STANDARDS of PRACTICE and CODE of ETHICS REFRESH 2022
Part 1:
Findings and Recommendations from the Jurisdictional Scan and Literature Search

Produced for the Alberta College of Occupational Therapists by
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Background

The Alberta College of Occupational Therapists (ACOT) is the regulatory body for the profession of occupational therapy (OT) in the province of Alberta. ACOT's mandate is to serve the public interest and it fulfills this duty in part by the creation, maintenance, and enforcement of Standards of Practice and a Code of Ethics. ACOT monitors registrants' adherence to the Standards of Practice (SoP) and Code of Ethics (CoE) in part through the Continuing Competence Program (CCP). The CCP is a legislated requirement from the *Health Professions Act* (HPA) and the *Occupational Therapists Profession Regulation* (OTPR).

ACOT's current SoP were first published in 2003 and were amended in March 2019 to include *Standard 10: Maintain Appropriate Boundarie*s. At the time of their creation ACOT's approach was to integrate the theoretical underpinnings into their SoP. As such, standards 2-7 parallel and mirror content from the:

- **Occupational Performance Process Model – OPPM** (Fearing et al., 1997)[1]
- **Occupational Therapy Practice Profile** (Canadian Association of Occupational Therapists - CAOT, 1996); and,
- **Essential Competencies of Practice for Occupational Therapists in Canada** (Association of Canadian Occupational Therapy Regulatory Organizations – ACOTRO, 2000).

Current ACOT Standards of Practice (2003/2019):
      Standard 1: Maintain Professional Accountability
      Standard 2: Name, Validate and Prioritize Occupational Performance Issues
      Standard 3: Select a Theoretical Approach
      Standard 4: Identify Occupational Performance Components and Environmental Conditions
      Standard 5: Negotiate Targeted Outcomes and Develop Action Plan
      Standard 6: Implement Action Plan
      Standard 7: Evaluate Occupational Performance
      Standard 8: Communicate Effectively
      Standard 9: Maintain a Quality Professional Practice
      Standard 10: Maintain Appropriate Boundaries (added in response to amendments to the HPA in 2019)

Current ACOT Code of Ethics (2005 with revisions to the scenarios in the Interpretation Guide in 2020)
1. Respect
2. Integrity
3. Competence

Reasons for SoP/CoE Refresh

There are several reasons compelling a refresh of ACOT's SoP and CoE at this time.

The first is the amendments to the HPA outlined in Bill 46 – the *Health Statutes Amendment Act No.2*.[1] Bill 46 requires that each profession regulated under the HPA create SoP relating to **Continuing Competence/Competence Assessment**, **Restricted Activities** and **Use of Title** as the content relating to these will be removed from each professions' regulation once the bill is proclaimed at the end of 2022).

The second reason is to achieve the recommendations outlined in the ACOT Acting Against Racism and Intolerance (AARI) Final Report (Ibarra et al., 2021). The AARI Final Report included the following in the list of 16 recommendations (p.23):

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[1] The OPPM was also published in Enabling Occupation 1997 & 2002 and was further adapted to become the Canadian Practice Process Framework – CPPF in Enabling Occupation II.

<u>Recommendation 4</u>: **Update the Code of Ethics and Standards of Practice to reflect equity, anti-racism and cultural safety**

4.1 *Apply gender neutral language by changing his/her language to their/they/them.*
4.2 *Add a new Standard of Practice: Demonstrate commitment to equity and cultural safety.*
4.3 *Align updates to the Standards of Practice by working with Indigenous Occupational Therapists to determine integration and acceptance of cultural models of practice in ACOT's Standards of Practice.*
4.4 *Change Code of Ethics indicator 1.2 to: 'Providing services and maintaining relationships that do not stereotype or discriminate against their clients or colleagues based on race, ethnicity, religion/spiritualty, gender identity or expression, sexual orientation, disability, age, marital status or socioeconomic status.'*
4.5 *Add a Code of Ethics indicator: Developing and maintaining relationships with clients and colleagues that recognize and respect heritage, identities, values, beliefs, customs and preferences that may be different than their own.*
4.6 *Update Code of Ethics examples to support registrants' interpretations of the updated ethics and across all Code of Ethics scenarios, include diverse identifying information about the OT and clients or colleagues so that reflection and consideration of social and cultural identities are considered across various practice situations.*

Thirdly, ACOT's SoP in particular look different than the SoP adopted by other Alberta health professions and other Canadian OT Colleges. Other Colleges create SoP which either address legislated requirements or fill in gaps that profession-specific documents such as professional competencies, practice profiles or practice models/frameworks don't address as directly or specifically as needed to guide ethical and competent practice. This difference in structure and content between ACOT's SoP which parallel a specific practice process and the SoP of the allied health professions OTs work alongside, contributes to confusion for clients and within workplaces.

ACOT's SoP have also not evolved alongside the theoretical underpinnings of the profession or the social and institutional environments in which occupational therapy is practiced. The OPPM and the 2000 edition of the national competencies and OT Profile documents have gone through several iterations since they were used to guide ACOT's current SoP. They also use terminology which isn't always understood by the clients of OT services or employers. For example, OTs would know that SoP 4 - **Identify Occupational Performance Components and Environmental Conditions** captures performance expectations for OTs undertaking a client assessment, but the heading for this standard is not immediately understandable to those outside of the profession. Even OTs who did not train at the time the OPPM was the model/framework taught within the curriculum, report finding the terminology used throughout the SoP unfamiliar or out-of-date.

Identifying Partners

Engagement with ACOT registrants and other key partners will be an essential part of refreshing the SoP. There will be a variety of perspectives to consider. The changes to SoP must also consider the needs and expectations of:

- ACOT - who is responsible for holding registrants to these standards and code,
- Occupational therapists - who are expected to adhere to the standards and code,
- The public - who will use the standards and code to understand the role of, and what to expect from, their occupational therapist,
- Post-secondary institutions – who may wish to align curriculum with the new standards and code as a means of preparing their graduates for entry-level,
- Employers - who may refer to the standards and code in the development of services/programs or to determine performance expectations of their OTs,
- Other regulatory organizations in Alberta - whose registrants practice alongside occupational therapists in various workplaces,

- Other OT regulatory organizations in Canada - as consistency amongst provinces (whenever legislation permits) supports public understanding of OT services particularly when services are delivered across provincial/territorial borders, and
- The provincial government/public servants - who are responsible for ensuring proper implementation of legislation.

Engagement with Indigenous OTs, as per AARI recommendation 4.3, will provide an essential perspective, and care must be taken to ensure that it is done in a thoughtful and respectful manner. There is no one best way to engage with Indigenous partners, and the participants should be ensured agency on the type and level of their engagement.

Information Gathering

A jurisdictional scan and literature search was completed to inform changes to both the content and structure of ACOT's SoP to align with best practice, and to respond to the needs and expectations of a diverse array of interested and affected parties. As well, meetings with select partners was used to discover how ACOT's current SoP and CoE came to be and to learn more about the approaches adopted by other OT regulatory organizations.

1. Jurisdictional Scan

A scan was completed to determine the form and content of standards of practice across a variety of jurisdictions. This scan searched four areas:

- OT regulatory organizations across the ten Canadian provinces including a discussion with the deputy registrars of the College of Occupational Therapists of Ontario (COTO) and the College of Occupational Therapists British Columbia (COTBC)
- Eight of the 29 regulated health professions in Alberta[2],
- The Royal College of Occupational Therapists in the United Kingdom, and
- The Health and Social Care regulator in Ireland (CORU)

2. Literature Search

There is currently very little literature on health regulation, however this topic has received more attention in recent years (Bullock et al., 2020). The main source of research for this report comes from the Professional Standards Association located in the United Kingdom. In 2020 the PSA commissioned a review of regulatory research since 2011 alongside interviews with regulators. A literature search was completed using the same search parameters (Bullock et al., 2020, pp. 87-96) to determine if any relevant research has been published since the PSA review. This literature search returned no relevant results.

Literature regarding "Right Touch Regulation - RTR" (Council for Healthcare Regulatory Excellence, 2010) was also reviewed.

3. Initial meetings with key partners

Throughout Nov-Dec 2021, meetings were held with select partners. This included OT regulators in other provinces, OTs working in the Government in Alberta, OT students, and an OT who was involved in the development of the current SoP in the early 2000's.

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[2] The eight regulated health professions whose SoP were reviewed for comparison included those for dietitians, optometrists, physiotherapists, physician assistants, psychologists, social workers, speech and language pathologists, and licensed practical nurses.

Findings

1. OT Standards of Practice Across Canada

The cross-provincial jurisdictional scan revealed that Standards of Practice are part of the legislation in each province. However, as requirements in provincial legislation vary, variations in how each college approaches their standards were found.

It was common to find the SoP to be composed of a variety of separate documents, with only three provinces (Alberta, Quebec, and Newfoundland and Labrador) having SoP contained in a single document. Common documents in other provinces include the ACOTRO Essential Competencies 3rd ed. (2011), and standards for conflict of interest, consent, and professional boundaries.

All the documents contained an introduction, and most included important definitions. Commonly, the document would include the standard, with subheadings. These were written in numerical or alphabetical order, and the new Competencies for Occupational Therapists in Canada and draft documents from COTO retain this format. Both Nova Scotia and Quebec include examples of behaviours that would indicate that a standard is being fulfilled. In Nova Scotia these are called "performance indicators" and in Quebec they are called "expected behaviours and attitudes".

COTO is in the late stages of refreshing their SoP and are moving toward combining them into a single document. As part of the scan, we met with the deputy registrar of COTO to better understand their direction and vision for their revised SoP. COTO identified lengthy documents as one of the main issues with their current SoP. The length of the standards was in part to educate the registrants, but this was found to not align with COTO's mandate to protect the public interest. COTO is nearly finished their SoP refresh, and the changes are as follows:

- Moving like-documents into one standard (i.e., Supervision of students and support personnel)
- Moving guidance documents into standards or current standards into guidance documents (where appropriate)
- Use of basic, consistent wording throughout
- Mapping standards to the new Competencies for Occupational Therapists in Canada (2021), and linking to the competencies as appropriate
- Change of wording:
  - "OTs will be expected to..."
  - Use of "indicators" for performance expectations/expected behaviours
- COTO may develop a Frequently Asked Questions (FAQ) document with a decision tree to support registrants

COTO's refresh integrates best practice regarding simplicity of documents to support their mandate of protecting the public. COTO has agreed to share draft documents for the purpose of learning from their process, and this will be a good tool to use as ACOT begins to refresh its own standards.

2. Standards of Practice Across Provincial Regulated Health Professions

The standards of eight regulated health professions in Alberta were analyzed alongside ACOT's. These health professions were chosen as they often work alongside OTs on interprofessional teams.

Interestingly, there are no guidelines in legislation or regulation for the creation of SoP that would inform or guide the consistency between documents.[3]

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[3] This has changed with more recent amendments to the HPA. For example, HPA Section 133.1, which was an amendment made with Bill 21 – *An Act to Protect Patients*, outlines details colleges are to include in a SoP relating to what would be considered Sexual Abuse and Sexual Misconduct. Bill 46 also provides more specific direction for what colleges are to include in their Continuing Competence/Competence Assessment and Restricted Activities SoP.

The depth and breadth of SoP varies widely between professions. For example, the College of Physicians and Surgeons (CPSA) has over 40 standards relating to practice issues from informed consent to participation in job action. Compare this to the Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA), which contains five overarching standards. The average number of standards across the health professions explored for the purpose of this scan is 14. We may see a change in the number, format, and function of standards as new standards are made mandatory and regulators divest their association interests as per Bill 46 requirements.

The format of SoP across health professions explored in Alberta was more variable than the cross-Canada scan. The format varies from in-depth, one-page descriptions of standards with definitions, to a simple list of standards. The use of standards with numbered or alphabetical sub-headers is common in Alberta. The exception is the Physiotherapy Alberta College and Association (PACA), which uses a bulleted list to organize the sub-standards. Each of PACA's SoP also include expected outcomes that describe what a client can expect from their physiotherapist. Similar to ACOT, PACA and CPSA use guidance documents to supplement their SoP when additional, more specific guidance is required to support interpretation and application by registrants in various practice areas/settings.

3. International scan

The scan included two international regulators. These regulators were chosen as they each have unique features and function within a similar health system.

The Royal College of Occupational Therapists (RCOT) in the United Kingdom recently combined their Standards of Practice and Code of Ethics and Professional Conduct into a single document. This document is intended for OTs across practice areas and makes no distinction between the previously separate concerns. The document contains four "overarching" standards (*Welfare and Autonomy, Service Provision, Professionalism,* and *Capabilities and Fitness to Practice*). Section 4 of the *Service Provision* standard and portions of section 6 of the *Capabilities and Fitness to Practice* standard, most closely parallel Alberta's current SoP.

In Ireland OTs fall under the regulation of CORU, a health and social care regulator. CORU regulates 11 different health professions including but not limited to physiotherapy, opticians, social workers and occupational therapists. This regulatory system is an example of what health regulation looks like under amalgamation of regulators, and for our purposes can help to provide insight into standards that can and potentially should be common across similar regulated health professions. Each of the health professions shares a common set of 6 standards[4], with the 6th standard relating to the specific knowledge and skills of their own profession (See appendix B). One exception to this is the physiotherapy SoP (a newer addition to CORU), whose standards include Conduct, Performance, Ethics, and Responsibilities Specific to PT. The physiotherapy document is formatted as a list without specific numbered indicators, which could make it more challenging to read and reference.

The format of both the UK and Ireland SoP is like those across Canada and Alberta. They contain a main set of standards with sub-standards that outline the expectations of the therapist.

4. Literature search

Health profession regulation literature continues to be less developed compared to other regulated industries (Bullock et al., 2020). Bullock et al.'s (2020) Rapid Evidence Assessment (REA) found that most health regulation research is focused on Fitness to Practice (FTP) concerns[5], and this was reaffirmed by the literature search performed for this report. Research identified for this report concerns public perception of regulations, regulation and professional identity, and perspectives on "Right Touch Regulation" (Council for Healthcare Regulatory Excellence, 2010).

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[4] The five standards common amongst each of the professions include: Professional Autonomy and Accountability, Interpersonal and Professional Relationships, Effective Communication, Personal and Professional Development, and Provision of Quality Services
[5] Fitness to Practice is the term used in the UK and Ireland to describe what we know as the Complaints (or Conduct) Process in North America

a. *Consistency Across Regulators*

Overall, the research identified the need for greater consistency amongst regulators of health professions and this is supported by both registrants and the public (Bullock et al., 2020; Christmas et al., 2021). Bullock et al. (2020) found that regulators are being urged to move toward a less burdensome and more standardized approach with greater inter-regulator collaboration. Christmas et al. (2021) solicited public perspectives and found that those interviewed were broadly in support of consistency across regulators, with some considerations. One question that emerged concerns the varying levels of risk across and within professions. The Greater Pharmaceutical Council of Britain approached this problem by creating a flexible model of standards that considers different levels of risk across roles (Professional Standards Association, 2018a). The greatest factor in public support for consistency across regulators was clarity in what a patient should expect from their health care provider, as demonstrated by the following quotes:

> "If they're all very similar, it makes it a lot easier for the user because they have a kind of understanding of what they're looking for. The more different it is, the more difficult." [Patient]

> "You want it to be quick, easy. Easy to read and understand. But making it the same does all of those things." [Public]

> "I think if there's a template you know what to look for. Rather than trying to analyse what's this… why is this different from the other one? [Public]"
> (Christmas et al., 2021, p. 29)

In the Christmas et al. (2021) study it was clear that the scope of health care professionals was not well understood by the public. For example, some of those interviewed had a very limited understanding of the breadth and scope of professions as illustrated by this quote regarding level of public risk in the profession of nursing when compared to social work: "… because they just take your blood pressure and do whatever. Social workers make decisions that last a lifetime. [Public]" (Christmas et al., 2021, p. 35). Bullock et al. (2020) also noted that the role and identity of the patient as a collaborator in the creation of standards is not evident in all but one of the regulators that they reviewed. Greater consistency in regulations alongside collaboration with the public may increase understanding of the scope of the different health professions.

Finally, researchers that support greater consistency between regulators identified that the current small college model limits what can be accomplished in research, and greater inter-regulator collaboration could help to close some of the gaps currently experienced in this area (Bullock et al., 2020).

b. *Registrant Interaction with Regulation*

Registrants often identify a tense relationship with regulators and consider the processes of regulation and renewal to be complex and burdensome (Bullock et al., 2020). Sandvoll et al. (2012) found in their ethnographic study that nurses often did not have an explicit awareness of the regulations they are expected to follow but followed them implicitly. It appears that this may be the case for many health professions, who do not interact with their specific legislation or standards until they need to use them (i.e., when they come across a novel practice scenario, or when completing their continuing competence program requirements). With many changes coming to the practice of OT both in Alberta and across Canada, it will be important to remember that new legislation and models of practice do not change practice alone. Engagement with registrants will be important to understand existing routines and practices and to develop "change champions" - practitioners with social capital who can help to support the change process in their workplace (Bullock et al., 2020).

c. *Professional Identity and Regulators*

Professional identity is a special concern in OT, where historically there has been a lack of consensus on core professional values (Walder et al., 2021). Strong professional identity can be predictive of career longevity and

professional resilience for OTs (Ashby et al., 2017). Research from the PSA supports this notion, stating that poor professional identity contributes to attrition across all health professions (Professional Standards Authority, 2018b).

Research has determined that regulatory bodies only provide a peripheral role to professional identity (Professional Standards Authority, 2016). The same study notes that because regulations are only referred to intermittently in practice, it is a weak indicator of professional identity (Professional Standards Authority, 2016). Interestingly, a study of both OT and PT found that these practitioners felt a stronger connection to their membership in their profession than to their employer, compared to other professions (Shaw & Timmons, 2010). This role is addressed in Alberta by professional associations such as the Canadian Association of Occupational Therapists (CAOT) and the Society of Alberta Occupational Therapists (SAOT).

> d.   *Right Touch Regulation*

Right Touch Regulation (RTR) was developed by the Better Regulation Executive and Harry Cayton in 2000. RTR implores regulators to consider the problem before implementing solutions, that the level of regulation is proportionate to risk, and that regulation is agile and flexible to problems that may arise in the future. RTR also calls for greater consistency in and between standards, keeping them simple and "user-friendly" (Professional Standards Authority, 2018a). ACOT's current standards have few areas of consistency when compared with the standards for OTs and other regulated health professions. Changes to the standards can consider work done with RTR to consider how to make the standards more usable to both internal and external partners, and to find more consistency. Consistency between professions will also help the standards to endure legislative, profession, and societal changes over time.

Discussion and Recommendations

 The jurisdictional scan revealed that there is little consistency in the form of regulations across Canada and within Alberta, but similarities are found in the function and content of documents. However, ACOT's current SoP stands out in both form and content. The task of refreshing SoP is no small undertaking and is made more complex when considering the upcoming changes in the Canadian OT model, the Practice Process Framework, Core Competencies, and amendments to the HPA. Additionally, the document will be used for many years and must consider the potential for changes in things like legislation, social and cultural consciousness, and public safety needs. The purpose of the recommendations below is to provide options with considerations for the same. Final decisions when developing SoP will be influenced by consultation as well as other dynamic factors.

1.   Simplification and Consistency of Standards

The primary purpose of ACOT's SoP is to provide the minimum standards of practice to serve the public interest. The SoP also provides indicators against which OTs can assess their own practice. The first questions we should ask in the refresh process should be: Does the current SoP fulfil this goal? What are the benefits and drawbacks of the OT perspective being integrated into SoP? Are there any public interest gaps in the current SoP?

ACOT's current standards are heavy with occupational therapy-specific language, setting it apart from others identified in the jurisdictional scan. Some OTs may be hesitant to change the current standards which are specific to the practice of OTs and their professional identity. However, research shows that regulation plays only a small role in the professional identity of health professionals (Professional Standards Association, 2018b). While a poor connection to professional identity has been linked to attrition (Walder et al., 2021) this is not the mandate of ACOT and is a role that is best performed by the CAOT and SAOT.

Recommendations:
- a.   Remove the explicit link to the Essential Competencies (2000, 1st ed), Occupational Performance Process Model (1997), and the OT Practice Profile (1996) from the SoP

- The current standards represent a merging together of concepts and content from each of the above listed references (see Appendix A), each of which has evolved considerably and gone through various iterations over the past 25 years.
- In order to prevent new SoP from becoming obsolete, a more appropriate use of the profession-specific models, frameworks an/or competencies would be to weave them into/or point to them from the SoP rather than adopting them as our SoP.
    - For example, it would be advisable to include reference to the Competencies for OTs in Canada in the list of legislation OTs need to be knowledgeable of and adhere to. This could be achieved by including professional competencies to SoP 1.2:

        "be knowledgeable of and adhere to all relevant public protection legislation, regulatory and professional legislation, standards of practice, code of ethics, professional competencies, and ~~bylaws~~ practice guidance documents[6] applicable to their occupational therapy practice"

b. Include a comprehensive list of definitions for terminology not well-understood outside of health care practice
c. Look to other regulated health professions in Alberta and Canada and engage to help determine an appropriate set of standards
    - Look to what other colleges in Alberta are doing to provide ease and clarity to external partners and clients who may be interacting with multiple health providers
    - Undertake a gap analysis with key partners to assist in determining which additional standards are required.

2. Accessibility and Sustainability

The profession of OT is still not well understood by the public, and the language of the current standards do not facilitate better understanding due to its use of profession specific language. COTO is tackling this challenge by creating two versions of their standards – a plain language version, and an occupational therapy-specific language version. In the interest of serving the public interest and ensuring the standards are sustainable, ACOT would benefit from making its SoP more accessible and general in its language. The complexity and nuance of OT practice can then be supplemented by guidance documents written specifically for registrants (Snelling, 2017).

Recommendations:
a. Create an "expectations" statement for each standard to assist clients in understanding what they can expect from their OT (Physiotherapy Association and College of Alberta, 2017)
b. Evaluate use of language to ensure that it is equitable and in line with current and future best practice
    - Use of OT specific concepts and language within the SoP should not be used unless it helps external partners, including clients of OT services, understand what to expect from their OT.
c. Use the 2021 competencies and the Canadian Practice Process Framework - CPPF (Polatajko et al., 2007) to inform all new standards including a standard relating to Commitment to Equity and Cultural Safety in response to the AARI Final Report
d. Continue to use the header – sub header format for the standards
    - Increased readability for ACOT staff, practitioners, and other interested and affected parties
    - Use principles of Right Touch Regulation – more general, less prescriptive, allowing for an overlay of professional judgement

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[6] The expectation to be aware of ACOT Bylaws is more appropriately captured in an indicator related to registration requirements (i.e., current SoP 1.1 could be amended to read "An occupational therapist shall be registered with ACOT in accordance with provincial regulatory legislation and ACOT Bylaws" as many of the registration provisions currently outlined in the OTPR will be moving into Bylaws as per Bill 46.

- Continue to create guidance documents to provide registrants with additional, more specific direction as needed/appropriate (i.e., practice guidelines, Frequently Asked Questions – FAQs)

3. Engagement

Engagement with partners will be key to understanding registrant and public relationship to the current SoP and what they would like to see for the profession heading into the future.

Registrant participation will be key to understanding and then implementing change at the practice level (Bullock et al., 2020). Additionally, the public perspective and engagement will be key to facilitating access to the SoP, which has traditionally been heavy with OT-specific language. The recommendations below are meant to help create interest and remove barriers to participation.

Recommendations:
a. Use the dimensions of good practice in engagement outlines in *Effective Stakeholder Engagement to Realize the 2030 Agenda in Canada* (Wayne-Nixon et al., 2019) in planning and facilitation
b. Identify a list of appropriate partners and consider how to remove barriers to participation. The International Finance Corporation (2020) writes:
   - "Analyze factors such as access to and quality of connectivity, use of social media platforms, mobile phone coverage, internet access, mobile network providers, language barriers, and alternate nonelectronic engagement channels to provide a range of options" (p. 2)
   - Identify who is not present at meetings and consider how to reach out to them (Wayne-Nixon et al., 2019)
c. Provide several methods of engagement from high to low involvement. This can help to provide access to those with varying levels of time and energy. Ideas from Helbig et al. (2015) include:
   - Provision of information
   - Surveys and questionnaires
   - Virtual engagement sessions
   - Working Groups
d. Consider creative methods of participation and collaboration. Some ideas may include:
   - Use of questionnaires prior to meetings to prompt participants' thinking
   - Progressive questioning to guide discussion during meetings
   - Opportunity to use artistic methods of communication (i.e., Virtual whiteboard) (Beynon et al., 2017; Sulewski, 2020)
e. Consider advertising for registrant engagement during renewal period as E-News is opened more consistently during this time

Conclusion

The format and content of ACOT's current SoP are unique when compared to other regulated health professions across Canada and Alberta. There is no doubt that these standards have served Alberta OTs and their clients well for nearly twenty years. However, as the profession and regulatory best practice evolve, so must our standards. Greater consistency in the standards will assist clients in understanding what to expect from their OT, which in turn increases safety to the public (Bullock et al., 2020; Christmas et al., 2021). ACOT must also consider how to address the need for standards relating to culture, equity, and justice in the refresh in response to changes in Competencies for Occupational Therapists in Canada (2021) and actions identified in the AARI Final Report (Ibarra et al., 2021). Engagement with a variety of interested and affected parties will help to inform the refresh of standards and will have a key role in determining the direction of the refresh. The current changes impacting both ACOT's standards and changes to the models and frameworks that guide the profession provides an excellent opportunity for ACOT to create standards that will serve OTs and Albertans for the next two decades.

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Appendix A. Table comparing **ACOT's Standards of Practice** (2003/2019) to the **Occupational Performance Process Model** (1997) and the **Profile of Occupational Therapy in Canada** (1996). Note, the current SoP also referenced concepts outlined in the core competencies document of the time – **Essential Competencies of Practice for Occupational Therapists 1ˢᵗ ed**. (2000).

ACOT Standards of Practice (2019)	Occupational Performance Profile Model (1997)	Canadian Occupational Therapy Profile (1996)
Standard 1: Maintain Professional Accountability		Demonstration of Professional Accountability
Standard 2: Name, Validate and Prioritize Occupational Performance Issues	Step 1: Name-Validate-Prioritize Occupational Performance Issues	Identification of Clients and Assessment of Occupational Performance, Occupational Roles, and Client Environments
Standard 3: Select a Theoretical Approach	Step 2: Select Theoretical Approaches	
Standard 4: Identify Occupational Performance Components and Environmental Conditions	Step 3: Identify Occupational Performance Components and Environmental Conditions (Step 4: Identify strengths & resources)	Identification of Clients and Assessment of Occupational Performance, Occupational Roles, and Client Environments
Standard 5: Negotiate Targeted Outcomes and Develop Action Plan	Step 5: Negotiate Targeted Outcomes and Develop Action Plan	Planning Goal-Directed OT Services
Standard 6: Implement Action Plan	Step 6: Implement plans through occupation	Implementation and Completion of Service Impacting Occupational Performance Potential within the Context of Occupation-Person-Environment
Standard 7: Evaluate Occupational Performance	Step 7: Evaluate occupational performance outcomes (Step 8: Resolved or unresolved)	Evaluation of Occupational Therapy Service
Standard 8: Communicate Effectively	These are concepts brought in from the Essential Competencies 1ˢᵗ ed. document *Communicates Effectively* and *Manages the Practice Environment*)	
Standard 9: Maintain a Quality Professional Practice		
Standard 10: Maintain Appropriate Boundaries	NA as this standard was included in 2019 as a requirement of amendments to the HPA	