



Alberta College of Occupational Therapists

Council Meeting Minutes

April 25, 2026

Attending:

Arwen Caines – President, Regulated Member
Heidi Knupp – Vice President, Regulated Member
Joyce Vayalumkal – Councillor, Regulated Member
Kristin Ward – Councillor, Regulated Member
Christie Bergman – Councillor, Public Member
Dr. Zahid Rafiq - Councillor, Public Member
Dennis Fitzgerald – Councillor, Public Member

Marianne Baird – CEO and Registrar
Benny Mutoni – Recording Secretary

Voting Members for this Meeting – Christie, Dennis, Joyce, Kristin, Heidi & Zahid

1. GATHERING

Arwen called the meeting to order at 9:00 a.m.

2. APPROVAL OF AGENDA

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

MOTION: To approve the April 25, 2026, ACOT Council meeting agenda as presented – Heidi (MOVED) Dennis (SECONDED). CARRIED.



3. STRATEGIC PLANNING

Bill 13 Applied to Acting Against Racism and Intolerance (AARI) Courses

Marianne presented a project plan, change management plan, and work plan outlining ACOT's response to the Regulated Professions Neutrality Act (RPNA). Marianne noted that part of the work will involve determining the approach ACOT wishes to take to meet the legislative requirements.

Marianne also shared learning modules developed in consultation with the AARI Committee for Council's review. Council was invited to provide feedback on the modules and to indicate their preference regarding release timing — specifically, whether to defer availability until the provincial environment is more favorable, or to release the modules on a voluntary basis.

The floor was then opened for discussion.

Q: What approach did Field Law suggest?

A: Field Law did not recommend a specific course of action but outlined the potential risks associated with each of the available options.

Q: If an individual were to request access to the modules, would ACOT be able to provide them? Is there an option to share them through ACOT's online resources?

A: Providing access, whether directly upon request or through online resources, would still carry potential risk if concerns or complaints arise regarding the content. However, with Council's approval, the materials could be shared in response to individual requests.

Q: Do we know how other regulators are responding?

A: This remains under discussion, and no decisions have been confirmed at this time.

Council members expressed general support for the quality and value of the learning modules, noting that they are well developed and contain important and meaningful content. Several members acknowledged the significant effort involved in their development and recognized their potential as a valuable educational resource.

However, Council members raised concerns that certain language within the modules could be interpreted as not fully aligned with RPNA requirements, which may pose a compliance risk.

Council discussed whether to release the modules on a voluntary basis or defer their launch. Council agreed to defer the release of the learning modules. The modules will be maintained and updated as needed, with the intention of making them available at a later time when circumstances are more favourable.



Council also asked that Marianne convey its appreciation to the AARI Committee module developers for their significant effort and the quality of the work produced.

Marianne raised the question of the future role and structure of the AARI Committee, including how its work may evolve considering the new legislative requirements.

Council discussed the need to ensure compliance with the bill and explored the possibility of renaming the committee to the Human Rights Committee. Council members emphasized the importance of clearly communicating support for the valuable work the committee has undertaken.

ACTION: Marianne will engage with the AARI Committee members to invite them in to do analyses on neutrality and explore options for future directions and scope of work.

Risk Register

Marianne reported that the Risk Register has been updated since the March Council meeting to reflect all closed items. It was noted that the RPNA was added as a new item.

Marianne invited Council to suggest any additional items for inclusion in the Risk Register. No further additions were identified.

Council Nominations

Marianne presented the Council Matrix and application materials, highlighting six candidates for three Council positions opening in September 2026.

Arwen facilitated the discussion and selection process.

Council noted that all candidates were strong and proceeded to review each application in detail, considering the strengths and contributions each candidate would bring.

Following discussion, Council selected Candidates 2, 3, and 5. These candidates were chosen based on their collective representation of diverse practice areas, geographic distribution across the province, and a balance of skills and experience.

ACTION: Marianne to email the six applicants to let them know the outcome of the process.

Diagnosis Update with ACOT OTs

The session began with a roundtable of introductions between Council members and ACOT OT staff.



Marianne noted that during our development of the Diagnosis Standard of Practice and the consultation plan for it, Dr. Miini Teng will continue developing the content for the Diagnosis and OTs course. Today we are looking at the second course modules.

Council and ACOT OT staff provided the following feedback regarding the module:

- The module is very well thought out, and I am very proud to be part of this work.
- I appreciate how concise the content is and how well it aligns with ACOT terminology. The bullet points and colour-coding help direct attention and improve readability.
- I found the module conceptually clear, with a good flow from slide to slide.
- I think Dr. Teng has done a fantastic job listening to feedback from multiple voices and incorporating it into strong messaging.
- The graphics, content, and overall layout were done very well.
- As a public member, I can see the effort to keep public protection at the forefront.
- Overall, I think excellent work was done on the modules. I see opportunities for further clarification in some areas, particularly with terminologies such as “functional analysis,” “jurisdiction,” and “escalation,” to better reflect occupational therapy and regulatory language.
- Great work. My feedback would be to make the images more uniform throughout, as some slides use drawings, while others use photographs.

Marianne provided Council with feedback that Alberta Health’s Health Professions Regulation Unit (HPRU) offered after a meeting with them about OTs and diagnosis.

Marianne noted the following:

- Significant explanation was required to clarify ACOT’s intended scope related to diagnosis practices for OTs.
- The HPRU included that the current practice statement was lengthy and would benefit from refinement.
- They also advised that ACOT will be required to undertake consultation on a Standard of Practice for diagnosis, identify the competencies required for OTs to perform this work, and provide a high-level overview of the proposed diagnosis course content.
- The HPRU emphasized the importance of clearly communicating what would change in practice for occupational therapists, specifically outlining what activities or responsibilities OTs would be able to perform that are not currently within their practice.

Marianne opened the floor for Council and ACOT OTs brainstorming in preparation for the consultation.



The following was discussed:

Council members noted the importance of clearly outlining the benefits to Albertans, including improved access to care.

Council members emphasized the value of aligning messaging with current government priorities, including reducing wait times and improving access to healthcare services. Discussion highlighted the role OTs could play in supporting timely assessment, diagnosis, and intervention, similar to expanded responsibilities seen in other professions such as pharmacy.

Council also discussed the potential long-term benefits associated with earlier diagnosis and intervention, noting that earlier identification and treatment could improve outcomes and reduce downstream healthcare costs.

Council members identified the importance of clearly distinguishing between current OT practices and the proposed changes. It was noted that, under the proposed model, OTs may be able to directly facilitate client paid laboratory and imaging referrals in situations where additional assessment or investigation is required. Council also acknowledged that many members of the public may not fully understand the current scope of OT practice, reinforcing the need for clear communication.

Council supported providing government with a defined list of diagnoses that OTs would be authorized to perform. It was noted that Quebec has included a similar list within its proposal to their government. Council agreed that presenting a proposed list for Alberta occupational therapists may help provide additional clarity regarding the intended scope of practice changes.

Q: Do we expect a long process?

A: It depends, response times from government can vary once we submit our Standard of Practice on Diagnosis, depending on their priorities at the time.

ACTION: Marianne to share Quebec's proposed list of diagnoses with the Diagnosis Course Advisory Committee for review, and to identify any additional diagnoses the Committee may recommend for inclusion.

ACTION: Use the updated list of proposed diagnoses during the consultation on the Standard of Practice for Diagnosis, to prompt further input on what the list should include.

4. COMMITTEE REPORTS

Competence Committee

Marianne shared the following updates:

- Training for Committee members to do review and evaluation of registrants' Continuing Competence Program (CCP) submissions is underway.
- ACOT did a survey of registrants' experiences with review and evaluations. The analysis of the survey data is also under way.
- In May, there will be an inter-rater reliability meeting with the reviewers to ensure CCP reviews are as fair as they can be.

AARI Committee

Marianne shared that some of the committee's work is now focusing on creating surveys for registrants who complete the AARI learning modules.

The purpose of the surveys will be to gather important input on the modules' content and impact on registrants' practice.

MOTION: To accept the Committee reports as presented – Dennis (MOVED) Heidi - (SECONDED). CARRIED.

5. CONSENT ITEMS

RL 2: Finances

Marianne shared that she is required to reevaluate ACOT's financial auditing needs, including issuing a request for proposals every five years or as needed.

Marianne will issue a Request for Proposal (RFP) this summer and alert our current accounting firm about the RFP in case they want to bid again.

MOTION: To approve RL 2 Finances - Dennis (MOVED) Zahid (SECONDED). CARRIED.

RL 2.1: 2025-26 Q4 Budget vs Actual

Comments on the 2025-26 Q4 Budget vs Actual included:

- ACOT's registration revenue is very close to the budgeted amount.
- ACOT's banking revenue was higher than expected, and ACOT also received the database system update funds from The Canadian Institute for Health Information (CIHI).
- Total administrative expenses were lower than expected.



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- Office occupancy was under budget due to an expense and rental rebate received in July.
- Salaries and benefits were also under budget, as ACOT only had partial coverage in place for one staff member who on parental leave.
- All College activity expenses were lower than predicted, with the biggest decrease being in investigations and legal expenses.
- ACOT's registration fees remain positioned within the mid-range compared to other regulatory organizations across Canada.

Q: Can we have a guest to speak on the interpretation of the RPNA during the next Council retreat?

A: Yes, that is something we can do, in addition to the speaker we planned to have.

MOTION: To approve RL 2.1: 2025-26 Q4 Budget vs Actual as presented - Dennis (MOVED) Joyce (SECONDED). CARRIED.

ACTION: Marianne to contact Field Law about availability to speak to Council about the RPNA interpretation during Council's retreat in September.

Review of Last Meeting's Minutes

Council examined the March 23, 2026, ACOT Council meeting minutes. With no suggested changes, they moved forward with a motion.

MOTION: To approve the March 23, 2026, ACOT Council meeting minutes as presented – Dennis (MOVED) Heidi (SECONDED). CARRIED.

Review Draft Annual Report

Council viewed the first draft of the ACOT's 2025-2026 Annual Report. Heidi noted her name is missing from the Diagnosis Course Advisory Committee, Marianne to correct this in the next iteration.

The next draft will be presented at the May Council meeting. It will have formatting changes as well as graphic added.



Governance Award Discussion

Council discussed how to proceed with the self-nomination for a governance award based on the AARI Committee's work, given that the AARI modules have now been tabled for a later date in light of *Bill 13*.

Some Council members expressed concern about potential risk. Other members emphasized that the nomination was intended to recognize work completed in support of public safety. It was also noted that the nomination would acknowledge the work already undertaken.

Council agreed to proceed with the submission, with wording revisions to reflect the work as past work.

ACTION: Marianne to revise the submission accordingly and bring it forward to the May Council meeting for review.

6. OPEN FORUM

Marianne welcomed participants to the open forum, then invited participants and Council to introduce themselves.

Marianne then provided background information and a diagnosis update with the following highlights:

- In March 2025, council decided to acknowledge OTs' ability to establish diagnosis once OTs have successfully completed a diagnosis course approved by Council, and applied to be part of a diagnosis roster.
- ACOT convened a Diagnosis Course Advisory Committee. The Committee has been tasked with researching and advising on the components to include in the diagnosis course curriculum, monitoring curriculum development and pilot testing, then measuring its results.
- ACOT is yet to create a comprehensive list of diagnoses that OTs will be able to establish. This is something the Advisory Committee may work on, with input from Council.
- The course will focus on safety and risk management, as well as competence within an OT's area of expertise before proceeding to establish diagnosis.
- The course syllabus and the first two of eight course learning modules have been developed for review by Council and the Course Advisory Committee. These materials have been developed by Doctor Miini Teng, who is an OT and a resident physician with a focus on family medicine.



- ACOT's next steps include development of a Standard of Practice for diagnosis, followed by consultations on the Standard. After consultations and updates, the Standard will be submitted to government for review and input.
- Timing of the pilot course offering will depend on when government gets back to ACOT on the standard and on the mandatory course, which must also be reviewed by government.
- As the work progresses, ACOT will look at collaboration opportunities for messaging with the Society of Alberta Occupational Therapists (SAOT) and the Canadian Association of Occupational Therapists (CAOT).
- When ACOT is closer to pilot rollout, updates will be provided by e-News and future open forums.

Marianne then opened the floor for discussion and invited participants to share how they anticipate diagnosis ability may impact their OT practice within their communities.

Questions and answers included:

Q: I'm part of an assessment team, with a psychologist and speech language pathologist. Being from that multidisciplinary team, how would that change my role?

A: It would be a very collaborative model that we're rolling out. Part of the training will be understanding of when you need to reach out to collaborate. OTs who have taken the course and are on the roster would be acknowledged as being able to make that diagnosis within that interprofessional team collaboration.

Q: What exactly are the diagnoses that this course will be covering?

A: We have been looking at another jurisdiction that is working with their government. They have done a preliminary list of diagnoses and we're looking at taking those out for consultation.

Q: How will this impact funding and claims for things like disability tax credits?

A: It may take some time for funding systems to catch up to OTs being able to establish diagnoses. The plan is to invite the government and other partners, including funding agencies to our consultations, but these agencies will decide on whether they recognize this new ability for OTs.

Q: Have you spoken to Pearson and some of the assessment companies about potentially upgrading OTs to a level C?

A: That would likely be an advocacy piece, but that's something that we can discuss with SAOT. Thank you for bringing that up.



Q: How would OTs maintain competence and how would this be demonstrated?

A: There have been conversations around a portfolio-based competence, both as an exercise within the course and afterwards. However, this has not been finalized.

Q: Will OTs be able to perform any diagnoses around Attention Deficit Hyperactivity Disorder (ADHD), anxiety or depression?

A: Yes, we plan to have those on the initial draft list for consultation.

Feedback from forum participants included:

- I work as an adult health clinician and part of my role with intake is to do the initial assessment for mental health. This was something that I needed to get reorientation on, with the goal of establishing diagnoses, so this is a timely topic.
- Being a newer clinician, I still have things to learn in terms of OT role in creating a provisional diagnosis. I have experienced lengthy processes in early intervention and struggled to explain to families why I am unable to diagnose. I'm interested in finding out how getting trained to diagnose is going to change that process for some of the families that we serve.
- I am interested in learning more about how we could we incorporate diagnosis into our practice, considering the funding impacts. My hope is that this can help shorten wait times and give people early access to care.
- I work in an outpatient clinic and I'm the only OT on a multidisciplinary team. A lot of my clients come in for diagnosis, and I can only point to signs and symptoms. It would be beneficial to provide diagnosis. This is a topic of interest as I want to ensure I'm practicing safely and within scope.
- While this would not affect my practice, I'm here because I'm curious about this topic. I would like to stay current on diagnosis and other issues related to the profession. OT diagnosis could significantly reduce blockages in the system that slow access to care.
- I work as a school clinician and have some Family Support for Children with Disabilities (FSCD) contracts. There are often queries of the diagnostics in the back of our minds as we gather client information, and we have these conversations with the teams we work with. I think OT ability to diagnose under this model will be beneficial.
- I do FSCD and some private contracts often working with children, whose parents look at me as a trusted medical practitioner. It will be a great opportunity to provide diagnosis and shorten wait times. I also appreciate ACOT for being strategic and careful about how to go about OT diagnosis.
- As an SAOT representative, I expect there will be a role for us in terms of advocacy and possibly professional development offerings. SAOT would also like to be prepared as we can anticipate questions from other professions about OT diagnosis.



- This would be a huge asset to my private practice and beneficial to clients I see that might be dealing with long wait times. It sounds like the diagnosis course will be comprehensive to ensure OTs are equipped with the tools to provide the appropriate services.

Marianne thanked all participants and encouraged them to monitor the ACOT e-news updates for upcoming consultation links, surveys, and future open forums.

7. REFLECTION ON GOVERNANCE

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

- We continue to do good work in all discussions, considering the impact to the public.
- Great open forum attendance and discussion and a lot of points raised were in the interest of Albertans.
- I appreciated the brainstorming on the messaging to government and our approach to *Bill 13*.
- It was a very interesting meeting, and it was great to hear from all open forum participants about their views on OT diagnosis.
- It is refreshing to see the excitement around diagnosis and how it will benefit the public.
- I appreciate how we were very flexible and adaptable with trying to comply with Bill 13 while maintaining our mandate to protect the public.
- Great meeting and the work being done is very meaningful.

8. MEETING SURVEY

Council took three minutes to complete the Council meeting survey.

9. IN CAMERA

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

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

The April 25, 2026 Council meeting was adjourned at 2:56 p.m.