



Alberta College of Occupational Therapists  
Council Meeting Minutes  
September 28, 2024

**Attending:**

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

Marianne Baird – CEO and Registrar  
Benny Mutoni – Recording Secretary

***Voting Members for This Meeting – Heidi, Kristin, Christie, & Dennis***

**1. GATHERING**

Council confirmed there was quorum in attendance, with two public members voting, and two regulated members voting. Marianne acknowledged the new President and Vice President.

Arwen called the meeting to order at 9:05 a.m. A roundtable was held to check-in with all attending.

**2. APPROVAL OF AGENDA**

Arwen shared that a new public member was proposed for consideration. A discussion of the new Public Member was added to the agenda.

Council brought forward a motion.

**MOTION:** To approve the September 28, 2024, ACOT Council meeting agenda with additional public member discussion item - Kristin (MOVED) Dennis (SECONDED). CARRIED.

**3. STRATEGIC PLAN**

*Update on Strategic Plan*

Marianne shared the following:

- ACOT continues to inch up the number of followers on social media with Instagram leading the pack. ACOT is also catching up on messaging throughout the rest of the year, both on social media and the website.



- ACOT continues to deepen relationships. Marianne continues in the Treasurer role as part of the Executive for the Federation and continues to meet the Physiotherapy and Chiropractor Registrars quarterly to compare regulatory approaches.

A Council member asked if there will be artificial intelligence (AI) communications updates, and Marianne confirmed that it will be part of the communications updates.

### Review of Action Items

Marianne shared the following updates:

- ACOT condensed and distributed the diagnosis survey.
- ACOT also connected with the Society of Alberta Occupational Therapists (SAOT) about the progress on the practice document about working with Indigenous clients.
- There were updates made to the annual report as requested by Council before publishing.

Marianne also shared that there were other pending items in progress such as exploring a post-professional potential diagnosis course with the University of Alberta OT department.

### Practice Inquiries Activity

Marianne shared that there was a decrease in query activity over the summer which provided time for ACOT to develop a frequently-asked-questions 6-part practice query webinar series.

**MOTION:** To accept the Update on Strategic Plan, Review of Action Items, and Practice Inquiries Activity reports as presented for information - Dennis (MOVED) Christie (SECONDED). CARRIED.

## **4. GENERATIVE THINKING**

### Diagnosis Survey Results

Marianne shared briefing notes, highlighting key points from the diagnostic survey, which received over 400 responses. A re-occurring theme in the responses was that there was a need for standards or guidelines, as well as education to know when and how to establish diagnoses.

Marianne also noted that 13% of the participants were not in favor of permitting OTs to establish diagnosis while 60% were in favour of this ability with additional training, and 27% were in favour of this ability without mention of need for extra training.

The floor was opened for feedback and any questions from Council, and the following was discussed:

Question: Are we distinguishing between provisional versus a final diagnosis?

Answer: The focus is on the final diagnosis and the education will be guard rails to train OTs to establish diagnosis only within area of expertise and experience. OTs will determine their own competence, not the College. The scope will also be solely within occupational therapy diagnoses.



Question: What have the insurance providers had to say about coverage?

Answer: The insurers have said that if ACOT allows diagnosis within its standards, then coverage will be provided.

Question: What reaction do we anticipate from other colleges?

Answer: We anticipate that it will vary among the colleges, as well as specific sites or employers.

### Approval of Standards of Practice (SoP) and Code of Ethics (CoE)

Marianne presented the refreshed SoP and CoE and sharing detailed briefing notes for the development process of the documents. Marianne highlighted the hard work from multiple key partners to develop the refreshed SoP and CoE, and then opened the floor for discussion and questions.

One member appreciated the work that went into it with pieces offering more refinement and clarity following ACOT's CoE.

Question: What has feedback been like from other colleges?

Answer: ACOT and other colleges review each other's SoP and CoE. Part of Alberta Health's process is sending it out to other colleges. Part of ACOT's refreshed SoP and CoE were informed by other Colleges' similar documents.

Question: With the re-organization of Alberta Health and Alberta Health Services, how is this going to be affected?

Answer: This is still yet to be seen how it will play out. At the moment we believe there is still a place for OTs in all entities.

Another member appreciated the update, adding that the SoP and CoP give ACOT an opportunity to collaborate with advocacy bodies through highlighting that the college has refreshed standards and requirements for OTs.

Question: How was the Adult Guardianship and Trustee Act incorporated?

Answer: It was added mainly as a reference.

**MOTION:** To approve the new Standards of Practice and Code of Ethics as presented - Heidi (MOVED) Kristin (SECONDED). CARRIED.

### CIHI Project Update

Marianne revisited Council's approval of funding from the Canadian Institute of Health Information (CIHI) to update ACOT's database to CIHI's new minimum dataset format. Marianne then shared that ACOT has been working with Field Law to clarify the CIHI funding agreement for this.



Field Law noted some privacy implications of collecting race-based data and indicated ACOT would need to provide clear rationale for data use before data is collected. Marianne added that ACOT was pleased with CIHI covering the cost of the legal review as per the original agreement.

#### October Extra Open Forum

Marianne shared an open forum discussion guide, and Council agreed on the next step to be an open forum on October 24 to discuss the CIHI's new minimum dataset including voluntary collection of race based and Indigenous identity data further.

#### Discussion About New Public Member

Arwen brought forward the item of a new public member joining in the future.

The floor was opened, and no concerns were raised about appointing the new member that Alberta Health has proposed.

**ACTION:** Marianne to send an email to Alberta Health confirming that ACOT Council agreed to the possible appointment of the new public member with no concerns raised.

### **5. OPEN FORUM ON OTs AND DIAGNOSIS**

Council and guests completed a round table for introductions. There were 14 open forum participants including two ACOT staff members and two ACOT Councillors who were attending online.

Marianne shared a detailed breakdown of the results of the OT diagnosis survey. This included number of responses, source of responses, practice setting of survey participants, participants' age range of clients, participants' primary work setting, and participants' location of services. Marianne also shared common themes shared including the need for extra training, conditions to diagnose, as well as risks around diagnoses.

Arwen shared information to answer some of the questions raised. This included the following:

- The use and definition of the term diagnosis as “identification and classification of a disease, disorder, injury, or condition using a diagnostic process in accordance with formerly accepted diagnostic criteria and classification systems.”
- The use and definition of the term preliminary or working diagnosis as “a tentative hypothesis of what a client’s diagnosis might be based on initial information gathering and impressions. Working diagnoses are often used until a more precise diagnosis is determined through the iterative application of a diagnostic process.”

- ACOT completed an environmental scan with the findings that diagnosis is new to OTs across Canada in terms of being written into regulatory body approved activities. We found no mention of OTs diagnosing internationally in an initial literature review. Mixed information has been reported from OT regulators and professors on whether Canadian OT programs are teaching diagnosis.
- ACOT council is still deciding on whether to add diagnosis as a permitted activity. Council will review survey results, open forum input, and key partner input to make an informed decision. If diagnosis is approved for OTs, it is anticipated that a written a practice statement permitting this will include educational requirements, and a roster of OTs with this education, like the acupuncture roster.

Arwen opened the floor for questions and discussion. The following was discussed:

- One participant expressed that the decision on diagnosis role was more than about what OTs want but also what the impact on the profession will be, adding that the decision ought to be grounded in ensuring safe respectful spaces for those OTs serve. The participant added that further exploration should be done emphasizing the motive should be based on the role of flipping narratives on assumptions that often come with diagnosis and not based on personal fears to stay relevant.
- A participant shared that it sounded like there was a lot of intentionality behind risks and education in the place to reduce risks, adding support for diagnosis based on personal experiences where OTs have identified potential disorders, but only been in a position to have clients take that information forward for an official diagnosis causing delayed access to services.
- Another participant shared that OTs often have a deeper knowledge of some diagnosis areas by training received in their programs, such as developmental disabilities, and this could be a great asset. Other participants echoed this sentiment, with one pointing to potential benefits with faster recovery processes and discharge planning.
- There was agreement that while there will be benefits to OTs diagnosing, we would need to fill the extra experience, knowledge, certification, collaboration requirements and be sure that newer OTs seek assistance.
- One participant expressed that the clear use of the language of “working diagnosis” ought to be considered keeping in mind repercussions of liability and responsibility and adding that the working diagnosis provides strong enough credibility to OTs.
- One participant voiced that OTs administer various assessment such as the ADOS for autism but are not currently allowed to diagnose. The participant added that diagnosis has potential to offer a better understanding of the OT profession in different Alberta settings.
- Another participant added that collaborative communications would be a good addition to the training for settings with trans-disciplinary health professional teams.
- Another participant expressed desire for ACOT collaboration with OT advocacy groups if OT diagnosis is approved, to have more advocacy for the OT profession. Arwen confirmed that while ACOT’s role is primarily public protection, collaboration would take place and bodies like SAOT would focus on the advocacy role.

- A participant expressed concern that clients that have received a diagnosis have needs and may not be getting services due to health care system gaps. Arwen acknowledged the concern and shared that Council considered this in earlier discussion and that if the decision to permit OTs to establish diagnoses is made, it is with the hope that Albertans will better receive services, while recognizing diagnosis and service are not necessarily correlated.
- Several participants relayed that funding for services is dependent on diagnoses in many situations.

Question: Is there a roadmap of what will be in place moving forward?

Answer: ACOT Council is still in the phase of exploring what diagnosis will look like as well as the guardrails in place to ensure protection of the public. Once a decision is made, there will be communication regarding next steps.

Question: would other team members push back on OTs doing diagnosis?

Answer: it depends, some OTs have a great working relationship with colleagues who respect their opinions, others come from settings that say OTs don't have a role anymore in assessment. Once the education criteria are in place, we will be able to respond to push back.

Question: should there be room for a different diagnosis than already identified, for example when I see different things in community with my client?

Answer: we need to be respectful with the team – would hate to see a situation where the diagnosis is not communicated in a collaborative way.

Marianne and Arwen thanked the participants for joining the forum.

## **6. COMMITTEE REPORTS**

### Competence Committee

Marianne shared that over the summer the Committee did its usual review and evaluation with a reduced sample size. Marianne also shared that the Director of Competence and Practice is away on leave and is anticipated to be back for full review and evaluation and practice visit work in February 2025.

### Acting Against Racism and Intolerance (AARI) Committee

Marianne shared the following updates:

- The Committee has been working on a draft Logic Model for the AARI Activities to add another dimension to ACOT's measurement of the work's impact.
- The Committee has initiated work on multiple learning modules for registrants to focus on anti-racism concepts in Indigenous and non-Indigenous contexts.
- The AARI tracker has been updated for the ACOT website to add more details on accomplishments.



**MOTION:** To approve the Committee Reports as presented, for information - Christie (MOVED) Kristin (SECONDED). CARRIED.

## 7. CONSENT ITEMS

### Review Last Meeting's Minutes

Council examined the June 24, 2024, ACOT Council meeting minutes. With no suggested changes, they moved forward with a motion.

**MOTION:** To approve the June 24, 2024, ACOT Council meeting minutes as presented - Dennis (MOVED) Kristin (SECONDED). CARRIED.

### L 3: Asset Protection

Marianne shared the following:

- ACOT continues to protect assets through a combination of general insurance, cyber insurance structures and director and officers' insurance.
- ACOT seeks input and approval from Council for significant purchases.
- ACOT continues to move its GICs from Royal Bank into Servus Credit Union to take advantage of their 100% deposit guarantee.

Marianne also shared that ACOT considered increasing cyber crime insurance coverage from \$1,000,000 to \$2,000,000. After discussion on risks and current cyber security measures in place, Council decided to maintain the current cyber crime coverage level.

### RL 5: Compensation and Benefits

Marianne shared the following updates:

- ACOT is projected to have no carry-over of vacation time.
- The Registrar's contract was negotiated in 2023 and runs through 2025.
- Staff pay amounts are budgeted with inflation, and market conditions specific to health regulators in Alberta and sustainability in mind.

**MOTION:** To approve RL3 and RL5 as presented - Christie (MOVED) Heidi (SECONDED). CARRIED

### Complaints Activity Reports

Marianne shared that ACOT continues to receive questions about the complaints process which occasionally results into complaints being submitted, noting none of the inquiries in the past 2-3 months resulted in complaints received.



ACOT currently has 9 open complains with 6 closed. We have hearings scheduled for the serious complaints that are related to sexual abuse, sexual misconduct or professional misconduct.

**MOTION:** To approve the Complaints Activity Reports as presented – Dennis (MOVED) Christie (SECONDED). CARRIED.

## **8. REFLECTION ON GOVERNANCE**

Council provided their input on whether the Ends Policy was met during this meeting:

- Very efficient meeting well run by the new president.
- High attendance and engagement from registrants.
- Nice to hear different point of views from all participants.
- The forum drew to the primary focus of protecting the public versus advocacy.
- Very detailed and informative reports.
- Impressed with the amount of hard work that was done for the meeting.

## **9. MEETING SURVEY**

Council took four minutes to complete the Council meeting survey.

## **10. IN CAMERA**

**MOTION:** to move to an in-camera session – Heidi (MOVED), Dennis (SECONDED). CARRIED

## **11. CLOSING REMARKS AND ADJOURNMENT**

**MOTION:** To adjourn the September 28, 2024, Council meeting – Dennis (MOVED), Heidi (SECONDED). CARRIED.

The meeting was adjourned at 1:38 p.m.