



Alberta College of Occupational Therapists  
Council Meeting Minutes  
October 29, 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  
Christie Bergman – Councillor, Public Member

Marianne Baird – CEO and Registrar  
Benny Mutoni – Recording Secretary

***Voting Members for This Meeting – Joyce & Christie***

Regrets:

Dennis Fitzgerald – Councillor, Public Member

**1. GATHERING**

Council confirmed there was quorum in attendance, with one public member and one regulated member voting.

Marianne called the meeting to order at 5:55 p.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 October 29, 2024, ACOT Council meeting agenda as presented - Joyce (MOVED) Christie (SECONDED). CARRIED.

**3. UNIVERSITY OF ALBERTA OT DEPARTMENT REPORT**

Gayla Grinde, Associate Teaching Professor in the Occupational Therapy Department at the University of Alberta joined the meeting at 6:00 p.m.

Gayla reviewed the report submitted to ACOT, going over developments with the Augustana in Camrose, Edmonton and Calgary campuses, curriculum updates, program and admissions process updates, personnel updates, as well as notable activities, field work and student affairs.



Gayla then took questions from Council.

Q: How does the OT department envision ensuring ACOT's standards of practice code of ethics are represented in the new curriculum? Is there anything ACOT can do to help with this?

A: One of the courses available for students that runs the entire program is the "510 series" and it is an integration course that focuses on the competencies in terms of practice process. Students get exposure to creating their own competency plan and reflect on those as they go out into the fieldwork. Instructors will also attend ACOT's info session and have lots of questions then create some practical application for the OT students and model some of those behaviors for their own practice in the future.

#### **4. GENERATIVE THINKING**

##### Diagnosis Next Steps

Marianne shared that with survey results and open forum input on OTs and diagnosis primarily supporting diagnosis with guardrails, Council could consider the next steps on whether to permit the activity or not. Marianne added that the OT training course would potentially take one year to develop with the University of Alberta.

Marianne asked Council what other information would be needed to make a decision and opened the floor for discussion.

A Council member shared that Council has looked at the diagnosis issue from all angles and gathered enough feedback. They added that moving forward gives everybody the opportunity to practice in this area while not making it mandatory either, opening doors for OTs that want to take their practice in that direction upon completion of extra training. Another Council member agreed, echoing the sentiment that the survey and open forum had provided needed insight.

Q: With the OT role being broad, what could be an example best-case and worst-case scenario after diagnosis?

A: An example of best-case scenario could be early intervention, funding, and earlier access to services rather than a long wait process for certain diagnoses. An example of worst-case scenario would be misdiagnosis, especially if an OT did not have the training, which could be harmful to the patient and the public.

A: Another example could be litigation. However, that is why the guardrails are in place, and litigation is a risk taken with almost every activity.

A: There are some diagnoses that can often be mistaken for another, so that's where the guardrails and training come in.

Q: Are we going to have a list of possible diagnoses?

A: We might have samples, but because of how broad OT diagnosis is, the list would be potentially unwieldy.

A: The diagnoses information will be out there for OTs in specific areas, and these OTs will have learned what to and not to diagnose.



**ACTION:** Marianne to create a draft outline of what ACOT would like to see in the curriculum for the diagnosis course to present to Council for input at their next meeting, and ultimately to the University of Alberta to help guide course development.

Q: Is there a benefit to forming a committee to help support developing the guardrails course? For example, inviting other professions that already have diagnosing capabilities to help structure what the course could look like.

A: There is potential in collaboration with regulators like physiotherapists who developed a course with the University of Alberta in the past regarding x-ray abilities.

**ACTION:** Marianne to connect with physio Registrar to discuss what to include in the guardrails diagnosis course for OTs.

#### Open Forum Debrief – Voluntary Collection of Equity Focused Race and Indigenous Identity Data

Marianne shared a summary of the open forum:

- One registrant attended and Council took the opportunity to ask them some questions and receive feedback on the concept of voluntary collection from registrants of their race and Indigenous identity data.
- Council began the conversation on what next steps might be needed and landed on the need for clear messaging developed for registrants about reasons for race based and Indigenous identity data collection, how the data will be used and how it will be protected at various levels.
- Council discussed how data collection ties into ACOT's mandate to protect the public.
- Council agreed to honor recommendations provided by the AARRI Committee to collect the data on a voluntary basis, provided there was clear messaging about its aggregate usage and limitations in interpretation due to the voluntary collection

#### Standards of Practice and Code of Ethics

Marianne described the process that occurred including the extensive input and collaboration that went into the creation of the draft Standards of Practice and Code of Ethics put forward today for Council's approval. Alberta Health's input was positive and has been incorporated into this draft.

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

#### Consent

Marianne shared the following:

- ACOT continues to get consent questions, frequently enough that webinars and guidance documents are being developed to address these questions.
- Consent is also one of ACOT's standards of practice requirements in the new standards.



- ACOT is in the process of developing a webinar specifically targeted to school-based OTs.

A Council member asked if there could be collaboration with other regulators to invite schoolboards for further education on consent.

Another Council member added that ACOT could explore OTs, physios and speech language pathologists (SLPs) supporting each others' consent webinars to unite their voices to protect the public.

**ACTION:** Marianne to explore collaborating with physio and SLP colleges to create a joint presentation on consent requirements in the education context.

#### Council Annual Self Evaluation Survey Results

Marianne shared Council's annual self evaluation responses, with suggested actions for Council to address "neutral/disagree" ratings.

**ACTION:** Council to implement the suggested actions for follow up on the survey items that had neutral or disagree ratings.

**ACTION:** in 2025 build into the September Council meeting 20 minutes to do the annual Council self evaluation survey, to help ensure we capture input from all Councillors.

#### CNAR debrief

Council indicated attending the Canadian Network of Agencies of Regulation (CNAR) conference was beneficial and it is too early to decide whether to attend the CNAR or the Council on Licensure, Enforcement and Regulation (CLEAR) education conferences in 2025.

**ACTION:** Marianne to compare the CLEAR and CNAR offerings in 2025 and their prior agendas to help determine which conference Councillors will attend.

## 5. COMMITTEE REPORTS

#### Competence Committee

Marianne shared that files are being worked on for practice visits over the upcoming months after coaching conversations occurred that are designed to support the OT's understanding of ACOT's expectations for completing the CCP. She added that review and evaluation and practice visit policy updates are in progress to point to the updated continuing competence program manual.



### AARI Committee

Marianne shared that the AARI logic model has been developed to aid in further tracking progress including impact and outcome. Learning modules on anti-racism and on Indigenous history, both with a focus on OT practice, are under development and anticipated to be ready in spring or summer of 2025.

### Onboarding Committee

The Committee is eager and ready to implement its updated onboarding checklists with a new Council member, keeping in mind the goal is to have new members linked up with mentors, as well as checking in with mentors and mentees to confirm they are working through their onboarding checklists.

Council discussed the potential new Public Member that Alberta Health forwarded information on, and agreed Marianne will alert Alberta Health that Council approves of the potential appointment.

**MOTION:** To approve the Committee Reports as presented - Christie (MOVED) Joyce (SECONDED). CARRIED.

## **6. CONSENT ITEMS**

### Review Last Meeting's Minutes

Council examined the October 28, 2024, ACOT Council meeting minutes and requested two adjustments:

Page 5: Modify the first bullet with missing words “the motive should be based on” rather than “to be based on” and modify the second bullet to say “it sounded like there was a lot of intentionality...”.

**MOTION:** To approve the September 28, 2024, ACOT Council meeting minutes with changes as discussed on page 5 - Christie (MOVED) Joyce (SECONDED). CARRIED.

### RL 2.1: 2024-2025 Q2 Budget vs Actual

Marianne shared the following:

- ACOT remains in an overall good financial position as shown in the financial statements and bank balances.
- ACOT reports lower revenue for both the registration and bank interest categories, with high legal expenses related to four complex hearings this year.
- ACOT foresees drawing down from reserves by the end of the year resulting from the upcoming hearings.

Q: Has ACOT recovered legal costs in the past? If so, how is this reflected?



A: Courts have changed how they look at assigning legal costs so it is likely ACOT would only get up to a certain percentage back in the event of a finding of misconduct/unprofessional conduct. Individuals also often have more than one year to pay, and we don't retroactively apply repaid costs to a prior year.

**MOTION:** To approve RL2.1 as presented - Christie (MOVED) Joyce (SECONDED). CARRIED

### Risk Register

Marianne shared that the risk register is reviewed twice a year for ACOT's risks and mitigation plans. Marianne opened the floor for any items that Council would like to bring forward. Council discussed implications of Artificial Intelligence (AI) in treatment and the need to develop AI guidelines.

A Council member brought forward key partners to educate on consent. Council members agreed that more schoolboards and Alberta education would be added to the existing list.

**ACTION:** add the rise of AI usage into the risk register, with mitigation plan of developing a guideline for use of AI in OT practice.

**ACTION:** in the risk register, in the employers other than AHS section, add school boards and Alberta Education for informed consent information and/or presentations.

**MOTION:** To approve the Risk Register with the additions discussed – Joyce (MOVED) Christie (SECONDED). CARRIED.

## **7. REFLECTION ON GOVERNANCE**

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

- It was a very focused meeting and Council stayed on course with agenda items.
- The best case/worst case scenario in diagnosis was an eye-opening discussion.
- Public protection remained at the front of all discussions.
- Looking back, Council has made progress and moved the diagnosis conversation forward.
- It is great to have perspective from our Public Member to ask questions we might not think to ask.

## **8. MEETING SURVEY**

Council took three minutes to complete the Council meeting survey.

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



**9. IN CAMERA**

Council agreed to move into an in-camera session.

MOTION: To move the October 29, 2024, Council meeting to an in-camera session – Joyce (MOVED), Christie (SECONDED). CARRIED.

**10. CLOSING REMARKS AND ADJOURNMENT**

MOTION: To ADJOURN the October 29, 2024, Council meeting – Christie (MOVED), Joyce (SECONDED). CARRIED.

The meeting was adjourned at 8:06 p.m.