. Keep responses objective and non-defensive. Remember, you are not the accused.

7. Maintain eye contact with the examiner or administrative law judge.

If the respondent is represented by counsel, expect to be vigorously cross-examined. Maintain your professionalism and answer the questions truthfully and concisely. You are not the accused.

I. FREQUENTLY ASKED QUESTIONS

1. Will I have to testify at a hearing?

If the case is submitted for formal disciplinary action and no stipulated agreement is reached before the administrative hearing, you will be called to provide professional testimony at the hearing. If the matter is also submitted to the District Attorney's Office, you may also be called to testify in criminal proceedings.

2. How much will I be paid?

Record review and report preparation is compensated at the rate of $75.00 per hour. The compensation rate for testifying at a hearing is $120.00 per hour. A Witness Fee Claim form and a Payee Data form (STD 215) must be submitted in order to receive payment.

3. How soon will I be paid?

You should receive payment for your services within four (4) weeks after submitting the Witness Fee Claim form. Incomplete forms will delay payment.

4. Can I be sued for expressing my opinion?

Civil Code Section 43.8 provides immunity from civil liability for practice reviewers. However, this immunity does not stop plaintiffs from filing a lawsuit. If

you are served with a subpoena or pleading contact the Board as soon as possible.

5. Can I do research in preparing my opinion?

Yes. You may consult texts and other authoritative reference materials that help define the standards of practice. However, if the extensive research is required prior to rendering an opinion, you should not be considered an expert in this matter. Should this occur, please contact the Board as soon as possible. The Board will assign the case to another practice reviewer.

It is imperative that you do ***not*** attempt to conduct your own investigation. If you need additional information, do ***not*** contact the investigator. Contact the Board's Enforcement Coordinator.

6. Who will see my written opinion?

This could be the Board, the Attorney General's Office, the subject licensee, the licensee's legal representative and the Administrative Law Judge.

J. Important Reminders

1. Ensure that case records/reports and materials provided for your review are kept confidential, secure, and orderly.

2. Review the case to ensure your ability to provide an expert opinion. Should you determine that you have a professional or personal relationship with any party in the case or lack professional expertise that would prevent you from rendering an opinion, please notify Board staff immediately. All materials must be returned immediately.

3. Keep track of dates and hours spent reviewing, researching, writing, preparing, and testifying at hearings.

4. Proofread, date, and sign your opinion.

5. Include updated curriculum vitae with your opinion. Since this may become a public document, you may use the Board's address.

6. Attempt to complete and provide your opinion within thirty (30) days. If you cannot meet this deadline, please notify the Enforcement Coordinator immediately to see if an alternate deadline can be established.

7. Contact the Enforcement Coordinator if you have questions.

8. Never mark on documents provided by the Board.

9. Never contact the subject, investigator, or others involved in the case.

10. Never discuss the case with unauthorized individuals.

11. Never perform an investigation on your own, i.e. attempt to obtain additional information, records, etc. Contact the Enforcement Coordinator if you need additional information.

12. Never offer a recommendation about the disciplinary action for the subject.

13. Never destroy any of the materials provided to you. All material must be returned to the board at the conclusion of the disciplinary process. Do not retain a copy of the records.

14. Never assign your opinion to another practice reviewer.

15. Notify the Board if your change your address or telephone number.

16. If licensed, keep your license current and active.

17. Call the Board staff at 916/263-2294 if you have any questions.

APPENDIX A

Business and Professions Code Sections 2570.28 & 2570.29

(Extract from the Occupational Therapy Practice Act)

2570.28. The board may deny or discipline a licensee for any of the following:

(a) Unprofessional conduct, including, but not limited to, the following:

(1) Incompetence or gross negligence in carrying out usual occupational therapy functions.

(2) Repeated similar negligent acts in carrying out usual occupational therapy functions.

(3) A conviction of practicing medicine without a license in violation of Chapter 5 (commencing with Section 2000), in which event a certified copy of the record of conviction shall be conclusive evidence thereof.

(4) The use of advertising relating to occupational therapy which violates Section 17500.

(5) Denial of licensure, revocation, suspension, restriction, or any other disciplinary action against a licensee by another state or territory of the United States, by any other government agency, or by another California health care professional licensing board. A certified copy of the decision, order, or judgment shall be conclusive evidence thereof.

(b) Procuring a license by fraud, misrepresentation, or mistake.

(c) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision or term of this chapter or any regulation adopted pursuant to this chapter.

(d) Making or giving any false statement or information in connection with the application for issuance or renewal of a license.

(e) Conviction of a crime or of any offense substantially related to the qualifications, functions, or duties of a licensee, in which event the record of the conviction shall be conclusive evidence thereof.

(f) Impersonating an applicant or acting as proxy for an applicant in any examination required under this chapter for the issuance of a license.

(g) Impersonating a licensed practitioner, or permitting or allowing another unlicensed person to use a license.

(h) Committing any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, or duties of a licensee.

(i) Committing any act punishable as a sexually related crime, if that act is substantially related to the qualifications, functions, or duties of a licensee, in which event a certified copy of the record of conviction shall be conclusive evidence thereof.

(j) Using excessive force upon or mistreating or abusing any patient. For the purposes of this subdivision, "excessive force" means force clearly in excess of that which would normally be applied in similar clinical circumstances.

(k) Falsifying or making grossly incorrect, grossly inconsistent, or unintelligible entries in a patient or hospital record or any other record.

(l) Changing the prescription of a physician and surgeon or falsifying verbal or written orders for treatment or a diagnostic regime received, whether or not that action resulted in actual patient harm.

(m) Failing to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law.

(n) Delegating to an unlicensed employee or person a service that requires the knowledge, skills, abilities, or judgement of a licensee.

(o) Committing any act that would be grounds for denial of a license under Section 480.

(p) Except for good cause, the knowing failure to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of blood-borne infectious diseases from licensee to patient, from patient to patient, or from patient to licensee.

(1) In administering this subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Health Services developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, guidelines, and regulations pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 63001) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other blood-borne pathogens in health care settings. As necessary to encourage appropriate consistency in the implementation of this subdivision, the board shall consult with the Medical Board of California, the Board of Podiatric Medicine, the Dental Board of California, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians.

(2) The board shall seek to ensure that licensees are informed of their responsibility to minimize the risk of transmission of blood-borne infectious diseases from health care provider to patient, from patient to patient, and from patient to health care provider, and are informed of the most recent scientifically recognized safeguards for minimizing the risks of transmission.

2570.29. In addition to other acts constituting unprofessional conduct within the meaning of this chapter, it is unprofessional conduct for a person licensed under this chapter to do any of the following: (a) Obtain or possess in violation of law, or prescribe, or, except as directed by a licensed physician and surgeon, dentist, optometrist, or podiatrist, to administer to himself or herself, or furnish or administer to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as defined in Section 4022.

(b) Use to an extent or in a manner dangerous or injurious to himself or herself, to any other person, or to the public, or that impairs his or her ability to conduct with safety to the public the practice authorized by his or her license, of any of the following:

(1) A controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code.
(2) A dangerous drug or dangerous device as defined in Section 4022.
(3) Alcoholic beverages.
(c) Be convicted of a criminal offense involving the prescription, consumption, or self-administration of any of the substances described in subdivisions (a) and (b) of this section, or the possession of, or falsification of a record pertaining to, the substances described in subdivision (a) of this section, in which event the record of the conviction is conclusive evidence thereof.
(d) Be committed or confined by a court of competent jurisdiction for intemperate use of any of the substances described in subdivisions (a) and (b) of this section, in which event the court order of commitment or confinement is prima facie evidence of the commitment or confinement.
(e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital or patient record, or any other record, pertaining to the substances described in subdivision (a) of this section.

APPENDIX B

California Code of Regulations

4170. Ethical Standards of Practice

A violation of any ethical standard of practice constitutes grounds for disciplinary action. Every person who holds a license, certificate or limited permit issued by the board shall comply with the following ethical standards of practice:
(a) Occupational therapy practitioners shall comply with state and federal laws pertaining to discrimination.
(b) Occupational therapy practitioners shall take reasonable precautions to avoid imposing or inflicting harm upon the client or to his or her property.
(1) Occupational therapy practitioners shall not exploit clients in any manner.
(2) Occupational therapy practitioners shall avoid relationships or activities that interfere with professional judgment and objectivity.
(c) Occupational therapy practitioners shall collaborate with clients, caretakers or other legal guardians in setting goals and priorities throughout the intervention process.
(1) Occupational therapy practitioners shall fully inform the client of the nature, risks, and potential outcomes of any interventions.
(2) Occupational therapy practitioners shall obtain informed consent from clients involved in research activities and indicate in the medical record that they have fully informed the client of potential risks and outcomes.
(3) Occupational therapy practitioners shall respect the client's right to refuse professional services or involvement in research or educational activities.
(4) Occupational therapy practitioners shall maintain patient confidentiality unless otherwise mandated by local, state or federal regulations.
(d) Occupational therapy practitioners shall perform occupational therapy services only when they are qualified by education, training, and experience to do so.
(1) Occupational therapy practitioners shall hold the appropriate credentials for the services they provide.
(2) Occupational therapy practitioners shall refer to or consult with other service providers whenever such a referral or consultation is necessary for the care of the client. Such referral or consultation should be done in collaboration with the client.
(e) Occupational therapy practitioners shall comply with the Occupational Therapy Practice Act, the California Code of Regulations, and all other related local, state, and federal laws.
(f) Occupational therapy practitioners shall provide accurate information about occupational therapy services.
(1) Occupational therapy practitioners shall accurately represent their credentials, qualifications, education, experience, training, and competence.
(2) Occupational therapy practitioners shall disclose any professional, personal, financial, business, or volunteer affiliations that may pose a conflict of interest to those with whom they may establish a professional, contractual, or other working relationship.

(3) Occupational therapy practitioners shall refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive statements or claims.

(g) Occupational therapy practitioners shall report to the Board unprofessional conduct as defined in Section 2570.28 of the Occupational Therapy Practice Act.

AGENDA ITEM G

REVIEW OF 2011 – 2014 STRATEGIC PLAN AS IT RELATES TO COMMITTEE'S ROLES AND RESPONSIBILITIES

The Board's Strategic Plan and the Committee's Roles and Responsibilities are attached

CALIFORNIA BOARD OF OCCUPATIONAL THERAPY

Strategic Plan 2011–2014

Board Members

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Jeff Hanson, Enforcement Manager

Introduction

The California Board of Occupational Therapy (Board), established on January 1, 2001 (Senate Bill 1046, Chapter 697, Statutes of 2000), protects the health, safety, and welfare of california consumers by regulating the practice of occupational therapists and occupational therapy assistants. Board members meet four to six times annually to set policy, develop legislation and regulations that identify education, experience and examination requirements for licensure and establish and enforce professional standards of practice.

PLANNING
IDEA
STRATEGY
TACTICS
VISION

VISION

The California Board of Occupational Therapy is a model organization for occupational therapy state regulatory boards, ensuring consumer protection and quality occupational therapy.

MISSION

The mission of the California Board of Occupational Therapy is to regulate occupational therapy by serving and protecting california's consumers and licensees.

CORE VALUES

The California Board of Occupational Therapy will strive for the highest possible quality throughout all of its programs making it a progressive and responsive organization by:

- Providing excellent customer service to consumers, licensees, employers and other stakeholders;
- Promoting, applying, and enforcing ethical standards of occupational therapy;
- Implementing fair and consistent application of the laws and regulations governing occupational therapy;
- Recognizing and supporting the diverse practice settings and roles in occupational therapy;
- Encouraging active participation by stakeholders through access to the board;
- Ensuring a high level of professionalism, efficiency, and effectiveness by the board members and staff.

STRATEGIC GOALS

The following strategic goals were identified:

Goal 1:
enforce the laws and regulations governing occupational therapy by effectively investigating complaints, non-compliance, and irregularities, and concluding with an appropriate response.

Goal 2:
ensure those seeking licensure meet professional standards of conduct, education, fieldwork, and examination.

Goal 3:
monitor evolving trends and standards in occupational therapy, modify statutes and regulations as needed, and promptly inform licensees of these changes, secure necessary funding and ensure responsive staff processes.

Goal 4:
inform the public and other entities about occupational therapy requirements, evidence-based practices, standards and trends through accessible "green" communication methods.

STRATEGIC GOALS AND OBJECTIVES

Goal 1:

Enforce the laws and regulations governing occupational therapy by effectively investigating complaints, non-compliance, irregularities, and conclude with an appropriate response.

1.1 Fully audit no less than 5 percent of renewing licensees, to determine if continuing competency requirements are met.

1.2 Establish and maintain a pool of 20 practice reviewers to review enforcement cases.

1.3 Target 90 percent of complaints investigated by board staff to be completed in 90 days or less.

1.4 Ensure the enforcement program is sufficiently funded and staffed to ensure consumer protection with prompt actions.

1.5 Promptly post disciplinary process on board's website.

Goal 2:

Ensure those seeking licensure meet professional standards of conduct, education, fieldwork, and examination.

2.1 Research the implications of revised (2008) accreditation council for occupational therapy education (acote) standards and determine relevance to and impact on advanced practice requirements by 2013.

2.2 Investigate the value and cost of developing a jurisprudence examination on professional standards of conduct.

STRATEGIC GOALS AND OBJECTIVES (CONTD.)

Goal 3:

Monitor evolving trends and standards in occupational therapy, modify statutes and regulations as needed and promptly inform licensees of these changes, secure necessary funding, and ensure responsive staff processes.

3.1 Practice committee will identify and track changes in areas of occupational therapy practice, education and research, and advise the board.

3.2 The legislative and regulatory review committee will identify and track legislation and review regulations which affect occupational therapy practice and advise the board.

3.3 Annually review continuing competency requirements relevant to identified best practices, standards and trends.

3.4 Send quarterly notifications to advise and update practitioners of laws and regulations.

3.4.a Educate practitioners of laws and regulations impacting occupational therapy scope of practice.

3.5 Through on-line licensure (breeze), 80% of the license renewals and initial licensure applications will be completed via the internet.

3.6 Provide at least two board meetings annually and committee meetings when possible via electronic communication to increase accessibility to board business.

Goal 4:

Inform the public and other entities about occupational therapy requirements, evidence-based practices, standards and trends through accessible "green" communication methods.

4.1 Increase education and outreach efforts to consumers regarding laws and regulations affecting occupational therapy.

4.1.a. Develop and make available consumer-related informational brochures (i.e. 'what is ot?' And 'the complaint process.')

4.1.b. Participate in at least four community programs and public events annually to educate the public about occupational therapy, subject to travel restrictions and available funding.

4.2 Active collaboration with other health care professionals (i.e. physical therapists, speech-language pathologists and audiologists, nurses, physicians, social workers and other mental-health practitioners, etc.) to ensure that those professions and the public are informed about occupational therapy, and that the occupational therapy regulations and enforcement procedures are applicable, adequate and relevant.

4.3 Active collaboration with the department of health care services, the department of public health, the department of mental health, the department of aging, the department of social services, the department of education, the department of veteran's affairs, the department of corrections and rehabilitation, the legislative bodies and other governmental entities, and ensure they are adequately informed about occupational therapy and that their respective laws and regulations are updated appropriately.