



PERSPECTIVE

FALL 2010 VOLUME 9, NUMBER 2

Developing a Public Awareness Campaign: We Are Listening!

As announced in the previous issue of *Perspective* (Spring, 2010), the College has begun exploring the essential steps required to building an effective public awareness campaign. Partnering with Argyle Communications, a public relations agency in Toronto, the College has completed extensive qualitative and quantitative research to determine the concerns, needs and suggestions of our stakeholders.

WE BEGAN REACHING OUT TO STAKEHOLDERS IN EARLY 2010. SEVEN RESEARCH METHODS WERE USED:

1. Confidential, in-person interviews and surveys with members of the College’s management team;
2. Confidential telephone interviews and surveys with selected educators, employers and government;
3. Facilitated focus groups and surveys with 21 Council members;
4. Facilitated member workshops within the markets of Sudbury, Kingston, London and Mississauga;
5. Online survey with members;
6. Online survey with students;
7. Peer review of four organizations.

HERE’S A SAMPLE OF WHAT WE HEARD:

- Students and new graduates are unclear about the College’s role, and they expressed an interest in building stronger communicational ties with the College.
- Over half of the students that responded were unaware of the reduced membership fee for new graduates.
- All educators surveyed (100%) agreed that they have a role in educating students about the benefits of joining the College.



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- Employers did not find the benefits of the College to be clear, but believed it to be important that their staff be registered members.
- Members acknowledged that the College is effective in the delivery of its mandate, however only 15% of respondents believed that the general public understood that they are protected by the College.
- The majority of respondents believed it to be crucial that the general public understands that they are protected by a body regulating social work and social service work in Ontario.

The results from the research suggest that the College attribute more time and effort to communicating and connecting with its stakeholders, specifically employers and students. Once these connections become firmly rooted, the College will broaden its communications scope to focus on the general public’s awareness.

NEXT STEPS:

Taking into account the research results, the campaign will roll out over the next year. A detailed strategy and effective tactics will be developed in order to help us reach our goals. We will keep members and stakeholders updated as we move forward.

If you have any questions or comments regarding the College’s communications programs, please contact Jolinne Kearns, Communications Coordinator at 416-972-9882 or 1-877-828-9380 ext 415 or e-mail: jkearns@ocswssw.org.

Year Two of the Continuing Competence Program: Tracking Your Progress

The Continuing Competence Program (CCP) is now well into its second year. This program is one way that the College fulfills its mandate of public protection. It promotes quality assurance with respect to the practice of social work and social service work, encourages members to enhance their practice in an ongoing way, and encourages members to strive for excellence in practice. The program is based on an adult education model, and allows members to use their professional judgment to determine their learning goals and identify learning activities. This year's CCP documents have been provided to all members, and you should now be working on your 2010 CCP.

MEMBERS ARE REQUIRED TO PARTICIPATE IN THE PROGRAM TO MAINTAIN THEIR MEMBERSHIP IN THE COLLEGE.

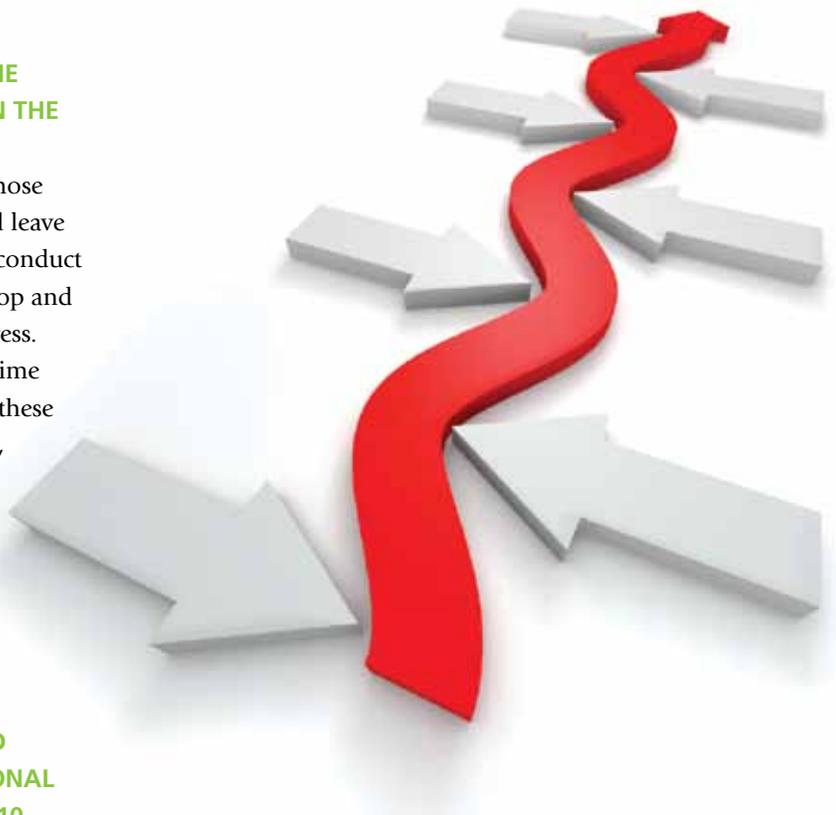
The CCP is mandatory for all members, including those who are retired from practice, on maternity/parental leave or currently unemployed. Members are required to conduct a self-assessment, identify learning objectives, develop and implement a learning plan, and evaluate their progress. Members may have some goals that require longer time frames to complete, and may wish to carry some of these goals forward from one year to the next. In this case, members are advised to identify benchmarks or milestones that they expect to reach as part of these larger goals. All members must make a declaration to the College concerning their participation in the program as part of their annual renewal.

AT THIS POINT, YOU SHOULD HAVE COMPLETED YOUR SELF-ASSESSMENT TOOL AND PROFESSIONAL DEVELOPMENT PLAN, AND WORK ON YOUR 2010 GOALS SHOULD BE WELL UNDERWAY.

If you have not already done so, please thoroughly review the materials you have received in order to ensure that you are familiar with the program. You will have two documents: the *Instruction Guide* (previously provided to you, and also available on our website www.ocswssw.org) and the *2010 Self-Assessment Tool and Professional Development Plan Documents* booklet. You are required to retain the *Self-Assessment Tool and Professional Development Plan Documents* for at least 7 years.

Both documents can be stored in your Member Resource Binder, along with your completed 2009 CCP documents.

The *Instruction Guide* addresses a number of frequently asked questions regarding the program, and further information on the CCP can also be found on the College website www.ocswssw.org. Please contact the College's Professional Practice department at ccp@ocswssw.org if you have any further questions.



Discipline Decision Summary



This summary of the Discipline Committee's Reasons for Decision, Decision and Order (dated June 10, 2010) is published pursuant to the Discipline Committee's penalty order.

BY PUBLISHING THIS SUMMARY, THE COLLEGE ENDEAVOURS TO:

- illustrate for social workers, social service workers and members of the public, what does or does not constitute professional misconduct;
- provide social workers and social service workers with direction about the College's standards of practice and professional behaviour, to be applied in future, should they find themselves in similar circumstances;
- implement the Discipline Committee's decision; and
- provide social workers, social service workers and members of the public with an understanding of the College's discipline process.

PROFESSIONAL MISCONDUCT

Unprofessional Conduct
Member, RSW

AGREED STATEMENT OF FACT

The College and the Member submitted a written statement to the Discipline Committee in which the following facts were agreed:

1. In or about 1979, the Member received a Bachelor of Applied Arts in Social Services.
2. In January 2002, the Member registered as a member of

the College, in the membership category of social worker, with the Member's educational qualifications shown as a Bachelor of Applied Arts in Social Services.

3. In February 2004, the Member completed and submitted the Member's Annual Renewal Form for 2004 to the College, in which the Member represented to the College that the Member's highest level of education attained was an MSW degree.
4. In January 2005, the Member completed and submitted the Member's Annual Renewal Form for 2005 to the College, in which the Member represented the Member's highest level of education attained as being an MSW degree.
5. In January 2006, the Member completed and submitted the Member's Annual Renewal Form for 2006 to the College, in which the Member represented the Member's highest level of education attained as being an MSW degree obtained from a named university, in 1999.
6. From in or about 2004 to in or about 2007, the Member used the designation "MSW" in e-mails, correspondence, reports and other documents prepared and/or signed by the Member in connection with the Member's employment.
7. At all times relevant to this matter, and in particular, from 2001 to 2008, the highest level of education attained by the Member was a Bachelor of Applied Arts in Social Services.
8. The Member has never been registered as a student at the named university and has never obtained an MSW degree from that university or any other university.

ALLEGATIONS AND PLEA

The Member admitted all four allegations of professional misconduct. The Discipline Committee, after considering the Agreed Statement of Facts, found that the facts supported a finding of professional misconduct as alleged in the Notice of Hearing. The Discipline Committee found that the Member's

Discipline Decision Summary

conduct violated sections 2.15, 2.21, 2.36 and 2.2 of Ontario Regulation 384/00 (Professional Misconduct) and Principle II of the Handbook, as commented on in Interpretation 2.2.7 and 2.2.8, in that the Member.

1. Inappropriately used a term, title or designation (and, in particular, the designation “MSW”) in respect to the Member’s practice.
2. Made record or issued or signed a certificate, report or other document in the course of practising the profession that the Member knew or ought reasonably to have known was false, misleading or otherwise improper when the Member issued or signed:
 - (a) College Registration Renewal Forms, indicating the Member’s highest level of education attained was an MSW; and
 - (b) Reports, emails, correspondence or other documents in connection with the Member’s employment, showing the designation “MSW” after the Member’s name.
3. Engaged in conduct or performed an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded as unprofessional when the Member engaged in the above-described conduct and, in particular, misrepresented to the College and in connection with the Member’s work that the Member held an MSW degree.
4. Misrepresented the Member’s professional qualifications and education and engaged in conduct in the practice of social work which could reasonably be perceived as reflecting negatively on the profession of social work when the Member misrepresented to the College and in connection with the Member’s employment that the Member held an MSW degree.

PENALTY ORDER

The panel of the Discipline Committee accepted the Joint Submission as to Penalty submitted by the College and the Member, having concluded that the proposed penalty was reasonable and served to protect the public interest. The

panel made the following order, in accordance with the terms of the Joint Submission as to Penalty:

1. The Registrar is directed to impose the following terms, conditions and limitations on the Members’ certificate of registration:
 - a) The Member shall undertake to forthwith provide the Member’s work place Clinical and Administrative Directors with a copy of the Agreed Statement of Fact and a copy of the Member’s Plea and to provide the Member’s work place Clinical and Administrative Directors with a copy of the Discipline Committee’s Reasons for Decision, Decision and Order upon the Member’s receipt thereof; and
 - b) The Member shall provide to the Registrar confirmation of the fulfillment of the Member’s undertaking in a form satisfactory to the Registrar.
2. The Member shall be reprimanded by the Discipline Committee and the fact of the Reprimand shall be recorded on the College’s Register.
3. The Discipline Committee’s finding and order, or a summary thereof, shall be published without information that would identify the Member in the official publication of the College and on the College’s website, and the results of the hearing shall be recorded on the Register.

As part of its penalty order the panel of the Discipline Committee ordered the Member to attend before it and receive an oral reprimand to impress upon the Member the seriousness of the misconduct in which the Member had engaged.

Discipline Decision Summary



This summary of the Discipline Committee's Reasons for Decision, Decision and Order (dated July 6, 2010) is published pursuant to the Discipline Committee's penalty order.

BY PUBLISHING THIS SUMMARY, THE COLLEGE ENDEAVOURS TO:

- illustrate for social workers, social service workers and members of the public, what does or does not constitute professional misconduct;
- provide social workers and social service workers with direction about the College's standards of practice and professional behaviour, to be applied in future, should they find themselves in similar circumstances;
- implement the Discipline Committee's decision; and
- provide social workers, social service workers and members of the public with an understanding of the College's discipline process.

PROFESSIONAL MISCONDUCT

Disgraceful, Dishonourable and Unprofessional Conduct
Member, RSW

AGREED STATEMENT OF FACT

The College and the Member submitted a written statement to the Discipline Committee in which the following facts were agreed:

1. At all times relevant to the allegations, the Member was employed by an educational council and worked at a secondary school.
2. From in or about January to April 2008, as part of the

Member's employment duties, the Member supervised a female social service work student from a community college, who was doing a placement at the school.

3. In January 2008, the student sustained soft tissue injuries to the neck as a result of an automobile accident. The student advised the Member that, as a result of the accident and the injuries, the student required time off from the placement to care for herself. The student also advised the Member that she was a single parent and that her mother, who was not well, was assisting with the care of her young child.
4. Following these disclosures, the Member established a personal relationship with the student and subsequently made a number of sexually suggestive and inappropriate comments to the student including the following (or comments to the same effect):
 - a) "You have a nice rack. You have nice sized or large breasts."
 - b) "My girlfriend likes the missionary position when we're having sex, but I'd like to try new things."
 - c) "I'd like to bone every girl I see."
 - d) "Don't you have any tight ones (tops) I like those."
 - e) "It's ok for us to talk this way because we get along so well" and "you act promiscuous."
5. During term evaluations, the Member told the student, "If you sit on my lap you might get a better grade" and that "You look cute when you fidget."
6. On a day that the student was doing stretches designed to help with her soft tissue injuries, the Member said "do it again" while looking directly at her breasts.
7. The student eventually informed the Member that she had been diagnosed with post traumatic stress disorder as a result of someone making sexually inappropriate comments to her followed by an assault on her person. Although the student hoped that, as a result of sharing this information with the Member, the Member would stop this inappropriate behaviour, the Member continued to make sexually inappropriate comments to her.

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8. Following the Member's behaviour towards her, the student was diagnosed with Acute Stress Disorder, connected to her pre-existing post-traumatic stress disorder and triggered and/or affected by the Member's inappropriate conduct.

ALLEGATIONS AND PLEA

The Discipline Committee accepted the Member's plea, admitting the allegations that the Member:

1. Violated section 2.2 of Ontario Regulation 384/00 (Professional Misconduct) made under the *Social Work and Social Service Work Act* (the "Act"), and Principal I of the Handbook, as commented on in Interpretations 1.5, 1.6 and 1.7 of the Standards of Practice, by failing to be aware of the Member's values, attitudes and needs and how those impacted on the Member's professional relationships with clients; failing to distinguish the Member's needs and interests from those of the Member's clients; failing to ensure that the Member's clients' needs and interests remain paramount and failing to maintain an awareness and consideration of the purpose, mandate and function of the Member's employer when the Member repeatedly made sexually suggestive comments to and sexually harassed the student the Member was supervising.
2. Violated section 2.2 of Ontario Regulation 384/00 (Professional Misconduct) made under the Act, and Principal II of the Handbook, as commented on in Interpretations 2.1.5, 2.2, 2.2.1, 2.2.3 and 2.2.8, by failing to maintain clear and appropriate boundaries in professional relationships; engaging in a professional relationship that constituted a conflict of interest or in a situation in which the Member knew (or ought reasonably to have known) that a client would be at risk; using the Member's professional position of authority to coerce, improperly influence, harass, abuse or exploit a student or trainee; and engaging in conduct which could reasonably be perceived as reflecting negatively on the profession of social work when the Member repeatedly made sexually suggestive comments to and sexually harassed the student whom the Member was supervising.
3. Violated section 2.2 of Ontario Regulation 384/00 (Professional Misconduct) made under the Act, and Principal III of the Handbook, as commented on in Interpretations 3.7 and 3.8, by placing him/herself in a conflict of interest and/or engaging in a dual relationship with the student which could have impaired the Member's professional judgment or increased the risk of exploitation or harm to the student when the Member repeatedly made sexually suggestive comments to and sexually harassed the student the Member was supervising and established a personal relationship with the student.
4. Violated section 2.2 of Ontario Regulation 384/00 (Professional Misconduct) made under the Act, and Principal VIII of the Handbook, as commented on in Interpretations 8.1, 8.2, 8.3, 8.4, and 8.4.1, by engaging in behaviour or making remarks of a sexual nature to a client when the Member repeatedly made sexually suggestive comments to and sexually harassed the student the Member was supervising and established a personal relationship with the student.
5. Violated section 2.36 of Ontario Regulation 384/00 (Professional Misconduct) made under the Act by engaging in conduct or performing an act relevant to the practice of the profession that having regard to all circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional when the Member repeatedly made sexually suggestive comments to and sexually harassed the student the Member was supervising and established a personal relationship with the student.

PENALTY ORDER

The panel of the Discipline Committee concluded that the Joint Submission as to Penalty submitted by the College and the Member, was reasonable and in the public interest and addresses the circumstances surrounding the "serious acts of professional misconduct engaged in" by the Member. The panel made the following order, in accordance with the terms of the Joint Submission as to Penalty:

Discipline Decision Summary

1. That the Member be reprimanded in writing by the Discipline Committee and the fact and nature of the reprimand be recorded on the College's Register;
2. That the Registrar is directed to suspend the Member's Certificate of Registration for a period of 24 months, which suspension shall be suspended and shall not be imposed if the Member provides evidence satisfactory to the Registrar of the College, of compliance with the terms and conditions imposed by the Discipline Committee.
3. That the Discipline Committee's finding and Order (or a summary thereof) be published, with identifying information removed, in the College's official publication (including the College's website) and the results of the hearing be recorded on the Register.
 - a) Requiring the Member to provide an undertaking to the College to immediately notify the College Registrar, in writing, of any proposed change in the Member's professional practice and shall advise the College Registrar, in advance, of the nature and particulars of any future professional employment or practice in which the Member proposes to engage.
 - b) Requiring the Member to engage in intensive insight-oriented psychotherapy with a therapist approved by the Registrar of the College for a period of two (2) years from the date of the Discipline Committee's Order, with quarterly written reports as to the substance of that psychotherapy and the progress of the Member to be provided to the Registrar of the College by the therapist. The Registrar may, if satisfied that the purpose of the therapy has been accomplished, at any time before the expiry of the two year period, direct that the psychotherapy be discontinued.
 - c) Requiring the Member, at the Member's own expense, to participate in and successfully complete boundary prescriptive and/or social work ethics training, as prescribed by and acceptable to the College.
 - d) Prohibiting the Member from providing psychotherapy services or counselling services, as defined in Principle VIII, footnotes 6 and 7 of the Standards of Practice of the College (other than those psychotherapy services or counselling services that the Member provides in the Member's current position); and
 - e) Prohibiting the Member from applying under section 29 of the *Social Work and Social Service Work Act*, for the removal or modification of the terms, conditions or limitations imposed on the Member's Certificate of Registration for a period of two (2) years from the date on which those terms conditions and limitations were recorded on the Register.

THE PANEL OF THE DISCIPLINE COMMITTEE WAS ALSO OF THE VIEW THAT THE PENALTY ORDER:

- Sends a message to the Member, the membership and the public, that the profession will not tolerate this kind of conduct, thereby upholding the public interest;
- Reflects the fact that the Member co-operated with the College and, by agreeing to the facts and proposed penalty, has accepted responsibility for his actions; and
- Took into account that the Member was very remorseful for his conduct.

Discipline Decision Summary



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BY PUBLISHING THIS SUMMARY, THE COLLEGE ENDEAVOURS TO:

- illustrate for social workers, social service workers and members of the public, what does or does not constitute professional misconduct;
- provide social workers and social service workers with direction about the College's standards of practice and professional behaviour, to be applied in future, should they find themselves in similar circumstances;
- implement the Discipline Committee's decision; and
- provide social workers, social service workers and members of the public with an understanding of the College's discipline process.

PROFESSIONAL MISCONDUCT

Disgraceful, Dishonourable and Unprofessional Conduct
Former Member, RSW

AGREED STATEMENT OF FACT

The College and the Member submitted a written statement to the Discipline Committee in which the following facts were agreed:

1. At all times relevant to the allegations, the Member was employed as a counsellor at a long-term residential treatment centre for individuals with alcohol and chemical dependency, and which provides one-on-one

counselling, group therapy and recreational activities to help clients develop the skills they need to live free of alcohol and drugs.

2. In or about early 2008, a number of clients in the residential treatment program (some of whom were clients to whom the Member had provided counselling) reported verbally to a staff member that another client for whom the Member was a counsellor (the "Client") had stated that the Client was engaged in a sexual relationship with the Member.
3. In about February and March 2008, the residential treatment program conducted an investigation concerning those allegations. Both the Member and the Client denied having a sexual relationship. The Member indicated to the Member's employers that the Member felt that the Client had been targeted by the reporting clients, and that the Member also felt targeted and undermined. The Member advised the Member's employer that the report and investigation had created a very untenable situation for the Member and that the Member intended to resign from the residential treatment centre.
4. Members of the residential treatment centre's staff reported that they felt the Member, as the Client's counsellor, had often given preference to the Client's version of events when there were disputes with other clients, or between staff and clients, and that there were "boundary issues" between the Member and the Client.
5. The residential treatment centre's investigation concluded that, while the Member's employer did not have evidence of a sexual relationship between the Member and the Client, there were boundary issues. Following the investigation, on or about March 31, 2008, the Member resigned from employment with the residential treatment centre.
6. In or about April 2008, following the Member's resignation, a senior manager from a different program affiliated with the residential treatment centre became

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aware of information provided by another social service agency, indicating the Client had listed the Member as the Client's landlord and that the Member's address had been given as the Client's address.

7. On or about April 7, 2008, the Member advised the acting manager of the Member's former employer that the Member and the Client had been in, and were continuing in a personal relationship. The Member also admitted to having lied to the Member's former employer during the investigation and confirmed that the Client was now living with the Member.
8. The Member resigned from membership in the College, and the Member's Certificate of Registration with the College was cancelled effective December 10, 2008.

ALLEGATIONS AND PLEA

The Discipline Committee accepted the Member's plea, admitting the allegations that the Member:

1. Violated section 2.2 of the Professional Misconduct Regulation and Principle I of the Handbook, commented on in Interpretations 1.5, 1.6 and 1.7 of the Standards of Practice, by failing to be aware of the Member's values, attitudes and needs and how those impacted on the Member's professional relationships with clients; failing to distinguish the Member's needs and interests from those of the Member's clients; failing to ensure that the Member's clients' needs and interests remain paramount and failing to maintain an awareness and consideration of the purpose, mandate and function of the Member's employer when the Member:
 - a) Established a personal and/or sexual relationship with the Client (or former client);
 - b) Lied to the Member's former employer about the Member's relationship with the Client;
 - c) Accused other clients of having been inaccurate or untruthful in reporting the Member's relationship with the Client to the Member's employer.
2. Violated section 2.2 of the Professional Misconduct Regulation and Principle II of the Handbook, commented on in Interpretations 2.2.1, 2.2.3, and 2.2.8 of the Standards of Practice, by engaging in a professional relationship that constituted a conflict of interest or in a situation in which the Member knew (or ought reasonably to have known) that a client would be at risk; used the Member's professional position of authority to coerce, improperly influence, harass, abuse or exploit a client or former client and engaged in conduct which could reasonably be perceived as reflecting negatively on the profession of social work when the Member:
 - a) Engaged in a personal and/or professional relationship with the Client or former Client when the Member was or had been the Client's personal counsellor;
 - b) Denied having a personal relationship with the Client and suggested that the other clients (to whom the Member had also provided counselling services) were being untruthful or inaccurate in asserting that the Member had such a relationship with the Client; and
 - c) Denied to the Member's employer that the Member had a personal relationship with the Client and suggested that other clients were being dishonest or inaccurate in reporting such a relationship.
3. Violated section 2.2 of the Professional Misconduct Regulation and Principle III of the Handbook, commented on in Interpretations 3.7 and 3.8 of the Standards of Practice, by placing her/himself in a conflict of interest and/or engaging in a dual relationship with a client or former client which could impair the Member's professional judgment or increase the risk of exploitation or harm to the client when the Member established a personal relationship with the Client (or former Client).
4. Violated section 2.36 of the Professional Misconduct Regulation by engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional when the Member:

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- a) Engaged in a personal and/or professional relationship with the Client or former Client when the Member was or had been the Client's personal counsellor;
- b) Denied having a personal relationship with the Client and suggested that the other clients (to whom the Member had also provided counselling services) were being untruthful or inaccurate in asserting that the Member had such a relationship with the Client; and
- c) Denied to the Member's employer that the Member had a personal relationship with the Client and suggested that other clients were being dishonest or inaccurate in reporting such a relationship.

PENALTY ORDER

The panel of the Discipline Committee accepted the Joint Submission as to Penalty submitted by the College and the Member, and concluded that it is reasonable and serves and protects the public interest. The panel made the following order, in accordance with the terms of the Joint Submission as to Penalty:

1. That the Member shall be reprimanded in writing by the Discipline Committee and the fact and nature of the reprimand shall be recorded on the College Register;

2. The Discipline Committee's finding and Order (or a summary thereof) shall be published, with identifying information removed, in the College's official publication and on the College's website, and the results of the hearing shall be recorded on the Register.

The panel of the Discipline Committee was also of the view that the penalty order:

- Took into account that the Member co-operated with the College, and by agreeing to the facts and proposed penalty, accepted responsibility for the Member's actions;
- Sends a message to the Member, the membership and the public, that the profession will not tolerate this kind of conduct, thereby upholding the public interest;
- Meets the objective of specific deterrence to the Member; and the order will remediate the Member where applicable by issuing a strong reprimand in writing.

Council Highlights – March 23, 2010



- The College's legal counsel reviewed the proposed amendments to the Registration Regulation under the *Social Work and Social Service Work Act*, the *Ontario Labour Mobility Act*, the *Regulated Health Professions Statute Law Amendment Act* and the *Good Government Act* all bring about the need for the College's Registration Regulation to be amended. Council approved the proposed amendments.
- The President informed Council that public members Susan Clark and Norman MacLeod will be attending the Association of Social Work Boards' Spring Meeting in May 2010.
- The Registrar and Council member Rachel Birnbaum, RSW updated Council on the development of the Canadian Council of Social Work Regulators.
- Council member Jack Donegani, RSSW updated Council on the meeting held between College representatives and Shelley Styles, President of the Ontario Social Service Worker Graduate Association. The meeting was productive and enabled open communication between both groups.
- The Deputy Registrar provided an update on the 2010 Annual Meeting and Education Day taking place on June 14, 2010 at the Metro Toronto Convention Centre. All speakers have been confirmed and planning continues.
- Council discussed the issue of campaigning for positions on the Executive Committee and agreed that campaigning is permitted.
- Council reviewed and approved a Code of Conduct for Council members.
- Council reviewed the financial statements from December 2009.
- The Registrar reported on membership statistics, the audit and registration reports required by the *Fair Access to Regulated Professions Act*, and stakeholder relations.
- The Deputy Registrar reported on renewal statistics, professional practice, the newly-designed website, the next issue of *Perspective* and the 2009 Annual Report.
- Reports were received from the following statutory and non-statutory committees: Complaints, Discipline, Registration Appeals, Election, Finance and Governance. Reports were also received from the Registration Policy Task Group, the Terms & Limits Task Group and the Annual Meeting and Education Day Task Group.

Council Highlights – May 6, 2010

- Council reviewed feedback from the Office of the Fairness Commissioner regarding the amendments to the College's Registration Regulation.
- The Registrar and Council member Rachel Birnbaum, RSW updated Council on the election of officers to the Canadian Council of Social Work Regulators. It was also announced that the funding for the development of a social worker competency profile has been approved by Human Resources and Skills Development Canada. A Request for Proposal will be issued for consultants interested in carrying out the project.
- Council reviewed the College's conflict of interest policy.
- Council approved changes to various governance policies.
- The Registrar updated Council on the changes to the composition of the Complaints Committee following the end of Public Member Zita Devan's term on Council. Lisa Barazzutti has been appointed to the committee and Norman MacLeod is now Chair.
- Council reviewed the February 2010 financial statements.
- Council members Angela Yenssen and Beatrice Traub-Werner presented to Council regarding the ASWB Board Member Training they attended in March 2010.
- Council approved the audited 2009 financial statements.
- Reports were received from the following statutory and non-statutory committees: Complaints, Discipline, Registration Appeals, Election, Finance and Governance. Reports were also received from the Registration Policy Task Group and the Annual Meeting and Education Day Task Group.
- The Registrar reported on registration statistics, the registration audit required by the Office of the Fairness Commissioner, stakeholder relations and infrastructure.
- The Deputy Registrar reported on renewal statistics, professional practice, the 2010 Annual Meeting and Education Day, the 2009 Annual Report and staffing updates.

Council Highlights – September 13-14, 2010

The following Council members were elected by Council to the Executive Committee:

Mukesh Kowlessar, RSSW – President

Rachel Birnbaum, RSW – First Vice-President

Susan Clark, Public Member – Second Vice-President

Greg Clarke, RSSW – 4th Executive Member

Beatrice Traub-Werner, RSW – 5th Executive Member

Lisa Barazzutti, Public Member – 6th Executive Member

- The Deputy Registrar reviewed the evaluations from the 2010 Annual Meeting and Education Day.
- The Registrar updated Council on the status of the amendment to the *Social Work and Social Service Work Act* (the “SWSSWA”) with respect to the use of the title “doctor”. The amendment will come into force on October 1, 2010.
- The Council reviewed and approved two draft by-laws and draft guidelines for members of the College regarding the use of the title “doctor”.
- The Registrar reported on the progress of the Canadian Council of Social Work Regulators (CCSWR).
- Council discussed recent communication between the Ontario Association of Social Workers (OASW) and the College.
- The Registrar updated Council on the Registration Regulation amendments and the Implementation Workplan.
- Council was informed of the Executive Committee’s approval of sponsorship for the OASW conference on November 26-27, 2010.
- The Registrar provided information on upcoming professional development opportunities for Council members.
- Council approved the recommendations made by the Nominating Committee regarding appointments to Statutory and Non-Statutory Committees.
- Argyle Communications presented their findings from the stakeholder engagement and communications analysis and discussed their key strategic recommendations.
- Council discussed public member appointments.
- Council will continue to review meeting dates for 2010-2011.
- Council reviewed the 2nd quarter financial statements.
- The Registrar informed Council of new membership statistics; updated Council on the upcoming meeting with the Fairness Commissioner; and discussed the provincial forums held in spring, 2010.
- The Deputy Registrar updated Council on membership activities with regards to online renewals, suspensions, and preparation for the launch of the Inactive Member Category. Updates on the Professional Practice and the Communications departments were also brought forth.
- The Deputy Registrar informed Council that the *Ohio Board for Counsellors, Social Workers and Marriage and Family Therapists* has sought permission to use the College’s *Continuing Competence Program* with appropriate modifications. Additionally, the *College of Early Childhood Educators of Ontario* (“CECE”) requested permission to use portions of the OCSWSSW’s Standards of Practice in the new *Code of Ethics and Standards of Practice* being drafted by the CECE.
- Reports were received from the following statutory and non-statutory committees: Complaints, Discipline, Fitness to Practice, Registration Appeals, Standards of Practice, Election, Nominating, Finance, Governance, Corporations, Registration Policy Task Group and the Annual Meeting and Education Day Planning Group.

Registration Update

REGISTRATION AUDIT COMPLETE

The registration audit required under the *Fair Access to Regulated Professions Act, 2006* (FARPA) was completed and submitted to the Office of the Fairness Commissioner (OFC) by the March 31, 2010 deadline. The audit, which is required every three years or at other such time as the Fairness Commissioner may specify has a number of purposes, including helping to identify unnecessary barriers and improving access to the professions.

The audit included file and document reviews, communications to and from applicants, the internal tracking processes, statistical spread sheets, review of the College database, the *Social Work and Social Service Work Act, 1998*, the College policies, by-laws and the registration regulation made under the Act, as well as interviews with College staff.

The College's financial auditor Soberman LLP conducted the audit and found no instances of non-compliance; no instances of material error; and no control deficiencies. The audit concluded that the College's compliance rating was "good" in all areas. A complete copy is available upon request from the College.

FAIR REGISTRATION PRACTICES REPORTS

Another requirement under FARPA is the annual reporting of registration practices to the OFC. These reports detail the process by which the College issues certificates of registration,

statistics around what countries applicants were trained in, the number of applications processed in the reporting year, how many requests for review were received as well as other registration-related information and statistics. Both the 2008 and 2009 reports for social work and social service work are available to download from the College's website.

The OFC has recently changed its criteria for the reports which will come into effect in 2011. Colleges are now only required to submit statistical information on the previous year's activities as well as any other changes that may have occurred during the reporting period. These changes streamline the process and eliminate the repetition of information year after year.

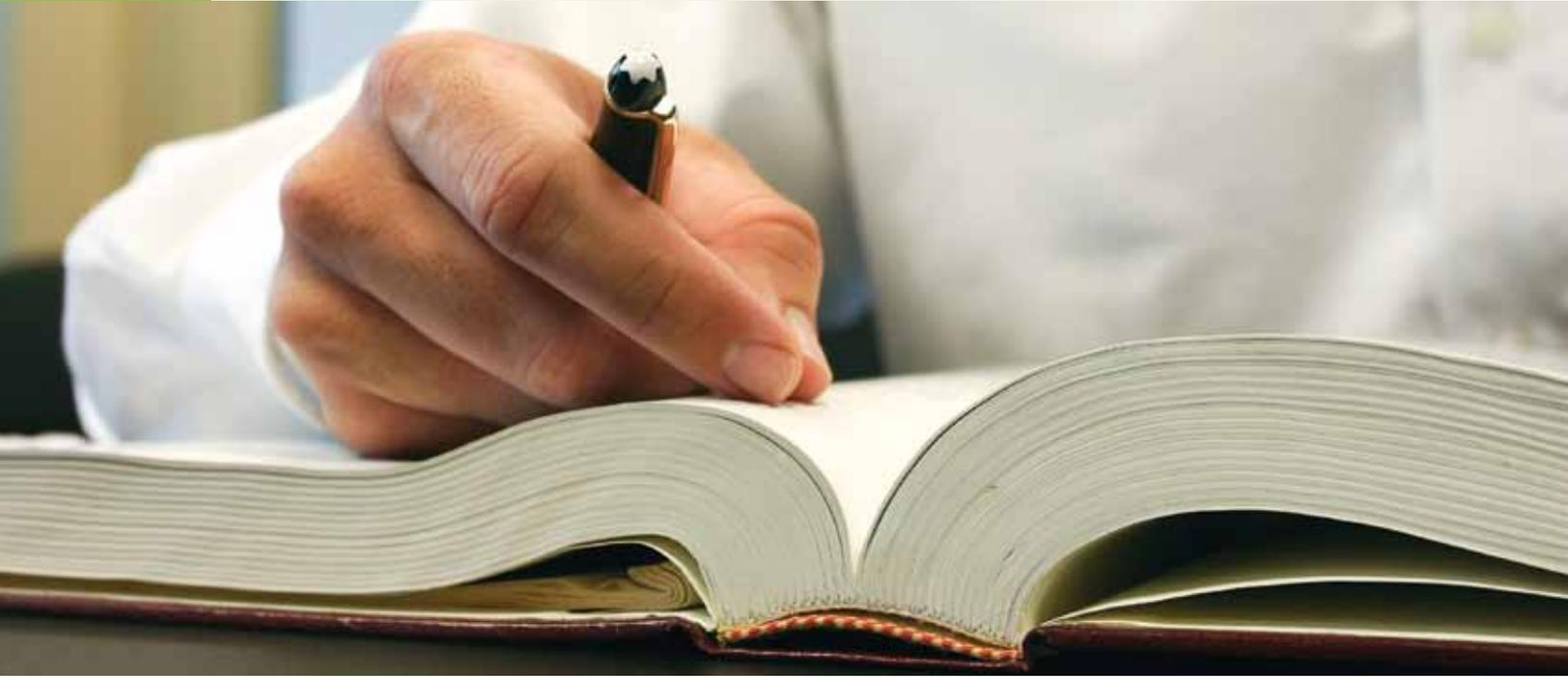
NEW REPORTING OBLIGATIONS

The OFC has also recently implemented a new reporting obligation which must be completed by March 1, 2011. These review reports include information on fees, timeliness of decision making and practical training and/or the work experience requirements. Once complete, these reviews will also be available to download from the College website.

If you have any questions regarding these initiatives, please 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@ocsussw.org.

Practice Notes: The Inter-professional Team - Asset or Encumbrance?

PAMELA BLAKE M.S.W., RSW, DEPUTY REGISTRAR



Practice Notes is designed as an educational tool to help Ontario social workers, social service workers, employers and members of the public gain a better understanding of recurring issues dealt with by the professional practice department and the Complaints Committee that may affect everyday practice. The notes offer general guidance only and members with specific practice inquiries should consult the College, since the relevant standards and appropriate course of action will vary depending on the situation.

COLLABORATIVE PRACTICE

Social workers have a long history of collaborative practice, dating back to the early 1900's when they were introduced into Massachusetts General Hospital to work collaboratively with physicians to address social conditions that interfered with treatment.¹ Collaborative practice in medical care spread throughout the 1960's and 1970's and interest in interdisciplinary education for interdisciplinary practice grew through the 1980's. Social work practice has been characterized by conferring, cooperating and consulting with colleagues of one's own and other disciplines.² In addition the curriculum of social work and social service work educational programs typically includes course material and often practice experience in group dynamics and group work. This background uniquely prepares social workers and social service workers to function effectively on teams.

Indeed many College members work as part of an inter-

professional team. While many are employed in hospital or community health settings, teams providing services to other populations also exist. For example, a psychotherapy clinic for women who are trauma victims may function with therapists from various disciplines who provide support and consultation to one another in carrying out this complex and emotionally demanding work. The recent proliferation of Assertive Community Treatment Teams (ACT teams) is another example. This approach provides comprehensive treatment, rehabilitation and support to individuals with serious and persistent mental illness such as schizophrenia. In addition to social workers, occupational therapists, psychiatrists and nurses, ACT teams include substance abuse specialists, vocational specialists and peer specialists.³

Recently there has been a renewed interest in inter-professional practice. The Health Professions Regulatory Advisory Council (HPRAC), in its 2009 report to the Minister of Health and Long-Term Care on Mechanisms

¹ Bailey Germain, C. (1984). *Social Work Practice in Health Care*. The Free Press, Collier Macmillan Publishers

² *Ibid*

³ Ontario Program Standards for ACT Teams, Ontario ACT Association website: http://www.ontarioactassociation.com/ontario_standards

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to Facilitate and Support Inter-professional Collaboration, made recommendations aimed at breaking down barriers to inter-professional collaboration among health colleges and their members. As a result, the Health Professions Procedural Code, a schedule to the *Regulated Health Professions Act, 1991* (RHPA), was amended to include new objects for the health profession colleges governed by that legislation. In addition to the object “to promote inter-professional collaboration with other health profession Colleges”, the following was added:

“To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance inter-professional collaboration, while respecting the unique character of individual health professions and their members.”⁴

While the OCSWSSW is governed by the *Social Work and Social Service Work Act, 1998* (SWSSWA) and not the RHPA, and OCSWSSW members therefore are not considered members of a health profession college, members of the OCSWSSW will soon be authorized to perform the controlled act of psychotherapy in compliance with the SWSSWA, its regulations and by-laws. The RHPA provisions establishing psychotherapy as a controlled act and authorizing its performance by members of the College, as well as companion legislation related to certain health profession Acts, have not yet been proclaimed in force. When they are, they will permit the controlled act of psychotherapy to be provided by members of both the OCSWSSW and certain RHPA colleges. So it is expected that the OCSWSSW and its members will be affected by this new emphasis on inter-professional collaboration.

THE CHALLENGES OF TEAM WORK

The Regulatory Framework

Team work is thought to optimize the effectiveness of the contributions of each of its members and ultimately enhance the outcomes for the recipient of services. Members who work on teams may nevertheless from time to time, encounter conflicts or challenges. Consider the following:

A social worker who works in a community health centre reports to his team that a client disclosed to him that she is having a sexual relationship with her dentist. The team believes that he has an obligation to report this matter to the Royal College of Dental Surgeons of Ontario. He is unsure.

As previously mentioned, social workers and social service workers are regulated under the SWSSWA, while physicians and other health professionals are regulated under the RHPA. Under the SWSSWA, members of the OCSWSSW are required to report to the College, if, in the course of their practice, they obtain reasonable grounds to believe that a registered social worker or social service worker has sexually abused a client. Members of the College do not have a mandatory reporting obligation in regard to health professionals regulated under the RHPA. By contrast, all health professionals regulated under the RHPA must report to the appropriate regulatory body when they have reasonable grounds, obtained in the course of practising their profession, to believe that another professional regulated under the RHPA has sexually abused a client. This obligation exists even when the reporter is a member of a different health profession than the alleged abuser. In this scenario, while the social worker does not have a mandatory reporting obligation, his colleagues regulated under the RHPA would need to review their own reporting obligations regarding the client.

Team Culture

Each team has its own culture characterized by behaviours and beliefs, which are undoubtedly shaped by the unique features of the professional training, personality and interpersonal style of the individuals who make up the team. Over time, however, teams may become complacent and cease to analyze and appraise their practices and emerging issues.

A social worker is hired to fill a maternity leave on a team that specializes in treating a chronic debilitating disease. Many patients of this clinic are prescribed a new medication which is cost-prohibitive and not covered by most drug plans. In

⁴ Regulated Health Professions Act, 1991, Schedule 2, Health Professions Procedural Code. www.e-laws.gov.on.ca

Practice Notes: The Inter-professional Team - Asset or Encumbrance

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her orientation by her team members, the social worker is shocked to learn that the usual practice is that if a patient does not have a favourable response to the medication and therefore discontinues it, he or she is asked to provide the unused medication to the clinic staff for distribution to other patients. Her colleagues believe that patients are quite willing to help other patients obtain a drug which may be inaccessible to them and feel the practice is beneficial to their patients.

Troubled by this practice and apprehensive about challenging her team, the social worker sought consultation with the professional practice leader. Together they reviewed the standards of practice, identifying those that were relevant to the situation, and strategized about how to bring forward her concerns. As a person new to the team, she was successful in putting forth a fresh perspective and engaging her colleagues in a discussion and examination of the ethical issues involved in their practice. Her colleagues ultimately valued her drawing their attention to their practice, which had become complacent and lacking in critical appraisal.

A Team Divided

Periodically, issues may arise on a team evoking strong but opposing views by team members. These situations frequently relate to ethical conundrums, with no easy answer.

A young woman with a diagnosis of schizophrenia and who is pregnant discusses the treatment of her illness with her psychiatrist. She elects to discontinue her medication for the duration of her pregnancy. Some time later, the patient's family discloses to the social worker in confidence that they have been secretly slipping the medication into the young woman's food. The team is stunned by this revelation but there is no consensus about the seriousness of the family's actions or the course of action the team should take. The team is divided about whether the family's confidence should be broken in the interests of the patient's right to know what is occurring. Team discussions are highly charged.

Social workers and social service workers can play a vital role in helping their team resolve such issues. As stated in the Standards of Practice, it is critical that "College members are aware of their values, attitudes and needs and how these impact on their professional relationships with clients."⁵ As such, social workers and social service workers can assist their team in setting aside their personal feelings and identifying the contentious and competing issues. Discussing possible courses of action and likely consequences can also assist a team in coming to agreement about how to proceed. College members are encouraged to seek consultation with a professional practice leader, manager, trusted colleague or the College's professional practice department to optimize their own effectiveness in these situations. While teams may be able to navigate such discussions of thorny issues on their own, it may be worthwhile to enlist a consultant outside the team if an impasse is reached. Some settings employ an ethics adviser who might be called in to assist though other neutral parties can also be helpful.

CONCLUSION

The roots of collaborative practice stretch back over a hundred years and today many social workers and social service workers work on interdisciplinary teams, serving various populations. There is currently a renewed interest and new emphasis on the benefits of inter-professional collaboration.

While it is inevitable that conflicts on inter-disciplinary teams will arise from time to time, this may be seen as a healthy tension which, if dealt with constructively, can lead to improved outcomes for clients. The educational background and skill set of social workers and social service workers position them uniquely to play a critical role in identifying key issues and resolving team conflicts. Social workers and social service workers have skills in assessment, evaluation of interpersonal problems and conflict resolution, as well as an acute awareness of the importance of issues such as confidentiality, self-determination and dual relationships, all of which can be valuable contributions to the team. As always, when faced with a dilemma, College members are encouraged to review the Code of Ethics and Standards of Practice for guidance and to consult as appropriate.

⁵ Code of Ethics and Standards of Practice, Second Edition 2008, Relationship with Clients, interpretation 1.5

Amendment to SWSSWA re: “Doctor” Title

I HAVE A DOCTORAL DEGREE. CAN I USE THE TITLE “DOCTOR”?

Until very recently the use of the title “doctor,” in the course of providing or offering to provide, in Ontario, health care to individuals was restricted to chiropractors, optometrists, physicians, psychologists and dentists. Due to amendments to the *Social Work and Social Service Work Act, 1998*, which came into force on October 1, 2010, members of the OCSWSSW who hold a doctoral degree in social work may now use the title “Doctor” in the course of providing or offering to provide health care to individuals, provided that they are in compliance with the following:

47.3 (1) Despite subsection 33 (1) of the *Regulated Health Professions Act, 1991*, a person who is a member of the College and holds an earned doctorate may use the title “doctor”, a variation, abbreviation or an equivalent in another language if he or she complies with the following conditions:

1. The member may only use the title “doctor” in compliance with the requirements under this Act, the regulations and the by-laws.
2. When describing himself or herself orally using the title “doctor”, the member must also mention that he or she is a member of the Ontario College of Social Workers and Social Service Workers, or identify himself or herself using the title restricted to him or her as a member of the College.
3. When identifying himself or herself in writing using the title “doctor” on a name tag, business card or any document, the member must set out his or her full name after the title, immediately followed by at least one of the following:
 - i. Ontario College of Social Workers and Social Service Workers,
 - ii. the title that the member may use under this Act.

DEFINITION

(2) In this section,

“earned doctorate” means a doctoral degree in social work that is,

- (a) granted by a post-secondary educational institution authorized in Ontario to grant the degree under an Act of the Assembly, including a person that is authorized to grant the degree pursuant to the consent of the Minister of Training, Colleges and Universities under the *Post-secondary Education Choice and Excellence Act, 2000*,
- (b) granted by a post-secondary educational institution in a Canadian province or territory other than Ontario and that is considered by the College to be equivalent to a doctoral degree described in clause (a), or
- (c) granted by a post-secondary educational institution located in a country other than Canada that is considered by the College to be equivalent to a doctoral degree described in clause (a).

Effective October 1, 2010, members who hold

- a doctoral degree in social work, granted by an Ontario post-secondary educational institution authorized to grant the degree, or
 - a doctoral degree in social work, granted by a post-secondary educational institution outside of Ontario and considered by the College to be equivalent to a doctoral degree in social work granted by an Ontario post-secondary educational institution,
- may use the title “doctor” in the course of providing or offering to provide health care, in Ontario, provided that they comply with the conditions set out in section 47.3(1) above.

Members who do not hold a doctoral degree in social work, as described above, may not use the title “doctor” in the course of providing or offering to provide health care in Ontario, although they may be able to use the title in other contexts which do not involve providing or offering to provide health care.

Members will be provided with further information regarding the use of the title “doctor” at a later date.

Amendments to the Registration Regulation



The College was very pleased that, on August 10, 2010, a regulation amending the College's registration regulation was approved by the Lieutenant Governor in Council and subsequently filed on August 13, 2010. This regulation makes significant amendments to the registration regulation made in 2000 under the *Social Work and Social Service Work Act, 1998*. As members know, the registration regulation sets out the requirements for the issuance of certificates of registration for social work and social service work and as such is a critical foundational document. With the exception of the amendments relating to inactive members, the amendments came into force on August 13, 2010. Some of the more significant amendments are as follows:

- The amendments to the regulation will enable members of the College to become inactive members, provided that they meet certain conditions. As members may recall, Council previously decided in principle to take the steps necessary to establish the legislative framework for inactive

members. This amendment is one that many members will be happy to see implemented. This amendment comes into force on Monday, February 14, 2011. Prior to the implementation date, members will be provided with further information regarding the conditions and procedures that will apply to a member who wishes to become an inactive member.

- As of August 13, 2010, it is a requirement for registration with the College that an applicant must have engaged in the practice of social work or social service work within the five years immediately before the date of the application or otherwise satisfy the Registrar that he or she is competent to perform the role of a social worker or social service worker. This requirement does not apply to an applicant who has obtained the academic qualifications, or the academic qualifications and experience, required for registration with the College, within the five years immediately before the date of the application.

Amendments to the Registration Regulation

- The amendments to the regulation set out the requirements for a general certificate of registration for social work to be issued to an applicant who already holds an authorizing certificate in social work granted by an out-of-province social work regulatory authority. The goal of these amendments is to make the registration regulation compliant with the *Ontario Labour Mobility Act, 2009* (OLMA). As members know, an applicant who is registered as a social worker with another social work regulatory authority in Canada may not be required by the College to undertake material additional training, experience, examinations or assessments, subject to the exceptions permitted by OLMA.
- The amendments to the regulation now permit the Registrar to suspend a member's certificate of registration, if the member fails to comply with the Continuing Competence Program (CCP). Before a member's certificate of registration is suspended, the member must first be given 60 days' notice by the Registrar that he or she must comply with the CCP. A member's certificate may be reinstated if the member provides evidence satisfactory to the Registrar of compliance with the CCP and pays any outstanding fees and penalties. It is a condition of a certificate of registration that a member provide evidence of the member's continuing competence to practise social work or social service work, as the case may be. The primary purpose of this condition is to promote quality assurance with respect to the practice of social work and social service work and to encourage members to enhance their practice in an ongoing way.
- The amendments to the regulation now permit the Registrar to revoke the certificate of registration of a person whose certificate of registration has been suspended for over two years as a result of noncompliance with the CCP, nonpayment of fees or failure to provide information required by the by-laws. Currently there are approximately 2400 persons whose certificates of registration have been suspended for nonpayment of fees.
- Members are required to use certain designations in documentation used in connection with their practice. The amendments to the regulation now permit members to use the designation RSW, Social Worker, Registered Social Worker or their French equivalents in documentation used in connection with their practice of social work, or RSSW, Social Service Worker, Registered Social Service Worker or their French equivalents in documentation used in connection with their practice of social service work. Previously members could only use the designation RSW, RSSW, or their French equivalents in documentation used in connection with their practice. This amendment will assist those members who may be authorized to use the title "doctor" or, in the future, the title "psychotherapist", with their compliance with the conditions related to the use of these titles.

As members can see, these amendments are an important step forward as they will provide an option for inactive members as well as assure members of the public that College members and prospective College members have demonstrated their commitment to be held accountable for the delivery of competent practice to the public they serve.

Tips for Quick and Easy Online Membership Renewal

The College website provides a quick and secure portal for easy membership renewals. Members can login to My Profile to update personal information, complete their annual renewal of registration form and pay annual fees. Online renewals begin November 2010 for the 2011 membership year. Additionally, all College members will receive a hard-copy renewal form in the mail for those who do not wish to renew online. Please do not forget to review your personal information in My Profile and to make changes if necessary.

To help with the online renewal process, please read on for answers to last year's frequently asked questions.

BEFORE LOGGING IN, PLEASE REMEMBER TO:

- Review the Guide for Online Services (pdf available at http://www.ocswssw.org/docs/2011_guide_for_online_services.pdf)
- Disable your pop-up blocker when prompted
- Retrieve your User ID and Password.

Q. WHERE DO I BEGIN?

- Proceed to the College website www.ocswssw.org
- Click on the "Members: Login to My Profile" button on the right-hand side of your screen
- Read the terms and conditions and proceed to the login page.

Q. WHAT DO I NEED TO LOGIN?

To login to My Profile, you will need your:

- USER ID: Your 6 digit registration number, found on your membership card
- PASSWORD: This password was previously mailed to you.

Q. I'VE LOST MY PASSWORD, HOW DO I PROCEED?

If you have lost or forgotten your password, simply:

- Go to the College website: www.ocswssw.org
- Click on "Membership Renewal 2010 & My Profile"
- Choose the "Forgot Your Password?" option
- Your password will be e-mailed to you at the e-mail address on file with the College.

Q. I HAVE BEEN PROMPTED TO DOWNLOAD AND/OR UPDATE JAVA, IS THIS SAFE?

Java is the programming language used by our web application. It is trusted and completely secure.

Q. WHAT WEB BROWSERS CAN BE USED TO ACCESS MY PROFILE?

My Profile can be viewed using Internet Explorer, Mozilla Firefox and Safari.

If you have any further questions regarding our online projects, please contact Lynda Belouin, Office Manager, at 416-972-9882 ext. 212 email: lbelouin@ocswssw.org



New Council and Committee Roster for 2010 - 2011

The following is the listing of Council and committee members subsequent to the election of the Executive Committee and committee appointments which took place at the September 13-14, 2010 Council meeting. Council includes 21 persons representing equally the public, social service workers and social workers. For complete bios of Council members, please visit the College's website www.ocswssw.org.

LISA BARAZZUTTI – PUBLIC MEMBER

Lisa is a lawyer with a general law practice in Timmins, Ontario and primarily practises in the area of family law including child protection law. She is also a board member for the Timmins and District Humane Society and Victim Crisis Assistance and Referral Services. Lisa was appointed to the OCSWSSW Council as a public member in 2001.

RACHEL BIRNBAUM – ELECTED SOCIAL WORKER

Rachel is an Associate Professor at the School of Social Work, King's University College, University of Western Ontario. Her areas of expertise are with children and families undergoing separation and divorce. Rachel was elected President of the College on October 5, 2005 and was re-elected in 2006, 2007 and 2008. She continues to be involved with the Executive at the College and on the Executive of the newly formed Canadian Council of Social Work Regulators.

SUSAN CLARK – PUBLIC MEMBER

Susan retired from the Ontario government after 30 years with the Ministry of the Solicitor General and Correctional Services. She held numerous positions at the senior management level including Deputy Chief Provincial Bailiff; Manager, Inmate Classification and Transfer; and Regional Program Coordinator. Susan holds a BA from York University and a Master of Public Administration and a Master of Arts (Journalism) from the University of Western Ontario. She was appointed to Council as a public member in 2005.

GREG CLARKE – ELECTED SOCIAL SERVICE WORKER

Greg Clarke, RSSW, CCADC has worked in community mental health and addictions for over 25 years. Greg is in his third term as Board President of the Crisis Workers Society of Ontario. He currently works for the Gerstein Centre in Toronto and the Community Crisis Response Program of Saint Elizabeth Health Care as a Crisis Worker, as well as doing training sessions, seminars and workshops for various agencies and organizations. He was elected to Council in May 2008.

IRENE COMFORT – ELECTED SOCIAL SERVICE WORKER

Irene Comfort has been a Child and Adolescent Crisis Counsellor with Niagara Child and Youth Services for 13 years. In 2010, she was elected as a Member-at-Large on the board of the Crisis Workers Society of Ontario (CWSO) where she has served as Treasurer for seven years. Irene is a graduate of the Social Service Worker program at Niagara College and was elected to Council in May 2009.

ROMAN DELICART – ELECTED SOCIAL SERVICE WORKER

Roman Delicart is President/CEO of El Shaddai Outreach Inc., a Clinical Director and Addiction Counsellor at the HEART-BEAT Counselling Center, and a Multi-Lingual Access Worker at Wellington County Social Services in Kitchener. Roman was elected to the OCSWSSW Council in June 2000 and re-elected in 2003, 2006 and 2009.

JACK DONEGANI – ELECTED SOCIAL SERVICE WORKER

Jack, a retired Director-General with the Government of Canada, is a certified Alcohol & Drug Addictions Counsellor. Jack has a M.Sc. (Physics) and an MBA in Public Administration. Jack is currently employed at Serenity House Inc. in Ottawa and is a Volunteer Team Leader with Ottawa Victims Services (aka VCARS). He has also served on the City of Ottawa's Accessibility Advisory Committee. Jack was elected to Council in May 2007 and was re-elected in 2010.

DIANE DUMAIS – ELECTED SOCIAL SERVICE WORKER

Diane has been employed as an addiction counsellor and supervisor at Jubilee Centre in Timmins for the past 20 years. She holds a social service work diploma and a drug and alcohol counsellor diploma from Northern College of Applied Arts and Technology. She is also involved with Cochrane District's Human Services and Justice and Mental Health and Addiction Committees. She was elected to Council in May 2010.

New Council and Committee Roster for 2010 - 2011

ANITA GUPTA – PUBLIC MEMBER

Anita is a Fellow of the Chartered Insurance Professionals' Society, a Division of the Insurance Institute of Canada. Her more than 20 years experience in the business and corporate sector has provided her with extensive knowledge of corporate governance. Anita was appointed to Council in 2003.

MUKESH KOWLESSAR – ELECTED SOCIAL SERVICE WORKER

Elected in 2000 to the first elected College Council and re-elected in 2004, 2007 and 2010, Mukesh Kowlessar has been in the social service field for over 25 years. A Social Service Worker (SSW) graduate of Fanshawe College of Applied Arts and Technology, Mukesh also holds certification in Alternate Dispute Resolution (ADR) and the Executive Management Program at the Richard Ivey School of Business at the University of Western Ontario (UWO). Mukesh is a senior Manager with the City of London, Community Services Department and is a lead on the Emergency Management Team for the City of London. He is a member of the Ontario Municipal Social Service Association (OMSSA) and has worked in concert with many Provincial Committees including the Family Court Resource/Liaison Committee and the MCSS Committees on Family Support (past co-chair), Policy and the Family Responsibility Office. Mukesh is the first Social Service Worker to be elected President of the College in September 2009.

KIMBERLEY LEWIS – ELECTED SOCIAL SERVICE WORKER

Kimberley is a graduate of the Social Service Worker program at Seneca College of Applied Arts and Technology. She has worked as a front-line professional in the social service sector since 1999 and is currently Central Intake Specialist at the Canadian Mental Health Association, York Region and South Simcoe. Kimberley was elected to the College Council in May 2008.

NORMAN MACLEOD – PUBLIC MEMBER

Norman William MacLeod is a graduate of the University of Manitoba. He joined Household Financial Corporation and spent 38 years with the company, working in Western Canada and in Toronto as Vice-President, Administration. He has previously served on the boards of Scarborough Grace Hospital, the Ontario Hospital Association (Regional Executive), The Canadian Memorial Chiropractic College

and The Psychology Foundation of Canada. Norman was appointed to Council in June 2005.

ANN-MARIE O'BRIEN – ELECTED SOCIAL WORKER

Ann-Marie O'Brien is a clinical social worker at the Royal Ottawa Mental Health Centre where she has worked for more than 20 years. She has an academic appointment as adjunct faculty to Carleton University's School of Social Work and is a member of Minister Madeleine Meilleur's Accessibility Standards Advisory Committee. She was elected to Council in May 2010.

LILY ODDIE – PUBLIC MEMBER

Prior to being a member of the Canada Immigration and Refugee Board, Dr. Lily Oddie was Executive Director with YWCA of St. Catharines, Manager of Direct Services with the John Howard Society, Director of McMaster University's Centre for Continuing Education and Coordinator, Institutional Research and Evaluation, Athabasca University. She earned her Honours Bachelor of Arts in Psychology from Dalhousie University and Doctorate in Educational Psychology from the University of Alberta. Lily was appointed to Council in September 2008.

SYLVIA PUSEY – PUBLIC MEMBER

Mrs. Sylvia Pusey has been an educator for 37 years and is retired from the Toronto District School Board. Her extensive community involvement includes serving as a Public Member on the Ontario Chiropractic Board/College, as Board Member and Chair of the Community Advisory Committee of the Scarborough Grace Hospital, Co-Chair of the Scarborough Youth Justice Committee, Co-ordinator of a Youth Mentoring and Leadership Program, Member of the Board of the Boys and Girls Club of East Scarborough and Member of the Toronto Grant Review Team of Ontario Trillium Foundation.

She has been the recipient of the Commemorative Medal for the 125th Anniversary of the Confederation of Canada, (1992) Scarborough Bicentennial Civic Award of Merit (1996) the Civic Recognition Certificate, City of Scarborough (1997) and the Queen's Golden Jubilee Medal (2002) for significant contribution to Canada, to the community and to fellow Canadians.

New Council and Committee Roster for 2010 - 2011

ROBERT THOMPSON – ELECTED SOCIAL WORKER

Since 2007, Robert has been a private practitioner and management consultant. Prior to that, he was the Executive Director of W.W. Creighton Youth Services for over 15 years and previously held management positions in child welfare services and the Ministry of Community and Social Services. Robert is actively involved in the Children's Aid Foundation of the District of Thunder Bay. He was elected to Council in May 2010.

BEATRICE TRAUB-WERNER – ELECTED SOCIAL WORKER

Since 1999, Beatrice Traub-Werner has been the President and Director of Education at TAPE Educational Services in Toronto. Upon completion of her M.S.W. at the University of Toronto, Beatrice worked as a clinical social worker before becoming Admissions Coordinator and Adjunct Professor at the Faculty of Social Work, University of Toronto. Beatrice was elected to Council in May 2008.

RITA WILTSIE – ELECTED SOCIAL WORKER

Rita is currently a coordinator at the Operational Stress Injury Clinic located at Parkwood Hospital in London, Ontario. She has been practising social work for over ten years focusing on adult mental health. Rita holds a Bachelor of Social Work degree and a Masters of Education, Counselling Psychology degree, both from the University of Western Ontario. She was elected to Council in May 2010.

HENDRIK (HENK) VAN DOOREN – ELECTED SOCIAL WORKER

Henk Van Dooren is employed as a mental health counsellor with the Hamilton Family Health Team, and is assistant professor in the Department of Psychiatry and Neurosciences at McMaster University. He is chair of community health planning and prevention in the Behavioural Sciences Program at McMaster Health Sciences. He also conducts a private practice. Henk was elected to the College Council in May 2009.

ANGELA YENSSEN – ELECTED SOCIAL WORKER

Angela Yenssen is currently Acting Manager of Admissions, Social Work and Spiritual Care at Sunnyside Long-Term Care Home in Kitchener, Ontario. She obtained her MSW from Wilfrid Laurier University and completed her Master of Public Policy, Administration and Law at York University. Angela was elected to Council in May 2009.

Annual Meeting & Education Day 2010

Marking Milestones



Minister Madeline Meilleur with Mukesh Kowlessar, RSSW, President of the College Council.

College President **Mukesh Kowlessar, RSSW** welcomed the delegates and noted that this year's Annual Meeting and Education Day was particularly special as 2010 marks the 10th anniversary of the College's inception. With this milestone in mind, we marked the occasion with a look at the past, present and future of the social work and social service work professions.

We were pleased to welcome over 550 members this year, many of whom travelled from cities across the province including North Bay, London, Kingston, Owen Sound, Orillia, Ottawa, Brockville and Niagara, among many others.

Kevin Kennedy, RSSW, Frank Turner, RSW and Cheryl Regehr, RSW formed the keynote panel this year which focused on the integration of education, practice and research and on how social and environmental factors, technology and regulation have shaped the professions over the past 10 years. The session was moderated by Pamela Blake, Deputy Registrar and received great reviews from delegates.

For the third year in a row, **Community and Social Services Minister the Honourable Madeleine Meilleur** addressed the group and provided welcoming and encouraging remarks and best wishes for our 10th anniversary. Minister Meilleur

thanked members of the social work and social service work professions for their important work and contributions in the lives of the people of Ontario. The Minister also took this opportunity to advise members that the amendment to the *Social Work and Social Service Work Act*, respecting the use of the title "doctor" would come into force on October 1, 2010.

Of course the event would not have been possible without the support of our speakers who presented on a wide variety of topics. We extend our sincere thanks to the following individuals for sharing their knowledge and experience with us this year:

Lorraine Gregson, RSW and Brenda Whiteman, RSW
Mindfulness-Based Stress Reduction

Linda Markowsky, Accessibility Directorate
Accessibility for Ontarians with Disabilities Act (AODA)
– What Are My Obligations?

Sue Gallagher, RSW
Waterloo Sexual Assault Team

Greg Clarke, RSSW, Amanda Conrad, RSW, Guy Doucet, RSW
Crisis Team Models – How to Access Services

Ted McNeill, RSW and Wendy Miller, Pro Bono Law Ontario
The Family Legal Health Team

Wayne Skinner, RSW
Concurrent Disorders

Nora Gold, RSW
Jewish Girl Power: A Longitudinal Study of Jewish Girls

Annual Meeting & Education Day 2010

Marking Milestones

Here's just a few of the comments we received from members following the event:

"I enjoyed the day greatly. Both the afternoon sessions were very interesting and thought provoking. The morning session with the three panelists was very well done and gave a broad view of where we came from and where we are going from a social work and social service work perspective."

"Well done, thank you for this opportunity of a free educational day, it's appreciated!"

"It's my first time to attend this event and I could say that it's really worth the drive. (I live in London, ON). I was able to get updated on matters that concern my practice and connect with fellow workers in the social service field. The event was well organized. Kudos to the people behind the event who had devoted their time to the success of this."

"There was a very good range of information sessions – it was hard to pick just 2! Thanks for a great diversity of information."

Thank you to all who submitted evaluation forms following the event. Comments and suggestions are reviewed carefully as we plan for future events.

Slides from the breakout sessions as well as audio files of both the Annual Meeting and Keynote Address are available on the College's website.

The date has been set for the 2011 Annual Meeting and Education Day so please mark June 13, 2011 in your calendars. A detailed brochure will be distributed in early May next year. Please register as soon as you receive your brochure and keep in mind that registering online is the quickest and easiest way to receive a confirmation number.

District One, Two and Five Election Results

The following is the notification of the annual results of the election of members of the College to the Council, which took place on May 27, 2010 in electoral districts one, two and five. This year's election was extremely robust, with eight members running for the three social work positions and six social service work members running for the three social service work positions. The following members of the College are the candidates who received the greatest number of votes in the election:

ELECTORAL DISTRICT ONE:

Social Work - Robert Thompson

Social Service Work - Diane Dumais

ELECTORAL DISTRICT TWO:

Social Work - Ann-Marie O'Brien

Social Service Work - Jack Donegani

ELECTORAL DISTRICT FIVE:

Social Work - Rita Wiltsie

Social Service Work - Mukesh Kowlessar

The College thanks all members who stood for election and congratulates those members who received the greatest number of votes in each membership category.

Circle of Care: Sharing Personal Health Information for Health-Care Purposes

ANN CAVOUKIAN, Ph.D. INFORMATION AND PRIVACY COMMISSIONER, ON, CANADA

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In an appointment with his family physician, David Mann complains of memory loss, disorientation, speech problems and mood swings.

The family physician examines David and asks him a series of questions relating to his medications, his health history and the health history of his family. The family physician also conducts a mini-mental state examination and provides David with a requisition for blood and urine testing and for magnetic resonance imaging. The family physician indicates that she will refer David to both a neurologist and geriatrician for further assessments.

CIRCUMSTANCES WHEN YOU MAY ASSUME CONSENT TO BE IMPLIED

A health information custodian may only assume an individual's implied consent to collect, use or disclose personal health information if all of the following six (6) conditions are satisfied.

1. The health information custodian must fall within a category of health information custodians that are entitled to rely on assumed implied consent.

Most health information custodians may rely on assumed implied consent to collect, use and disclose personal health information for the purpose of providing health care or assisting in the provision of health care to an individual.

A health information custodian is a person or organization described in PHIPA with custody or control of personal health information as a result of, or in connection with, the performance of its powers, duties or work. For example, health information custodians include:

- health care practitioners
- long-term care homes
- community care access centres
- hospitals, including psychiatric facilities

The term "circle of care" is not a defined term in the *Personal Health Information Protection Act, 2004* (PHIPA). It is a term commonly used to describe the ability of certain health information custodians to assume an individual's implied consent to collect, use or disclose personal health information for the purpose of providing health care, in circumstances defined in PHIPA.

The purpose of this article is to clarify the circumstances in which a health information custodian may assume implied consent and the options available to a health information custodian where consent cannot be assumed to be implied. Throughout the article, appropriate application of the assumed implied consent provisions of PHIPA will be illustrated using a variety of health-care scenarios involving a fictional 61-year-old gentleman named David Mann. It should be noted that the assumed implied consent provisions of PHIPA apply equally to paper-based and electronic records of personal health information.

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- specimen collection centres, laboratories, independent health facilities – pharmacies
- ambulance services
- Ontario Agency for Health Protection and Promotion

However, it is important to note that some health information custodians are not entitled to rely on assumed implied consent. For example, these include:

- an evaluator within the meaning of the *Health Care Consent Act, 1996*
- an assessor within the meaning of the *Substitute Decisions Act, 1992*
- the Minister or Ministry of Health and Long-Term Care
- the Minister or Ministry of Health Promotion
- the Canadian Blood Services

2. The personal health information to be collected, used or disclosed by the health information custodian must have been received from the individual, his or her substitute decision-maker or another health information custodian.

The personal health information to be collected, used or disclosed must have been received from the individual to whom the personal health information relates, from his or her substitute decision-maker or from another health information custodian.

Personal health information is defined in PHIPA as identifying information relating to the physical or mental health of an individual, the provision of health care to an individual, the identification of the substitute decision-maker for the individual and the payments or eligibility of an individual for health care or coverage for health care, including the individual's health number.

A substitute decision-maker is a person authorized under PHIPA to consent on behalf of an individual to the collection, use or disclosure of personal health information. If the personal health information to be collected, used or disclosed was received from a third party, other than the substitute decision-maker for the individual or another

health information custodian, consent cannot be assumed to be implied. For example, a health information custodian may not rely on assumed implied consent if the personal health information was received from an employer, insurer or educational institution.

David's family physician provides the neurologist and geriatrician with a referral letter summarizing David's symptoms, health history, and family health history, along with the results of his examination.

Can the family physician disclose and can the neurologist and geriatrician collect this personal health information based on assumed implied consent?

Yes. The family physician, neurologist and geriatrician may assume implied consent. The family physician received the personal health information directly from David and the neurologist and geriatrician received the information directly from another health information custodian, the family physician, for the purpose of providing health care to David.

3. The health information custodian must have received the personal health information that is being collected, used or disclosed for the purpose of providing or assisting in the provision of health care to the individual.

The personal health information to be collected, used or disclosed must have been received for the purpose of providing health care or assisting in the provision of health care to the individual to whom it relates. A health information custodian may not rely on assumed implied consent if the personal health information was received for other purposes, such as research, fundraising, marketing or providing health care or assisting in providing health care to another individual or group of individuals.

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The geriatrician to whom the referral is made is a co-investigator in a research study involving familial predisposition to Alzheimer's disease. In the course of the research study, while reviewing the list of study participants, the geriatrician notices the name "David Mann." The geriatrician reviews the research file of David Mann and determines, based on a comparison with the information contained in the referral letter, that it is the same David Mann.

The geriatrician photocopies the records of personal health information contained in the research file and places them in the clinical file for use at an appointment with David scheduled for November 13.

Can the geriatrician use the personal health information in this way based on assumed implied consent?

No. The geriatrician may not assume implied consent because the personal health information in the research file was not received for the purpose of providing health care or assisting in the provision of health care to David, but rather, for research purposes.

Following the appointment with David on November 13, the geriatrician would like to contact the laboratory for the results of the blood and urine testing ordered by David's family physician. The geriatrician would also like to contact the pharmacy where David indicated he routinely fills his prescriptions in order to obtain a list of all current medications.

Can the laboratory and pharmacy disclose and can the geriatrician collect this personal health information based on assumed implied consent?

Yes. The laboratory, pharmacy and geriatrician may assume implied consent. The personal health information was received by the laboratory and pharmacy, and will be received by the geriatrician, for the purpose of providing health care to David.

4. The purpose of the collection, use or disclosure of personal health information by the health information custodian must be for the provision of health care or assisting in the provision of health care to the individual.

The collection, use or disclosure must be for the purposes of providing health care or assisting in the provision of health care to the individual to whom the personal health information relates. A health information custodian may not rely on assumed implied consent if the collection, use or disclosure is for other purposes, such as research, fundraising, marketing or providing health care or assisting in the provision of health care to another individual or group of individuals.

Several years pass and David's cognitive abilities continue to decline. Based on a diagnosis of probable Alzheimer's disease and the growing loss of David's functional abilities, David's geriatrician makes a referral to the local Community Care Access Centre. For purposes of assessing David's eligibility and service levels, the case manager at the local Community Care Access Centre contacts David's family physician to obtain further information about David's health history, current medications and treatment.

Can the Community Care Access Centre collect and can the family physician disclose this personal health information based on assumed implied consent?

Yes. The Community Care Access Centre is collecting this personal health information and the family physician is disclosing this personal health information for the purpose of providing health care or assisting in the provision of health care to David. Ultimately, the local Community Care Access Centre facilitates the placement of David into a long-term care home.

One morning, following breakfast at the long-term care

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home, David falls and is transferred to the hospital by ambulance with a suspected hip fracture.

The next day David's former spouse, a nurse in the labour and delivery unit of the hospital, is advised by their son that David was admitted. The nurse looks at David's electronic health record to determine the reason for admission. The nurse signed a confidentiality agreement with the hospital.

Can the nurse use the personal health information in this way based on assumed implied consent?

No. The nurse may not assume implied consent to use the personal health information because she is not providing health care or assisting in the provision of health care to David.

Following a physical examination and X-ray, it is confirmed that David has a hip fracture and David undergoes a surgical procedure. A week later, David is discharged from hospital and returns to the long-term care home.

Two days following discharge, a nurse at the long-term care home notices small red, swollen and pus-filled bumps on David's skin. David also complains of fever, chills and shortness of breath. Following laboratory testing, David is diagnosed with MRSA infection. Since the infection may have been acquired at the hospital, the nurse would like to disclose the fact that David has MRSA to the hospital to prevent or reduce the risk of a possible outbreak.

Can this personal health information be disclosed to the hospital by the nurse at the long-term care home?

Yes. PHIPA permits a health information custodian to disclose personal health information without consent if there are reasonable grounds to believe that it is necessary to eliminate or reduce a significant risk of serious bodily harm to a person or group of persons. The nurse, however, may not rely on assumed implied

consent because the disclosure is not for the purposes of providing health care or assisting in providing health care to David.

5. In the context of disclosure, the disclosure of personal health information by the health information custodian must be to another health information custodian.

A health information custodian may not assume an individual's implied consent in disclosing personal health information to a person or organization that is not a health information custodian, regardless of the purpose of the disclosure.

David is planning to attend an outing away from the long-term care home and will be accompanied by his cousin and the spouse of his cousin.

On the Wednesday prior to the outing, the spouse of David's cousin contacts the long-term care home. She would like information about the medications David is currently taking, including the frequency and dose, and "any other information about his condition" that will assist her in "helping David."

Can the long-term care home disclose this personal health information based on assumed implied consent?

No. The long-term care home may not assume implied consent because the spouse of David's cousin is not a health information custodian within the meaning of PHIPA.

6. The health information custodian that receives the personal health information must not be aware that the individual has expressly withheld or withdrawn his or her consent to the collection, use or disclosure.

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PHIPA permits an individual to expressly withhold or withdraw consent to the collection, use or disclosure of his or her personal health information, unless the collection, use or disclosure is permitted or required by PHIPA to be made without consent. In most circumstances, if an individual decides to withhold or withdraw consent, PHIPA requires the receiving health information custodians or their agents to be notified if the disclosing health information custodian is prevented from disclosing all of the information that is considered to be reasonably necessary for the provision of health care.

For further information about the ability of an individual to expressly withhold or withdraw consent to the collection, use or disclosure of personal health information for health-care purposes, and the obligations on health information custodians in this context, please refer to the Lock-box Fact Sheet produced by the Information and Privacy Commissioner of Ontario, which is available at www.ipc.on.ca.

David must visit the orthopedic clinic of the hospital for follow up related to his hip fracture. The orthopedic clinic is staffed by physiotherapists, occupational therapists, physicians and nurses.

David's current spouse, who is his substitute decision-maker, learns that his former spouse, who was a nurse in the labour and delivery unit of the hospital, now works as a nurse in the orthopedic clinic. David's current spouse wants to ensure that the former spouse and her colleagues do not view David's electronic health record. David's current spouse requests the hospital to ensure that only the orthopedic surgeon and the physiotherapist providing health care to David are permitted to view his electronic health record.

Can David's current spouse make this request?

Yes. David has been determined to be incapable of consenting to the collection, use and disclosure of personal health information and his current spouse is

his substitute decision-maker for these purposes. As the substitute decision-maker, David's current spouse may expressly withhold or withdraw consent to the collection, use and disclosure of David's personal health information. The hospital, as a health information custodian, must comply with this decision unless the collection, use or disclosure is required or permitted by PHIPA to be made without consent.

FACTORS TO BE CONSIDERED IN RELYING ON ASSUMED IMPLIED CONSENT

In general, a health information custodian must not collect, use or disclose personal health information if other information will serve the purpose and must not collect, use or disclose more personal health information than is reasonably necessary for that purpose. These general limiting principles apply even where a health information custodian is entitled to rely on an individual's assumed implied consent.

OPTIONS AVAILABLE WHEN YOU CANNOT ASSUME CONSENT TO BE IMPLIED

When consent cannot be assumed to be implied, health information custodians should consider other options. Depending on the circumstances, a health information custodian may be permitted to collect, use or disclose personal health information without consent, with the implied consent of the individual to whom the personal health information relates or with the express consent of that individual. PHIPA distinguishes between implied consent and assumed implied consent. In the case of implied consent, health information custodians must ensure that all of the elements of consent are fulfilled; whereas in the case of assumed implied consent, health information custodians may assume that all of the elements of consent are fulfilled, unless it is not reasonable to do so in the circumstances.

WITHOUT CONSENT

Health information custodians may collect, use or disclose personal health information without consent if the collection, use or disclosure is permitted or required by PHIPA to be

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made without consent¹. For example, health information custodians are permitted to disclose personal health information without consent to a medical officer of health if the disclosure is made for purposes of the Health Protection and Promotion Act. In addition, in certain circumstances set out in sections 37(1)(a), 38(1)(a) and 50(1)(e) of PHIPA, health information custodians may use or disclose personal health information without consent where it is reasonably necessary for the provision of health care and the individual has not expressly instructed otherwise.

IMPLIED CONSENT

Health information custodians may imply an individual's consent to collect and use personal health information for most purposes. They may also imply consent to disclose personal health information to another health information custodian for the purpose of providing or assisting in the provision of health care to the individual. However, subject to limited exceptions, health information custodians cannot rely on implied consent when disclosing personal health information to a person or organization that is not a health information custodian. This exception applies regardless of the purpose of the disclosure.

In order to rely on implied consent, health information custodians must be satisfied that all the required elements of consent are fulfilled.

EXPRESS CONSENT

In all other circumstances, health information custodians may only collect, use or disclose personal health information with the express consent, (i.e., verbal or written consent) of the individual to whom the personal health information relates or his or her substitute decision-maker.

In order to rely on express consent, health information custodians must be satisfied that all of the required elements of consent are fulfilled.

ELEMENTS OF CONSENT

The consent of an individual for the collection, use or disclosure of personal health information by a health information custodian:

- Must be a consent of the individual or his or her substitute decision-maker;
- Must be knowledgeable;
- Must relate to the information that will be collected, used or disclosed; and
- Must not be obtained through deception or coercion.

For consent to be knowledgeable, it must be reasonable to believe that the individual knows the purpose of the collection, use or disclosure and knows that he or she may give or withhold consent.

It is reasonable to believe that an individual knows the purpose of the collection, use or disclosure if the health information custodian posts or makes readily available a notice describing these purposes where it is likely to come to the individual's attention or provides the individual with such a notice. Although health information custodians are not required to provide notice in those circumstances where consent may be assumed to be implied, health information custodians are encouraged to do so as a best practice.

The Commissioner would like to gratefully acknowledge the excellent contribution of Manuela Di Re, Health Law Legal Counsel and Debra Grant, Senior Health Specialist, Office of the Information and Privacy Commissioner of Ontario, Canada, in the preparation of this paper.

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¹ Sections 36 and 37 of PHIPA, respectively, set out the circumstances in which personal health information may be collected and used without consent and sections 38 - 48 and section 50 set out the circumstances in which personal health information is permitted or required to be disclosed without consent.

Q & A



Q & A is a feature appearing in *Perspective* that answers members' questions on various topics relating to the College and the practice of social work and social service work. If you have any questions you would like answered, please send them via e-mail to Jolinne Kearns, Communications Manager at jkearns@ocswssw.org. Although not all questions will be published in subsequent issues of *Perspective*, all will be answered.

Q: I noticed in the 2009 Annual Report how much money is spent on Council and committee meetings. This seems excessive. Why do these meetings cost so much?

The College's 21-member Council and committees carry out the legislated responsibilities under the *Social Work and Social Service Work Act* and its regulations. The Council meets approximately six times per year and many of the five statutory and six non-statutory committees meet on a bi-monthly basis. At any time throughout the year, there may also be time-limited task groups set up to work on specific projects as directed by Council.

The costs reflected in the Annual Report include transportation and expenses for elected Council and non-Council committee members to attend these meetings as well as catering expenses for the meetings themselves.

This line item also includes all costs associated with the Annual Meeting and Education Day which is free-of-charge for members to attend and is a benefit of membership in the College.

The College is mindful of the costs associated with committee and task group meetings and where appropriate, teleconferences are held in order to reduce transportation costs and expenses. However, since the College is a provincial organization, it is necessary to ensure representation from members throughout the province in each of the five electoral districts, therefore travel costs from areas such as Timmins and Thunder Bay are more expensive than from those areas closer to the College office in Toronto.

Bulletin Board

CHANGE OF INFORMATION NOTIFICATION

If you change employers or move, please advise the College in writing within 30 days. The College is required to have the current business address of its members available to the public. Notification of change of address can be done through the website at www.ocswssw.org, emailed to info@ocswssw.org, faxed to 416-972-1512 or mailed to the College office address. In addition to providing your new address, please also provide your old address and College registration number.

If you change your name, **you must advise** the College of both your former name(s) and your new name(s) in writing and include a copy of the change of name certificate or marriage certificate for our records. The information may be sent by fax to 416-972-1512 or by mail to the College office address.

PARTICIPATION IN THE WORK OF THE COLLEGE

If you are interested in volunteering for one of the College's committees or task groups, please e-mail Trudy Langas at tlangas@ocswssw.org to receive an application form. The College welcomes all applications, however, the number of available positions for non-Council members is limited by the statutory committee requirements in the *Social Work and Social Service Work Act* as well as the by-laws and policies of the College.

COUNCIL MEETINGS

College Council meetings are open to the public and are held at the College office in Toronto. Visitors attend as observers only. Seating at Council meetings is limited. To reserve a seat, please fax your request to the College at 416-972-1512 or e-mail Trudy Langas at tlangas@ocswssw.org. Please visit the College's website for the dates and times of upcoming meetings.





**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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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.