

Professional standards for occupational therapy practice, conduct and ethics

Audit tool Section 3

Principles and standards – welfare and autonomy

Introduction – reviewing your practice or your service

The *Professional standards for occupational therapy practice, conduct and ethics* (Royal College of Occupational Therapists 2021), hereafter known as the 'Standards', describe the essential practice, behaviours and values which you have a responsibility to abide by at all times. They may be taken as appropriate standards of reasonable care, as defined by the professional body. You can use the standards as an informative and convenient way to monitor and maintain your professional practice as an individual. This process will identify the areas where you meet the professional requirements and any areas where you need to take action to improve your performance. This will also help you to meet the requirements of the Health and Care Professions Council. The results of monitoring and improving your practice can be included in your continuing professional development (CPD) portfolio, along with your other evidence of learning and development.

The Standards can also be used as a benchmark against which to scrutinise your service as a whole. This would enable you to gather data for yourselves and others who have an interest or investment in the service.

These audit forms are based upon the full Standards document (RCOT 2021). Please refer to the full document as you review your practice or service. Please note that the numbering used in these forms correlates to that used in the full document.

Each standard statement is written as a description of the expected action/behaviour. If you don't do it, you are not meeting the standard, although you may have a justifiable reason if this is the case. These forms allow you to answer 'Yes' or 'No' to each statement. Some statements have multiple sub-sections, each of which you need to consider. If there are some you do not meet and you have no justifiable reason, you do not meet the standard. You are asked to identify what evidence supports your answer. If required, you can describe any action needed to meet the standard. If there are standards that are not relevant to your practice, note this in the form. You, or any other reader, will then know that it is not due to underperformance.

Some of the statements in the Standards define the ethical or professional principles underpinning occupational therapy. Although not written in the form of a standard, they are still statements against which you can reflect upon your practice.

The audit forms have been grouped into the sections of the full document, which can be downloaded separately. Refer to the Contents page of the full document to see what is included in each section.

Terminology and language

A number of terms are used in this document for which you may need a definition. Please refer to page 1 and Section 7 of the full Standards (RCOT 2021) for an explanation of the terminology and language used. Considering the breadth of the profession, you may need a degree of interpretation when applying these terms to your individual scope of practice or work setting.

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3.1.6 Your responsibilities under your duty of care					
Please refer to Section 3.1 of the full <i>Professional Standards for Occupational Therapy Practice, Conduct and Ethics</i> (Royal College of Occupational Therapists 2021) for a fuller explanation of your duty of care.					
You discharge your duty of care by performing your professional duties to the standard of a reasonably competent practitioner, in terms of your knowledge, skills and abilities. You may be in breach of your duty of care if it can be shown that you have failed to perform your professional duties to the standard expected of a reasonably competent occupational therapy practitioner (RCOT 2021, Section 3, points 3.1.2, 3.1.3).					
	Statement	Y	N	What is your evidence for this?	Action to be taken, by whom and by when?
3.1.6.1	You keep your knowledge, skills and abilities up to date.				
3.1.6.2	You provide a service that is within your professional competence, appropriate to the needs of those who access the service, and within the range of activities defined by your professional role.				
3.1.6.3	You maintain an accurate record of the intervention you provide as part of your duty of care.				
3.1.6.4	You have and record a demonstrable professional rationale for the decisions you make and occupational therapy intervention that you provide.				
3.1.6.5	You protect confidential information, except where there is justifiable reason for disclosure.				

3.1.6.6	You ensure that all reasonable steps are taken to ensure the health, safety and welfare of any person involved in any activity for which you are responsible. This might be a person accessing the service, a carer, another member of staff, a learner or a member of the public (Great Britain. Parliament 1974).				
3.1.6.7	You ensure that anyone to whom you delegate work is competent to carry it out in a safe and appropriately skilled manner (see Section 6, point 6.5).				
3.1.6.8	When you consider that wellbeing, safety and care standards are not being met, you raise your concerns with an appropriate person.				
3.1.6.9	When a person with mental capacity is discharged or discharges themselves from your service, or chooses not to follow your recommendations, your duty of care does not finish immediately. You must: <ul style="list-style-type: none"> • ensure that they are aware of any possible risks arising from their choice; • take reasonable action to ensure their safety; 				

<p>3.1.6.9 (contd.)</p>	<ul style="list-style-type: none"> • refer the individual to, or provide information about, an alternative agency, if appropriate; • inform relevant others, with consent if possible, especially if there is an element of risk remaining; • arrange for a follow-up, if required and consented to; • comply with all necessary local discharge procedures; • record this in the relevant documentation, together with any assessment of mental capacity if required. <p>You will then have fulfilled your duty of care.</p>				
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3.2 Welfare					
<p>3.2.1 Under the <i>Universal Declaration of Human Rights</i> (United Nations General Assembly 1948) everyone has economic, social and cultural rights. These include social protection, an adequate standard of living, and physical and mental wellbeing.</p> <p>You seek to act in the best interests of all those who access the service and those with whom you work, at all times, to ensure their welfare, optimising their health, wellbeing and safety.</p>					
	Statement	Y	N	What is your evidence for this?	Action to be taken, by whom and by when?
3.2.1.1	You always recognise a person's human rights and act in their best interests, without discrimination of any kind.				
3.2.1.2	You enable individuals to preserve their individuality, self-respect, dignity, privacy, security, autonomy and integrity.				
3.2.1.3	You take appropriate actions to promote positive health and welfare in the workplace (including physical and mental health), safe working practices and a safe environment.				
3.2.1.4	You do not engage in or support any behaviour that causes any unnecessary mental or physical distress. Such behaviour includes neglect and indifference to pain.				
3.2.1.5	You make every effort not to leave an individual in unnecessary pain, discomfort or distress following intervention. Professional judgement and experience is used to assess the level of pain, distress or risk and appropriate action is taken if necessary. Advice is sought when required.				

3.2.1.6	You support those who access the service if they want to raise a concern or a complaint about the care or service they have received. You communicate honestly, openly and in a professional manner, receiving feedback and addressing concerns co-operatively should they arise. Advice is sought when required and local policy followed.				
3.2.1.7	You have a professional duty of candour. When something goes wrong as a result of your actions or omissions, you immediately take steps to put matters right and apologise to those affected if appropriate to do so. You inform your manager/employer and follow local policy.				
3.2.1.8	You do not knowingly obstruct another practitioner in the performance of their duty of candour. You do not provide information, or make dishonest statements about an incident, with the intent to mislead.				
3.2.1.9	You know, and act on, your responsibility to protect and safeguard the interests of vulnerable people with whom you have contact in your work role.				

3.2.1.10	If you witness, or have reason to believe that an individual has experienced dangerous, abusive, discriminatory or exploitative behaviour or neglect in your workplace or any other setting, you raise your concerns. You notify a line manager or other designated person, seeking the individual's consent where possible, and using local procedures where available.				
3.2.1.11	If you are an employer or supplier of personnel, you report to the relevant national disclosure and barring service any person who has been removed from work because of their behaviour, where that behaviour may meet any of the criteria for the individual to be barred from working with at-risk children or adults.				
3.2.1.12	You raise a concern with the relevant registration body if the practice, behaviour or health of a practitioner appears to be a risk to the safety of those who access the service, colleagues or the public.				
3.2.1.13	Where learners (students or apprentices) are involved, you also report to the relevant education provider.				

3.3 Diversity, equality and sensitivity					
3.3.1 Your approach is always to protect the rights of individuals and to advance equality of opportunity for all. You work in a way which is equally fair and just, inclusive and without discrimination of any kind. You always act in accordance with human rights, legislation and in the individual's best interests.					
	Statement	Y	N	What is your evidence for this?	Action to be taken, by whom and by when?
3.3.1.1	You offer equal access to the service and fulfil your role without bias or prejudice.				
3.3.1.2	You treat all people, irrespective of their needs, with dignity and respect as equal members of society, entitled to enjoy the same choices, rights, privileges and access to services.				
3.3.1.3	You reflect on and are sensitive to how diversity affects people's needs and choices, incorporating this into any service planning, individual assessment and/or intervention where possible.				
3.3.1.4	You recognise that each person has their own philosophy of life, and the potential significance of personal, spiritual, religious and cultural beliefs.				
3.3.1.5	You are attentive to and seek to meet personal, spiritual, religious and cultural needs or choices within the intervention that you provide, following local policy.				

3.3.1.6	Where possible, a reasonable request to be treated or seen by a practitioner with specific characteristics is met; for example, by a professional and not a learner, by a male or female practitioner or by a particular language speaker.				
3.3.1.7	You do not impose your own faith or belief system on any situation or person at work.				
3.3.1.8	You report in writing to your employer, at the earliest date in your employment, any personal circumstances, religious and/or cultural beliefs that would influence how you carry out your duties. You explore ways in which you can avoid placing an unreasonable burden on colleagues in these circumstances. This does not affect your general duties as set out in law or these Standards.				

3.4 The importance of choice and personalised care					
3.4.1 You have a continuing duty to respect and uphold the autonomy of those who access the service. You encourage and enable choice, shared decision-making and partnership working in the occupational therapy process, if wanted by the individual (See Section 3, point 3.5 on informed consent and mental capacity and Section 4, point 4.5.6 on carer/family involvement).					
	Statement	Y	N	What is your evidence for this?	Action to be taken, by whom and by when?
3.4.1.1	Your practice is shaped by and focused on the occupational needs, aspirations, values and choices of those who access the service.				
3.4.1.2	You uphold the right of individuals and groups to make choices over the plans that they wish to make and the intervention that you provide.				
3.4.1.3	Where possible, you use the individual's preferred means of communication, optimising their ability to participate in planning and decision-making by any suitable means.				
3.4.1.4	You seek to act in the best interests of people to ensure their optimum health, wellbeing and safety. If the choices of an individual with mental capacity are considered unwise, they are still accepted as the individual's choice.				
3.4.1.5	If an individual with mental capacity declines intervention, decides not to follow all or part of your recommendations, or chooses to follow an alternative course of action, you fulfil your duty of care as defined in Section 3, point 3.1.				

3.5	Informed consent and mental capacity Please refer to Section 3.5 of the full <i>Professional Standards for Occupational Therapy Practice, Conduct and Ethics</i> (Royal College of Occupational Therapists 2021) for a fuller explanation of informed consent and mental capacity.				
3.5.1	Unless restricted by mental health and/or mental capacity legislation, it is the overriding right of any individual to decide for themselves whether or not to accept occupational therapy.				
3.5.3	For consent to be valid it must be given voluntarily by the individual. They must be provided with all the information that is relevant to their decision and must have the mental capacity to understand and consent to the particular intervention or decision.				
	Statement	Y	N	What is your evidence for this?	Action to be taken, by whom and by when?
3.5.3.1	You attend to current legislation, guidance and codes of practice in relation to mental capacity and consent.				
3.5.3.2	You give sufficient information, in an appropriate manner, to enable people to give informed consent to any proposed actions or intervention concerning them.				
3.5.3.3	All means necessary are utilised to enable individuals to understand the nature and purpose of the proposed actions or intervention, including any possible risks involved.				
3.5.3.4	As far as possible, you enable individuals to make their own choices. Where their ability to give informed consent is restricted or absent, you try to ascertain and respect the individual's preferences and wishes, at all times seeking to act in their best interests. All decisions and actions taken are documented.				

3.5.3.5	People have the right to refuse or withdraw consent for any intervention at any time in the occupational therapy process. You respect a person's choices where possible, even when they conflict with professional opinion (see Section 3, point 3.4).				
3.5.3.6	You respect the choices of a child under the age of 16 who is of sufficient maturity to be capable of making up their own mind on the matter requiring decision (Gillick competence).				
3.5.3.7	You record when and how consent is given, refused or withdrawn, whether verbal, indicated or written.				
3.5.3.8	<p>When a person's mental capacity is in doubt, you must assess their ability to make decisions in relation to the proposed occupational therapy provision, in accordance with current legislation and guidance. This requires that you assess their capacity in a four stage process:</p> <ul style="list-style-type: none"> • Does the person understand what information you are giving them? 				

<p>3.5.3.8 (contd.)</p>	<ul style="list-style-type: none"> • Can they retain the information so as to form an opinion? • Can they weigh up the information and reach an informed decision? • Can they communicate that decision to you? <p>If you have any doubt about a person's capacity to take a decision, you record your decision together with the reasons for your conclusions. You should not provide intervention unless someone with mental capacity has given informed consent for you to do so.</p>				
<p>3.5.3.9</p>	<p>If the person does not have the mental capacity to give consent, you cannot provide intervention unless:</p> <ul style="list-style-type: none"> • you have consent from someone who is legally authorised to decide that intervention is in the best interest of the person (such as a Health and Welfare Deputy); • there is an Advanced Decision or a Court Order permitting treatment; • or, rarely, where it is not possible to obtain informed consent, but the intervention is urgent and you believe should be given in the person's best interests even though no one has provided consent for the intervention. 				
<p>3.5.3.10</p>	<p>You do not coerce or put pressure on a person to accept intervention, but inform them of any possible risk or consequence of refusing treatment. For those without mental capacity, a 'best interests' decision is required.</p>				

3.6 Engaging with risk					
3.6.1 As a practitioner, it is your role, as far as possible, to enable people to overcome the barriers that prevent them from doing the activities that matter to them; to take opportunities and not to see risk as another barrier (RCOT 2018, section 1.2, p2).					
	Statement	Y	N	What is your evidence for this?	Action to be taken, by whom and by when?
3.6.1.1	You embrace and engage with risk, assessing and managing it in partnership with those who access the service.				
3.6.1.2	You enable people to take the risks that they choose and to achieve their chosen goals, as safely as reasonably possible.				
3.6.1.3	You co-operate with your employers in meeting the requirements of legislation and local policy, while enabling people who access the service to gain optimal occupational performance and autonomy in their lives. These requirements include health and safety, risk management, moving and handling and digital risk management.				
3.6.1.4	You take reasonable care of your own health and safety and that of others who may be affected by what you do, or do not do (Great Britain. Parliament 1974, section 7). The principles remain the same whether the potential harm is to people, organisations or the environment.				

3.6.1.5	<p>As much as is within your control, you:</p> <ul style="list-style-type: none"> • establish and maintain a safe practice environment, including when travelling or in the community; • establish and maintain safe working practices; and • establish and maintain secure digital systems, including when travelling or in the community. 				
3.6.1.6	<p>You notify a line manager, or other designated person, when you identify a risk that is not within your control.</p>				
3.6.1.7	<p>You monitor, review and, where necessary, revise any situation which entails risk.</p>				
3.6.1.8	<p>When a person lacks the mental capacity to make certain choices, risk does not necessarily limit best interests decisions, especially when these take into account the individual's stated preferences and wishes. A risk assessment and a 'best interests' decision are both required.</p>				

3.6.1.9	Where care for the person is shared with or transferred to another practitioner or service, you co-operate with them to ensure the health, safety and welfare of the individual (Great Britain. Parliament 2014. Regulation 12, (2)(i)).				
3.6.1.10	You ensure that you remain up to date in all your statutory training to ensure safe practice, including risk management, health and safety, safeguarding, moving and handling techniques and data protection.				
3.6.1.11	Where appropriate, you ensure that you and those for whom you are responsible are trained, competent and safe in the selection and use of relevant equipment, being attentive to local procedures.				

You are advised to read RCOT's current guidance on *Embracing risk: enabling choice* (RCOT 2018).

References

All websites accessed on 11.01.21

For a full list of references, please see the *Professional standards for occupational therapy practice, conduct and ethics* (Royal College of Occupational Therapists 2021).

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