



Alberta College of Occupational Therapists
Council Meeting Minutes
March 24, 2025

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
Dr. Zahid Rafiq - Councillor, Public Member

Marianne Baird – CEO and Registrar
Benny Mutoni – Recording Secretary

Voting Members for This Meeting – Carrie, Joyce, Kristin, Dennis, Christie & Zahid

1. GATHERING

Arwen called the meeting to order at 6 p.m. A roundtable was held with a quick check-in, allowing members to share updates and connect before the agenda was approved.

2. APPROVAL OF AGENDA

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

MOTION: To approve the March 24, 2025, ACOT Council meeting agenda as presented – Christie (MOVED) Joyce (SECONDED). CARRIED.

3. STRATEGIC PLANNING

Update on Strategic Plan

Marianne shared that ACOT is continuing to meet ongoing 2023-2025 strategic plan deliverables with the following updates:



- ACOT has completed the refresh of the Continuing Competence Program (CCP), the build of its associated review and evaluation functions, as well as the refresh of our *Standards of Practice* and *Code of Ethics*.
- ACOT continues to be active in the Alberta Federation of Regulated Health Professions (AFRHP) including meeting with other regulatory Colleges and presenting to the University of Alberta (U of A) occupational therapy students a few times per year.

Review of Action Items

Examples of action items completed included the following:

- Diagnosis discussion.
- Updated Council Charter.
- In process of reaching out to the consultant that facilitated our development of our 2023-2025 Strategic Plan to assist with our 2025-2028 plan and a 10-year vision.

Practice Inquiries Activity

Marianne reported the following:

- There was an uptick in activity in January and February, which corresponds with increases in registration and CCP inquiries related to practice permit renewal.
- ACOT continues to field many practice queries with popular topics including documentation, ethical scenarios, informed consent, private practice, and more recently Artificial Intelligence (AI) related queries.

Marianne opened the floor for questions and comments.

A Council member shared that they appreciated the practice inquiries report and insight it provides as to what is going on in the profession.

Another Council member expressed appreciation that OTs are proactively engaging with the College to prepare for various scenarios and are staying informed of their obligations.



Generative Thinking - Diagnosis, Mandatory Cybersecurity Insurance for Registrants, New Re-Entry Program Options

Diagnosis

Marianne shared briefing notes on diagnosis with the following:

- discussions Council has had about diagnosis.
- diagnosis survey results from the summer of 2024.
- results of discussions with the U of A Continuing Professional Education (CPE) department about the potential for a diagnosis course for OTs.

Marianne asked Council members if they had enough information based on the briefing notes and previous discussions to decide on the issue of whether to permit OTs to establish diagnoses.

The floor was opened for discussion.

Q: Did council come up with the ideas as far as the draft curriculum for diagnosis course goes?

A: ACOT staff started it, and Marianne brought this forward for Council input then updated it accordingly. This was then shared with U of A, and the university's feedback was that before course development, ACOT needs to convene an advisory committee.

Q: Based on the survey results, what was the overall reaction from OTs on Council in terms of where things are going, and how do you feel about the results?

A: It was surprising to see how high in favor results were. OTs were also approaching the survey thoughtfully.

A: It struck me that those who were negative on the survey might be in an area of practice that it may not make as much sense for them, or this was not something these OTs are comfortable with. This is understandable in both cases. This is going to be something to clarify as a non-mandatory responsibility if we move forward with the decision.

A: The overall results were not as surprising. It was good to see OTs bring up the need for more education surrounding establishing diagnoses if ACOT decides to move forward with permission to do this.

A: Based on the results, some OTs are already contributing towards diagnosis in very valuable ways. Once diagnosis becomes more formalized, more OTs will be able to assist and contribute positively to matters such as faster assessment.

Q: Once the education is developed and the decision is implemented, will there be a pilot project for OTs who trained in establishing diagnoses?

A: The U of A suggested that ACOT starts with a small cohort as a pilot. This is something that the advisory committee, with the university guidance, will work on.

Q: Whose responsibility would it be to do ongoing reflection on how effective the education is?

A: This would be ACOT's responsibility. Based on what contemporaries, like physiotherapists have done, ACOT would seek an independent researcher to look at the outcomes once the course has been running for some time.

Q: What would the advisory committee and efficient rollout timeline look like?

A: Based on discussions with U of A, the first step will be convening the advisory committee and agreeing on what the course content will be. The final part will be developing the course content and then delivering it. This is estimated to take about a year for the entire process.

A Council member shared that the decision to allow OTs to diagnose would be in line with ACOT's focus to regulate competent and ethical occupational therapy services. The Council member added that it serves the public by providing more access points to care.

MOTION: To proceed with permitting OTs to establish diagnoses after they have successfully completed an ACOT Council-recognized course on OTs and diagnoses – Christie (MOVED) Kristin (SECONDED). CARRIED.

Mandatory Cybersecurity Insurance for Registrants

Marianne brought forward a discussion on whether to require cyber insurance coverage as part of OTs' personal professional liability insurance. Marianne shared price package information related to the cyber insurance coverage from Canadian Association of Occupational Therapists (CAOT)'s insurer, BMS.

The floor was opened for discussion.



Q: Would there be different levels of cyber insurance depending on setting, for example OTs working in large organizations versus OTs in private practice?

A: It was the same cost regardless of setting, based on the first conversation with BMS. I will also check with the Society of Alberta Occupational Therapists (SAOT)'s insurer.

A Council member asked whether OTs tend to use paper or digital systems for records. Some applications for recordkeeping have their own cyber security insurance and OTs would be already covered.

Another Council member shared that they would be in favor of having access to cyber security insurance in the event of any breach, to protect their clients, themselves, and the team they work with.

Public Council members in other regulated professions shared their experiences with cyber security insurance coverage, with one member sharing that it is a mandatory requirement, and another member sharing that the requirement depends on the services provided.

Another Council member suggested developing a checklist for level of cyber security offered in the workplace for different practitioners. Based on this checklist, OTs can determine if they require cyber security insurance. Another member agreed and suggested that the role of the college would be helping OTs understand how to protect themselves and the public that they're serving by considering risk factors to consider in different practice settings.

ACTION: Marianne to develop a checklist with risk factors for OTs to consider when deciding whether to acquire cyber security insurance.

New Re-Entry Program Options

Marianne shared that the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) did a study of possibilities for re-entry programs to harmonize what regulators did across the country.

Marianne added that ACOT has now adopted ACOTRO's recommended re-entry program alternatives, which vary depending on risk factors and how many currency hours an OT is



missing. We have been piloting the new re-entry to practice program and found it is making the re-entry program more tailored to an individual OT's circumstances.

4. U OF A OT DEPARTMENT REPORT

Cori Schmitz, Associate Chair & Associate Teaching Professor in the Occupational Therapy Department at the University of Alberta, joined the meeting at 7:00 p.m. A quick roundtable for introductions was held.

Cori reviewed the U of A report submitted to ACOT, going over satellite campus updates, enrollment and admission, personnel updates, program, and curriculum updates, as well as information on student affairs.

Cori then took questions from Council:

Q: Is the link to the dual lottery process for admissions up to date on the website?

A: I will share the link to how the applications are processed. It could have been a recent update.

Q: Regarding the program evaluation – is there a place to find the outcomes being evaluated?

A: This is not yet on the website as it was a recently completed. I can share the document and speak on this at the next meeting.

5. COMMITTEE REPORTS

Governance Committee

Governance Committee (GC) updates from Heidi included:

- GC reviewed the Ends policy, and no changes were made.
- The Onboarding Protocol review was moved to the Onboarding Committee.
- Review of the Council President and Vice-President protocol was completed with minor edits.
- GC suggested that the items that councillors should be familiar with, such as the Carver model, be streamlined and placed in a single folder within SharePoint.



Marianne noted that the Carver model is available on SharePoint and that Council's next meeting will include a tour of SharePoint.

MOTION: To accept the Governance Committee report as presented – Christie (MOVED) Carrie (SECONDED). CARRIED.

Acting Against Racism and Intolerance (AARI) Committee

Marianne shared the following AARI Committee activities:

- The Committee reviewed draft anti-racism learning module materials in development and provided input on preferences for how those will look.
- Updated practice guidelines will be presented for Committee input at the April meeting as part of ongoing efforts to align old guidance with new standards and develop new documents.
- The Committee will review US-based anti-racism learning module structure for additional context.

MOTION: To accept the AARI Committee report as presented – Carrie (MOVED) Joyce (SECONDED). CARRIED.

6. CONSENT ITEMS

Review of Last Meeting's Minutes

Edits discussed included:

- Page 2: Add that one Councillor abstained on the vote for the PhD program.

MOTION: To approve the February 18, 2025, Council Meeting Minutes, with the edits discussed - Zahid (MOVED) Joyce (SECONDED). CARRIED.

Risk Register

Marianne shared a document with updates to the risk register.

Marianne suggested adding to the risk register the federal government's focus on reducing interprovincial trade barriers, noting the uncertainty around its implications for health professionals and its interaction with provincial legislation.

A Council member suggested adding the fast-tracking of internationally trained professionals into careers in Canada to the risk register.

ACTION: Add fast-tracking of internationally trained professionals into careers in Canada to the risk register.

ACTION: Add to the risk register the federal government's focus on reducing interprovincial trade barriers, noting the uncertainty around its implications for health professionals and its interaction with provincial legislation.

MOTION: To accept the risk register with the additions suggested - Dennis (MOVED) Joyce (SECONDED). CARRIED.

E1: Ends

Based on the Governance Committee's discussion, the Ends will remain as is.

ACTION: Marianne to update the date on the Ends document to reflect the March 2025 approval.

Complaints Activity Reports

ACOT currently has 8 open complaints.

In the last fiscal year, ACOT closed 13 complaints. So far this year, one complaint has been closed since March 1st, 2025.

ACOT continues to apply the principles of administrative justice to all complaints, ensuring fairness and transparency in accordance with the *Health Professions Act (HPA)* requirements.

ACTION: Update page 4 removing "procession" and replacing with "profession"

MOTION: To accept the Complaints Activity Report with the typo corrected - Christy (MOVED) Joyce (SECONDED). CARRIED.

7. REFLECTION ON GOVERNANCE

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

- I love that we have been very collaborative and have completed the circle for diagnosis.
- It's great to reach a consensus while keeping protection of the public at the forefront.
- The diagnosis discussion was a long process, but I think we covered all the bases.
- We are staying ahead of the game with topics like cyber security insurance.
- Excellent collaboration and work from everyone.
- I appreciate that we've got a decision on diagnosis and now have direction to go forward with.
- It's always nice that everyone's voice is heard, and people can ask questions before decisions are made.

8. MEETING SURVEY

Council took three minutes to complete the Council meeting survey.

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

9. IN CAMERA

MOTION: To adjourn the March 24, 2025, Council meeting – Joyce (MOVED), Carrie (SECONDED). CARRIED

The meeting was adjourned at 8:20 p.m.