BACKGROUND[1]

There are several reasons compelling the Refresh of ACOT's Standards of Practice (SoP) and Code of Ethics (CoE) at this time. Including:

- Amendments to the *Health Professions Act* (HPA)
- Recommendations in the Acting Against Racism and Intolerance Final Report (AARI Report 2021)
- The current structure and content of ACOT's SoP differs from the SoP adopted by other Alberta Health professions and other Canadian occupational therapy colleges
- The current SoP and CoE haven't been amended since they were adopted in 2003/2005 (except for the inclusion of a standard relating to sexual abuse and sexual misconduct in 2019)

The legislated authority for the Refresh Project as well as guiding direction from various reports and calls to action have been listed in Appendix A.

Desired Outcome of the Refresh Project

To develop a set of practice standards and ethical code which meet the following criteria:

- Encompass the minimum expectations of ethical and competent OT practice regardless of an OT's role (clinical/non-clinical), practice area, practice setting, how long they have practiced and/or experience level.
- Are clear, understandable and meaningful to members of the public, registrants and other key partners (post-secondary institutions, employers, etc.).
- Address the requirements listed in the *Health Professions Act (*HPA) and Bill 46 – the *Health Statutes Amendment Act* No.2.
- Address the recommendations in the Acting Against Racism and Intolerance Final Report (2021) including weaving of equity and justice content throughout the new SoP/CoE
- Complement (but not 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 profession-specific concepts and terminology when and where appropriate (i.e., models and frameworks of occupational therapy practice) and reinforce (and define) occupation as our purpose.

Multi-level engagement (communication, consultation, collaboration and co-production)[2] early and often throughout the refresh project is seen as crucial to the successful development and implementation of ACOT's new standards and code.

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

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[1] See the Refresh 2022 Report Part 1: Jurisdictional Scan and Literature Search and Refresh 2022 Report: Part 2 – Findings from Consultation and Project Recommendations for more detailed Refresh Project background and information.
[2] These four-levels of engagement are described in a literature review on engagement strategies for health policy development (Petkovic et al. 2020).

set of Standards of Practice and Code of Ethics. This will be done in close consultation throughout the project with the members of ACOT's Acting Against Racism and Intolerance (AARI) Committee and other key partners, including Indigenous OTs and the Occupational Therapy and Indigenous Health Network – OTIHN.

PURPOSE and SCOPE

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 using the Canadian Practice Process Framework (CPPF) Canadian Occupational Therapy Inter-relation Practice Process – COTIRPP as a project management framework. The CPPF and COTIRRP frameworks remind members of the WGs and RSC to consider and anticipate the impact of contextual influences on the Refresh Project. They also require the use of a frame of reference or lens(es) to view the work through. Justice, equity and rights-based lenses are recommended in the COTIRPP (see page 13-14 Refresh 2022: Part 2 report for more information).

The members of the WGs and RSC will also work together to identify the best ways of measuring attainment of the Refresh Project outcome criteria (e.g., checklists, testing content with registrants and other key partners, readability/accessibility tools, other equity/rights-based tools, etc.).

Beyond the scope of this project will be the creation of supporting documents that provide specific direction and/or guidance on how to apply the standards and ethical principles in practice. If required, this could be reconsidered if the WGs/RSC think it is necessary to draft the supporting documents in conjunction with the drafting of each new SoP and CoE.

Although the RSC will be reviewing the drafts of SoP and CoE with an eye towards implementation and evaluation, the formal implementation and evaluation planning lies outside the scope of this project.

ROLES AND RESPONSIBILITIES

All members are expected to approach this work drawing on their professional and personal experience while also considering the needs and expectations, not just of ACOT and ACOT registrants, but also the public and recipients of OT services, post-secondary training institutions, employers and OTs in private practice, other regulatory organizations in Alberta and Canada, and the provincial government.

Members are also expected to approach this work with humility, respect and openness to all perspectives and experiences. Any issues or concerns should be raised in a way that the person is comfortable with (real time/after the meeting, directly or via the chair/project manager) to ensure that each issue can be addressed promptly and without judgement. Members contribute to creating a socially, emotionally and spiritually affirming environment for sharing and discussing viewpoints and decision-making. A list of values along with actions to demonstrate those values was prepared in consultation with members of the SoPWG and RSC (See Appendix B). The content in this appendix will serve as the foundational guide for creating an equitable and transformative space for the Refresh Project work to be undertaken.

The roles and responsibilities of members are as follows:

Project Manager:
- Provide secretariat support to Chairs and members of the WGs and RSC (scheduling, prepare meeting materials; record and circulate meeting notes; provide access and support for shared drives, maintain action and decision logs, etc.).
- Guide/oversee the work of the WGs and RSC, coordinate assignment/delegation of tasks/actions and assist Chairs in tracking task/action completion.
- Draft preliminary SoP and CoE content for WG consideration and feedback.
- Facilitate review process with ACOT Council and Ministry of Health.

RSC and WG Chairs:
- Support Project Manager and all WG/RSC members to ensure opportunities for engagement and inclusion. Recommend establishment of additional sub-groups and additional registrant consultation as needed.
- Ensure the public interest, ACOT's legislated duties (HPA/Bill 46) and Council priorities (AARI recommendations) are prioritized in the project work.
- Support and model collaborative decision-making and consensus building.
- Promote open and collaborative discussions, ensuring members feel heard and have the ability to contribute their respective views, experiences and recommendations.
- Draw on professional and personal experience and leadership skills to guide and support the project.
- Work with Project Manager to ensure accountability of task/action assignment and completion.

SoP Working Group (to start May 2022):
- Recommend and prioritize the topics ACOT could include in the new set of SoP (based on initial registrant consultation) for RSC consideration.
- Conduct scans of content within the SoP of other colleges to identify key content for ACOT to include in each new SoP.
- Work with Project Manager in the development of SoP drafts which will be brought to the RSC for review.
- Explore methods/approaches of measuring attainment of project outcomes for RSC consideration.

CoE Working Group (to start Sep 2022):
- Have awareness of draft SoP content and identify duplication or gaps which could be addressed/included in the new ethical code.
- Conduct scans of content within the CoE of other colleges to identify key content for ACOT to include in the new ethical code for RSC consideration.
- Work with Project Manager in the development of CoE drafts for RSC review.
- Explore methods/approaches of measuring attainment of project outcomes for RSC consideration.

Refresh Steering Committee (to start June 2022): - Drawing on their own professional and personal experiences and the needs/expectations of their organizations (as appropriate), members will assist to:
- Finalize topics for inclusion in ACOT's new SoP and CoE, including the order they will be developed based on WG recommendations.
- Finalize the methods/approaches for measuring attainment of project outcomes.

- Review and provide feedback on draft SoP/CoE content with an eye towards:
  - implications for practice, whatever form that practice might take (e.g., do the standards and code make sense for the various and diverse OT roles and practice areas/settings? do they align with/augment existing employer policies? or OT/TA curriculum and teaching/education practices? etc.);
  - implementation (e.g., ways they can support rolling out the new set of standards and code, anticipate and plan for changes that may need to happen to existing policies, curriculum, performance management procedures, etc. to ensure alignment with the new standards and code) and post-implementation evaluation.

REPORTING STRUCTURE

Intended interactions between groups are depicted below: [3]

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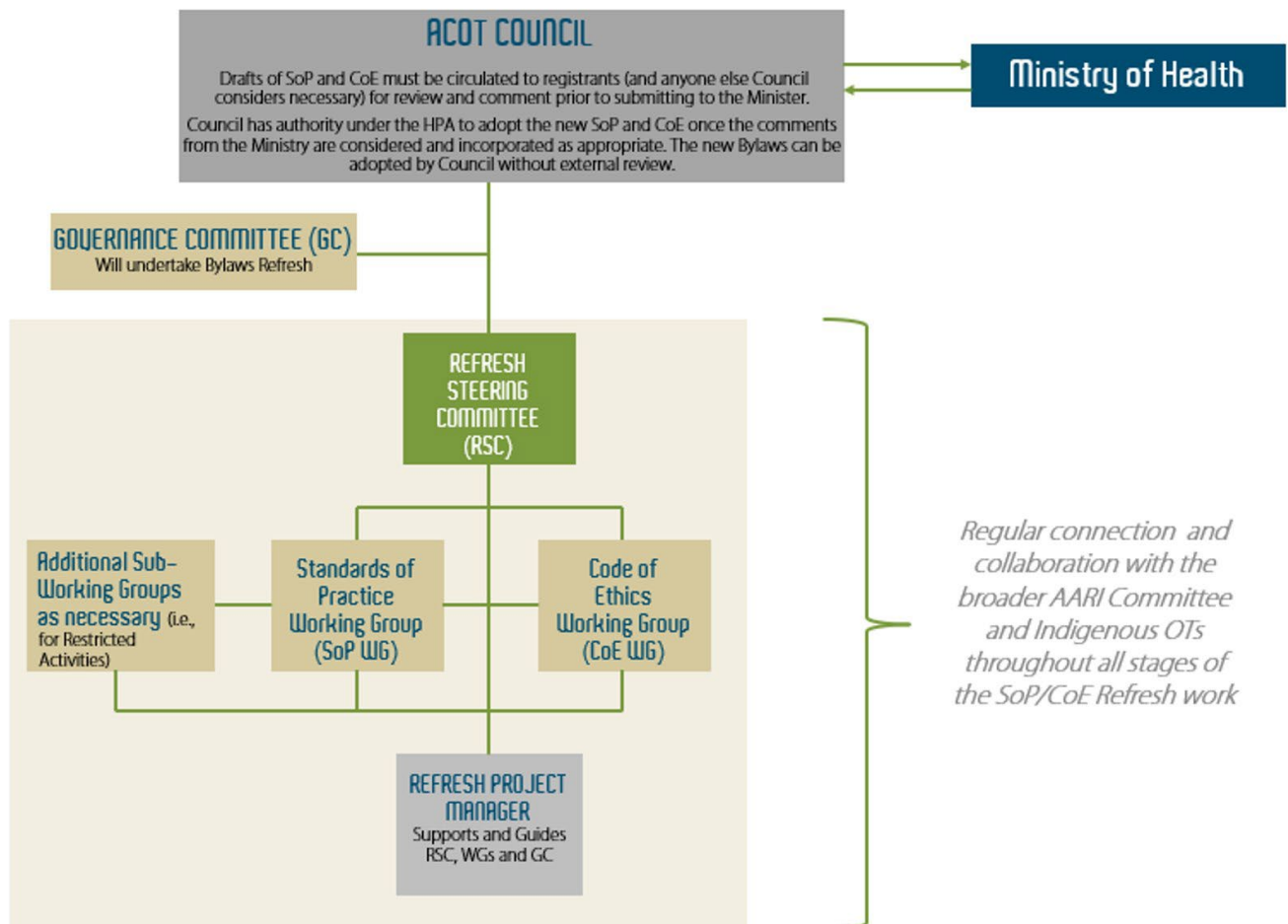
[3] ACOT's Bylaws also need to be updated based on amendments to the HPA outlined in Bill 46. ACOT's Governance Committee will be engaged to oversee and guide the Bylaw updates. Although the Bylaw updates are outside of the scope of the Refresh Project, the Project Manager will provide support.

MEETINGS

Each of the WGs and RSC will meet monthly via videoconferencing until the estimated project end date of December 2022. Members will be assigned tasks/actions to complete between meetings. Communications between meetings will occur as needed to adhere to project timelines.

Decision-making will be made by consensus whenever possible. If consensus cannot be reached at the WG level, decisions will be brought to the RSC. If consensus cannot be reached by members of the RSC, a majority vote of those members in attendance will be used for decision-making.

Meetings will be recorded for viewing by those who are unable to attend meetings as scheduled and meeting notes will be taken and posted on the shared drive.

MEMBERSHIP

WG members have been invited through open and intentional requests with a goal of ensuring membership is representative of the diversity of the population of OTs in Alberta, the practice areas and settings they work in, 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 were also made.

RSC members were invited intentionally from the AARI Committee, Alberta Health Services – Professional Practice Council (AHS – PPC), Covenant Health (CH) – OT leadership group, University of Alberta Occupational Therapy Department, Occupational Therapy and Indigenous Health Network (OTIHN), Therapy Assistant training institutions, ACOT Complaints Director, recipients of OT services, and non-health system representatives (i.e., private practice and school-based practice).

Refer to the Member Directory for the current list of WG and RSC members including which group(s) they will be participating in. Membership will be considered closed once full representation has been determined. Invitations of guests will be considered after discussion and agreement of the Chairs and Project Manager.

Document Revision History

These Terms of Reference will be reviewed and amended as deemed necessary by the Project Manager, WG/RSC Chairs and WG/RSC members.

Version	Version Date	Summary of Changes
1.0	April 29, 2022	Initial Draft; reviewed @ inaugural mtg of RSC and SoP/CoE WGs on May 3
2.0	Jun 13, 2022	Addition of two new appendices; reflecting the shift from the CPPF to the COTIRPP updated wording in introductory paragraphs of Roles and Responsibility section;
2.1	Jun 23, 2022	Added in relevant Articles from the UN Convention on the Rights of Persons with Disabilities to the list of legislative and guiding authority for the Refresh Project (Appendix A)
2.2	Jul 7, 2022	Added in relevant section of the Canadian Charter of Rights and Freedoms to Appendix A
2.3	Oct 14, 2022	Added HPA s133.2 to the table in Appendix A

APPENDIX A: *Legislative and Guiding Authority for the Standards of Practice (SoP) and Code of Ethics (CoE) Refresh Project*

Relevant legislation	What it states
Health Professions Act (HPA)	
Section 3	(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 19(1)	A Council may delegate any of its powers and duties to one or more persons or committees, except the power to make regulations or bylaws and to adopt a code of ethics or standards of practice
Section 133	(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).
133.1	(1) A council must develop and propose standards of practice (a) setting out who is considered to be a patient for the purposes of the college's regulated members, (b) respecting when a sexual relationship may occur between a regulated member or former member and a patient, and (c) respecting when a person who is a spouse of or in an adult interdependent relationship with a regulated member may also be a patient. (2) Factors that must be considered by a council under subsection (1)(b) &(c) include (a) whether there is or was a power imbalance between the regulated member and the patient, and if any existed, whether there is minimal risk of a continuing power imbalance between the regulated member and the patient,

	(b) the nature and extent of the professional relationship between the regulated member and the patient, and if relevant, whether sufficient time has passed since the last time professional services were provided to the patient by the regulated member, (c) whether the regulated member knew or ought to have known that the patient is or was the regulated member's patient at the time the sexual relationship was established, (d) whether the regulated member has provided the patient with psychotherapeutic treatment, and whether the patient is in need of urgent care.
133.2	(1) A council must develop and propose standards of practice respecting female genital mutilation. (2) Section 133 applies in respect of the adoption of standards of practice under this section as if the standards of practice were adopted under section 133. (3) Standards of practice referred to in subsection (1) must be adopted by a council within 12 months after the later of (a) the coming into force of this section, and (b) the coming into force of the schedule to this Act that governs the college.
Bill 46 _Health Statutes Amendment Act_ No. 2	
Section 72 (adds new Part 0.1 Health Services Restricted Activities); new HPA Section 1.6(1)	1.6(1)No person shall perform a restricted activity or a portion of it on or for another person unless (b) there are standards of practice adopted by the council of the college of the regulated member respecting (i) how a regulated member performs the restricted activity, (ii) who may be permitted to perform the restricted activity under the supervision of a regulated member, and (iii) how a regulated member must supervise persons who provide restricted activities under the regulated member's supervision.
Section 88 (amends HPA Section 50(1) & (2))	50(1) A council that exists immediately before the coming into force of this subsection must establish a continuing competence program within its standards of practice within 18 months after the coming into force of this subsection. 50(2) A continuing competence program (a) Must provide for regulated members or categories of regulated members to maintain competence and to enhance the provision of professional services by participating in a program of self-directed professional development, and (b) May provide for practice visits, examinations, interviews, or other competence assessments of the regulated members or categories of regulated members.
Report/Section	What it states
Acting Against Racism and Intolerance Report (2021)	
Recommendation 4 – Update the Code of Ethics and Standards of Practice	4.1 Apply gender neutral language 4.2 Add a new Standard of Practice: Demonstrate commitment to equity and cultural safety

to reflect equity, anti-racism and cultural safety (Page 23)	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 Amend CoE 1.2 to be more precise on what "unbiased manner" means 4.5 Add a new CoE indicator to the principle of Respect 4.6 Update CoE examples to include social and cultural identities of the players in the scenarios (i.e., the OTs and the clients)
Report of the Royal Commission on Aboriginal Peoples Volume 5 Renewal: A Twenty-Year Commitment (1996)	
Part 4 Public Education: Building Awareness and Understanding	Section 2.5 - Professional bodies are generally seen as credible by their members, and they have mechanisms to provide education and training. These bodies can have a substantial influence if they decide to make Aboriginal issues a priority. (paragraph 3 p. 90) Recommendation 5.4.2 – The Commission recommends that Bodies that represent or serve Aboriginal and non-Aboriginal people (a) be proactive and innovative in promoting understanding of Aboriginal issues; and (b) review their own activities to ensure that they contribute to cross-cultural understanding and enhance relations with Aboriginal people. (p.90)
United Nations Declaration on the Rights of Indigenous Peoples (2007)	
Article 15.1	Indigenous peoples have the right to the dignity and diversity of their cultures, traditions, histories and aspirations which shall be appropriately reflected in education and public information.
Article 19	States shall consult and cooperate in good faith with the indigenous peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them.
Truth and Reconciliation Commission of Canada – Calls to Action (2015)	
Call to Action 18	We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.
Call to Action 22	We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.
Call to Action 23 iii.	We call upon all levels of government to provide cultural competency training for all healthcare professionals.
Missing and Murdered Indigenous Women and Girls – Call for Justice (2019)	
Introduction	Implementation of these Calls for Justice must include a decolonizing approach: *A decolonizing approach aims to resist and undo the forces of colonialism and to re-establish Indigenous Nationhood. It is rooted in Indigenous values, philosophies, and knowledge systems. It is a way of doing things differently that challenges the colonial influence we live under by making space for marginalized Indigenous perspectives. The National Inquiry's decolonizing*

	approach also acknowledges the rightful power and place of Indigenous women and girls.
1.3	We call upon all governments, in meeting human and Indigenous rights obligations, to pursue prioritization and resourcing of the measures required to eliminate the social, economic, cultural, and political marginalization of Indigenous women, girls, and 2SLGBTQQIA people
7.6	We call upon institutions and health service providers to ensure that all persons involved in the provision of health services to Indigenous Peoples receive ongoing training, education, and awareness in areas including, but not limited to: • the history of colonialism in the oppression and genocide of Inuit, Métis, and First Nations Peoples; • anti-bias and anti-racism; • local language and culture; and • local health and healing practices
UN Convention on the Rights of Persons with Disabilities (2006)	
Article 21.a.	Providing information intended for the general public to persons with disabilities in accessible formats and technologies appropriate to different kinds of disabilities in a timely manner and without additional cost
Article 21.c.	Urging private entities that provide services to the general public, including through the Internet, to provide information and services in accessible and usable formats for persons with disabilities
Article 25.d.	Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care
Article 29.b.i.	Promote actively an environment in which persons with disabilities can effectively and fully participate in the conduct of public affairs, without discrimination and on an equal basis with others, and encourage their participation in public affairs, including: Participation in non-governmental organizations and associations concerned with the public and political life of the country, and in the activities and administration of political parties
Canadian Charter of Rights and Freedoms (in the 1982 Constitution Act)	
Part I Section 15 – Equality Rights	Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.

APPENDIX B: *Creating an equitable and transformative space for the Refresh Project*

Each member of the Standards of Practice (SoP) & Code of Ethics (CoE) Working Groups and Refresh Steering Committee has varied experiences of safety/comfort/wellbeing and what is a safe space for one may not be a safe space for others. Each of us contributes to the creation of a socially, emotionally and spiritually affirming space for undertaking the Refresh Project work.

The values and actions listed below are intended to guide the respectful and collaborative co-creation of ACOT's refreshed set of standards and code. Members are welcome to amend/add to this list as necessary as the project evolves.

Value Statement	Actions to demonstrate this value
We are here to work towards a common outcome	**All** – Each of us is at different places of understanding what the project is about and how each member can contribute • It is OK to not know - questions at any point during or outside of meetings are always welcome; every question is a good question worthy of an answer from the Chairs, Project Manager (PM) or other members of the group • PM to provide as much information as is needed for all to come to a common level of understanding **All** - Accept that our understanding of the project outcome, or the direction taken to achieve the outcome, may change as we learn more and the project progresses **All** - Approach this work with humility, compassion, respect, openness and curiosity to the perspectives and experiences of the people who will be using the new SoP and CoE • We need to elevate the voices of those who may not be able to participate in this process – particularly our clients; members are welcome to bring drafts to their clients for input
Awareness of our own identity, positionality and privilege is important (See [Intersectionality, Positionality and Privilege](#))	**All** - Whether the invisible parts of each member's identity are shared with the group will depend on that person's level of comfort in the space we create • There is no expectation to share, just be aware of how your identity (and the intersections of the various aspects of your identity) and positionality may advantage or disadvantage you in this work
Recognize and shift the impacts of oppressive language	**All** - Avoid use of ableist, sanist, racist, sexist or other demeaning or oppressive language in meetings and in the documents we draft. • This will happen unintentionally; but we can also be prepared to take a role in identifying when a choice of word/phrase could cause harm to someone. Click on the link below for more direction on [Interrupting Bias: Calling Out versus Calling In](#). • Calling out/in or being called out/in can/will be uncomfortable. This discomfort can be an important part of learning

	All - If not referring to a member by name, use the pronoun each has indicated in the Member Directory (if pronouns have not been indicated, use the person's name)
Each member has different/unique ways of knowing, being, learning and doing	**Chairs/PM** - Offer and respect the different ways each member wishes to participate and contribute. Including permitting members the choice to: • Join meetings in real time or watch recordings asynchronously • Leave camera on or off during meetings • Unmute mic to ask questions/share ideas or use the chat option • Request to discuss points requiring decision in smaller groups • Offer feedback/input outside of meetings in whichever manner (email/phone/video call) a member is most comfortable • Participate as much or as little as their schedule permits
Each member's way of knowing, being, learning and doing is important in this work	**All** - Model active listening and openness to hearing about and learning from each other and the unique perspectives/ideas each has to offer • Incorporate these perspectives as appropriate into the draft SoP and CoE **All** - Recall the unique perspectives we each bring to achieving the desired outcome of the Refresh Project through frequent review of the Member Directory **Chairs/PM** - When/where decisions need to be made (at either WG or RSC level) a gradients of agreement approach will be used either through real-time polls during meetings or anonymous surveys outside of meetings. • If consensus is not reached after initial polling, this will be discussed to ensure all viewpoints are considered prior to proceeding
Your time and commitment to this work is appreciated and respected	**Chairs/PM** - Meetings will be scheduled the days/times that work for the majority. They will run in the scheduled time frame (1-1.5hrs/mth) **All** - You are not expected to commit to more than the 3-4hrs/per month (and per/WG or RSC) unless you have indicated you can spend more time/take on more responsibilities **PM** - Pre-meeting tasks will be posted at least 5 days prior to each meeting; there is no obligation to complete them unless your schedule permits
Project timelines are important but not at the expense of quality	**All** - Members can request more time to complete assigned tasks **Chairs/PM** - Remain alert to whether proposed timelines can be reasonably met and seek Council approval if extensions are required in the interest of the quality of the project outcome
Other values/value statements?	Other Actions?