



Alberta College of Occupational Therapists

Council Meeting Minutes

March 23, 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
Dennis Fitzgerald – Councillor, Public Member
Dr. Zahid Rafiq - 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 6:35 p.m.

2. APPROVAL OF AGENDA

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

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



3. UNIVERSITY OF ALBERTA (U OF A) DEPARTMENT REPORT

Cori Schmitz, Associate Chair & Associate Teaching Professor in the Occupational Therapy Department at the U of A, joined the meeting at 6:45 p.m.

Cori reviewed the U of A report submitted to ACOT including the significance of the strategic planning being done at the faculty level, fieldwork updates, personnel updates, curriculum updates, admissions updates, approach to artificial intelligence (AI), and an upcoming conference.

Cori then took questions from Council:

Q: Are you seeing AI being an issue for the students, or is it something that you're adding in proactively?

A: Yes, it's an issue and can be tricky. We are looking to make it less about policing and more about its appropriate use. The goal is to make students understand what is ethical, reasonable, and effective.

Council then discussed how ACOT and U of A could optimize their working relationship going forward. Two options were brought forward: one was to have Marianne present U of A OT department meeting updates to Council, and the other having a U of A ex-officio representative attend Council meetings.

Marianne pointed out that Council meets nine times a year and that the minutes for these meetings are posted online. Cori indicated that committing to nine meetings per year with Council may not be feasible due to bandwidth and capacity constraints.

After discussion, Cori and Council agreed to take additional time to explore how information sharing could be optimized, including clarifying what information Council requires from the University and vice versa.

ACTION: Marianne to follow up with U of A once ACOT's AI Guideline is ready.

ACTION: Cori to follow up via email regarding the U of A's OT Department decision.



4. STRATEGIC PLANNING

Update on Strategic Plan

Marianne shared the following updates:

- ACOT continues to maintain work on items such as our Continued Competence Program (CCP) and complaints procedures.
- ACOT also continues to keep up with multiple key partners such as the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO), Alberta Federation of Regulated Health Professions (AFRHP) and U of A Health Shared Services.
- ACOT has received a proposal from the Council on Licensure, Enforcement and Regulation (CLEAR) to provide governance education during our September Council retreat.

Review Action Items

Examples of action items completed included the following:

- Update to the Council Charter.
- Dr. Miini Teng meeting with Council today.

ACTION: Marianne to locate where the Council Charter signing stalled and resend it to those who still need to sign it.

Practice Inquiries Activity

Marianne reported the following:

- An increase was noted in all categories - practice, registration, and CCP queries - which is expected during the first couple of months of the year because of renewal season.
- Hot topics in practice queries include AI, cross-jurisdictional practice, documentation, and ethical scenarios.

Diagnosis Update

Dr. Miini Teng, the developer of ACOT's diagnosis course joined the meeting at 7 p.m. A roundtable for introductions was held.



Dr. Teng highlighted her dual professional background as both an occupational therapist and a physician, noting that this experience positions her well to develop the diagnosis course. She shared that, as an OT, she has worked in long-term care, pediatrics, mental health, and addiction. As a resident physician, she has participated in a dual program in family medicine and public health, with a primary focus on delivering primary care.

Drawing on this experience, Dr. Teng emphasized that diagnostic delays can significantly impact access to care, particularly for children who may face long wait times or barriers to funding. She noted that reducing these delays with OT diagnosis could improve access to care and support more timely early intervention.

Dr. Teng addressed risk management, outlining how the course will incorporate safeguards and guardrails to mitigate risk. Emphasis will be placed on clearly defining scope limitations, particularly regarding what is appropriate to diagnose in alignment with ACOT guidelines.

Dr. Teng outlined the potential advantages of OTs establishing diagnoses, emphasizing both client and system benefits. She noted that this approach could improve the efficiency of human resource use, reducing the need for clients to navigate multiple providers. Additionally, it would support the healthcare system by enabling OTs to independently diagnose and manage certain conditions, easing the burden on physicians and streamlining care delivery.

Dr. Teng also added that humility, responsibility, and accountability will be essential qualities for OTs when performing diagnoses.

Dr. Teng then took questions from Council:

Q: In the process of going through this diagnosis conversation and course development, what has been the hardest part to wrap your head around?

A: Initially, when I thought about developing the content, I steered towards the clinical reasoning framework I was taught in medical school. However, after speaking with other physicians and mentors, we decided to develop something unique to OT, so that OTs can diagnose within their area of expertise.

Q: Is there a way OTs can order things like blood or lab tests?

A: To get ordering privileges, we'd have to go through government. From the government's point of view, that would increase the cost to the system because more providers would be ordering. While it is doable, it would also likely take a long time to get this privilege. An argument can be made for it after OTs diagnose and point it out as a diagnosis gap. It is practical to bring colleagues in to do the ordering and interpretation of results.



Council members noted:

- Dr. Teng's perspective is unique given her professional background and will add value to the course.
- ACOT is here to serve and protect the public. Council wants to make sure that OT practitioners are operating safely.
- Gratitude for the work Dr. Teng is doing towards developing the diagnoses course.
- Early diagnosis, early intervention and less wait times would be serving the public interest.

Marianne presented a briefing note to Council, highlighting that ACOT has successfully garnered government attention regarding diagnosis activities, a process that took considerable time. She noted that the implementation of diagnosis will be slowed due to the requirement for consultations with multiple key partners to establish a new standard of practice, rather than the previously proposed practice statement.

Marianne also shared recommended communication strategies regarding the government's feedback, suggesting that course development continues while adopting a phased approach for addressing the remaining diagnosis-related items.

A Council member acknowledged that, despite extensive Council discussions on diagnosis, it is reasonable for the government to have questions, emphasizing that these steps serve the public interest by ensuring diagnoses are provided safely.

MOTION: To communicate the change in timing and requirements to registrants using the eNews provided – Christie (MOVED) Heidi (SECONDED). CARRIED.

MOTION: To develop a plan for and conduct broad consultations with system partners and registrants to socialize the new policy direction and gather feedback to inform the development of the new standard of practice – Dennis (MOVED) Christie (SECONDED). CARRIED.

MOTION: To develop a new Standard of Practice for further consultation with key partners – Joyce (MOVED) Zahid (SECONDED). CARRIED.

MOTION: To develop and implement a standard, a practice consultation plan and associated communication materials for council's approval – Joyce (MOVED) Dennis (SECONDED). CARRIED.

MOTION: To finalize Phase One of the Diagnosis Course Development while the new standard is being developed and reconvene the committee after consultations are completed to guide any adjustments needed for the diagnosis course. – Heidi (MOVED) Christie (SECONDED). CARRIED.



Bill 13 Update

Marianne presented a document that outlines requirements arising from the *Regulated Professions Neutrality Act (RPNA)* and a proposed approach to responding to it.

Based on feedback from Field Law, a nuanced approach was recommended, rather than a strictly expansive or strictly narrow approach to interpreting the Bill. Marianne added that ACOT plans to bring forward the samples of the updated Standards of Practice and Code of Ethics to the May Council meeting for further discussion and direction setting.

Council members raised concerns regarding the potential impact of Bill 13 on the College and its activities, including areas such as national competencies. They emphasized, however, that the College's plan remains to maintain compliance with all relevant requirements.

A Council member noted that ACOT is not the only organization affected by Bill 13 in Alberta and that multiple key partners and regulatory bodies can be consulted to determine the appropriate approach.

ACTION: Marianne to bring forward the samples of the updated Standards of Practice and Code of Ethics to the May Council meeting for further discussion and direction setting.

5. COMMITTEE REPORTS

Competence Committee

Marianne shared the following updates:

- ACOT's Competence Committee is going into a busy season with training for reviewing and evaluating of Continuing Competence Program (CCP) submissions.
- There are three subcommittees that have been formed and are looking at future directions for the CCP.

MOTION: To accept the Competence Committee report as presented – Zahid (MOVED) Heidi (SECONDED). CARRIED.

Governance Committee

Heidi shared the following updates:

- The Committee met and reviewed the Ends Policy, with no suggestions or changes made.



- The Committee looked at the Council individual meeting evaluation survey, and this resulted in one suggestion. The suggestion was to update question 6 wording to provide council with an opportunity to reflect and provide feedback on the alignment of each individual council meeting with our Strategic Plan.

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

6. CONSENT ITEMS

Review of Last Meeting's Minutes

Council examined the February 24, 2026, ACOT Council meeting minutes. With no suggested changes, they moved forward with a motion.

MOTION: To approve the February 24, 2026, ACOT Council meeting minutes as presented – Dennis (MOVED) Heidi (SECONDED). CARRIED.

Review Risk Register

Marianne shared a document with updates to the risk register.

Marianne pointed out that changes in government direction affecting ACOT's ability to carry out some ongoing initiatives was missing from the current version of the risk register and requested feedback from Council on this.

Council agreed that the potential impact of changes in government direction on ACOT's initiatives should be documented in the Risk Register.

Q: Do we ever consider removing things from the Risk Register?

A: Yes, we can close items in the Risk Register.

MOTION: To accept the Risk Register as presented, with the understanding that it would be revisited in the future for further evaluation – Dennis (MOVED) Kristin (SECONDED). CARRIED.

ACTION: Marianne to relook at the Risk Register, add items noted today and close other items as appropriate, then bring it back to the April Council meeting for review.



E1: Ends

Council members provided unanimous feedback that the Ends policy will remain as is.

7. REFLECTION ON GOVERNANCE

- Bill 13 will be an issue for a long time.
- Great discussion with protection of the public in mind.
- Appreciate Council's direction on diagnosis and Bill 13.

8. MEETING SURVEY

Council took three minutes to complete the Council meeting survey.

9. IN CAMERA

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

MOTION: To adjourn the March 23, 2026 Council meeting – Christie (MOVED), Zahid (SECONDED). CARRIED

The meeting was adjourned at 8:40 p.m.