



Self-Employment: Look Before You Leap

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The decision to become self-employed in any profession is one that requires much thought and consideration—the social work and social service work professions are no different. The College receives many inquiries from members who are contemplating taking that step for the first time as well as from already established, self-employed members who encounter practice dilemmas.

Members are reminded that when setting up a small business, they should seek appropriate legal, accounting and liability insurance advice to ensure they are meeting their legal responsibilities with respect to setting up a small business.

Indeed, the College receives a substantial number of complaints about the conduct or actions of members who are engaged in various forms of independent practice, such as those contracted for service by Employment Assistance Programs, rehabilitation companies, or Community Care Access Centres; members who conduct capacity assessments or custody and access assessments; and members who do individual, couple, family or group therapy.

The factors leading a member to self-employment are varied. For many, it augments a member's established employment at other organizations. Independent practice may offer flexibility, autonomy, and the opportunity to focus on work that the member finds satisfying or that fulfils a particular need in the community. Whatever the appeal, it brings with it responsibilities for defining practice and setting policies that otherwise would be the responsibility of an employer. There are numerous issues that are crucial for self-employed members to consider and it is wise to do so before embarking on independent practice.

A recommended first step is a thorough review of the standards of practice of the College. Although most members feel they are already familiar with the standards, a focused look with prospective independent practice in mind will help identify many of the issues that need addressing. This article will highlight some of these issues.

A helpful starting point for the member is to identify areas of competence in order to determine the nature of the services



he or she plans to offer. The relevant standards for this analysis are:

- 2.1.1: “College members are responsible for being aware of the extent and parameters of their competence and their professional scope of practice and limit their practice accordingly.”
- 2.1.2: “College members remain current with emerging social work or social service work knowledge and practice relevant to their areas of professional practice. Members demonstrate their commitment to ongoing professional development by engaging in any continuing education and continuing competence measures required by the College.”
- 2.1.4: “College members ensure that any professional recommendations or opinions they provide are appropriately substantiated by evidence and supported by a credible body of professional social work knowledge or a credible body of professional social service work knowledge.”
- 2.2.7: “College members do not misrepresent professional qualifications, education, experience or affiliation.”

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Having identified areas of competence, there are a number of questions a member should ask himself or herself: Are these areas within my scope of practice? Can I provide evidence of my competence in these areas? Do I have the requisite knowledge, skills and judgement? Are there some clients who would be better served by an organization or institution than an independent practitioner? How will I address requests for service from clients to whom I determine I am not able to provide services?

Members should be aware of Principle III, Responsibility to Clients. Interpretation 3.5 states: “College members assist potential clients to obtain other services if members are unable or unwilling, for appropriate reasons, to provide the requested professional help.” Members should also review appropriate reasons for refusing to provide service and their obligation to the client found in footnotes 4 and 5 of Principle III.

There are additional considerations for members who plan to establish an independent practice such as arranging for consultation or supervision, either with an individual or through a peer supervision group. Applicable to this is Interpretation 2.1.5.

“As part of maintaining competence and acquiring skills in social work or social service work practice, College members engage in the process of self review and evaluation of their practice and seek consultation when appropriate.”

Potential referral sources should also be considered by members. Those who are employed at another organization should be aware of Interpretation 3.3: “College members do not solicit their employers’ clients for private practice,” and note that “The term employer also includes a person or organization with whom the member has an independent service contract.” (footnote 1, Principle III). While College members may accept referrals from their current employers (footnote 2, Principle III), it would be prudent to consider any employer policies regarding establishing private practice.

Real or perceived conflicts of interest in certain practice situations may also arise, which members will need to consider. For example, a member works on an inpatient psychiatric unit with a patient and his family, and must curtail her work when the patient is discharged, as defined by her role within the hospital setting. The family is aware that she has a private practice and asks to see her for ongoing support post-

discharge. Can she continue to see them? Interpretation 3.7 is relevant to this issue:

“College members avoid conflicts of interest and/or dual relationships with clients or former clients, or with students, employees and supervisees that could impair members’ professional judgment or increase the risk of exploitation or harm to clients.”

It is important to consider the perspective of various parties, including the patient, family members of the patient, the member’s employer and the member’s own perspective, to determine if this would be a viable course of action.

At times, members are faced with the dilemma of whether it is acceptable to terminate professional services to a client when a problem arises. For example, a social worker has been seeing a 22 year old, unemployed woman for individual therapy for the past 18 months in her private practice. The woman’s parents have assumed responsibility for paying the fees, however they have not paid the social worker for several months and have ignored her attempts to communicate with them about this issue. The client is unaware that a problem exists. What action may the social worker take? Principle VI, Fees, addresses these issues:

6.1.1: “College members explain in advance or at the commencement of a service the basis for all charges, giving a reasonable estimate of projected fees and disbursements, pointing out any uncertainties involved, so that clients may make informed decisions with regard to using a member’s services.”

6.1.3: “College members ensure that fee schedules clearly describe billing procedures, reasonable penalties for missed and cancelled appointments or late payment of fees, the use of collection agencies or legal proceedings to collect unpaid fees and third party fee payments.”

Unfortunately, in the situation described above the social worker had not informed the client and family at the outset of her policy regarding non-payment of fees. The problem was compounded by the fact that the client was not aware that her parents were not meeting their financial responsibility. The member was grappling with whether to terminate professional

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services to the client or to attempt to resolve the situation with her. In regard to termination of professional services, members should note Interpretation 3.10:

“College members terminate professional services to clients when such services are no longer required or requested. It is professional misconduct to discontinue professional services that are needed unless:

- i) the client requests the discontinuation,
- ii) the client withdraws from the service,
- iii) reasonable efforts are made to arrange alternative or replacement services,
- iv) the client is given a reasonable opportunity to arrange alternative or replacement services, or
- v) continuing to provide the services would place the member at serious risk of harm,

and in the circumstances described in subparagraph i, ii,iii, or iv, the member makes reasonable efforts to hold a termination session with the client.”

Interpretation 6.1.4 is also relevant:

“College members may reduce, waive, or delay collecting fees in situations where there is financial hardship to clients, or they may refer clients to appropriate alternative agencies so that clients are not deprived of professional social work or social service work services.”

In this situation, the member decided to try to renegotiate the contract with the client and work out an alternative arrangement for the payment of fees.

It is vital to examine the multitude of issues pertaining to the record. Members who have an independent service contract should clarify with the organization the organization’s policies about record maintenance and storage, as well as access and disclosure. In other situations the member will need to determine his or her own policies. The following excerpts from Principle IV, The Social Work and Social Service Work Record, are of relevance:

4.2.1: “College members employed by an organization acquire and maintain a thorough understanding of the organization’s policies with regard to retention, storage, preservation and security of

records. Self-employed College members establish clear policies relating to record retention, storage, preservation and security.”

4.2.3: “College members ensure that each client record is stored and preserved in a secure location for a period of time not less than seven years from the date of the last entry. Longer periods of storage time may be defined by the policies of a member’s employing organization or by the policies of a self-employed member. Such policies should be developed with a view to the potential future need for the record.”

4.3.1: “College members employed by an organization acquire and maintain an understanding of the organization’s policies regarding access to confidential client information. Such policies pertain to access requests by the clients themselves as well as by other parties. Self-employed College members establish clear policies regarding access to and disclosure of confidential client information”.

Consider the dilemma of a social worker that is contacted by a former client requesting her record. The social worker provided psychotherapy services to the client for two years and describes their professional relationship as a stormy one, though the termination of services, which took place two years previously, was mutual and amicable. The records are in the member’s illegible handwriting. Of even greater concern is that the record contains his personal notes with respect to the therapy sessions and contains his reactions to the client, often reflecting his negative feelings. He states that the notes helped him to clarify his own feelings in order to engage appropriately and effectively with the client. Indeed, this course of action is supported in Principle I, Relationship with Clients:

1.5: “College members are aware of their values, attitudes and needs and how these impact on their professional relationships with clients.”

1.6: “College members distinguish their needs and interests from those of their clients to ensure that, within professional relationships, clients’ needs and interests remain paramount.”

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While these notes were undoubtedly useful to the social worker, the following record-keeping guidelines, found in Principle IV, must be adhered to:

- 4.1.1: “College members keep systematic, dated, and legible records for each client or client system served.”

Footnote 2.

“An accurate record will:

- (a) Document the client’s situation/problem exactly and contain only information that is appropriate and useful to the understanding of the situation and the management of the case;
- (b) Report impartially and objectively the factors relevant to the client’s situation. The record clearly distinguishes the College member’s observations and opinions from the information reported by the client;
- (c) Be easily understandable, avoiding vague, unclear or obscure language and symbols;
- (d) Identify corrections;
- (e) Be free of prejudice and discriminatory remarks;
- (f) Identify sources of data.

Footnote 1.

“Social work and social service work records include any or all of the following: narrative reports (handwritten, typed, or electronic); progress notes; checklists; correspondence; minutes; process logs; journals or appointment records; films and audio or video tapes. The tools or data used by the College member in developing a professional opinion may be or need not be included in the record. Such tools may be personal notes, memos or messages, test results, sociograms, genograms, etc. Once placed in the record, however, they become an integral part of that record. If they are kept separate from the record, the College member observes the same standards with respect to confidentiality, security, and destruction as with the social work and social service work record.”

In addition to these requirements, the member will need to ensure that the record includes the minimum content as outlined in footnote 3 of Principle IV.

An essential decision for the member is whether to include personal notes in the record or keep them separate.

Requests for part or all of a record by a client occur with regularity. A request from a client’s lawyer also is a common occurrence. The member should conduct his or her practice and develop policies with regard to content and access/disclosure with this in mind. As well, members are advised to review in their entirety the guidelines found in Interpretation 4.3, Access and Disclosure, which address issues such as establishing policies, providing access to the record, acceptable restrictions on access, authorization required to release records, and records that pertain to more than one client. Members should also review Principle V, Confidentiality.

Members who collect, use or disclose personal information in the course of a commercial activity now must ensure their compliance with the new federal legislation, the *Personal Information Protection and Electronic Documents Act (PIPEDA)*, which came into effect on January 1, 2004 in Ontario. For more information, please refer to the Fall/Winter 2003/2004 issue of *Perspective*, pages 15 and 16. On November 1, 2004 members of the College who provide health care will need to comply with the Ontario *Personal Health Information Protection Act, 2004* which governs the collection, use and disclosure of personal health information. Members must also be aware of other legislation pertaining to their work. Note Principle II, Competence and Integrity:

- 2.1.3: “College members maintain current knowledge of policies, legislation, programs and issues related to the community, its institutions and services in their areas of practice.”

This article touches on a number of issues that are relevant to self-employed members. A thorough review of the *Code of Ethics and Standards of Practice Handbook* in its entirety is critically important.

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Council Members: Elected in the Public Interest

GLENDAL McDONALD, M.S.W., RSW, REGISTRAR

On September 8 – 9, 2004, those College members elected to the College Council on May 27, 2004, took office as members of Council, the governing body of the organization. Therefore, it seemed timely to inform members of the many challenges experienced by the elected Council members as they fulfill their mandate to govern the College in the public interest.

Each year, an election is held to select respected members of the professions to join the Council. As you may know, the *Social Work and Social Service Work Act* requires that Council be composed of seven social service work members, seven social work members and seven members of the public appointed by the Lieutenant Governor in Council.

Prior to elaborating on the role of the elected Council members, we must first re-visit the purpose and mandate of the College, as well as the concept of “public interest.” The overriding responsibility of the College is to protect the public from harm and govern its members effectively. In order to ensure that some mechanism exists to protect the public interest, in instances where the public may be vulnerable to harm as the result of inappropriate conduct on the part of a professional, the tradition and history in the western world has been to grant to professions the privilege of self-governance.¹ The privilege of self-regulation is granted to a profession by the provincial legislature. It is a social contract between the profession and the public.² Essentially, a regulatory body, such as the Ontario College of Social Workers and Social Service Workers, is the property of the public that the professions claim to serve. In fact, in Ontario, in order to ensure that the interests of the profession are clearly separate from the self-regulatory activities serving the public interest, it is required that professional associations and regulatory bodies be separate and distinct organizations, so as not to blur the primary mandate of the College to act in the public interest.

What does “public interest” look like? Moreover, how can Council members effectively demonstrate that what they are doing is “governing in the public interest?” Like many “motherhood-type” statements, an objective definition of public interest is fraught with difficulty.³ It is assumed to be well understood, but the difficulty arises when trying to apply the concept in everyday decisions of the organization. At its

most basic level of understanding, “public interest” requires that the organization conduct itself in a way so as to ensure the public has confidence in its professions’ ability to protect the public from harm in relation to the public’s utilization of the services of the professions.

While the litmus test of professional self-regulation is often felt to be the way in which a College deals with complaints from the public about the actions of members, a regulatory organization offers protection to the public in several other ways, all of which work together to better protect the interest of the public. These include setting the entry to practise requirements for members of the professions; setting standards for the practice of the professions; adopting a code



of ethics for the professions; and setting continuing competence requirements for members of the professions. These activities are designed to assist members in providing acceptable practice to the public as well as to inform the public of the standards that the members of each profession are expected to meet. Public interest is a process and a matter of corporate culture, rather than just investigating and/or disciplining individual members of the professions for reasons of incompetence, incapacity or misconduct.⁴ Council members play a crucial role in developing, reviewing and approving the regulations, by-laws and policies required to implement these standards for the professions.

¹ Kushner, Howard, Self-Governance in the Health Professions: The Ombudsman’s Perspective, Special Report No. 24 for the Legislative Assembly of British Columbia, May 2003.

² Ibid.

³ Steinecke Maciura LeBlanc, Will the Real Public Interest Please Stand Up?, Grey Areas No. 65, July 2003

⁴ Ibid

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The Council is the governing body of the College and as such, has the responsibility to ensure that the College meets its primary duty to serve and protect the public interest. The College must fulfill its statutory roles and responsibilities as a self-governing organization, which, in our case, flows from the *Social Work and Social Service Work Act*. Council members must be willing to assume full responsibility for this mandate under the Act and demonstrate effectiveness in their responsibility to govern and regulate the members of the professions. Council members cannot be indifferent to the public interest, and they must consistently function as if they are accountable to the public. However, at the same time, Council members are acutely aware that while public accountability is paramount, the College can only be successful if it has the general support of the members of the professions—support that is enhanced when Council members have a fundamental understanding not only of their legal responsibilities but also of the requirement of fairness, not only to the public, but also to the membership. Council members recognize that the power to regulate potentially gives them enormous power over the economic livelihood and professional success of members. Council members also understand that support from the professions requires communication and consultation with stakeholders, including members of the professions.

The primary way in which members demonstrate support for Council is through the election process. Ironically, it is the election process itself that can complicate functioning in the public interest for Council members. The election process may, incorrectly, suggest the Parliamentary model where representatives are elected to act on behalf of their “constituents.”⁵ Council members are aware that many members believe that because they elect Council members and pay for College operations, the College should be there to protect the interests of its members. However, this is not the purpose of professional self-regulation. Thus, while Council members may be sensitive to the views of members, the designation as a self-regulating profession requires that the College regulate its members in the interest of the public at all times. Just as Council members must have an understanding of their legal obligations, so too must members accept and recognize the legitimacy of the legislative framework within which the College and Council functions.

Thus, while Council members who are elected in the public interest may have a strong sense of accountability to the professions, they must demonstrate a high degree of transparency in their activities and remember that in their role as Council members, they are first and foremost accountable to govern the College in the public interest.

⁵ Steinecke Maciura LeBlanc, Will the Real Public Interest Please Stand Up?, Grey Areas No. 65, July 2003



Council Members – Appointed in the Public Interest

DIANE THOMPSON, PRESIDENT

The *Social Work and Social Service Work Act, 1998* established the Ontario College of Social Workers and Social Service Workers.¹ The Act established the College as a self-regulatory body, delegating to the professions of social work and social service work the power to regulate their peers. The opportunity of self-regulation is both a privilege and a duty.

The privilege of self-regulation allows professions to act as an agent of government in regulating its members because it acknowledges that the professions have the special knowledge required to set standards and judge the conduct of their members through peer review. Generally, a regulatory body is granted the power:

- To set and enforce standards of professional practice and conduct,
- To determine entry to practise requirements, and
- To monitor and promote the ongoing competence of members and the quality of practice of the profession.²

The responsibilities, or objects, of the Ontario College of Social Workers and Social Service Workers are set out in section 3 (2) of the Act.

“Self-regulation is contingent on the profession having a commitment to the philosophy of the primacy of public protection.”³ It is, therefore, explicit in the Act that “the College’s primary duty is to serve and protect the public interest.”⁴ To expand on this, it means that the “primary purpose is to protect the public interest from unqualified, incompetent or unfit practitioners.”⁵ This purpose rests on two beliefs: that client rights must be protected and promoted; and, that the public or client lacks the specialized knowledge required to protect him/herself when dealing with the professional practitioner.⁶ The duty, then, to serve and protect the public interest is paramount.

Key elements of a regulatory framework include providing more effective protection of the public from harm and promoting greater accountability to the public. These elements are achieved in a number of ways:

1. Public representation on the Council of the College: In establishing the Council of the

College, the Act requires that the College have a twenty-one member Council as its governing body and board of directors and that it shall be composed of seven social workers, seven social service workers and seven persons who are appointed by the Lieutenant Governor in Council. This equal representation of public members and members of the two professions serves to highlight the primary duty of serving and protecting the public interest.

2. Open Council meetings and discipline hearings: The College is required to open Council meetings and discipline hearings to the public, except under particular circumstances.
3. Public access to the register: The *Act* requires the College to maintain a register and to specify information that must be contained in the register. The public has a right to inspect the register and to obtain a copy of any part of the register. Based on the Act and the College’s by-laws, the public has access to a member’s name and business address, as well as information about any terms, conditions and limitations imposed on a member’s certificate of registration. A notation of every revocation, cancellation and suspension of a member’s certificate of registration would also appear on the register.
4. Entry to Practise provisions set out the conditions for entry to a profession. These provisions promote the safety of the public by ensuring that persons practising a profession have the knowledge, skill and judgment necessary to provide competent service.
5. Authority granted to regulatory bodies to discipline their members for professional misconduct. The Act and regulations define what

¹ Social Work and Social Service Work Act, 1998, 2(1)

² OCSWSSW Council Member Manual, The Regulatory Context

³ *ibid*

⁴ Social Work and Social Service Work Act, 1998, 3(1)

⁵ OCSWSSW Council Member Manual, The Regulatory Context

⁶ *ibid*

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constitutes professional misconduct. In a general sense, professional misconduct is conduct, which, either by an omission (failing to do something), or by an act, is in breach of accepted ethical and professional behaviour. The Act and the professional misconduct regulation set out what professional misconduct means for social workers and for social service workers and for the public.

Members of Council who are appointed by the Lieutenant-Governor in Council fulfill their role by:

- Bringing a broad range of community perspectives to decision-making;
- Helping to identify the impact that decisions will have on clients;
- Assisting the governing Council to identify instances of conflict between professional and public interests; and
- Increasing public awareness of the self-governing body.

In my own experience, public members do bring a wide range of experiences and perspectives from different community settings and workplaces to support decision-making. The contribution of public members is absolutely essential, in my view, since members of the profession are grounded in professional considerations and practice. Accepted practice can sometimes be improved upon to better serve the public interest. Since public members cannot be members of the professions, the lack of knowledge about the professions may seem overwhelming, so the challenge for public members is to understand that their role is to bring the public interest (or client) perspective to discussions and that it is vital to do so.



At no time should public members feel that their opinions or analysis have no validity in discussion or decision-making. In fact, it is the role and responsibility of public members to fully participate in discussion, debate and decision-making on behalf of the people of Ontario.

Acknowledgement: Portions of this article were adapted from the OCSWSSW Council Manual which was originally adapted from materials provided by The College of Nurses Orientation Manual (May 2000) and Richard Steinecke's "A Complete Guide to the Regulated Health Professional Act" (January 2000).

Scope of Practice – Demystified

MARLENE ZAGDANSKI, DIRECTOR, COMPLAINTS AND DISCIPLINE

Comments received from College members and stakeholders responding to the College’s consultation on the Standards of Practice indicated that the College’s scope of practice statement for each of the professions of social work and social service work is a source of some confusion. This article is intended, therefore, to assist social workers, social service workers, their employers and members of the public by clarifying the College’s scope of practice statements, and by answering frequently asked questions about them.

It should be emphasized, however, that while this article may help to clarify the College’s scope of practice statements for each of the professions, it is not intended to be an exhaustive summary of the relevant statutory provisions. In the event of any discrepancy between this *Perspective* article, on the one hand, and the *Social Work and Social Service Work Act* or the *Regulated Health Professions Act* and regulations, on the other hand, the Acts and regulations will prevail.

What is a scope of practice statement?

It is a general statement describing, but not exclusively licensing to a profession, the profession’s scope of practice. Such statements provide three types of information – what the profession does, the methods the profession uses, and the purpose for which the profession does it.

How are the College’s two scope of practice statements used?

The scope of practice statements describe the areas of practice in relation to which the College must establish entry to practise requirements and standards of practice for each profession. They also describe, for consumers of social work and social service work services, members of the professions, members of other professions, employers and courts and tribunals, the proper range of each profession’s scope of practice. The scope of practice statements guide educators when they design and update curricula. College members who responded to the College’s consultation on the Standards of Practice commented that the scope of practice statements for the professions of social work and social service work assisted them with defining their roles with other members of an interdisciplinary team, developing and/or refining policies and practices, orienting new staff and supervising students.



What was the basis for the College’s scope of practice for the profession of social work?

The scope of practice for the profession of social work was developed by the College’s transitional Council and was supported by the former voluntary regulatory body of the social work profession (the Ontario College of Certified Social Workers), in the legislative process leading up to the enactment of the *Social Work and Social Service Work Act* (“SWSSW Act”), as an accurate description of the practice of social work. It is also consistent with the legislation of other provinces which define either the practice of social work or the term “social work.”

What was the basis for the College’s scope of practice for the profession of social service work?

The scope of practice for the profession of social service work was developed by the College’s transitional Council and was supported by the vocational learning outcomes for social service workers published by the College Standards and Accreditation Council (the “CSAC”) with respect to the CSAC Program Standard for Social Service Worker Programs. The CSAC was given the mandate to express the vocational and generic skills components of the program standard for social service worker programs delivered by Ontario Colleges of Applied Arts and Technology.

What is the College’s scope of practice statement for the profession of social work?

The scope of practice for the profession of social work means the assessment, diagnosis, treatment and evaluation of

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individual, interpersonal and societal problems through the use of social work knowledge, skills, interventions and strategies, to assist individuals, dyads, families, groups, organizations and communities to achieve optimum psychosocial and social functioning.¹

What is the College’s scope of practice statement for the profession of social service work?

The scope of practice for the profession of social service work means the assessment, treatment and evaluation of individual, interpersonal and societal problems through the use of social service work knowledge, skills, interventions and strategies, to assist individuals, dyads, families, groups, organizations and communities to achieve optimum social functioning.²

How do the College’s scope of practice statements for the professions of social work and social service work differ?

The scope of practice for the profession of social work includes the term “diagnosis” while the scope of practice of the profession of social service work does not. The scope of practice of the profession of social work refers to the use of “social work knowledge, skills, interventions and strategies”. The scope of practice of the profession of social service work refers to the use of “social service work knowledge, skills,

interventions and strategies”. In the scope of practice of the profession of social work, the purpose of the assessment, diagnosis, treatment and evaluation is “to achieve optimum psychosocial and social functioning”. In the scope of practice of the profession of social service work, the purpose of the assessment, treatment and evaluation is “to achieve optimum social functioning”.

Why doesn’t the scope of practice statement for the profession of social service work include “diagnosis”?

Social service work programs offered at community colleges are two years in length. This time frame limits the depth and breadth of theory taught to social service workers. The role of a social service worker is more focused on the application of the theoretical and practical knowledge acquired in the social service work program. “Diagnosis” is the summary of judgments on which professional action is taken. A social service worker may follow a suggested course of action based on a diagnosis that has been identified by another professional, but will not be the person who will have arrived at such judgment.

Why doesn’t the scope of practice of the profession of social service work include “to achieve optimum psychosocial functioning”?

Based on the CSAC vocational learning outcomes referred to above, the term “psychosocial” is not an aspect expected to be mastered at a community college level education. Although social service workers will understand, from their education and training, that the social aspect and psyche of a person are interrelated, they will not have obtained the depth and breadth of knowledge required to bring about changes in an individual’s psychosocial functioning. Social service workers will have a level of understanding of important influences on or theories related to a client’s life and awareness of how these impact on people in general. Social service workers, however, are not able to formulate a diagnosis in a psychosocial framework. For example, a social service worker would be able to apply skills in circumstances where a client is in crisis and the goal of the social service worker is to re-establish immediate coping, give support, reduce lethality and provide links to other helping resources. The social service worker would not, however,



¹ For the College’s complete scope of practice statement for the profession of social work, refer to page 1 of the College’s Standards of Practice Handbook.

² For the College’s complete scope of practice statement for the profession of social service work, refer to pages 1 and 2 of the College’s Standards of Practice Handbook.

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attempt to deal with a situation resulting from a past trauma, such as a post-traumatic stress trauma which requires a higher level of therapeutic knowledge and skill.

How are the bodies of knowledge of the professions of social work and social service work different?

There is no precise line that clearly demarcates the bodies of knowledge of these two professions. There is also some duplication in the curricula of social service work programs offered at community colleges, and the curricula of social work programs offered at universities at the baccalaureate level. There are, however, essential distinguishing differences, based on formal levels of training and education and the intensity, breadth, depth, comprehensiveness and theoretical richness of the relevant bodies of knowledge of each profession.

Must an employer of a College member allow a College member to perform all of the acts described in the scope of practice statement for social work or social service work?

No. Employers are entitled to define the parameters of the various roles and duties to be performed by social workers or social service workers they hire.

May an employer of a College member require a College member to perform acts that are not described in the scope of practice statement for social work or social service work?

Generally, yes. So long as the College member is entitled by law to perform those acts and the College member is competent to do so. A College member must keep in mind that he or she is responsible for being aware of the extent and parameters of his or her competence and professional scope of practice and limit his or her practice accordingly.

May someone who is not a College member perform acts described in the scope of practice statements for social work and social service work?

Yes. This is because the scope of practice for each of the professions of social work and social service work is in the public domain and there are no restricted or controlled acts associated with them. A person who is not a College member may not, however, use the restricted titles “social worker” or “social service worker” or represent or hold out, expressly or by implication, that he or she is a social worker or social service worker.

Why are acts described in the scope of practice statements of the professions of social work and



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social service work in the public domain?

The model of self-regulation for social workers and social service workers under the SWSSW Act is to provide protected or restricted titles. The SWSSW Act does not provide a licensing regime nor a regime of restricting certain acts to be performed by social workers or social service workers. This model of self-regulation promotes the freedom of consumers to choose the professionals from whom they receive services, and leaves as much professional activity as possible in the public domain.

What is the model of self-regulation for the health professions regulated under the Regulated Health Professions Act?

The model of self-regulation for the health professions regulated under the *Regulated Health Professions Act* (“RHPA”) is different from the model of self-regulation for social workers and social service workers under the SWSSW Act. Under the RHPA and the health professions Acts, such as the *Medicine Act* and the *Psychology Act*, the model consists of a scope of practice statement, controlled acts and restricted titles. Each health profession has a scope of practice statement which describes in general terms what the profession does. The RHPA sets out controlled act procedures, the performance of which are restricted. While the RHPA creates restrictions on

who may perform controlled act procedures, the scope of practice statements of the regulated health professions do not create licences and elements of the scope of practice statements may overlap between professions. Procedures that are not controlled acts are in the public domain and may be performed by regulated health professionals or other individuals.

What is a controlled act?

It is an act performed in the course of providing health care services that is considered to be inherently dangerous. There are thirteen controlled acts listed in subsection 27(2) of the RHPA. They include, for example, “communicating to the individual ... a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual ... will rely on the diagnosis”, “administering a substance by injection or inhalation”, putting an instrument, hand or finger beyond certain body openings such as the external ear canal, and prescribing, dispensing, selling or compounding a drug.

Who can perform a controlled act?

The RHPA restricts the performance of a controlled act in the course of providing health care services to an individual. With a few exceptions,³ a controlled act may only be performed by



³ Subsections 27(3), 29(1) and (2), Regulated Health Professions Act

Scope of Practice – Demystified

a member of a regulated health profession College where the health profession Act authorizes members of such profession to perform the controlled act. A controlled act may also be performed where the performance of the controlled act has been delegated to a person by a member of a regulated health profession College where the health profession Act authorizes members of such profession to perform the controlled act. The exceptions to the restriction regarding who may perform a controlled act include rendering first aid or temporary assistance in an emergency.

What is the “risk of harm” clause in the RHPA?

The RHPA also contains what is known as a “risk of harm” clause.⁴ It provides that no person, other than a member of a regulated health profession College treating or advising within the scope of practice of his or her profession, shall treat or advise a person with respect to his or her health in circumstances in which it is reasonably foreseeable that serious physical harm may result from the treatment or advice or from an omission from them. This means that it is a contravention of the RHPA for a person who is not a member of a regulated health profession College to provide treatment or advice with respect to a person’s health where serious physical harm could result, whether or not the treatment or advice involves a controlled act.

There are certain exceptions to the “risk of harm” clause. These exceptions include: anything done by a person in the course of rendering first aid or temporary assistance in an emergency; treatment by a person who is acting under the direction of or in collaboration with a member of a regulated health profession College if the treatment is within the scope of practice of the member’s profession; and counselling about emotional, social, educational, or spiritual matters.

What do the restrictions in the RHPA mean for social workers and social service workers?

Social workers and social service workers are prohibited from performing the acts listed as controlled acts under the RHPA, unless performance of the controlled act has been delegated to the social worker or social service worker by a member of a regulated health profession College where the health profession Act authorizes members of such profession to perform the controlled act. Social workers and social service

workers to whom a controlled act has been delegated must, however, be competent (have the knowledge, skill and judgement) to perform that controlled act. Also, as referred to in the above answer to the question “Who can perform a controlled act?” the exceptions to the restrictions regarding who may perform a controlled act include rendering first aid or temporary assistance in an emergency. Note too, that social workers and social service workers may not treat or advise a person with respect to his or her health in circumstances in which it is reasonably foreseeable that serious physical harm may result from the treatment or advice or from an omission from them, unless one of the exceptions to the “risk of harm” clause applies.

Is the controlled act of communicating a diagnosis restricted to members of the College of Physicians and Surgeons of Ontario and the College of Psychologists of Ontario?

One of the controlled acts under the RHPA is “communicating to the individual ... a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual ... will rely on the diagnosis”. As stated above, the RHPA restricts a person (other than a member of a regulated health profession College where the health profession Act authorizes members of such profession to perform the controlled act) from performing a controlled act in the course of providing health care services. However, the RHPA also provides an exception to this restriction. It states that the restriction does not apply to a communication in the course of counselling about emotional, social, educational or spiritual matters as long as it is not a communication that a health profession Act authorizes members of a regulated health profession College to make.⁵ A communication that a member of a regulated health profession College is authorized to make (and which a social worker or social service worker is not authorized to make) includes: a communication by a physician of a diagnosis identifying a disease or disorder as the cause of a person’s symptoms and a communication by a psychologist of a diagnosis identifying, as the cause of a person’s symptoms, a neuropsychological disorder or a psychologically based psychotic, neurotic or personality disorder.

⁴ Subsection 30(1), Regulated Health Professions Act

⁵ Subsection 29(2), Regulated Health Professions Act

Scope of Practice – Demystified

Why is the use of the term “diagnosis” in the scope of practice statement of the profession of social work not in contravention of RHPA?

The College understands the term “diagnosis” in the context of the practice of social work to mean the following:

A social work diagnosis defines that series of judgments made by a social worker based on social work knowledge and skills in regard to individuals, couples, families and groups. These judgments:

- a) serve as the basis of actions to be taken or not taken in a case for which the social worker has assumed professional responsibility; and
- b) are based on the Social Work Code of Ethics and Standards of Practice.

Such judgments and the procedures and actions leading from them are matters for which the social worker expects to be accountable.

A social worker’s communication of a social work diagnosis, which focuses on the interface of persons and situation, would generally be expected to be a communication in the course of counselling about emotional, social, educational or spiritual matters, and therefore would generally be expected to fall within the exception to the controlled act restriction, unless the communication is one authorized to physicians, psychologists or other regulated health professionals to make.

If you have additional comments, questions and/or concerns regarding the scope of practice statements, please contact Marlene Zagdanski, Director, Complaints and Discipline, at (416) 972-9882 or 1-877-828-9830, ext. 208. E-mail: mzagdanski@ocswssw.org.

The Realities of Membership Fees

GLENDAL MCDONALD, M.S.W., RSW, REGISTRAR

With the 2005 annual renewal of College membership soon to begin, it seems an apropos time to review the issue of fees—perhaps one of the most frequently asked questions from the College’s membership.

As is the case with all self-regulated professionals, the cost of establishing and operating a regulatory College is borne by the members of the College through membership fees. The primary benefit that a member of the College receives for payment of the annual fee is the privilege of using the title “social worker” or “social service worker”, being identified and recognized as a regulated professional and having standards of practice which meet minimum standards of professional practice and conduct. Increasingly, this title and designation is a requirement for being employed as a social worker or social service worker in Ontario. However, as the College develops and matures, more tangible benefits to members will be implemented over and above the current ones that are being provided which include the newsletter *Perspective*, unlimited website access, the *Code of Ethics and Standards of Practice*, practice advice as requested, and the new Education Day held in conjunction with the 2004 Annual Meeting, which took place on June 25th, 2004.

The Council of the College established the current annual fee after a thorough review of estimated revenues and expenses and the development of a detailed business plan. The plan took into account the experience of regulatory Colleges of similar membership size. The fees of the

College are consistent with the fees of similarly sized regulatory Colleges in Ontario. At this time, when compared with the membership fees of the 21 regulated health professions, the fees paid by members of this College are lower than the fees paid by all but four of the regulated health professions. The Council of the College has the responsibility to ensure that there are sufficient revenues to meet the expenses of operating the College in accordance with the *Social Work and Social Service Work Act*. The budget is developed on an annual basis and prior to approval by Council, takes into account both anticipated revenue and expenses. Members are aware that the College is operating with a surplus. Hopefully, members are pleased with this demonstration of fiscal responsibility; however, at the same time, many members assume that this surplus is the result of more members being registered than projected in the original business plan. The primary reason for the surplus is that College expenses have been significantly less than projected.

One of the College expenses that comes under the frequent scrutiny of members is the cost of rent for the College premises. Until October 2000, College staff worked in temporary office space. Prior to entering into a lease, Council established a number of requirements for the premises, taking into account the mandate and objects of the College. These requirements included reasonable cost, adequate square footage to accommodate estimated staff and functions of the College, being geographically accessible for members, Council members, staff, the public and other stakeholders, being

accessible by public transit, being barrier free, proximity to other professional regulatory organizations, specifically the Colleges of the regulated health professions, and proximity to the Minister of Community and Social Services, to whom the College is accountable. The office space chosen met all of these requirements and is considered to be similar to the quality of office premises occupied by many of the health regulatory Colleges.

At its October 2003 meeting, Council reviewed the matter of a reduction in the annual fee. Following a thorough review of the matter, Council concluded that the College is still in its early stages of development and the total costs of meeting its full statutory responsibilities have not yet been realized. Thus, Council concluded that it would not be fiscally responsible for the College to change the funding structure so early in its existence. Accordingly Council decided that it would not consider a fee reduction until the conclusion of the five-year business plan developed by transitional Council.

The College prepares an annual report, which includes details on revenue and expenditures and is distributed to all College members. Members are assured that the staff and Council take very seriously the stewardship of members’ annual fees and the responsibility to be prudent in the management of these funds in order to fulfil the objects of the College, set out in legislation.

For more information, please contact the College at 416-972-9882 or 1-877-828-9380. Alternatively, send an e-mail message to info@ocswssw.org.

Standards of Practice Consultation – Update

PAMELA BLAKE, M.S.W., RSW, DIRECTOR, PROFESSIONAL PRACTICE AND EDUCATION

Over the past several months, work has continued on implementing recommendations from the consultation on the standards of practice. For example, guidelines for custody and access assessments and medication practices, as well as standards for non-direct practice are under development. In addition, revisions to the existing standards are now drafted.

Prior to the final approval of revisions, new standards and guidelines, the College will consult with members. To assist in this process, members were asked to provide information about their work setting and fields of practice in the 2004 Annual Renewal of Registration form. Based on this information, a sample of members will be asked to review standards and guidelines relevant to their practice.

The College strives to ensure that its members are well informed about the standards, and that guidelines and standards are reflective of current practice realities. As College members are accountable to the standards of practice, input from members is essential to this process. If asked for your feedback, please take the time to provide it.

Information from the consultation has been helpful in identifying issues of interest to the membership. Scope of practice, for example, generated many comments and identified a need for further information and clarification—interested readers can find an FAQ-type article on this subject beginning on page 9 of this issue of *Perspective*.

For more information on the standards of practice, please contact Pamela Blake, M.S.W., RSW, Director, Professional Practice and Education at 416-972-9882 or 1-877-828-9380, ext. 205. E-mail: pblake@ocswssw.org.



The Development of a Continuing Competence Program

PAMELA BLAKE, M.S.W., RSW, DIRECTOR,
PROFESSIONAL PRACTICE AND EDUCATION

The College has developed a Continuing Competence Program which has been approved in principle by Council. Prior to implementing the Continuing Competence Program, the College is seeking feedback from members to assess the program's strengths and areas for improvement. Cathexis Consulting, an independent research firm, is carrying out this pilot project. Members are being randomly selected to participate in the pilot project. Some members also volunteered to participate.

Many members wonder what professional development activities they should be participating in during this period when specific requirements are not yet in place. A common mistaken belief is that without a program in place, members are not required to engage in professional development activities. However, the standards of practice clearly state that "College members remain current with emerging social work or social service work knowledge and practice relevant to their areas of professional practice" and that College members "maintain current knowledge of policies, legislation, programs and issues related to the community, its institutions and services in their areas of practice." (2.1.2, 2.1.3)

In preparation for the implementation of the continuing competence program it would be useful for members to conduct a review of their practice, to set learning goals and identify ways they can meet these goals.

Answering the following questions may assist in this process:

1. What are your current professional roles and responsibilities?
2. Can you anticipate any new ones in the next several months to a year?
3. What knowledge and skills are required to competently perform these roles and specific tasks?
4. To what extent are you competent in these areas?
5. What are the areas in which you need to increase your competence, gain new knowledge and develop skills?
6. Are you familiar with policies and legislation that affect you in your work?

Members are encouraged to review the standards of practice and relate these to their identified learning needs. It also will be helpful to make any learning goals specific and attainable. The next step involves deciding how to address your learning needs. Are there relevant conferences and workshops that you

might attend? Have you done a search of the literature, found articles and books that would assist you in reaching your goals? Can you identify colleagues with whom you can consult and/or learn from? What other professional activities would help you in your learning?

It is recommended that members keep a record of their goals and their professional development activities, and to review their progress from time to time.

To better gain public confidence, professional development is expected of regulated professionals as it



ensures that the public is receiving competent and up-to-date services. Professional development is ongoing, regardless of your experience level. Beginning now to systematically review your learning needs and establish a learning plan will make you better prepared for when the continuing competence program is launched.

For more information on the College's developing continuing competence program, please contact Pamela Blake, M.S.W., RSW, Director, Professional Practice and Education, at 416-972-9882 or 1-877-828-9380, ext. 205. E-mail: pblake@ocswssw.org.

Registration Updates

MINDY COPLEVITCH, M.S.W., RSW, DIRECTOR OF REGISTRATION

The following outlines the status of current priorities of the registration department.

Registration of Members

The College has nine objects in carrying out the primary duty of serving the public interest. One of these objects is to issue certificates of registration to members of the College. Certificates are issued in two classes and, for each class, two membership categories: *general* certificates of registration for social service work and social work, and *provisional* certificates of registration for social service work and social work. The timely and efficient review of applications for membership in the College is the primary priority of the registration department. However, the review of applications is a time consuming process, particularly the applications for general certificates of

registration from applicants who possess a combination of education and practical experience that is substantially equivalent to a degree in social work from a social work program accredited by the Canadian Association of Schools of Social Work or to a diploma in social service work from a social service work program offered in Ontario at a College of Applied Arts and Technology. The Registrar must make a determination on every application received at the College. Since 2000, the Registrar has reviewed approximately 11,500 applications and issued approximately 11,000 certificates of registration in accordance with the requirements set out in the *Social Work and Social Service Work Act, 1998*.

Entry to Practise Examination

Registration Regulation 383/00 made under the *Social Work and Social*

Service Work Act, 1998, sets out the requirements for membership in the College. These in part include: graduation from an accredited or approved academic program or a combination of academic qualifications and practical experience substantially equivalent to such academic program, disclosure of findings of, or proceeding in relation to, professional misconduct, incompetence or incapacity, disclosure of a conviction for a criminal offence or an offence under the *Controlled Drugs and Substances Act (Canada)* or the *Food and Drugs Act (Canada)*, demonstration of reasonable fluency in English or French, citizenship, and payment of applicable fees.

The Registration Regulation provides for an entry to practise examination to be a requirement for applicants applying for registration. The examination requirement can be



Registration Updates

implemented at any time after November 21, 2003.

Currently, the College has not set or approved an entry to practise examination for applicants. The Council of the College has recently determined that an entry to practise examination will be administered in the future.

An entry to practise examination *does not apply to current* members of the College. However, if a member resigns membership or has his or her certificate revoked, and wishes to apply for membership in the future, the applicant would then be required to satisfy all registration requirements in place at the time of the new application. Depending on the timing, such requirements may include an entry to practise examination.

Provisional Certificates of Registration and Additional Training Requirements.

A member who holds a provisional certificate of registration for social work has signed an undertaking to successfully complete additional training approved by the College in social work ethics and standards of

practice. Similarly, a member who holds a provisional certificate of registration for social service work has signed an undertaking to successfully complete additional training approved by the College in social service work ethics and standards of practice. This additional training is to be completed, to the satisfaction of the Registrar, within three years after the day the member is notified of the additional training. The Council of the College is in the process of determining policy regarding additional training. Once Council approves policy, members holding provisional certificates of registration will be notified of the additional training requirements.

By-law 1 of the College specifies that all members must notify the Registrar in writing of changes to personal information within 30 days of the date of the change.

If you hold a provisional certificate of registration, notification of changes to information is particularly important because the additional training undertaking is time sensitive. Once the Registrar communicates with you about the additional training, the three-year

time period for completion of the additional training begins. It is your responsibility to keep the College records current and advise us in writing when your mailing address changes so that you will receive communications from the College. You may email information to info@ocswssw.org or fax to 416-972-1512.

For more information about the application requirements and processes of the College or your questions regarding your provisional certificate of registration, contact Mindy Coplevitch, M.S.W, RSW, Director of Registration, at 416-972-9882 or 1-877-828-9380, ext. 203, or e-mail mcoplevitch@ocswssw.org. If you are a member of the College and have a question regarding your membership, please contact Lynda Belouin, Membership Administrator, at ext. 212, or e-mail lbelouin@ocswssw.org.

Personal Health Information Protection Act, 2004

GLENDAL McDONALD, M.S.W., RSW, REGISTRAR

On May 20, 2004, the *Ontario Health Information Protection Act, 2004* (Bill 31) received royal assent. The *Health Information Protection Act* consists of two parts—the *Personal Health Information Protection Act, 2004* (PHIPA) and the *Quality of Care Information Protection Act, 2004*. Most of the provisions of the PHIPA will come into force on November 1, 2004.

The purpose of PHIPA is to provide consistent and comprehensive rules governing the collection, use, retention, disclosure and disposal of personal health information in the custody and control of health information custodians. The goals of the legislation are to protect the privacy of individuals, and the confidentiality and security of personal health information in the health sector in a manner that facilitates the effective provision of health care. The legislation provides a list of persons or organizations that will be considered to be “health information custodians.” Health information custodians, such as hospitals and long term care facilities, employ many social workers and social service workers. Additionally, social workers or social service workers in private practice or who are employed by an agency that is not a health information custodian may, if they provide health care, be considered to be health information custodians under this legislation. The College has not been named as a health information custodian under the legislation.

On January 26, 2004, the College made a submission to the Standing Committee on General Government regarding Bill 31. Through this submission, the College indicated that it was generally supportive of the legislation but wished to assist the



government in understanding the ways in which the protection of an individual's privacy and facilitating the effective provision of health care intersect from the College's point of view. The College submission reflected its review of the legislation principally from the perspective of the impact of the legislation on the role of the College to protect the public. A copy of the College submission is available on the College website.

The Minister of Health and Long-Term Care has recently proposed a regulation to be made under the PHIPA. It is expected that the final regulation, with or without changes, will come into force on November 1, 2004.

Since most of the provisions of the PHIPA will come into force on November 1, 2004, it is important that health information custodians and others affected by the PHIPA become

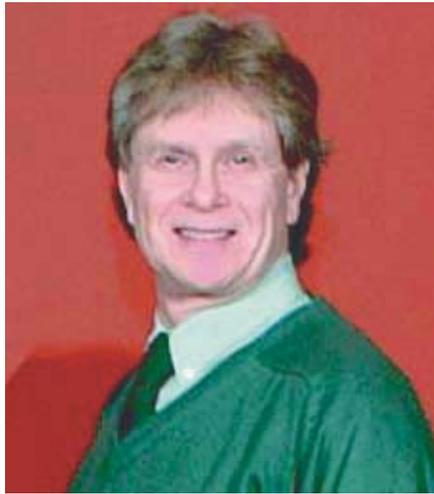
knowledgeable about the PHIPA and its regulation and take the appropriate steps so that they will be able to comply with their obligations under the PHIPA and its regulation, starting November 1, 2004.

For further information, members may wish to refer to the resources made available by the Ministry of Health and Long-Term Care at http://www.health.gov.on.ca/english/providers/project/priv_legislation/priv_legislation.html. These resources include “Personal Health Information Protection Act, 2004: An Overview for Health Information Custodians”, “Personal Health Information Protection Act, 2004: A Checklist for Health Information Custodians” and “Questions and Answers”. The website of the Ontario Information and Privacy Commissioner also has “Frequently Asked Questions: Health Information Protection Act” at http://www.ipc.on.ca/scripts/index_.asp?action=31&P_ID=15371&N_ID=1&PT_ID=14971&U_ID=0.

In Memorium: John Vanderhoeven, M.S.W., RSW

College staff and Council members were deeply saddened to learn of the untimely death of John Vanderhoeven in December 2003. John lost his brief battle with cancer on December 13, 2003. A member of the College since its inception and a member of Council since 2002, John was an extremely conscientious and capable member of Council, the Complaints Committee and Standards of Practice Committee, right up until his death. John's determination to continue his participation in the activities of the College, in spite of his illness and prognosis, was remarkable and inspiring.

Council members held a tribute to John at the January 13, 2004, Council meeting. Speaking personally of their fond memories of John, several Council members noted that he will be remembered for his contributions to the profession of social work as well as to the College. He also was recognized as a committed professional who was dedicated not only to his



clinical work but also to the advancement of the profession of social work. John had served previously on the Board of the Ontario Association of Social Workers (OASW) and was a past President of the Central Branch of the OASW.

John obtained his Master of Social Work degree from the University of Toronto in 1977. Most recently, he was a social worker in the community mental health program at St. Joseph's Health Care Centre in Toronto.

Council members noted that his dry wit and sense of humour was appreciated

as was his willingness to listen to all points of view before arriving at his decision. Although he was a man who held strong convictions, he was not so rigid that he could not consider an alternate perspective. This well respected member of Council will be sadly missed. Following these many tributes at the Council meeting, a moment of silence was observed to honour his memory.

Letters To The Editor

Some Perspective on Perspective

The following is an excerpt from a letter received following the last issue of Perspective:

Dear OCSWSSW,
...I find it disappointing that 10 pages, fully half, of your high-priced glossy newsletter of February 2004 was devoted to a re-hashing of the rules and regulations... It is especially disappointing when you miss important issues...[like] the question [on] page 12: "My employer has increased my caseload and is requiring me to do additional administrative tasks. With such a heavy workload, I have no time to fulfill continuing competence requirements" ...[which] merely elicited a [College] response dogmatically regurgitating the regs...

John Lederman, M.S.W., RSW

Perspective wishes to thank Mr. Lederman for his letter. He poses several issues that are relevant to all members.

The College feels strongly that in its primary duty to serve and protect the public interest, it is vital that the members of the College are kept informed of their responsibilities as regulated professionals. The newsletter, *Perspective*, is one communication vehicle for accomplishing this task as is the website (www.ocswssw.org). Previous feedback from members

reflected the need for a publication that not only served to inform its membership but also other stakeholders, such as the public, government and employers regarding matters that are important to the membership.

Accordingly, in the issue of *Perspective*, to which Mr. Lederman refers, the content included, in addition to updated information on some of the activities of the College, articles on the use of social work and social service work titles; the decision of the first Discipline Committee hearing of the College; new information to members regarding legislation that may impact their practice (e.g. *Vital Statistics Act; Personal Information Protection and Electronic Documents Act; the Business Corporations Act and the Social Work and Social Service Work Act*); an update on the Ontario Disability Support Program and the Practice Notes article on Boundary Violations. The College received so many requests for the last Practice Notes article on Boundary Violations, that an additional re-printing of that article was required. The College wishes to assure members that every measure was and has been taken to ensure that we produce a quality publication in a fiscally responsible manner while ensuring that the publication reflects the professionalism of the members of the College and the importance of the mandate of the College.

The content of each issue of *Perspective* reflects issues

communicated to the College from members and other stakeholders as well as issues that the College believes are relevant to communicate to the members of the College. For example, the theme of each Practice Notes article is primarily based on the number of calls received from members on a particular matter. The matter of members' obligation with regard to Continuing Competence is an issue about which the College receives frequent calls from members. While the College is not indifferent to the "workload issue" for many members, as noted by Mr. Lederman, it is also required to remind members of their obligation as regulated professionals to maintain competence in their practice. Members are reminded that the Continuing Competence program will reflect an adult education model, which will incorporate not only a member's self-assessment of their practice but also a broad range of learning strategies, designed by each member to meet his or her learning goals. The goal of the program is to enable members to meet continuing competence requirements in a manner that can be incorporated into their practice. An important component of the program is the pilot test which will occur in the Fall of 2004. The pilot test will provide the College with invaluable member input regarding the proposed content and process of the Continuing Competence program prior to implementation with the entire membership.

One of the strategic goals of the College is improving communication with our members. If you have comments or questions about the College, please forward them to:

Ontario College of Social Workers and Social Service Workers
80 Bloor Street West, Suite 700,
Toronto ON M5S 2V1

Or
info@ocswssw.org
Some letters to the editor may be edited for spelling, grammar and space.

Bulletin Board

TITLES AND DESIGNATIONS

Members are reminded that it is a requirement of the Registration Regulation made under the *Social Work and Social Service Work Act* for College members to use the title "Social Worker" or "Registered Social Worker"; "Social Service Worker" or "Registered Social Service Worker", in connection with their practice of social work or social service work, as the case may be.

It is a further requirement of the Registration Regulation for members to use the designation RSW or RSSW in documentation used in connection with their practice of social work or social service work.

The reason for these requirements is to clearly inform the public that individuals from whom they are receiving social work or social service work services are members of the College and are accountable to the College for meeting the standards and requirements for the professions.

PARTICIPATION IN THE WORK OF THE COLLEGE

If you are interested in participating on one of the College's committees or task groups, please e-mail Pat Lieberman, Manager Council and Employee Relations, at plieberman@ocswssw.org to receive an application form.

The College welcomes all applications; however, the number of available positions for non-Council member participation is limited by the statutory committee requirements in the *Social Work and Social Service Work Act*, and by the by-laws and policies of the College.

ANNOUNCEMENTS

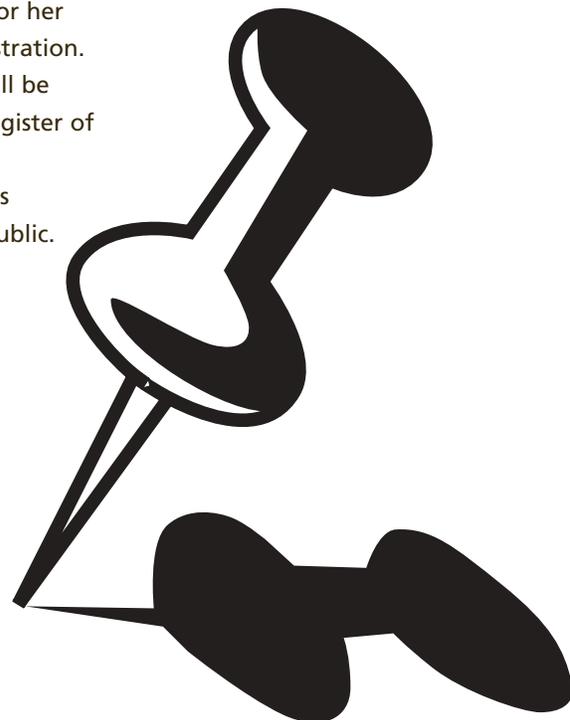
It's that time of the year again: The annual renewal form and annual fee for 2005 is due on or before December 31, 2004. The fee remains unchanged at \$370.

Responding to member feedback and recognizing that postal service is disrupted at the end of the year, there will be a period of 31 days before a late penalty is applied. If your fee is received after January 31, 2005, a \$50.00 penalty will apply.

Note: Members are reminded that failure to pay the annual fee and/or penalty will result in the suspension of his or her certificate of registration. The suspension will be recorded in the register of the College and is information that is available to the public.

It is important to understand that the register only records that a certificate of registration has been suspended, it does not provide details on why the suspension occurred.

To be reinstated as a member of the College after suspension, a reinstatement fee of \$150 plus a \$50 late penalty plus the \$370 membership fee is required (a total of \$570).





Ontario College of
Social Workers and
Social Service Workers

MISSION STATEMENT:

The Ontario College of Social Workers and Social Service Workers protects the interest of the public by regulating the practice of Social Workers and Social Service Workers and promoting excellence in practice.

VISION STATEMENT:

The Ontario College of Social Workers and Social Service Workers strives for organizational excellence in its mandate in order to:
Serve the public interest; regulate its members; and be accountable and accessible to the community.

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Catherine Painter
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Nadira Singh
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Contact Gail, Lynda, Catherine or Nadira for general information, status of application inquiries, register requests, as well as fees information and address changes. For general inquiries, please e-mail: info@ocswssw.org

Contact Gail for information and inquiries about professional incorporation.

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Contact Pamela with professional practice questions.

FINANCE

Eva Yueh
Financial Administrator
Ext. 209 or E-mail:
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REMINDER:

If you change employers or move, advise the College in writing within 30 days. We are required to have the current business address of our members available to the public. Address change information can be e-mailed to info@ocswssw.org, faxed to 416-972-1512 or mailed to our office address. Changes of address must be made in writing and include your registration reference number, your old address and your new address information.