STANDARDS of PRACTICE and CODE of ETHICS REFRESH 2022
Part 2:
Findings From Consultation and Next Steps

APRIL 2022

Background

Authority to Establish Standards

According to Section 3 of the Health Professions Act (HPA):

(1) A college
  - *(a) must carry out its activities and govern its regulated members in a manner that protects and serves the public interest,*
  - *(b) must provide direction to and regulate the practice of the regulated profession by its regulated members,*
  - *(c)* **must establish, maintain and enforce** *standards for registration and of continuing competence and* **standards of practice of the regulated profession,**
  - *(d)* **must establish, maintain and enforce a code of ethics.**

Section 133 of the HPA reads:

(1) A council may, in accordance with procedures set out in the bylaws, develop and propose the adoption of a code of ethics and standards of practice for a regulated profession and may develop and propose amendments to an adopted code of ethics or standards of practice.

(2) The college must provide, for review and comment, a copy of a proposed code of ethics and proposed standards of practice and proposed amendments to
  - *(a) its regulated members,*
  - *(b) the Minister, and*
  - *(c) any other persons the council considers necessary.*

(3) A council may adopt a code of ethics and standards of practice and may adopt amendments to a code of ethics or standards of practice after it has reviewed and considered the comments received from a review described in subsection (2).

Reasons for ACOT's SoP and CoE Refresh

There are several reasons for undertaking on a refresh of ACOT's SoP and CoE at this time:

1. Amendments to the HPA outlined in Bill 46 – *Health Statutes Amendment Act No. 2* (2020):
   a. Requirements relating to continuing competence and competence assessment will be moving from each profession's regulation into SoP (Section 88 in Bill 46 amends HPA section 50(1) and 50(2)).
      - The Health Professional Regulation Unit in the Ministry of Health has provided all regulatory colleges with a document entitled **Framework for Continuing Competence Standards of Practice**.
      - The framework identifies the minimum level of detail and types of information to be included in a Continuing Competence/Competence Assessment (CC/CA) standard when it is submitted in accordance with section 133 of the HPA. It also provides additional suggestions for consideration when developing the CC/CA SoP and supporting policy documents.
   b. Requirements relating to restricted activities will be moving into a new *Restricted Activity Regulation* and requirements relating to who can perform restricted activities will be moving from each profession's regulation into SoP (Section 72 of Bill 46 adds a new Part 0.1 Health Services Restricted Activities).
      - The new Section 1.6(1) of the HPA requires SoP respecting how a registrant performs the restricted activity(ies), who is permitted to perform a restricted activity under supervision and how that supervision must happen (i.e., direct or indirect).
      - It is expected that these details, which are currently outlined in the *Occupational Therapists Profession Regulation*, will be written "as is" in the new Restricted Activities SoP.

2. Recommendations from the Acting Against Racism and Intolerance (AARI) Final Report (2021):
    a. Apply gender neutral language.
    b. Add a new Standard of Practice: Demonstrate commitment to equity and cultural safety.
    c. 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.
    d. Amend 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.'*
    e. Add a new CoE indicator within the principle of Respect.
    f. Update CoE examples to include social and cultural identities of the players in the scenarios (i.e., the OTs and the clients).
3. ACOT's current SoP look different than the SoP adopted by other Alberta health professions and other Canadian OT colleges. This difference in structure and content between ACOT's SoP and the SoP of the allied health professions OTs work alongside, contributes to confusion for OTs, their clients and their employers.
4. The reason that ACOT's current SoP look different is because they parallel/mirror the content of the practice profiles, models and competencies of the time they were developed (Occupational Performance Process Model - Fearing et.al.,1997; Occupational Therapy Practice Profile – CAOT 1996; Essential Competencies for Practice for Occupational Therapists in Canada 1st ed – ACOTRO 2000). They have not evolved along with the theoretical underpinnings of the profession or the social, political, or organizational/institutional contexts in which occupational therapy services are currently practiced/delivered.

Preliminary Findings and Recommendations

Prior to the start of this project, ACOT staff had a sense of which SoP and CoE would be needed going forward. This sense came from consideration of the practice queries and complaints received in recent years, together with a thorough review and mapping from ACOT's current SoP to the recently released Competencies for Occupational Therapists in Canada (ACOTRO, ACOTUP, CAOT 2021).[1]

For example:
a. A closer examination of complaints fielded by ACOT staff from June 2020-March 2022 (n=18) revealed that investigated complaints often involved an element of poor communication including lack of clarity of what a client/parent could expect in terms of services provided, fees charged and other terms of service agreement. Lack of access to assessment/treatment reports and other forms of client documentation as well as confusion about ownership or release of client records also played a part in the complaints received – spanning standards for both communication and documentation. Issues relating to respectful interactions with clients were also prominent (Code of Ethics).

b. Of the hundreds of practice queries fielded in the past two years, questions relating to expectations for: seeking, receiving and documenting informed consent; documentation of services; retention and disclosure of client records; OT scope of practice (i.e., is it OT? Can I or the staff I supervise perform a certain activity – restricted or otherwise?) and dealing with ethical scenarios rank highest in query frequency.

c. The 2021 Competencies are comprehensive and capture many of the aspects of safe, ethical and competent OT practice. However, there are concepts which are not addressed or described in the required level of detail. This includes expectations for communication, documentation and supervision of therapist assistants and other personnel an OT is responsible/accountable for.

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[1] Reports summarizing the results of these review and mapping exercises are available on request.

As well, a jurisdictional scan and search of the literature was conducted in December 2021 (see ACOT Refresh 2022 Part 1: Findings and Recommendations from the Jurisdictional Scan and Literature Search). Recommendations from this preliminary work are captured in the outcome criteria listed in the following section.

Desired Refresh Project Outcome

At project completion ACOT will have a set of standards and code that:
- ✓ Encompass the minimum expectations of ethical and competent OT practice regardless of an OT's role (clinical/non-clinical), practice area, practice setting or how long they have practiced.[2]
- ✓ Are clear and understandable to members of the public, registrants and other key partners (post-secondary institutions, employers, etc.). This will require use of:
  - Plain language whenever possible.
    - o Use of OT-specific concepts and terminology should be avoided unless it helps external partners and clients of OT services understand what to expect from their OT.
    - o The exception to this preference for plain language usage will be when we have to bring content from the *Occupational Therapists Profession Regulation* into a standard "as is" so that our authority remains (i.e., continuing competence, competence assessments and expectations for the performance and supervision of restricted activities).
  - Principles of *Right Touch Regulation* (Council for Healthcare Regulatory Excellence, 2010) where the performance expectations/indicators within each standard and code are high-level and not overly prescriptive.
    - o This will allow for the overlay of professional judgement depending on a registrant's role, practice area and practice setting and what is needed for/important to each client.
    - o More detailed guidance documents will be prepared outside of the SoP/CoE to provide registrants with additional, more specific examples of how to interpret and apply the standards and code in their practice.
- ✓ Address the requirements listed in the HPA and Bill 46.
  - Section 133.1 of the HPA outlines the specific requirements for what needs to be included/described in the standard relating to Prevention of Sexual Abuse and Sexual Misconduct.
  - There is specific content all colleges are expected to include in their Continuing Competence, Competence Assessment and Restricted Activities standards.
- ✓ Address the recommendations in the Acting Against Racism and Intolerance Final Report (2021) as listed above.
  - This includes our obligation to interrogate critically ACOT's own position within structures of oppression (Hammell et al., 2022).
- ✓ Don't duplicate content in the Competencies for Occupational Therapists in Canada (ACOTRO, ACOTUP & CAOT 2021) except when needed to clarify or describe province-specific and/or ACOT-specific requirements.
- ✓ Align with, but are not bound by, profession-specific concepts which can become outdated and are not always understood by members of the public.
  - Efforts will be taken to align with the newest models and approaches described in the newly published Promoting Occupational Participation: Collaborative Relationship-Focused Occupational Therapy (Restall & Egan, 2022). This new text highlights the new Canadian Model of Occupational Participation (or CanMOP) and the Canadian Occupational Therapy Inter-Relation Practice Process.

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[2] OTs can work as practitioners/clinicians, consultants, educators, researchers or administrators. The recipient of OT services (the client) may be an individual, group, organization, system or combination of these. OT services are provided in settings such as acute care, mental health and/or rehabilitation facilities, home and community care programs, early childhood programs and schools, post-secondary institutions, private practice, etc. OTs are also involved in education, research and policy development in post-secondary institutions, health/social service agencies, governments, etc.

- However, it is recommended we don't limit OTs to models, approaches or frameworks currently used in Canadian practice like our current standards do (in Standard 3 – select a Theoretical Approach); particularly if there are other internationally accepted models/approaches/frameworks which could work better for their client population.

Importance of Engagement

Although there is no legislated requirement to consult or engage registrants or other key partners before or during the drafting of the new SoP and CoE [3], engagement early and often throughout the refresh project is seen as crucial to the successful development and implementation of ACOT's new standards and code. Quoting from a recently published systematic review of the literature relating to engagement in healthcare guideline development, Petkovic et al. (2020) suggest:

> …an inclusive, comprehensive, and equitable approach to stakeholder engagement is important to ensure that the guidance developed is representative and relevant for all stakeholders, including those who are involved in implementing guidelines and those affected by the recommendations developed within those guidelines. (p 8)

As well, we have an obligation to acknowledge and critically question how the profession of occupational therapy and ACOT as the regulator of the OT profession in Alberta have and continue to contribute to the privileging of "Eurocentric, White-centric, ableist, and middle-class perspectives" (Hammell et al., 2022). To contribute to the transformation of the OT profession via the regulation of competent and ethical OTs, we need to "embrace a participatory process that is equity-oriented, contextually embedded and imbued with cultural humility" (Laliberte-Rudman 2021 p. 103).

As such, the goal of engagement is to ensure the comprehensive and inclusive involvement of interested individuals, groups and organizations who are both representative of the population of OTs in Alberta and the clients they serve from the outset of the project.

Identifying Partners and Levels of Engagement

The changes to SoP and CoE must consider the needs and expectations of the following partners:

- 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/recipients of OT services - 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 practice,
- Employers and OTs in private practice - who may refer to the standards and code in the development of services/programs or to determine performance expectations for themselves or the OTs they employ,
- Other regulatory organizations in Alberta - whose registrants practice alongside OTs in various workplaces,
- Other regulators of OTs across 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.

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[3] HPA s133(1) only requires ACOT to provide registrants with the opportunity to review and comment on proposed amendments after they are drafted.

The level at which these individuals/groups/organizations are engaged varies depending on their interest and influence in the outcome of the refresh project. Petkovic et al. (2020) narrow down four main levels of engagement based on their review of the literature (p.4) – communication, consultation, collaboration, and coproduction. The four levels and who ACOT sees as the recipients of each level are described in the table below.

Communication – parties receive information, no role in contributing *(Inform)**	Alberta Federation of Regulated Health Professions (AFRHP); Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO); Society of Alberta Occupational Therapists (SAOT); the Canadian Association of Occupational Therapists (CAOT); Registrants (not all will be available to engage in this work)
Consultation – parties provide views, thoughts, feedback, opinions or experiences without a commitment to act on them *(Consult/Involve)**	Registrants (via attendance at ACOT sessions); Acting Against Racism and Intolerance (AARI) Committee members; other regulatory organizations; UofA OT Department; Government of Alberta (via Director of Health Profession Regulation); CAOT – Indigenous Health Network (OT-IHN); AHS OT Professional Practice Council (PPC); Covenant Health (CH) OT leadership group, other major OT employers

Collaboration – parties are engaged to influence and provide input on content without direct control over decisions *(Involve/Collaborate)**
 	
 Coproduction – parties participate in all steps of process and make collaborative decisions to shape the end product *(Collaborate/Empower)**
	Collaboration and Coproduction to occur via:
	• <u>Working Groups</u> (WGs)
	  o one each for SoP and CoE with possibility of a sub working groups for the AARI Report recommendations and Restricted Activities
	  o member of Council as Chair
	  o WG members recruited through both open and intentional requests with a goal of ensuring membership is representative of the population of OTs in Alberta and the clients they serve. Specific requests to Indigenous, Black and racialized OTs and OTs with lived experience of discrimination due to disability, gender identity or sexual orientation.
	  o Will expand to include additional sub-working groups as required (i.e., for Restricted Activities or AARI recommendations)
	• <u>Refresh Steering Committee</u> (RSC)
	  o member of ACOT Council as Chair
	  o Intentional recruitment from AARI Committee, AHS – PPC, CH – OT leadership group, UofA Department of OT, CAOT – OT and Indigenous Health Network (OTIHN), Therapy Assistant training institutions, ACOT Complaints Director, recipient of OT services, non-health system representatives (i.e., private practice and school-based practice)

*Note, these levels align with the five levels described in the proprietary and copyrighted [IAP2 Spectrum of Public Participation](#) – Inform, Consult, Involve, Collaborate, Empower.

The following section of this report summarizes the findings from the activities undertaken at the initial consultation level. Plans and recommendations for collaboration and coproduction via the Working Groups and Refresh Steering Committee will be discussed in the Next Steps section.

Consultation Activities

As per the recommendations in the Refresh 2022 Part 1 report, both real-time (live sessions) and asynchronous (input survey) engagement opportunities were offered for the purpose of gap analysis and determining/validating which additional standards ACOT needs to have.

    a. <u>Live consultation sessions</u>

A total of 18 key partner, on-request and open consultation sessions were hosted from Mar 2 – Apr 22, 2022.
• *Key Partner sessions* – direct requests were made to groups with high interest and/or high influence in the outcome of the Refresh Project. **Five sessions with a total of 46 attendees** were held with members of the following:
  o ACOT Council

- o   ACOT's Acting Against Racism and Intolerance (AARI) Committee
- o   Covenant Health – OTs in leadership
- o   Alberta Health Services – OT Professional Practice Council
- o   University of Alberta – Department of Occupational Therapy
- o   CAOT – Occupational Therapy and Indigenous Health Network (OTIHN)

- *On-request sessions* - specific workplaces/communities of practice were invited to contact ACOT to arrange an engagement session with their team/group. **Seven sessions with 90 attendees** were scheduled with workplaces ranging from an urban acute care hospital, a community mental health program, a long-term care provider, a group-based private practice and three school boards.

- *Open sessions* - attended primarily by registered members of ACOT, but staff from other Alberta and Canadian regulatory organizations also attended. (**Six sessions with 31 attendees**)

Each 1-hour session included an introductory presentation outlining the evolution of ACOT's current SoP and the reasons why the refresh project is happening at this time. Examples of what other Colleges (in Alberta, across Canada and one international example) have as SoP were provided to get attendees thinking about how ACOT's SoP and CoE might look in the future. Sessions concluded with an interactive activity using a virtual collaboration tool (MURAL) where attendees were asked to map the SoP headings from other regulatory organizations to ACOT's current SoP headings as a way of identifying both gaps in our current SoP as well as concepts to keep. Screenshots of the two activities attendees were asked to participate in are included below.

For the first activity, the headings of the SoP from other regulated professions in Alberta (whom OTs commonly work beside) were written on virtual sticky notes. The headings from other OT colleges across Canada and Ireland were also used as examples of the SoP that have been adopted by other regulatory organizations.

Session attendees were asked to move each sticky note to the column of the ACOT SoP/CoE heading they thought it most closely aligned with. There were columns for each of the ten SoP, one for the three CoE principles and a "Not Sure" and "Possible Gap" columns. Attendees were cued to not overthink the placement, and that there were no right or wrong answers.

Where specific sticky notes ended up was less important than the pattern of distribution which was created as noted in the two examples below.
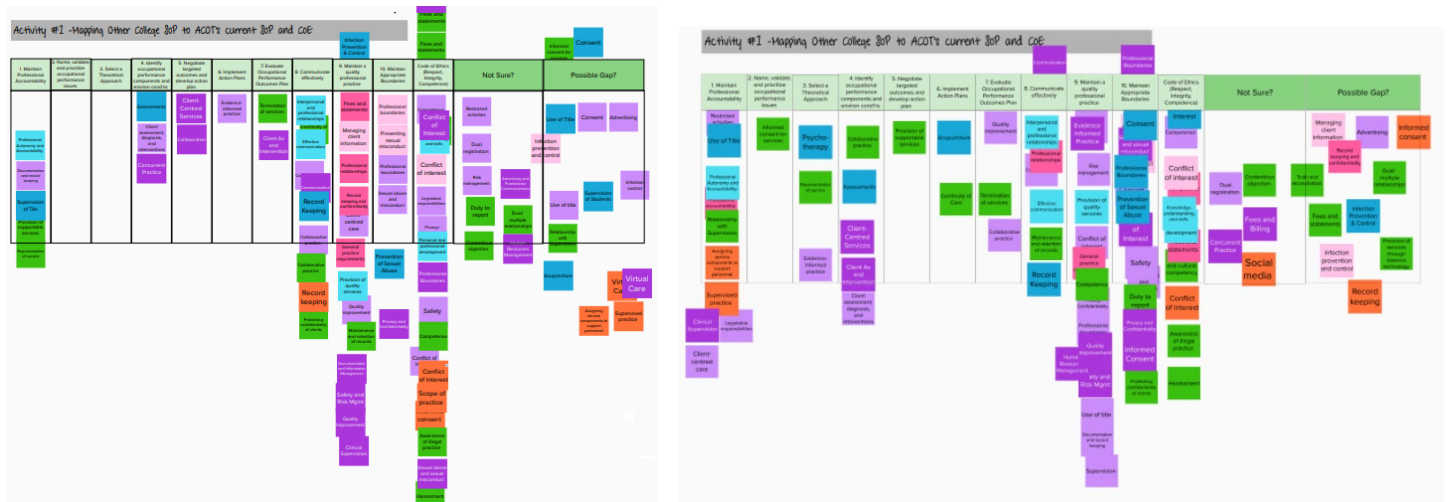
It was common to see more stickies in the columns for SoP 1 – Maintain Professional Accountability, SoP 8 – Communicate Effectively, SoP 9 Maintain a Quality Professional Practice, SoP 10 – Maintain Appropriate Boundaries and the column for the three CoE indicators of Respect, Integrity and Competence. Session attendees noted that headings that were more descriptive/plain language (rather than OT-specific terminology) were easier to draw a line of parallel to when they weren't certain of the content within each of ACOT's SoP. For example, the column for SoP 2 – *Name Validate and Prioritize Occupational Performance Issues* seldom had any stickies in it even though the content within the standard covers key points of discussing and documenting terms of agreement for services and consent to proceed with services.

For the second activity, attendees were asked to identify possible gaps, concepts to keep and any new ideas that the first activity generated. The parking lot section was for any ideas outside the scope of the refresh project that we wanted to document for future consideration.

Examples

b. Refresh Input Survey

For people who were not able to attend one of the live sessions, a recording of the session as well as a link to a survey were provided where they could learn about the refresh project and offer input at their convenience. The survey mirrored the mapping/gap identification activities offered in the live sessions.

For example, the Refresh Input Survey listed a smaller collection of the most common SoP headings used by other regulated professions in Alberta and Canada. Survey respondents were cued to indicate whether the concepts:

- are already captured in ACOT's current SoP or CoE (either directly or indirectly)
- represent gaps in our SoP/CoE which could be filled
- are not in captured in our current SoP/CoE but aren't applicable to all OTs (e.g., only applicable to those in certain practice settings such as private practice)

A follow-up question asked respondents to identify which of the SoP headings they saw as being the most important to include in ACOT's new standards and code. Respondents were invited to list up to five SoP headings and rank them according to priority/level of importance.

Twenty people completed the survey. Approximately half of the respondents also attended a live session and chose the survey as an additional way to put forward their ideas/suggestions, which was permitted and encouraged.

Findings

The gaps that session attendees and survey respondents noted are listed in the table below. The options for headings were selected from the SoP commonly adopted by other regulators in Alberta and Canada.

In addition to identifying gaps, survey respondents were also cued to identify five of the headings which they saw as being the highest priority for ACOT to include (or keep) in the new set of standards. Often, an identified gap was not flagged as a priority. For example, although 13 respondents identified expectations on Advertising as a gap in ACOT's current SoP, it was only flagged as a priority once. This is likely because respondents were cued to identify priorities from gaps that would be applicable to all OTs - Advertising (and Fees & Billing) would apply primarily to OTs in private practice. In Alberta, OTs are employed predominantly by public health and education systems; only about 20% of OTs indicate practicing in a solo or group-based private practice.

As well, 10 respondents identified expectations relating to cultural competency and/or addressing the Calls to Action in the Truth and Reconciliation Committee's report as missing from ACOT's current SoP; all 10 respondents also flagged this gap as a priority for ACOT to address.

Other times, a SoP heading was listed as a priority even if it wasn't flagged as a gap. For example, three respondents identified Communication as a priority even though no one flagged it as a gap. Similarly for Professionalism/Professional Boundaries; it was identified as a priority by six respondents when only two flagged it as a gap. This is a reminder that there is content within ACOT's existing SoP and CoE which should be kept and carried over to the new standards and code.

Standard of Practice Heading	Number of times flagged as a Gap or Priority in a live session or in a survey response		
	No. of times flagged in a Live Session (n=18)	No. of times flagged in a Survey Response (overall n=20)	
	Gap	Gap	Priority*
Advertising	13	13	1
Client Assessment and Intervention*	6	9	2
Collaborative Practice	9	6	6
Communication*	9	0	3
Conflict of Interest*	10	3	0
Consent*	15	4	4

Standard of Practice Heading	Number of times flagged as a Gap or Priority in a live session or in a survey response		
	No. of times flagged in a Live Session (n=18)	No. of times flagged in a Survey Response (overall n=20)	
	Gap	Gap	Priority*
Diversity and Cultural Competency (and Truth and Reconciliation)*	10	10	10
Documentation & Record Keeping*	9	2	2
Evidence-Informed Practice*	1	2	3
Fees & Billing	13	13	2
Infection Prevention & Control*	7	1	3
Practice Safety/Quality*	9	4	4
Privacy & Confidentiality*	3	1	1
Professionalism/ Professional Boundaries*	8	2	6
Professional Development (or Competence*)	4	1	2
Restricted Activities* (or Controlled Acts)	11	5	4
Risk Management*	4	6	1
Supervision* (of students, re-entry OTs, support personnel)	13	9	6
Telepractice (or Virtual Practice/Care)	16	11	4
Use of Title	8	2	3
Additional Standard of Practice headings flagged as gaps in Live Sessions			
Concurrent Practice/Multiple Relationships	7		
Dual Registration (within and outside of province)	6		
Duty to Report*	4		
Professional and Legislative Responsibility/ Accountability*	5		
Social Media	13		

*identified by ACOT as content to keep in/add to in the new set of SoP and CoE prior to consultation
**respondents could list up to 5 priorities

The top ranking gaps identified in the consultation sessions (frequency range of 9 -16):

Ranking (No. of times flagged)	SoP heading
#1 (16)	Telepractice/Virtual Care
#2 (15)	Consent*
#3 (13)	Advertising Fees & Billing Social Media Supervision*
#4 (11)	Scope of Practice/Restricted Activities*
#5 (10)	Cultural Competency/Truth and Reconciliation* Privacy and Confidentiality*
#6 (9)	Collaborative Practice Communication* Documentation and Record Keeping* Practice Safety/Quality*

*Also flagged by ACOT as priorities based on analysis of investigated complaints, practice queries and mapping to 2021 Competencies

Discussion

The findings from the consultation sessions and survey help to validate what ACOT had been thinking would be important concepts to include in the new set of standards and code. Additional priorities were identified by participants and should be considered when deciding which SoP and CoE ACOT should include going forward.

It is important to note that session attendees and survey respondents were identifying gaps and priorities based on the headings of ACOT's current SoP and those of the various colleges – not the content within them. They were sorting and selecting based on their assumptions of the content using the heading as a cue. Six of ACOT 's SoP headings use OT-specific terminology which don't clearly reflect the content within the standard. ACOT SoP 2 was used as an example of this earlier; SoP 4, 5, 6 and 7 are additional examples. Together standards 4-7 outline useful and still relevant expectations for OTs when undertaking assessments and collaborating with clients to plan, implement and evaluate effectiveness of interventions, but this is not obvious from their headings (SoP 4 - *Identify Occupational Performance Components and Environmental Conditions*; SoP 5 – *Negotiate Targeted Outcomes and Develop Action Plan*; SoP 6 – *Implement Action Plans*; SoP 7 – *Evaluate Occupational Performance Outcomes Plan*). It would be clearer to list these expectations in an Assessment and Intervention standard like what Physiotherapy Alberta has or within a Service Delivery standard like the Alberta College of Speech Language Pathologists and Audiologists.

To ensure that useful content within ACOT's current SoP and CoE is not lost in the new set of standards and code, it would be advisable to complete another mapping exercise. An exercise where content in the current SoP/CoE are mapped back to the content in the new SoP/CoE.

Next Steps: Collaboration and Coproduction Activities

Working Groups and Steering Committee

The consultation activities described above represent only one level of engagement. ACOT Council has approved the creation of a Refresh Steering Committee (RSC) and Working Groups (WG - one each for the SoP and CoE, with additional sub-working groups as necessary). Under leadership of Council representatives as Chairs of each group, the RSC and WGs will work collaboratively to coproduce ACOT's new Standards of Practice and Code of Ethics.

The WGs and RSC will serve as both the collaboration and coproduction levels of engagement – where members are engaged to influence and provide input on content (collaboration) and make collaborative decisions to shape the end product (coproduction). Through key points of overlap (i.e., some members will sit on more than one group), members of each group will work together to draft and review the content of the new SoP and CoE.

WG and RSC members will work from a list of recommendations generated from the findings of the jurisdictional scan and literature review (see Refresh 2022: Part 1 report) as well as the consultation activities described in this report.
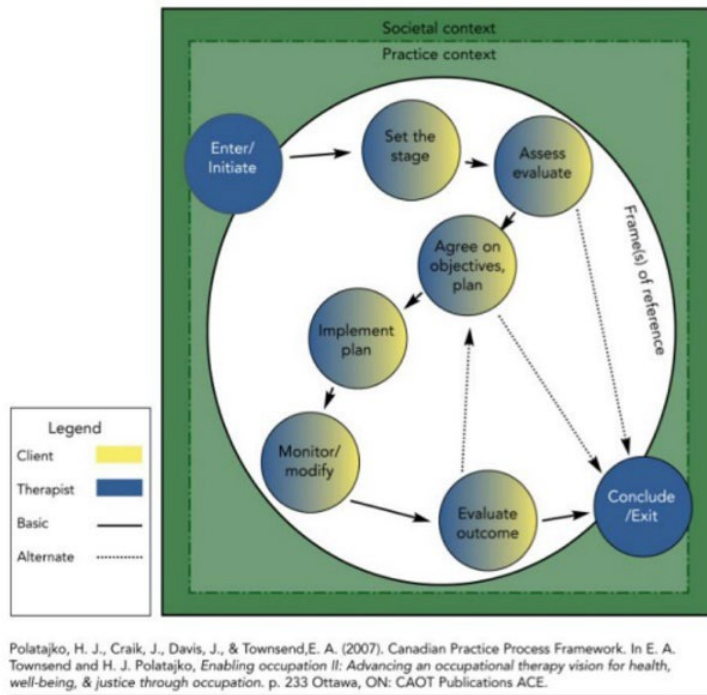
Project Management Framework

To assist in organizing the tasks and activities that need to be completed and not lose sight of the perspectives that need to be considered and incorporated into the new set of standards and code, it helps to utilize a framework. While there are many project management or change management frameworks that could provide the needed structure for the refresh project, there is also an OT practice framework that has proven useful in guiding the preliminary project work – the Canadian Practice Process Framework (CPPF) (or the soon to be released Canadian Occupational Therapy Inter-relation Practice Process). Although most OTs would be familiar with application of the CPPF in clinical practice; it has utility in non-clinical practice as well.

Each of the steps, which can be take both linearly and iteratively, can be taken viewing both the current SoP/CoE and the registrants (and other end users of the new SoP/CoE) as the client. For instance, with the SoP and CoE as the client, the occupation they need perform is to define and describe the minimum expectations of ethical and

competent OT practice in a way which is understandable to all who need to implement/apply the standards and code. Viewing the registrants and other end users as the client in this project, the occupation could be the ethical and competent delivery of OT services and the SoP/CoE are one of the tools they use to do so. Indeed, members of the WGs and RSC (the therapist) may have additional views on who is the client(s) and their occupation(s) in this work.

In their current state, ACOT's SoP and CoE are functioning well enough to guide practice and OTs are adhering to them very well, but they could function even better.[4] To support the SoP and CoE and the OTs who use them to achieve optimal "occupational function/performance/ participation", we can undertake an occupational analysis; an "initial "assessment" of sorts – seeking to understand the purpose of our SoP and CoE by assessing their current functional status.

Polatajko, H. J., Craik, J., Davis, J., & Townsend,E. A. (2007). Canadian Practice Process Framework. In E. A. Townsend and H. J. Polatajko, *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, & justice through occupation.* p. 233 Ottawa, ON: CAOT Publications ACE.

CPPF Stage	Reasons/Activities
Enter/Initiate	Bill 46 and the AARI Report recommendations got the ball rolling but a refresh was overdue
Set the Stage	Current SoP/CoE out of date; gaps lead to lack of clarity and direction for OTs and could compromise ACOT's public interest mandate
Assess/Evaluate	Jurisdictional scan, literature search, initial engagement (registrant/key partner consultation); analysis of practice queries and complaints
Agree on Objectives/Plan	More in-depth engagement (collaboration and co-production) – establishment of WGs and RSC; identify and adopt a strategy/tool for determining whether a SoP is required and to assist with prioritizing; continue to scan, compare and pull from content used in regulatory colleges' SoP/CoE
Implement Plan	Working Groups (WGs) to assist with drafting new SoP and CoE according to recommendations in Refresh Reports Part 1 and Part 2 and RSC direction

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[4] In past registrant surveys (see the CCP Review 2019 report), a sense of disconnect from the SoP and CoE has been voiced. Including complaints of them being too abstract or theoretical to reflect the realities of daily clinical or non-clinical practice.

CPPF Stage	Reasons/Activities
Monitor/Modify	RSC reviews drafts with an eye to impact and implementation of the new SoP/CoE; offers feedback and additional guidance/decision-making support as required
Evaluate Outcome	Determine if outcome achieved in the short-term (SoP/CoE meet outcome criteria - simple/understandable, consistent, accessible, inclusive of different ways of knowing, being, doing) and the long-term (tracking of CCP quality, practice query and complaints volume)
Conclude/Exit	Need to create an expectation that SoP/CoE should be reviewed regularly (i.e., every 5yrs?). Next phase of project – creation of supporting documents/resources, adopting and implementing the new SoP/CoE (e.g., educating OTs and their employers)

When drafting the new SoP and CoE, Working Group and Refresh Steering Committee members will need to keep in mind the practice and social contexts influencing the ethical and competent practice of OT now and in the future. Some of the contextual influences and factors to keep in mind are listed in the following table:

Context	Influences/Factors to consider
Practice	e.g., staffing/recruitment challenges, political/economic climate impacting service delivery and funding, current and future public health emergencies, 2021 Competencies, new OT Model and practice process, ACOT mandate, etc.
Societal	TRC – Calls to Action, UN Declaration on the Rights of Indigenous Peoples, Acting Against Racism and Intolerance Report, Bill 46, etc.
Frame(s) of Reference	Critical race, disability lenses; justice, equity and rights-based lenses

Project Timelines
The activities to be completed by the WGs and RSC and estimated dates of completion in 2022 are outlined in the table below.

Activity	May	June	July	August	Sept	October	Nov	Dec
STANDARDS of PRACTICE								
Draft CC/CA and RA SoP (and send out for registrant review and comment)	�	▮						
CC/CA and RA SoP to GoA		▮						
Drafting of remaining SoP (sending out for registrant review as each one is ready)			▮	▮	▮	▮	▮	
CC/CA and RA SoP to be adopted by Council once Bill 46 proclaimed								
Remaining SoP ready for Council Review								▮
CODE of ETHICS								
Draft of CoE Updates						▮	▮	
Draft CoE ready for Council Review								▮

Implementation of the new SoP and CoE is expected in 2023. The work of implementation is outside of the scope of the Refresh Project WGs and RSC.

Activity	2023											
	January	February	March	April	May	June	July	August	Sept	October	Nov	Dec
ADOPTION and IMPLEMENTATION												
Submit updated SoP/CoE to GoA and await feedback	�	▒										
Council Motion to adopt new SoP/CoE (TBD)			?	?	?	?	?	?				
Supporting document drafting (new guidance documents and amending existing ones to reflect new SoP/CoE)	▒	▒	▒	▒	▒	▒	▒	▒				
SoP/CoE Roadshow (can be combined with CCP Info sessions)										▒	▒	
New SoP/CoE incorporated into CCP Self-Assessment in time for 2024-25 renewal												▒

Refresh project progress will be reported on the ACOT website. ACOT registrants and other key partners will be reminded to refer to the website for updates.

CONCLUSION

ACOT would like to thank everyone who participated in the consultation activities as well as the 30 registrants and members of the public who have put their names forward to sit on the Working Groups and Refresh Steering Committee. The refresh of ACOT's SoP and CoE is a considerable undertaking which will be made easier with the diverse perspectives and experiences at the table.

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