



Alberta College of Occupational Therapists
Council Meeting Minutes
January 27, 2024

Attending:

Jennifer Lee – President, Regulated Member
Arwen Caines – Vice President, Regulated Member
Carrie Hait – Councillor, Regulated Member
Heidi Knupp – Councillor, Regulated Member
Joyce Vayalumkal – Councillor, Regulated Member
Kristin Ward – Councillor, Regulated Member
Dennis Fitzgerald – Councillor, Public Member

Marianne Baird – CEO and Registrar
Benny Mutoni – Recording Secretary

Regrets:

Dr. Tom Smith – Councillor, Public Member
Christie Bergman – Councillor, Public Member

1. GATHERING

Council confirmed there was quorum in attendance, and with one Public Member available for voting there will be just one occupational therapist (OT) member voting. Jennifer called the meeting to order at 9:10 a.m. A roundtable was held to check-in with all attending.

2. APPROVAL OF AGENDA

With no suggested changes to the agenda, Council brought forward a motion.

MOTION: To approve the November 28, 2023, ACOT Council meeting agenda as presented - Dennis (MOVED) Kristin (SECONDED). CARRIED.

3. STRATEGIC PLANNING

Update on Strategic Plan

Marianne shared the following:

- ACOT’s social media following is small but continues to grow, we are looking to increase the number of posts.



- ACOT has updated the graphic on our website that distinguishes ACOT, the Canadian Association of Occupational Therapists (CAOT), and the Society of Alberta Occupational Therapists (SAOT) roles & functions.
- ACOT is reaching more occupational therapists (OTs) through its daily Continuing Competence Program (CCP) meet-up series.

Q: What's the feedback from presentations that have been going on?

A: Not a lot of feedback has been received, but we did get many queries related to standards of practice when we presented them plus a lot of audience engagement. The ethics lecture presented by Angela Meneley, Director of Regulation and Policy, was also well received by the University of Alberta OT students attending.

Review of Action Items

Examples of action items completed included:

- Language in the Council's charter has been updated and it was sent around for signatures.
- Key partner analysis notes have been updated with the social media campaign.
- Increased volume of cross jurisdictional practice queries has been added to the risk register.

Q: Was the trauma-informed training information sent out?

A: Yes, a summary was sent out, and if you need slides and additional information, please reach out to Marianne.

Q: Are presentations available outside of Edmonton to rural areas?

A: Yes, we can do this. It is on-demand. They can contact Marianne at ACOT to set this all up.

Q: Did everyone receive the updated Charter to sign?

A: No.

ACTION ITEM: Marianne to re-send out the updated charter for signatures.

Practice Inquiries Activity

Our practice query volume is up, and registration query volume is also starting to go up. The Continued Competence Program (CCP) queries are significantly higher this time, which is



common during renewal when people are completing their CCP submissions. Practice queries are mainly spread across ethical scenarios, general registrant support and key partner inquiries.

MOTION: To approve the strategic plan, action items, and practice inquiries reports as presented - Dennis (MOVED) Kristin (SECONDED). CARRIED.

Generative Thinking - OTs and Diagnosis, Talking Points for Evidence Based Medicine, Communications Map for Hearings

Marianne shared highlights from a briefing note of items to pay attention to; including the historic background and some options to consider when deciding whether to permit OTs to engage in establishing diagnoses. It was recommended that Council take more than one meeting to decide on this item due to its complexity and ramifications.

Q: How much training are OTs getting as “generalists,” for example, in the mental health area at the University of Alberta (U of A)? And are there specializations in different areas?

A: The OTs are extensively trained at the U of A in mental health, and this is the case for most OT programs across the country. However, it is difficult to say that all training is the same. There are many specializations that OTs can focus on but there are not specific certificates for many of those. Exceptions are acupuncture which ACOT has a roster and requires specific advanced training for, and hand therapy which also requires advanced training, but we do not have a roster for it. Specializations are generally more informal such as paediatric, geriatric or continuing care focus. But even a paediatric therapist in a school setting may have different duties from a pediatric therapist in a hospital setting.

Council discussed the following:

- From a lens of public protection, there is a shortage of physicians, so it would help clients to obtain a diagnosis with their OT and then be able to access services instead of waiting to see a physician who may not be available in northern or rural communities.

- OTs do not have access to ordering diagnostic tests such as lab or x-rays to rule out medical/genetic conditions.
- Psychologists diagnose autism based on observation, use of the Autism Diagnostic Observation Schedule (ADOS), parent report, they do not rule out environmental or genetic factors.
- The risks that do come with this for OTs and their clients are also risks that exist for the other professions who are able to establish diagnoses.
- The challenge might be proper training, so we should look at working with an institution such as the U of A to teach the processes and frameworks for proper diagnosis and appropriate referrals as well as knowledge of when further information is needed from the interprofessional team before establishing a diagnosis occurs.
- Look at adding a level of work experience as a pre-requisite for taking the advanced level course.
- Consider the methods the pharmacists use for establishing their ability to do diagnostic tests – they have an option to take courses, verify competencies and continue this as part of their continuing competence yearly, ACOT could put in place courses and competencies for those that would like to diagnose, as guardrails.
- As conditions get more complicated, Council hopes OTs would continue to refer on when they recognize conditions beyond their scope to deal with, since occupational therapy is already a primarily self-monitoring profession where OTs consult with those with more experience or expertise. Part of licensing is recognizing what one does not know and seeking out support.
- The purpose and role of diagnosis, outside of reasons like funding, needs to be discussed further, as the primary role of OTs is to assess and analyze function based on impairment and environment.

- From the public point of view, having a diagnosis can validate a client's experience and understanding as to what they are going through, and help to explain their functional abilities.
- Physiotherapists can order diagnostic tests, but they must go through an advanced level course to be able to do it.
- There would need to be more thought put into it if OTs could add this ability to their license and this is something the public can use to specifically choose an OT that can establish diagnoses. However, this designation is yet to be put in place, and needs to be discussed further as it would be a task that takes time to setup.
- ACOT and OTs would have to have discussions with insurance companies to figure out liability insurance and coverage in the events of any issues arising from diagnoses.
- We would need to clearly articulate why we are going down this road now.

Council decided to continue discussions in March/April after they have more time to think about this, discuss it with key partners, and have time for all of Council's Public Members to add their thoughts.

ACTION ITEM: Marianne to explore with the U of A the possibility of developing a course for OTs to prepare them to establish diagnosis – what would the timeline, costs and pre-requisites be?

ACTION ITEM: Marianne to check with the group liability insurers to determine whether they would cover OTs for diagnostic activities

ACTION ITEM: Public Members of Council who were not in attendance today to be provided with the briefing note so they can offer their input on the issue.



Evidence Based Occupational Therapy

Jennifer introduced a briefing note that offers key points that may be used by ACOT in the future regarding the benefits of evidence based occupational therapy practice. With many current narratives focusing on alternative medicine, these speaking points can help clarify OTs' approach to care.

Communications Map for Hearings

Marianne shared the following:

-The communications map is a reminder of the messaging to be used and by whom if media outlets approach ACOT for information, or comments on hearings and hearings decisions.

4. COMMITTEE REPORTS

Governance Committee

Arwen shared that the Committee looked at Governance Policy (GP) 2, recruitment, to determine whether it was in line with the bylaws that were updated in April. The Committee recommends moving the clause relating to a cooling off period for people moving between Council and committee positions out of the GP and into the Council handbook.

The Committee also wanted to explicitly state that accommodations within the nominations could be provided if requested by individuals seeking appointment and incorporate how the skills matrix will be used during the appointment process.

Competence Committee

Marianne shared the following updates:

- ACOT is now published after collaborating with the Rehabilitation Research Centre at the University of Alberta to analyze data from the 2021 and 2022 Continuing Competence Program (CCP) Review and Evaluation data. The manuscript was accepted by Discover Health Systems in Nov 2023 and has been shared on the website and social media.
- The CCP refresh has been launched and received good initial feedback, with people noticing it is a streamlined process.
- ACOT is add and refreshing more CCP resources for registrants to use.



- Sessions with Alberta Health Services continue to demonstrate how to navigate the registration and CCP program.
- ACOT will be launching part two of the CCP, the College selected activity after renewal has closed.

Acting Against Racism and Intolerance (AARI) Committee

Jennifer shared that the Committee is excited for its next meeting with Council in February.

The Committee is also reviewing the survey done with registrants in 2021 to see if the timing is right to re-do the survey.

Onboarding Committee

Marianne shared that the Committee welcomed Joyce and Kristin who provided excellent suggestions for adding structure to the mentor and mentee meetings. The Committee also discussed adding examples of how to make onboarding checklist items happen such as meeting ACOT staff and having an in-person office orientation.

MOTION: To approve the changes to Council GP 2 - Recruitment Policy as presented - Dennis (MOVED) Kristin (SECONDED). CARRIED.

MOTION: To approve all Committee reports as presented - Kristin (MOVED) Dennis (SECONDED). CARRIED.

5. CONSENT ITEMS

Review of Last Meeting's Minutes

Council examined the November 28, 2023, ACOT Council Meeting Minutes and requested two adjustments:

- Update Page 1 motion #2 to say seconded by Dennis (Tom is duplicated)
- Update Page 4, 1st paragraph - 2nd line to say "while she is on"

MOTION: To approve the November 28, 2023, ACOT Council Meeting Minutes with discussed adjustments - Kristin (MOVED) Dennis (SECONDED). CARRIED.

Registrar Limitation (RL) 2.1: 2023-2024 Q3 Budget vs Actual

Marianne provided the following updates on the quarter three (Q3) budget results:



- Revenue is tracking higher than expected due to higher applicant volume.
- Overall expense costs are lower except for investigations and hearings costs which are higher due to the nature and complexity of our hearings underway, with one being contested.

Q: Will the cost of hearings come back to ACOT, or is it budgeted to be spent with the goal to come back?

A: Courts have changed how they look at it so it is likely ACOT can only get up to a certain percentage back in the event of a guilty verdict, so as not to discourage others from contesting findings in the future.

MOTION: To approve RL 2.1 Q3 Budget vs Actual as presented - Dennis (MOVED) Kristin (SECONDED). CARRIED.

RL 2.2: Budget 2024-2025

Highlights from the report included:

- Projected revenue reflects a 3% increase in registrants based on averages from past years.
- Banking revenue will go up with an increase in guaranteed income certificates (GICs) coming due.
- Administration, HR, and college activities expenses are projected to be similar to 2023 levels.
- The budget for legal, investigations and hearings has been bumped up to reflect ongoing serious hearings.
- An increase in the amount for projects has been allocated to CCP education modules and implementing a learning management program integrated with our online registration and CCP system.
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Q: Will the allocated legal fees be enough to cover costs?

A: It will depend on whether there are contested hearing or not, but we have reserves specifically for such events if we need it.



MOTION: To approve RL 2.2 Budget 2024-2025 as presented - Kristin (MOVED) Dennis (SECONDED). CARRIED.

6. CONSENT ITEMS II

Key Partner Analysis

Marianne shared that ACOT's key partners have not changed since the last discussion and opened the floor for Council to share thoughts on adjustments or additional key partners.

Key partners that were suggested by Council members to add included Alberta Education, the Workers' Compensation Board, the federal government, and Indigenous communities and other racialized consumers of OT services. It was suggested to group Alberta government ministries together in the Key Partner Analysis with examples of the ministries that ACOT meets with.

A Councillor suggested adding the federal government as a key partner re: Jordan's Principle and a lack of rural and remote service provision to Indigenous communities. The group discussed how ACOT could take on a non-advocacy information role in the future with the federal government, for example, to distribute information to Indigenous communities about ACOT's role, the complaints process, and/or Standards of Practice and the Code of Ethics OTs must follow. Council noted we need more data and clear messages to communicate on a federal level, and to key partners.

ACTION ITEM: Marianne to update the Key Partner analysis as discussed: add Alberta Education, the Workers' Compensation Board, the federal government and Indigenous communities and other racialized consumers of OT services.

MOTION: To approve the Key Partner Analysis with the adjustments discussed - Kristin (MOVED) Dennis (SECONDED). CARRIED.

RL 8: Legislative Compliance

ACOT has ensured that registrants cannot renew their practice permits without completing their required CCP submissions. Marianne noted at the time of the Council meeting, over 700 registrants had renewed their practice permits which is twice the number that had renewed at this time last year.



RL 8.1: Legislative Compliance - Discipline

Marianne shared that information about complaints activity is provided to Council in alternate months and the Ministry of Health annually in our annual report. She added that ACOT has continued to follow the requirements in the *Health Professions Act* as well as principles of natural justice when dealing with complaints.

Marianne opened the floor for questions and discussions.

Q: What is natural justice?

A: One way to think of it is going beyond the literal law, to doing what is right, following basic principles of fair treatment.

Q: When the ACOT annual report goes to the government, what happens?

A: Eight copies are sent out and the report is tabled in the legislature.

MOTION: To approve RL 8 Legislative Compliance and RL 8.1 Legislative Compliance – Discipline items as presented – Dennis (MOVED) Kristin (SECONDED). CARRIED.

Complaints Activity Reports

There has been increased complaints activity this year with nine (9) open complaints currently and seven (7) closed, with the nature remaining complex.

Q: Do we need more help in the complaints department?

A: I monitor volume frequently and check in to see if additional assistance is needed. At the moment, we do not need additional help.

Q: Do we share OT's personal information when the public is calling to ask for it?

A: We do not divulge any OT's personal information without the OTs permission first. The public register lists the OT's name and permit number.

MOTION: To accept the Complaints Activity Report as presented – Kristin (MOVED) Dennis (SECONDED). CARRIED.



7. REFLECTION ON GOVERNANCE

Jennifer conducted a roundtable asking each Councillor to provide their thoughts on whether ACOT had met its Ends Policy during the meeting.

Some items noted were:

- Council worked hard to keep focus amid interesting conversations where it was easy to veer off.
- It was good to differentiate advocacy and regulatory standpoints during our discussion.
- It was great that both new Councillors participated, and I appreciated the all-round discussion about diagnosis.
- Everything on the agenda was well covered.
- It is easy to get distracted about what ACOT's role is, and today's conversation helped focus on that.
- It is great to have wholesome discussions from different points of view with the same goal to protect the public.

8. MEETING SURVEY

Council took five minutes to complete its meeting survey. Council then moved to an in-camera session at 1:09 p.m.

MOTION: To move to an in-camera session – Dennis (MOVED) Kristin (SECONDED). CARRIED.

MOTION: To adjourn the meeting – Dennis (MOVED) Kristin (SECONDED). CARRIED.

The January 27, 2024, Council meeting was adjourned at 1:26 p.m.