SCOT Saskatchewan College of Occupational Therapists

R12 SOCIODEMOGRAPHIC DATA COLLECTION AND USE POLICY

CATEGORY:	REGISTRATION
DATE APPROVED:	September 8, 2025
APPROVED BY:	SCOT COUNCIL

PURPOSE AND PRINCIPLES

This policy describes the guidelines and procedures for the secure collection, storage, and management of sociodemographic data. The goal is to ensure that sociodemographic data is handled ethically, securely, and in compliance with applicable laws and regulations.

SCOPE

This policy applies to the College and staff involved in the collection, management, and analysis of sociodemographic data including racialized group and ethnic identity collected at registration. It covers the processes of data collection, storage, protection, access control, and usage for regulatory and policy development purposes.

DEFINITIONS[1]

Sociodemographic Data: Information encompassing a broad array of characteristics, including but not limited to age, sex, gender, racialized group, and geographic location.

Data Security: Measures taken to protect data from unauthorized access, loss, or corruption.

Confidentiality: The obligation to protect personally identifiable information from unauthorized disclosure.

Race: Race is a social construct used to categorize people based on visible or physical traits, such as skin colour, hair texture, and facial features which are often seen as inherent traits.

Racialized Group Identity: Racialized group is used in this policy to describe those affected by racism. Racialized groups can encounter a range of racisms, which can overlap or intersect with other social, ethnic, or cultural groupings. Racialized Groups are organized along the lines of people and their visible or physical traits and may or may not intersect with geographic location and/or place of origin.

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[1] Canadian Institute for Health Information Minimum Health Human Resources Data Standard About the 2022 Health Human Resources Minimum Data Set Data Standard

Indigenous Identity: Indigenous identity refers to whether a person identifies with the Indigenous peoples of Canada. This includes those who identify as First Nations (North American Indian), Métis, and/or Inuk (Inuit), and/or those who report being Registered or Treaty Indians (that is, registered under the Indian Act of Canada), and/or those who have membership in a First Nation or Indian band. Aboriginal peoples of Canada (referred to here as Indigenous peoples) are defined in the Constitution Act, 1982, Section 35 (2) as including the Indian, Inuit and Métis peoples of Canada.[2]

GUIDING PRINCIPLES

Regulatory Duties and Sociodemographic Data: In compliance with The Occupational Therapists Act, 1997, the College has an accountability to collect certain personal information in the interests of the public. Race-based data and Indigenous identity are not data that are required to be collected and therefore are collected voluntarily and not included in the public Register. As part of the College's responsibility to carry out its activities in a manner that protects and serves the public interest, the College chooses to include the voluntary collection of race-based and Indigenous identity data towards achieving healthcare system equity.

Healthcare System Equity: Collection of this data enables the College to support and guide practices that reduce disparities, improve healthcare equity, and influence systemic improvements to ensure care is provided in a fair and culturally competent manner.

Ownership: Registrants retain ownership of their sociodemographic data. They have the right to volunteer certain additional sociodemographic data and know how their data is collected, used, and shared.

Respect for Privacy: All sociodemographic data is collected and stored in a manner that respects individual privacy rights and complies with relevant data protection laws.

Transparency and Accountability: The data collection process is transparent. The College is accountable for how sociodemographic data is used to inform policies and practices.

Non-Discrimination: The data is not used to discriminate against individuals or groups based on racialized group or ethnic identity. It serves as a tool to identify and help reduce disparities in healthcare outcomes.

Data Minimization: Only the data necessary to achieve regulatory goals is collected, used, disclosed, and retained.

Recognition: The contributions of communities are acknowledged and valued.

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[2] Constitution Act, 1982, Section 35 (2)

Systems Level Data Standard and Partner Engagement: The College uses the Canadian Institute for Health Information (CIHI) Health Human Resources Minimum Data Set ("HHR MDS") data standard[3] as a guide to collect the sociodemographic data. CIHI's broad range of health system databases, measurements, College reports, and analysis are used to engage with system partners.

Accurate and Ethical Data Collection: The College is responsible to ensure that this data is collected accurately, ethically, and with respect for registrant privacy. Data collection processes comply with relevant laws and regulations, including those that protect individuals from discrimination and bias. Ongoing training and resources are provided to support the responsible, secure, and effective management of sociodemographic data.

Transparency and Public Trust: The College uses aggregated data to inform evidence-based decisions, guide policy development, and advance accountability in occupational therapy delivery at a system level.

POLICIES AND PROCEDURES

Data Type Usage:

Regulatory Data: In compliance with The Occupational Therapists Act, 1997, the College has an accountability to collect certain personal information in the interests of the public.

Sociodemographic Data: Data related to racialized group, ethnicity, gender identify, and cultural background does not appear on the public register.

Collected sociodemographic data is used to reduce or eliminate systemic inequity, marginalization and other health system barriers. The collection of sociodemographic data provides insight into the degree to which the diversity of the Saskatchewan public is reflected in College registration. The College aims to promote transparency, health equity, and support evidence-based decision-making while safeguarding individual privacy and confidentiality.

Data Collection:

The College uses the Canadian Institute for Health Information (CIHI) Health Human Resources Minimum Data Set ("HHR MDS") data standard[3] as a guide to collect the sociodemographic data including Indigenous Identity data. See Appendix 1 for Indigenous Identity data Standard and Racialized Group Data.

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[3] Canadian Institute for Health Information Minimum Health Human Resources Data Standard About the 2022 Health Human Resources Minimum Data Set Data Standard

When collecting sociodemographic data, care will be taken to ensure:

1. The collection of sociodemographic data is integrated into existing and trusted workflows to minimize disruption and enhance efficiency. Data collection prompts are incorporated into the Data registration application and registration renewal forms and registration processes to facilitate systemic data capture.

2. Registrants know that provision of this information is optional, and each registrant can choose not to provide the information, without any repercussions. No program, service, or benefit will be withheld if registrants do not answer the questions.

3. Information is collected in ways that are safe, respectful, responsible, and do not cause harm.

4. There is transparency and accountability by providing clear information on how the data will be gathered, stored, used, and managed.

5. There is adequate explanation of the benefits and risk, if any, of collecting this information.

6. Each registrant can choose not to answer any of the sociodemographic questions and still continue to complete the renewal registration process.

Storage and Management

1. Data is stored in a secure system and access will be limited to necessary College staff.

2. Data provided by each registrant will be kept confidential.

3. Each registrant can withdraw their consent about additional sociodemographic data and request that the College remove or stop using their information at any time.

Data Use

Data will be used to:

1. Provide a baseline measurement of the sociodemographic of occupational therapists to better understand sociodemographic trends and inform efforts and strategies to promote equality and diversity in the profession.

2. Develop programs and practice support that will assist registrants in better serving communities.

3. Help the College meet its current strategic objectives and values which commit to integrating equity, diversity, and inclusion (“EDI”) practices throughout the organization and the occupational therapy profession.

4. Highlight and track disparities and system barriers that equity-deserving groups face in accessing health care services or joining the profession.

5. Support evidence-based decision making aimed at reducing or eliminating discrimination in the profession.

6. Heed the Truth and Reconciliation calls to collect data so that progress can be measured especially on increasing the number of indigenous health professionals, based on the belief that only what is measured can be effectively understood and improved.

7. Provide more robust data to the Canadian Institute for Health Information (CIHI), in turn allowing the organization to aggregate Canadian data regarding the profile of Canadian Occupational Therapists.

Limited Use

Data will ***not*** be used:

1. In any way that could identify an individual registrant when the data is reported to CIHI.

2. With the intention to impact, harm, or discriminate against a registrant.

3. To deny registration or be checked against a registrant's safe practice registration requirement.

4. By the College in complaints or discipline processes.

5. To perpetuate stereotypes of specific groups.

Responsibilities

The College:

1. Ensures compliance with laws and ethical guidelines in all stages of data collection, storage, and management.

2. Ensures clear guidance is provided to staff regarding the types of sociodemographic data to be collected, the appropriate data fields or forms to use, and the preferred methods for data entry.

3. Provides staff with regular training on data security, privacy protection, and ethical use of sociodemographic data.

4. Ensures that clear procedures are in place for data access, including who can access and modify data, and under what circumstances.

5. Monitors the implementation of this policy to ensure data is being handled appropriately and securely.

6. Ensures engagement of people with “lived reality” who are most affected through two-way or multi-directional communication.

7. Ensures the contributions of people and communities are acknowledged and valued.

Staff:

1. Follow established procedures for collecting, storing, communicating about, and managing sociodemographic data.

2. Always maintain the confidentiality of sociodemographic data.

3. Report any breaches of data security or potential risks to the Executive Director immediately.

Procedure

Data Collection:

1. Sociodemographic data is collected at registration and annual registration through a secure application and renewal process.

2. The sociodemographic data collection repository includes at a minimum, the 30 core data elements identified in the CIHI HHR MDS Data Dictionary to enable the College to submit HHR data under agreements with CIHI and other government agencies including but not limited to Indigenous Identify[4] and Racialized Group. See Appendix 1.

3. Digital consent is obtained from individuals with clear language explaining how the data will be used.

4. Provision of sociodemographic data in the College database by registrants is voluntary through purpose-built applications providing for digital consent and use of non-mandatory fields.

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[4] Canadian Institute for Health Information Minimum Health Human Resources Data Standard About the 2022 Health Human Resources Minimum Data Set Data Standard

Data Storage and Protection

Secure Storage:

1. All sociodemographic data is stored in secure, encrypted systems to prevent unauthorized access.
2. Physical storage devices (e.g. hard drives, backup tapes) containing sociodemographic data are kept in secure, access-controlled locations.
3. Electronic data is stored in secure databases that comply with the highest standards of cybersecurity.
4. Regular backups of all data area performed to ensure data integrity and recovery in case of system failure.
5. Data is aggregated and anonymized in reports to minimize the risk of identification of individuals.

Access Controls:

1. Data access is restricted to authorized personnel only.
2. Role-based access controls are implemented to ensure that only individuals with a legitimate need can access specific types of data.
3. All data is logged and monitored to detect and respond to unauthorized access attempts.
4. Regular audits of access logs and security systems are performed to ensure compliance with security protocols.

Data Retention:

1. Sociodemographic data is retained to fulfill the regulatory or policy objectives with reference to the Document Retention and Destruction Policy.
2. Data is securely destroyed or anonymized to prevent unauthorized use.

Reporting, Accountability, and Communication:

1. Individual sociodemographic data is reported on the public Register as required by The Occupational Therapists Act, 1997.
2. Aggregate and anonymous data is provided in HHR data reports under agreements with CIHI and other government agencies.

3. Contributions by people and communities are acknowledged and recognized as part of regular communications and processes including but not limited to meeting agendas, reports, and newsletter items.

4. Questions or concerns from the public and registrants regarding the use of sociodemographic data are escalated to the Executive Director.

Confidentiality and Privacy Protection

Confidentiality Agreements:

1. All staff members and third-party vendors with access to sociodemographic data sign confidentiality agreements to protect sensitive information.

2. Any breaches of confidentiality are immediately reported and addressed in accordance with established protocols with regards to Privacy.

Privacy Rights:

1. Individuals are informed of their right to access, correct, or withdraw their sociodemographic data at any time, in compliance with applicable data protection laws.

2. Individuals can request their data or file complaints about how their data is being handled by contacting the Executive Director.

Data Breach Responses

Incident Reporting:

1. In the event of a data breach or security incident, the Executive Director is notified immediately.

2. Affected individuals are notified promptly in accordance with legal requirements.

3. Necessary remedial actions are taken to mitigate harm under the direction of the Executive Director.

Corrective Actions:

1. Following any breach or failure in data management, the College will review and update policies and procedures to prevent similar incidents from occurring in the future.

2. Staff training is updated regularly to reinforce best practices in data security and confidentiality.

Compliance and Enforcement

1. The College conducts regular audits to ensure compliance with this policy and relevant data protection laws.

2. Any violations of the policy, including improper data handling or security breaches, are addressed promptly and may results in disciplinary action.

Policy Review and Updates

This policy will be reviewed and updated annually, or more frequently, if necessary, to account for changes in legal, technological, or ethical standards related to sociodemographic data collection, storage, and management.

Legal Requirement and Resources:

- **Canadian Institute for Health Information**
    - Health Human Resources Minimum Data Set — Data Dictionary
    - About the 2022 Health Human Resources Minimum Data Set Data Standard
    - Guidance on the Use of Standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada
    - Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada — Supplementary Report
    - Health Workforce Information Minimum Data Set (HWI MDS) Data Submission Manual
- Constitution Act, 1982, Section 35 (2)
- The Occupational Therapists Act, 1997
- Office of the Saskatchewan Information and Privacy Commissioner | IPC
- The Health Information Protection Act (HIPA)

Date Established	DATE(S) REVIEWED/REVISED	NEXT REVIEW
May 28, 2025	September 8, 2025 (Pending)	September 8, 2026

Appendix 1: Race-based and Indigenous Identify Data Values Selection Options[5]

Data Category	Data Value	Value Definition	Selection
Indigenous Identity	Do not know	Person is not aware of their indigenous identity.	Multiple selection data value. Select up to 3 identities.
	First Nations	A person who self-identifies as First Nations.	
	Inuk/Inuit	A person who self-identifies as Inuk/Inuit.	
	Métis	A person who self-identifies as Métis.	
	Prefer not to answer	Person preferred not to answer.	
Racialized Group	Another race category	Includes values not described.	Multiple selection data value. Select up to 3 racialized groups.
	Black	African, African Canadian or Afro-Caribbean descent.	
	Do not know	Person is not aware of their race.	
	East Asian	Chinese, Japanese, Korean or Taiwanese descent	
	Indigenous	First Nations, Inuk/Inuit or Métis descent.	
	Latin American	Hispanic or Latin American descent.	
	Middle Eastern	Arab, Persian or West Asian descent (e.g. Afghan, Egyptian, Iranian, Kurdish, Lebanese, Turkish).	
	Prefer not to answer	Person preferred not to answer.	
	South Asian	South Asian descent (e.g. Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan).	
	Southeast Asian	Cambodian, Filipino, Indonesian, Thai, Vietnamese or other Southeast Asian descent.	
	White	European descent.	

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[5] Health Human Resources Minimum Data Set — Data Dictionary