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| Supplemental Digital Content 2  *An overview of content recommendations made by target audience (generalist OTs in hospital and community settings [n= 6]) and informants (n=5) to improve understanding and knowledge of legal and professional responsibilities specific to addressing medical fitness-to-drive* | |
| Current Legislation in the Canadian Province of Ontario | * *Highway Traffic Act* (Government of Ontario, 1990) – relevant sections (current reporting guidelines) * *Making Ontario Roads Safer Act* (Legislative Assembly of Ontario, 2015)– to introduce amendments to the *Highway Safety Act* * *Personal Health Information Protection Act* (Government of Ontario, 2004) – relevant sections (related to storing data, record keeping, etc.) * *Health Care Consent Act* (Government of Ontario, 1996) * Legal terminology relevant to understanding legislation that influences OT practice – contrasted with terminology used by provincial regulatory organization. |
| Medical Review System at the Ontario Ministry of Transportation (MTO) | * Describe various MTO departments (e.g. Medical Review Section, Driver Improvement Office, License Renewal Program, License Appeal Tribunal, etc.). * Process flow of report being received by the MTO from a medical practitioner to communication with client, and all possible outcomes – including tentative timeline (open to modification). * Forms received by patient and opportunities for appeal. * Requirements of the MTO (e.g. reporting forms, type of documents accepted, narrative reports, etc.) – What is considered sufficient for decision-making? * Decision-Making process by MTO medical review committee (i.e. how the decisions are made based on national medical standards). * Differentiation from Senior Driver Renewal Program. |
| Clinical Competencies for frontline Occupational Therapists addressing medical fitness-to-drive | * Review client-centred principles in the context of addressing functional loss (incl. capacity, insight, emotions, rapport development). * Provide an overview of key regulatory practices and expectations in terms of medical fitness-to-drive :   + Informed Consent (i.e. transparency)   + Confidentiality and Disclosure of Personal Health Information   + Dealing with lack of follow up by a medical practitioner   + Dealing with non-compliance of recommendations   + Knowledge of the process supports rapport development and maintenance * Provide supports to address clinical decision-making process (e.g. supported approaches, use of best-practice evidence). * Expectations of College of Occupational Therapists of Ontario (i.e. Professional Obligations and accountability for practice). |
| Clinical scenarios describing challenging practice with medical at-risk clients | * Provide a summary that describes various OT roles across practice settings. * Provide examples of approaches employed by clinicians (e.g. to bring up the topic, to have difficult conversations, to deal with ethical dilemmas or emotionally charged situations). * Ongoing Standardized documentation. |
| Upcoming reporting requirements for Occupational Therapists in Ontario | In 2015, Ontario passed the *Making Ontario’s Road Safer Act* which included numerous amendments to the *Highway Traffic Act* (not yet proclaimed) including regulation-making authority relating to the medical review program. These changes enable future regulations to clarify mandatory and discretionary medical reporting requirements,and allow for a broader range of qualified health professionals to identify and report medically unfit drivers. Occupational therapists have been identified as qualified health professionals, though their exact responsibilities have not yet been defined in response to this change in legislation. Content for this section will include:   * Ontario Ministry of Transportation Regulations [Currently in development] * College of Occupational Therapists of Ontario – New Standard or Guideline [Potential to be developed] * Communication strategy [Potential to be developed] * Define: Mandatory vs. Discretionary [Definitions to be clarified] * Expand on Discretionary (Professional Obligation & Clinical Competence/ Professional Judgement) * Processes and Procedures set out by MTO: Forms, Fax/ Email numbers, Timelines, etc. * Uniform Criteria for (physical, emotional, and mental competence to operate a motor vehicle) – Driver Impairment Profiles. * Provision for legal protections when acting in good faith and public safety – how complaints will be addressed. * Process for managing duplicate reporting. * Process for managing billing practices when mandatory/ discretionary reports are made. |
| Considerations for new and ongoing issues | With the potential for change to the role of occupational therapists, ongoing and new challenges can include:  **Client Factors - Medical**   * Impact of temporary or reversible medical events on assessment and recommendations. * Impact of polypharmacy (e.g. including medical marijuana for chronic pain management).   **Client Factors – Ethical**   * Liability risks regarding clients’ driving insurance coverage when clients are advised not to drive (but not reported). * Implications for client rapport as well as rapport with professional colleagues. * Non-compliance with recommendations if the individual is no longer an active client – implications for ongoing monitoring. * Appreciating the nature of a high-stakes decision that can have far-reaching implications and a negative impact on a client’s lifestyle, independence and autonomy – including the risks associated with neglecting to make a decision. * Considerations regarding reporting of potential drivers (i.e. youth that have functional impairments that may affect driving in the future).   **Scope-of-Practice Factors**   * Reviewing expectations regarding communicating a diagnosis or prognosis as they relate to mental health conditions. * Navigating between when to be concerned enough to want to report and when conditions are met to actually make a report. * Emphasis on the value and unique skill set of OTs that optimally positions them to take accountability for and make challenging decisions regarding medical fitness-to-drive.   **Clinical Practice Factors**   * Obligations of OTs are over-arching. However, variation in practice settings calls for varied actions to fulfil obligations. * Implications for change in practice requirements (e.g. increased vigilance, documentation, client time; communicating new requirements to employers). * Roles on interprofessional teams with multiple members who are required and able to report. * Feedback on outcomes of report to MTO provided to those reporting or to the most responsible physician. |