

***Professional Standards for Occupational Therapy Practice, Conduct and Ethics***

RCOT members consultation draft - December 2019

Consultation Draft

## Content

1. Introduction
  - Professional standards for occupational therapy practice, conduct and ethics
  - Terminology
  - Occupational therapy in practice
  - Legislation, guidance, policy and procedures
2. The use and purpose of this document
  - Educators and pre-registration learners in higher education
  - Monitoring and developing your practice and service
3. Principles and standards - welfare and autonomy
  - Duty of care
  - Welfare
  - Diversity, equality and sensitivity
  - The importance of choice and personalised care
  - Informed consent and mental capacity
  - Engaging with risk
4. Principles and standards - service provision
  - Focussing on occupation
  - Your professional rationale
  - Access to the occupational therapy
  - Referral and assessment
  - Intervention or recommendations
  - Outcomes – quality, value and effectiveness
  - Developing and using the profession's evidence base
  - Keeping records
  - Confidentiality and sharing information
  - Resources and sustainability
5. Principles and standards - professionalism
  - Professional conduct
  - Professional conduct on digital platforms
  - Professional and personal integrity
  - Communication
  - Collaborative working
  - Professional and personal relationships
  - The professionalism of colleagues
  - Personal profit or gain
  - Information and representation
6. Principles and standards - capability and fitness to practise
  - Your professional competence
  - Maintaining and expanding your capability
  - Changing roles and responsibilities
  - Delegation
  - The capability of colleagues
  - Occupational therapy pre-registration practice-based learning
  - Your health and fitness to practise

Key terms

Appendices

References and bibliography

## Section 1: Introduction

### 1.1 Professional standards for occupational therapy practice, conduct and ethics

- 1.1.1 The Royal College of Occupational Therapists, as the sole professional body for the profession in the United Kingdom (UK), supports, develops and protects the UK domain knowledge. These *Professional standards for occupational therapy practice, conduct and ethics* are an element of that knowledge, and articulate an agreed set of professional standards that guide the work of the occupational therapy workforce. These standards are reflected in the skills, ways of thinking, behaviours, practice and experiences of our professional members, in the published literature and best-practice documents developed by members, and by the Royal College itself.
- 1.1.2 The Royal College is committed to valuing diversity within the profession, its membership, those who access occupational therapy services, its staff and the wider working environment. We understand that each individual is unique and should be treated with fairness, consistency and transparency and without discrimination.
- 1.1.3 For the first time the *Professional standards for occupational therapy practice* and the *Code of ethics and professional conduct* have been merged into one document, organised as a combination of ethical principles and standard statements. Together they underpin and define the requirements for professional practice and conduct. This document describes a level of practice and a way of thinking that the College expects its members to abide by, and believes all members of the occupational therapy workforce should adopt.
- 1.1.4 The Royal College of Occupational Therapists (hereafter referred to as 'RCOT' or the 'Royal College') sets the professional and educational standards for the occupational therapy profession in the UK. The *Professional standards for occupational therapy practice, conduct and ethics* (hereafter referred to as 'the standards') are produced in consultation and collaboration with its members. The completion, revision and updating of this document is the delegated responsibility of the RCOT Professional Practice Department. They are revised every five years or earlier if necessary.
- 1.1.5 This is a public document, so may be used by others outside the profession to determine the measure of professional practice and conduct expected of members of the occupational therapy workforce. RCOT encourages recognition of the standards by other individuals, organisations and institutions who are involved with the profession, including employers, commissioners and those who access occupational therapy services.
- 1.1.6 Membership of the Royal College of Occupational Therapists provides benefits to support safe, effective and ethical working practice and continuous professional development. It is an advantage to both practitioners and employers, but is voluntary and cannot be a requirement for practice or a criterion for employment (Great Britain. Parliament 1992). Members sign up to abide by these standards, but they will be relevant and useful to all within the occupational therapy workforce across the United Kingdom, whether they are members of the organisation or not.

## 1.2 Terminology

Considering the breadth of the profession, we recognised that some of the terminology used in these standards may need a degree of interpretation when applying them to your individual scope of practice or work setting.

- 1.2.1 Throughout these standards the term 'occupational therapy workforce' has been used as a collective term which includes occupational therapists, support workers and occupational therapy learners, including students and apprentices. It is applicable to practitioners in all roles, including those who are in management and leadership, education, research, consultancy and advisory roles and working in industry.
- 1.2.2 The term 'practitioner' has been used to identify you as the active individual, wherever you work and whatever your scope and level of practice within the occupational therapy workforce.
- 1.2.3 The work that you do for and with individuals/groups has been termed 'intervention' which might include providing services such as care and support, information, recommendations or advice, direction, supervision and education.
- 1.2.4 The term 'people (or those) who access the service' has been used for those to whom you provide intervention. This may be an individual, families and carers, a group or a community.
- 1.2.5 Although not specified in the individual standards, the person's carers and/or family should be actively involved where appropriate, with the individual's agreement.

## 1.3 Occupational therapy in practice

- 1.3.1 Underpinning occupational therapy practice is the belief that participation in meaningful occupations ('all the things we need, want or have to do' (Wilcox 2006, p14)) is fundamental to the facilitation and maintenance of health and wellbeing. A person's ability to carry out their activities and roles in daily life is understood as their occupational performance. This ability to perform and participate in occupations can affect and be affected by their experiences or circumstances.
- 1.3.2 As an occupational therapist, or occupational therapy learner, you hold a unique understanding of the people and communities with whom you work. You have, or are developing, a degree-level knowledge of how people perform physically, mentally, sensorially, cognitively, psychologically and socially. This enables you to deliver occupation-focused, person-centred interventions in all settings.

- 1.3.3 As an occupational therapy practitioner you may intervene within the dimensions of the person, their environment and in the occupation itself. A person's environment might be physical, social, societal, cultural, attitudinal and/or virtual. You enable the people with whom you work to bring about change in order to achieve their chosen occupational goals. This may be through the modification of their desired or required occupations, learning new skills and approaches, alteration of their environment/s, or a combination of these. You also understand activity in itself to be of therapeutic benefit.
- 1.3.4 As an occupational therapy support worker you will have an approach to your work which is based upon an understanding of the connection between the person, their environment and occupation. You will understand that the purpose of the intervention that you provide is to maximise an individual's occupational performance and participation.
- 1.3.5 To be considered as a competent or capable occupational therapy practitioner you need to demonstrate a combination of recognised knowledge and skills, along with behaviours which reflect a professional way of thinking across the four pillars of practice (RCOT 2020). You learn knowledge and skills through your professional education and/or experience and continuing professional development, but these elements alone are not necessarily what make you a safe and effective practitioner. Your conduct must also promote and protect the wellbeing of people who access your service, the wider public and the reputation of your employers and your profession. You are an autonomous practitioner and are personally responsible for what you do. You can ensure your own capability in practice through your knowledge, understanding and application of these principles and standards.

## 1.4 Legislation, guidance, policy and procedures

- 1.4.1 This document does not identify every piece of relevant legislation, recognising that there are differences across the four UK nations. You must be aware of and comply with any current legislation, statutory guidance, best practice standards, policies and procedures that are relevant to your location, scope and level of practice (See section 2.4). The key areas of legislation related to this publication are listed in Appendix 1.

This version of the *Professional standards for occupational therapy practice, conduct and ethics* supersedes all previous editions (Month 2020).

## Section 2: The use and purpose of this document

- 2.1 This is a practical document. You need to understand its content and how to apply it to your work. It is an information resource to direct you and a means by which you can examine your practice. It may also be used as an aid to discussions in the workplace, whether with your work colleagues, or those who access the service. The standards may help to guide strategic decisions relating to occupational therapy and be used as a basis for dialogue and negotiation with commissioners, funders, purchasers of services and in other business settings. You can use the standards to demonstrate the value and uniqueness of your professional contribution.
- 2.2 These 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.

RCOT expects its members to work at the top of their skill set, to be aspirational and seek out opportunities to lead and excel.

- 2.3 Maintaining these standards will help you to:
- be a safe, effective and ethical practitioner;
  - provide a high-quality, evidence-informed service;
  - provide a person-centred or personalised service;
  - explain and promote the work that you do in the language of occupation;
  - make best use of and sustain all resources, including financial, human and environmental; and
  - meet the registration requirements of the Health and Care Professions Council (HCPC).
- 2.4 This document should be the first point of reference for you if you have a query related to professional practice, conduct or ethics. You should also refer and adhere to local policy and/or standards. You may find that occasionally local circumstances prevent you from meeting some part of these standards. In such a case, you need to be sure that you are meeting your legal responsibilities, your duty of care to those who access the service and all HCPC requirements. If you are concerned that your local policy causes you to fall short of your legal and professional duties, or puts the welfare of those who access your service/s, yourself or your colleagues at risk, you must raise this with your employer. You should keep a record of your concerns and actions.
- 2.5 In such circumstances, or if there is uncertainty or dispute as to the interpretation or application of the standards, you are advised to contact the RCOT's Professional Practice Enquiries Service, and possibly your local union representative, for advice.
- 2.6 In any civil or criminal proceedings these standards may be admissible as evidence. They can be used as a measure of reasonable and/or acceptable practice in support of the complaint or the defence.

## 2.7 Educators and pre-registration learners in higher education

- 2.7.1 Education providers will use this document throughout a pre-registration learner's education to inform them of the required standards of practice, conduct and ethics that occupational therapists are expected to uphold during their academic and professional lives. These standards will support the learning received by all future graduates and are applicable from point of entry to the pre-registration programme, to the end of their professional career.
- 2.7.2 Education providers are required to ensure that the standards are observed in order to maintain their occupational therapy pre-registration programme's accredited status with RCOT.

For learners and educators these standards also complement the *Royal College of Occupational Therapists' Learning and development standards for pre-registration education* (RCOT 2019).

## 2.8 Monitoring and developing your practice and service

- 2.8.1 The primary role of the Health and Care Professions Council (HCPC) is the protection of the public. It has overall responsibility for ensuring that all relevant health professionals meet certain given standards in order to be registered to practise in the UK. Anyone using the title or practising as an 'occupational therapist' in the UK must be registered with the HCPC. If a formal complaint is made about an occupational therapist, the HCPC will take into account whether its own standards have been met. You must know and abide by the requirements of the HCPC.
- 2.8.2 A key function of RCOT is to inform, support and encourage you as members of the profession. It is not the Royal College's role to judge a practitioner's fitness to practise. The *Professional standards for occupational therapy practice, conduct and ethics* are developed in line with the HCPC standards (HCPC 2013, 2016). If you use the professional standards as an informative and convenient way to monitor and maintain your professional practice, it will help you to meet the HCPC requirements. There are resources available on the RCOT website to help you with this.
- 2.8.3 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.
- 2.8.4 Using these standards as a benchmark against which to scrutinise your service also enables you to gather data for yourselves and others who have an interest or investment in your service.

## Section3: Principles and standards - welfare and autonomy

### 3.1 Duty of care

- 3.1.1 A duty of care arises where there is a sufficiently close relationship between two parties, as with a member of the occupational therapy workforce and a person who accesses the service, and where it is reasonably foreseeable that the actions of one party could, if carelessly performed, cause harm or loss to the other party. Discharging the duty of care requires you to perform your professional duties to the standard of a reasonably skilled and careful practitioner.
- 3.1.2 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 skilled occupational therapy practitioner.
- 3.1.3 If it is claimed that you have, in the performance of your duties, breached your duty of care to the person who accesses the service, it is a good defence to show that a responsible body of like practitioners would have acted in the same way - the Bolam Principle (Bolam v Friern Hospital Management Committee 1957).
- 3.1.4 The Bolam Principle will only be a good defence, however, if it can be shown that the body of opinion relied on has a logical basis and is respectable, responsible and reasonable in its own right. This is the Bolitho Principle (Bolitho v City and Hackney Health Authority 1998).
  - 3.1.4.1 You/ the service accept/s the duty of care when a referral, or request for assistance, has been received.
  - 3.1.4.2 You assess the suitability of the person for occupational therapy.
  - 3.1.4.3 If, as a result of assessment, occupational therapy is considered inappropriate for the person, you refer back to the original source, informing them of the decision and your rationale. No further duty of care arises.
  - 3.1.4.4 All your assessment and intervention throughout is provided with reasonable care and skill, following usual and approved occupational therapy practice.
  - 3.1.4.5 You maintain a record of the intervention that you provide as part of your duty of care.
  - 3.1.4.6 You have and record a demonstrable professional rationale for the decisions you make and occupational therapy intervention that you provide.
  - 3.1.4.7 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).
  - 3.1.4.8 When a person is discharged, or discharges themselves, from your service, your duty of care does not immediately finish (see also section 3.4.1.6). You must:

- ensure that they are aware of any possible risks arising from their choice;
- take reasonable action to ensure their safety;
- refer the individual to, or inform, another agency if appropriate;
- arrange for a follow up, if required and consented to;
- comply with all necessary discharge procedures;
- record this in the relevant documentation, together with any assessment of mental capacity if required.

You will then have no further responsibility or liability.

## 3.2 Welfare

3.2.1 Under the *Universal Declaration of Human Rights* (United Nations 1948) everyone has economic, social and cultural rights, including social protection, an adequate standard of living and physical and mental wellbeing.

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.

- 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 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. You are open and honest with those who access the service when you become aware that something has gone wrong or someone has suffered harm as a result of your actions or omissions.

- 3.2.1.8 When something goes wrong, 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.
- 3.2.1.9 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.
- 3.2.1.10 You know and act upon your responsibility to protect and safeguard the interests of vulnerable people with whom you have contact in your work role.
- 3.2.1.11 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.
- 3.2.1.12 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 children or adults at risk.
- 3.2.1.13 You raise a concern with the HCPC if the practice, behaviour or health of a registered occupational therapist appears to be a risk to the safety of those who access the service, colleagues or the public.
- 3.2.1.14 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 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.
  - 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 are aware of, and sensitive to, how diversity affects peoples' 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 significance to some of spiritual, religious and cultural beliefs.

- 3.3.1.5 You are aware of and seek to meet spiritual, religious and cultural needs or choices within the intervention that you provide, following local policy.
- 3.3.1.6 Where possible, the need, or a reasonable request, to be treated, seen or visited by a practitioner with specific characteristics is met; for example, by a professional and not a student, 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 onto 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 this circumstance. This does not affect your general duties as set out in section 3.3.1.

## **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, encouraging and enabling choice, shared decision-making and partnership working in the occupational therapy process (See section 3.5 on informed consent and mental capacity).
  - 3.4.1.1 Your practice is shaped by and focussed upon 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 declines intervention, decides not to follow all or part of your recommendations, or chooses to follow an alternative course of action, you:
    - ensure that they are aware of any possible risks arising from their choice;
    - take reasonable action to ensure their safety;
    - refer the individual to, or inform, another agency if appropriate;
    - arrange for a follow up, if required and consented to;
    - comply with all necessary discharge procedures;
    - record this in the relevant documentation, together with any assessment of mental capacity if required.

You will then have no further responsibility or liability.

### 3.5 Informed consent and mental capacity

- 3.5.1 Informed consent is an ongoing agreement by a person to receive intervention, undergo procedures, receive personal care or participate in research after risks, benefits and alternatives have been adequately explained to them. Informed consent is a continuing requirement. 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 intervention.
- 3.5.2 This principle reflects the right of individuals to make decisions over their own body, health and wellbeing, and is a fundamental part of good practice. A practitioner who does not respect this principle may be liable both to legal action by the individual and action by their regulatory body.
- 3.5.3 For consent to be valid it must be given voluntarily by the individual. They must be appropriately informed and must have the mental capacity to consent to the particular intervention or decision.
  - 3.5.3.1 You are aware of current legislation, codes of practice and relevant guidance in relation to mental capacity and consent.
  - 3.5.3.2 You give sufficient information, in an appropriate manner, to enable people with mental capacity to give informed consent to any proposed actions or intervention/s 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/s, 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 When a person has mental capacity you respect their choices where possible, even when in conflict with professional opinion.
  - 3.5.3.6 Most people have the right to refuse any intervention at any time in the occupational therapy process. This is respected and recorded in the relevant documentation (see section 3.4.1.6).
  - 3.5.3.7 You record when and how consent is given, refused or withdrawn, whether verbal, indicated or written.

- 3.5.3.8 Where appropriate, you assess a person's mental capacity to make decisions in relation to occupational therapy provision, in accordance with current legislation and guidance.
- 3.5.3.9 If it is shown that the person does not have the mental capacity to give consent in the particular context, you consider whether the proposed intervention is in their best interests before commencing, having regard to the factors and consultation requirements of the legislation and codes of practice for consent.
- 3.5.3.10 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.

## 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 2018a, section 1.2)

- 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 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. This includes 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 As much as is within your control, you:
  - 1. establish and maintain a safe practice environment, including when travelling or in the community.
  - 2. establish and maintain safe working practices.
  - 3. establish and maintain secure digital systems, including when travelling or in the community.
- 3.6.1.6 You notify a line manager or other designated person, when you identify a risk that is not within your control.

- 3.6.1.7 You monitor, review and, where necessary, revise any situation which entails risk.
- 3.6.1.8 When a person does not have the mental capacity to make certain choices, risk does not necessarily limit best interest decisions, especially when these take into account the individual's stated preferences and wishes.
- 3.6.1.8 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)).
- 3.6.1.9 You ensure that you remain up to date in all your statutory training to ensure safe practice, such as risk management, health and safety, safeguarding, moving and handling techniques and data protection.
- 3.6.1.10 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 aware of local procedures.

You are advised to read the Royal College of Occupational Therapists' current guidance on *Embracing risk: enabling choice* (RCOT 2018a).

## Section 4: Principles and standards - service provision

### 4.1 Focussing on occupation

4.1.1 Underpinning your practice is the belief that engagement in occupation, '*all the things we need, want or have to do*' (Wilcox 2006, p14) is fundamental to a person's health and wellbeing.

- 4.1.1.1 The professional rationale for your intervention or activity should be the enhancement of health and wellbeing through the promotion of occupational performance, engagement and participation in life roles.
- 4.1.1.2 You understand the relationship between the person, the occupation and the environment and how one may affect, or be affected by, another.
- 4.1.1.3 You enable individuals, groups and communities to change aspects of their person, the occupation, or the environment, or some combination of these, to enhance occupational performance, engagement and participation in life roles.
- 4.1.1.4 Assessment, interventions, outcomes and documentation should be centred on occupational performance, engagement and participation in life roles.
- 4.1.1.5 In diverse settings or generic roles your practice still has an occupation-focus.

### 4.2 Your professional rationale

4.2.1 Your actions are based upon a set of logical professional reasons, which are themselves informed by professional knowledge, skills and experience, and published resources.

- 4.2.1.1 You are able to explain and you record your professional rationale for anything you do for/with or in relation to those who access the service.
- 4.2.1.2 You use national guidelines, current policy, research and best available evidence to underpin and inform your reasoning, rationale and practice.
- 4.2.1.3 Your practice is shaped or structured according to recognised theories, frameworks and concepts of occupational therapy.

### 4.3 Access to occupational therapy

4.3.1 Access to occupational therapy is based on the occupational needs or aspirations of the individual, group or community.

4.3.2 Access is offered equally without bias or prejudice, in keeping with clearly documented procedures and criteria for your service/s (See section 3.3).

- 4.3.4 You consider the possible occupational needs of those who access the service and the potential benefit of occupational therapy, within the remit and context of your particular service provision and your level and scope of practice.
- 4.3.5 Where occupational needs are not present, or there are needs which cannot be met by you/your service, you direct individuals to alternative services, information and advice.
- 4.3.6 There are certain circumstances where you can refuse to provide, or choose to withdraw, intervention. These include fear of violence, harassment, lack of appropriate and safe equipment, where you do not have the knowledge and skills, where there is a conscientious objection, where you know the person accessing the service personally, where you are asked to do something illegal, where you believe the intervention would be harmful to the person, or where it's not clinically justified.
- 4.3.7 You have the right to refuse to provide any intervention that you believe would be harmful to a person accessing the service, or that would not be clinically justified, even if requested by another professional. The guidance given by the Court of Appeal in the case of R (Burke) v. General Medical Council (Official Solicitor and others intervening) (2005), is that if a form of treatment is not clinically indicated, a practitioner is under no legal obligation to provide it, although they should seek a second opinion. Similarly, a doctor who is responsible for a service user may instruct a therapist not to carry out certain forms of treatment if they believe them to be harmful to the service user (Department of Health 1977).

#### **4.4 Referral and assessment**

- 4.4.1 Following receipt of a referral, or a request for assistance, the service to which the case is allocated takes the legal responsibility and liability for any assessment and possible intervention provided (cross ref to duty of care).
- 4.4.2 Through interview, observation and/or specific assessment, you identify and evaluate the occupational performance and participation needs of those who access the service.
- 4.4.3 You use assessment techniques, tools and/or equipment that are relevant to occupation and appropriate to those who access the service and their circumstances.
- 4.4.4 Your analysis of the assessment outcomes shows how the current situation or conditions of those who access the service affect their occupational performance and ability to participate.
- 4.4.5 If further assessments or investigations are indicated, you initiate these or refer to other services.

#### **4.5 Intervention or recommendations**

- 4.5.1 You work in partnership with those who access the service, agreeing their objectives, priorities and timescales for intervention.
- 4.5.2 You develop personalised intervention plans, or recommendations, based upon the occupational performance needs, choices and aspirations of those who access the service, as identified through your assessments.
- 4.5.3 You intervene as early as possible, to optimise outcomes and to reduce, delay or prevent future needs where possible.
- 4.5.4 You promote wellbeing, encourage healthy occupations and participation in life roles.
- 4.5.5 You empower people to maintain their own health and wellbeing and to manage their own occupational needs, wherever possible.
- 4.5.6 With the individual's agreement, you actively involve their carers and/or family, keeping them informed and included in decision-making, as appropriate.
- 4.5.7 You consider how the assets and strengths of the individual, their carers/family and their communities can be used to maximise their occupational performance and participation.
- 4.5.8 You review and modify your plans and interventions regularly in partnership with those who access the service.
- 4.5.9 Any decision to cease intervention is informed by your evaluation and the choices of the person who is accessing your service (see section 3.1.4.8).

#### **4.6 Outcomes – quality, value and effectiveness**

- 4.6.1 You use outcome measures to monitor, review and demonstrate the ongoing effectiveness of your intervention.
- 4.6.2 You evaluate the value and benefit of your intervention for those who access the service in terms of their occupational performance, participation and wellbeing.
- 4.6.3 You include the views and experiences of individuals or communities when evaluating your practice.
- 4.6.4 Your evaluation takes account of information gathered from other relevant sources, such as carers and/or family, or other professionals.
- 4.6.5 You undertake audits against appropriate available standards to facilitate service improvement.
- 4.6.6 You collect and collate outcome data to meet the requirements of commissioners/funders of services.
- 4.6.7 Where possible you collect and use data to demonstrate the value for money of the service/s that you provide.

- 4.6.8 You use the information that you collect, with other national, local and professional guidance and research evidence, to improve the quality, value and effectiveness of the service/s that you provide.

## 4.7 Developing and using the profession's evidence base

- 4.7.1 You take every opportunity to engage with research, proportionate to your scope and level of practice.

4.7.1.1 You are aware of the value and importance of research as the basis of the profession's evidence base.

4.7.1.2 You access, understand and critically evaluate research and its outcomes, incorporating it into your practice where appropriate to provide evidence-informed interventions.

4.7.1.3 You incorporate evidence-based outcome measures and research activity into your practice, to demonstrate the effectiveness of intervention and services.

4.7.1.4 When undertaking any form of research activity:

- you understand the principles of ethical research and adhere to national and local research governance requirements.
- you follow professional, national, and local ethics approval and permission processes.
- you make every effort to work collaboratively with people who access services during all stages of the research process.
- you protect the interests of participants, fellow researchers and others.
- you establish and follow appropriate procedures for obtaining informed consent, with due regard to the needs and capacity of participants.
- you protect the confidentiality of participants throughout and after the research process and adhere to by UK data protection laws.
- you disseminate your research findings using appropriate local, national and international methods. This benefits those who access occupational therapy services; contributes to the body of evidence that supports occupational therapy and assists with the translation of evidence into practice.

## 4.8 Keeping records

- 4.8.1 Good practice in keeping records protects the welfare of those who access the service. As such, it forms part of your duty of care. Your records are also your evidence that you have fulfilled your duty of care in your practice.

4.8.1.1 You create and maintain a comprehensive written or digital record of all that has been done for/with, on behalf of, or in relation to those who access the service.

4.8.1.2 Your records are comprehensive and accurate.

4.8.1.3 Your records are completed promptly, as soon as practically possible after the activity occurred.

- 4.8.1.4 All records, whether written or digital, are legible, understandable, clearly dated, timed, kept chronologically and attributable to the person making the entry.
- 4.8.1.5 You demonstrate that your practice is appropriate by recording your clinical/professional rationale.
- 4.8.1.6 You identify the evidence which informs your practice where available.
- 4.8.1.7 You include all your risk assessments, actions taken to manage the risk and any outcomes.
- 4.8.1.8 Your records demonstrate how you meet your duty of care.
- 4.8.1.9 Your records demonstrate that your practice is effective.
- 4.8.1.10 You process your records according to current legislation, guidance and local policy.
- 4.8.1.11 You explain your reason for recording and processing information to those who access the service.
- 4.8.1.12 You comply with any legal requirements and local policy in relation to confidentiality, the sharing of information and any individual's request to access their own records.
- 4.8.1.13 You keep your records securely, retain and dispose of them according to legal requirements and local policy.

You are advised to read the Royal College of Occupational Therapists' current guidance on *Keeping records* (COT 2018b) for further information.

## 4.9 Confidentiality and sharing information

- 4.9.1 Confidentiality is an important legal and ethical duty, but it is not absolute. There is a balance between the professional and legal responsibility to respect and protect the confidentiality of those who access the service and sharing information for the wellbeing and protection of the individual, or the wider public.

The same rights and restrictions apply to information/data stored and transferred via hard copy or electronically and when communicating with others via any medium, including virtual/online communities and networks.

You abide by the *General Data Protection Regulations (GDPR)* (European Parliament 2016) in all your information/data processing.

- 4.9.1.1 You make yourself aware of your duties under legislation, regulations and local policy.

- 4.9.1.2 You safeguard verbal, written or digital confidential information (data) relating to those who access the service, at all times.
- 4.9.1.3 Discussions with or concerning an individual should be held in a location and manner appropriate to the protection of their right to confidentiality and privacy.
- 4.9.1.4 You must have a valid, lawful basis for sharing or using a person's information. This must be recorded (Information Commissioner's Officer 2019, p52).
- 4.9.1.5 You explain the reason and seek consent for sharing any relevant information.
- 4.9.1.6 Members of a team should share confidential information when it is needed for the safe and effective care of the person accessing the service (HSCIC 2013, p13).
- 4.9.1.7 You share information in the best interests of those who access the service within the framework of the Caldicott Principles 2013 (Department of Health 2013), i.e. the information necessary for the purpose with those who have a clear 'need to know'.
- 4.9.1.8 You share relevant confidential information where there is legal justification (by statute or court order); or it is considered to be in the individual's or public interest in order to prevent serious harm, injury or damage. You follow local procedure and inform the individual where possible.
- 4.9.1.9 When an individual has objected to specific information being shared, this is respected unless there is a legal requirement to share. (HSCIC 2013, p25).
- 4.9.1.10 You adhere to local and national policies regarding confidentiality and security in the storage, movement and transfer of information, in all formats and media, at all times, making them available only to those who have a legitimate right or need to see them.
- 4.9.1.11 You grant individuals access to their own records in accordance with relevant legislation and current guidance/policy (both local and national) (Information Commissioner's Officer 2019, p101).
- 4.9.1.12 You obtain and record consent prior to using visual, oral, written or electronic/digital material relating to individuals, for wider purposes (such as teaching). The person's confidentiality and choice must be observed in this circumstance.

See also section 4.7.1.4 in relation to confidentiality in research.

## 4.10 Resources and sustainability

- 4.10.1 It is a universal responsibility to work as effectively and efficiently as possible to make best use of and sustain environmental, physical, financial, human and personal resources, whilst seeking to meet the needs of those who access the service. This

means using resources to deliver services in a way which does not compromise the health of present or future generations (Standcliffe 2014).

- 4.10.1.1 You seek to ensure that your service meets the ongoing needs of those who access it, now and in the future.
- 4.10.1.2 You seek to gain and provide value for money when acquiring or providing goods and services.
- 4.10.1.3 You seek 'to re-evaluate practice models and expand clinical reasoning about occupational performance to include sustainable practice' (WFOT 2012).
- 4.10.1.3 Where resources are limited, priorities are identified and choices made in compliance with legal requirements, and national and/or local policy.
- 4.10.1.4 In establishing priorities and providing services, the choices of those who access the service are taken into account, and implemented wherever reasonably possible.
- 4.10.1.5 Where a person's first choice cannot be met, you explain this and offer an alternative where available. If this is not possible, or is unacceptable:
  - you refer individuals to, or provide information on, different service providers, sources of funding, etc.
  - you take action as detailed in section 3.4.1.6.
- 4.10.1.6 If the individual lacks the mental capacity to identify their preferences, you act in their best interests, according to legislation, guidance and policy.
- 4.10.1.7 You recognise the limits of your own capacity and do not extend your workload or remit to the detriment of the quality or safety of your practice or service.
- 4.10.1.8 You document, report and provide evidence (to the relevant manager) on resource and service deficiencies that may endanger the health and safety of those who access the service, carers, yourself or your colleagues (Great Britain. Parliament 1998, section 43B, point (1)d). Local policy should be followed.
- 4.10.1.9 As a manager or leader, you act on any reports concerning resources and service deficiencies, seeking to ensure the health and safety of all those affected by your service.

You are advised to read the World Federation of Occupational Therapists' *Sustainability Matters: Guiding principles for sustainability in occupational therapy practice, education and scholarship* for further information (Shan, Whittaker et al 2018).

## Section 5: Principles and standards - professionalism

- 5.1 Professionalism goes beyond being a capable practitioner. It concerns how a practitioner represents themselves, their employer and their profession to others. It is the way of thinking, values and motivations which underpin the behaviours and interactions seen.

Your behaviour may be deemed unacceptable when it does not have the wellbeing of those who access the service at its core, or when it undermines confidence in the service or profession. This may be while in your work role, or outside of your work role.

### 5.2 Professional conduct

- 5.2.1 You are accountable for your actions and behaviours, both inside and external to the workplace.
- 5.2.2 You maintain professional boundaries at all times.
- 5.2.3 You are aware of and take responsibility for:
- the impression and impact you make on others, conducting and presenting yourself in a professional manner while in your work or study role.
  - your conduct outside of your work or study role, in situations where your behaviour and actions may be witnessed by, or have an impact upon, your colleagues, your employer, those who access the service and/or the public.
- 5.2.4 You adhere to statutory and local policies at all times.

### 5.3 Professional conduct on digital platforms

- 5.3.1 You are aware of and take responsibility for the way you use digital platforms.
- 5.3.2 Your conduct on digital platforms does nothing to undermine confidence in your professional practice or rationale, your employer or your profession.
- 5.3.3 When using digital platforms and social media, you recognise that you are presenting yourself, through words and images, to a wide group of people.
- 5.3.4 You consider the outcomes that, if known or identified as a practitioner or an employee, your words and images may be seen as representing or applicable to your profession and/or your employer.

### 5.4 Professional and personal integrity

- 5.4.1 You act with honesty and integrity at all times.
- 5.4.2 You do not engage in any criminal or otherwise unlawful or unprofessional behaviour or activity which is likely to damage the public's confidence in you or your profession.

- 5.4.3 You do not undertake any professional activities when under the influence of alcohol, drugs or other intoxicating substances.
- 5.4.4 You inform HCPC and/or your employers if you are convicted of a criminal offence, receive a conditional discharge for an offence, or if you accept a police caution.
- 5.4.5 If a registered occupational therapist, you inform HCPC if you have had any restriction placed upon your practice, been suspended or dismissed by an employer, or similar organisation, because of concerns about your conduct or competence.
- 5.4.6 You co-operate with any investigation or formal enquiry into your own professional conduct, the conduct of another worker or the treatment of a person who accesses the service, where appropriate.

## **5.6 Communication**

- 5.6.1 Your language and communication style and manner is always professional whether towards your colleagues or those who access the service.
- 5.6.2 You are able to articulate the purpose of occupational therapy and the reason for any intervention being undertaken, so promoting the understanding of the profession.
- 5.6.3 You communicate clearly, openly and effectively; sensitive to the backgrounds and needs of your listeners.
- 5.6.4 Where possible you facilitate communication in the individual's preferred or first language.
- 5.6.5 Discussions related to those who access the service are held in a way that maintains their dignity and privacy.
- 5.6.6 You confidently participate in formal and informal reporting.
- 5.6.7 You communicate effectively within your line management structure.
- 5.6.8 You document your communication where a record is needed.

## **5.7 Collaborative working**

- 5.7.1 You actively seek to build and sustain positive professional relationships.
- 5.7.2 You respect the responsibilities, practices and roles of other people with whom you work.
- 5.7.3 You respect and value the diversity of your colleagues, recognising the unique assets that they bring to the workplace.

- 5.7.4 You work with others within your area of expertise to promote knowledge, skills and safe and effective practice.
- 5.7.5 You work collaboratively with/ refer to your colleagues, utilising their skills to maximise the outcomes of intervention when appropriate.
- 5.7.6 You consult with other service providers when additional knowledge, expertise and support are required.
- 5.7.7 You refer a person who accesses the service to another appropriate colleague if the task is outside of your level or scope of practice (See section 6.2).
- 5.7.8 You recognise the need for inter-professional and multi-agency collaboration to ensure that well co-ordinated services are delivered in the most effective way.
- 5.7.9 You work and communicate with colleagues and representatives of other organisations to ensure the safety and wellbeing of service users.
- 5.7.10 When you and another occupational therapy practitioner are working with the same person, you work co-operatively, liaising with each other and agreeing areas of responsibility. This is communicated to the person and all relevant parties.
- 5.7.11 You seek consent from those who access the service to share their personal information with colleagues or other services where necessary.

## **5.8 Professional and personal relationships**

- 5.8.1 It is your responsibility to ensure that you maintain a professional relationship with those who access the service and that you always act in their best interest.

If concerns are raised about any relationship, sexual or otherwise, it will always be your responsibility to demonstrate that you have not exploited the vulnerability of an individual, regardless of when the relationship may have started or ended, or however consensual it may have been.

- 5.8.1.1 You foster appropriate therapeutic relationships with those who access the service in a transparent, ethical and impartial way.
- 5.8.1.2 You do not enter into relationships that would impair your judgement and objectivity and/or which would give rise to the advantageous or disadvantageous treatment of any individual or group.
- 5.8.1.3 You do not enter into relationships that exploit individuals sexually, physically, emotionally, financially, socially or in any other manner.
- 5.8.1.4 You do not exploit any professional relationship for any form of personal gain or benefit.

- 5.8.1.5 You avoid entering into a close personal relationship with an individual whilst you are responsible for providing occupational therapy, but maintain an appropriate professional relationship.
- 5.8.1.6 If there is a risk that any professional boundary may be broken, you disclose and discuss this with your manager. In such a circumstance, you hand over therapy care for the individual to an appropriate professional colleague.
- 5.8.1.7 As far as is reasonably practical, you do not enter into a professional relationship with someone with whom you already have, or have had, a close personal relationship. This includes family members, neighbours, partners and friends.
- 5.8.1.8 Where there is no reasonable alternative, you make every effort to remain professional and objective while working with the individual you know, or have known.
- 5.8.1.9 In such a circumstance, this is disclosed and discussed with your manager and a note made in relevant records. This is for your protection as much as for the person accessing the service.

## **5.9 The professionalism of colleagues**

- 5.9.1 Any reference you make to the quality of work, or the integrity of a professional colleague is expressed with due care.
- 5.9.4 You raise your concerns with a line manager or other appropriate person and follow statutory and local policy:
  - if you become aware that something has gone wrong or someone has suffered harm as a result of your colleagues' actions or omissions;
  - if you become aware of any intentional malpractice, criminal conduct or unprofessional activity, whether by occupational therapy personnel or other staff; or
  - if you are aware of any kind of discrimination, bullying and harassment in the workplace, whether towards colleagues or those who access the service.
- 5.9.5 The information you provide is objective, relevant, evidence-based where possible and limited to the matter of concern.
- 5.9.5 If giving evidence in an enquiry or court case concerning any alleged negligence or misconduct of a colleague, the evidence you provide is objective and substantiated.

## **5.10 Personal profit or gain**

- 5.10.1 You do not accept tokens such as favours, gifts or hospitality from those who access the service, their families or commercial organisations when this might be construed as seeking to obtain preferential treatment (Great Britain. Parliament 1889, 1906,

1916). In respect of private practice this principle still prevails in terms of personal gain.

- 5.10.2 Local policy is always observed in the case of gifts.
- 5.10.3 If an individual or their family makes a bequest to a practitioner or a service, it is declared according to local policy.
- 5.10.4 You put the interests of those who access the service first and do not let this duty be influenced by any commercial or other interest that conflicts with this duty; for example, in arrangements with commercial providers that may influence contracting for the provision of equipment.

## **5.11 Information and representation**

- 5.11.1 Information and/or advertising (in any format or on any platform) in respect of professional activities or work, is accurate. It is not misleading, unfair or sensational and complies with any relevant legislation.
- 5.11.2 You accurately represent your qualifications, education, experience, training, capability and the services you provide. Explicit claims are not made in respect of superiority of personal skills, equipment or facilities.
- 5.11.3 You do not claim another person's work or achievements as your own unless the claim can be fully justified. You respect the intellectual property rights of others at all times.
- 5.11.4 You only advertise, promote or recommend a product or service in an accurate and objective way. You do not support or make unjustifiable statements about a product or service.
- 5.11.5 If you are aware that possible misrepresentation of the protected title 'occupational therapist' has occurred, you raise a concern with HCPC.

## Section 6: Principles and standards - capability and fitness to practise.

6.1 The HCPC refer to a practitioner's 'fitness to practise' which means you have the skills, knowledge, character and health to practise safely and effectively (HCPC 2017b, p4). In order to remain competent you need to keep your skills and knowledge up-to-date and relevant to your level and scope of practice. You also need to look after your own health and wellbeing, so that you are able to perform your job capably and safely.

### 6.2 Your professional competence

- 6.2.1 You only provide services and use techniques for which you are qualified by your professional education, ongoing learning and/or experience. These must be within your professional competence, appropriate to the needs of those who access the service and relate to your terms of employment.
- 6.2.2 You have sufficient knowledge, skills and experience to make reliable professional judgements suitable to your level of responsibility and scope of practice.
- 6.2.3 You seek advice or refer to another professional when you do not have sufficient knowledge and/or skills.
- 6.2.4 You are aware of and abide by the current legislation, guidance and standards that are relevant to your practice, remaining up to date with relevant learning where necessary.
- 6.2.5 You are aware of professional developments, both general and specific to your scope and level of practice, remaining up to date with relevant learning where necessary.

### 6.3 Maintaining and expanding your capability

- 6.3.1 You continuously maintain high standards in your professional knowledge, skills and conduct across the four pillars of practice: Professional Practice; Facilitation of Learning; Leadership; and Evidence, Research and Development (RCOT Career Development Framework 2020).
- 6.3.2 You are aware of and apply the *Principles for continuing professional development and lifelong learning in health and social care* (Broughtonxxxx 2019). The five principles state that continuing professional development (CPD) and lifelong learning should:
  - 1: be each person's responsibility and be made possible and supported by your employer;
  - 2: benefit service users;
  - 3: improve the quality of service delivery;
  - 4: be balanced and relevant to each person's area of practice or employment; and
  - 5: be recorded and show the effect on each person's area of practice.(Broughtonxxxx 2019 P6)
- 6.3.3 You remain aware of and abide by any current legislation, guidance and standards relevant to your level and scope of practice and place of work.

- 6.3.4 You remain aware of, and practise according to, any professional developments, guidance and research, relevant to your level and scope of practice
- 6.3.5 You participate in any statutory and mandatory training required for your work.
- 6.3.6 You seek to extend your capabilities, across all four pillars of practice, through post-graduate study which may or may not be award bearing.
- 6.3.7 You maintain a continuous, up-to-date and accurate record of your CPD activities according to the requirements of the Health and Care Professions Council (HCPC 2017a, p5).
- 6.3.8 As a practitioner, you receive and/or provide regular professional supervision and appraisal, where critical reflection is used to review practice. This may be provided locally or via long-arm support.
- 6.3.9 You support the learning and development of colleagues, sharing your knowledge, skills and experience.
- 6.3.10 You maintain your understanding of the scope, benefits and potential impact of emerging digital technologies to ensure that you can make best use of what is available.

For further information about continuing professional development, please refer to: Broughton W and Harris G (eds) on behalf of the Interprofessional CPD and Lifelong Learning UK Working Group (2019) *Principles for continuing professional development and lifelong learning in health and social care*.

## **6.4 Changing roles and responsibilities**

- 6.4.1 You may only provide services and use techniques for which you are qualified by your professional education, ongoing learning and/or experience. These must be within your professional competence (See section 6.2.1).
- 6.4.2 If you seek to work in areas with which you have less experience, you ensure that you have adequate skills and knowledge for safe and effective practice and that you have access to appropriate supervision and support.
- 6.4.3 If you are asked to act up or cover for an absent colleague, or if you are asked to take on additional tasks, such duties are only undertaken after discussion, considering additional planning, support, supervision and/ or learning and development.
- 6.4.4 Adequate support and learning opportunities are provided to enable you to carry out any additional tasks or responsibilities safely and effectively.
- 6.4.5 You raise any concerns you may have about your capability to carry out any additional tasks or responsibilities.
- 6.4.6 If you find that you cannot agree to such a request, you contact your local union representative for advice and support where necessary.

## 6.5 Delegation

- 6.5.1 When you delegate interventions or other procedures, you ensure that the person to whom you are delegating is competent to carry them out.
- 6.5.2 You provide appropriate supervision and support for the individual to whom you have delegated the task/s.
- 6.5.3 You, as delegating practitioner, retain responsibility for the occupational therapy care provided.

## 6.6 The capability of colleagues

- 6.6.1 Should you have reasonable grounds to believe that the conduct or professional performance of a colleague may be deficient in standards of professional capability, you notify the line manager or other appropriate person in strictest confidence. This includes (but is not limited to):
  - when a colleague's performance is seriously deficient;
  - when they have a health problem which is impairing their competence to practise; or
  - when they are practising in a manner which places those who access the service or colleagues at risk.
- 6.6.2 In reporting any concerns to a line manager or other appropriate person, the information is objective, relevant, substantiated where possible and limited to the matter of concern.
- 6.6.3 If asked for a second opinion by a person who accesses the service and/or their carer, it is confined to the case in question and not extended to the general capability of any other practitioner.

## 6.7 Occupational therapy pre-registration practice-based learning

- 6.7.1 You take professional responsibility to provide regular practice-based learning opportunities for pre-registration occupational therapy learners where possible, and to promote a learning culture within the workplace.
- 6.7.2 You recognise the need for personal development and learning to fulfil the role of the practice educator and, where possible, undertake appropriate study.
- 6.7.3 As practice educator, you provide an experience of practice for learners that complies with the *Royal College of Occupational Therapists' learning and development standards for pre-registration education* (RCOT 2019) and current

professional standards, and is compatible with the stage of the learner's education or training.

- 6.7.4 As practice educator, you have a clear understanding of the role and responsibilities for yourself, the learner and the education provider.

More information is available from the *Royal College of Occupational Therapists' learning and development standards for pre-registration education* (RCOT 2019) and the *Career development framework: guiding principles for occupational therapy* (COT 2020).

## 6.8 Your health and fitness to practise

- 6.8.1 You monitor and proactively look after your own health and wellbeing.
- 6.8.2 You make changes to how you practise, or you stop practising, if your health may affect your ability to perform your job capably and safely.
- 6.8.3 You inform your employer/appropriate authority and the Health and Care Professions Council about any health or personal condition that you believe may affect your ability to practise safely and effectively, or if you are unable to adapt your work, or stop practising as needed (HCPC 2017b, p6).

More information on informing the regulatory body is available from *Guidance on health and character* (HCPC 2017b).

## Key terms

RCOT has selected or developed these definitions and explanations to help with the understanding of this document.

Autonomous practice	<p>A fundamental element of the occupational therapy standards of proficiency, this is the ability to assess a professional situation and address it appropriately with the relevant occupational therapy knowledge and experience. It is also inclusive of the ability to make reasoned decisions, to be able to justify these decisions and accept personal responsibility for all actions</p> <p>(HCPC 2013).</p>
Best interests	<p>The best interests approach asks whether any proposed course of action is the best one for the individual, taking into account their:</p> <ul style="list-style-type: none"> <li>• past and present wishes and feelings;</li> <li>• beliefs and values that may have influenced the decision being made, had the person had capacity; and</li> <li>• other factors that the individual would be likely to consider if they had capacity.</li> </ul>
Candour (duty of)	<p>Telling patients openly and honestly that something has gone wrong with their care is an essential part of a healthcare professional's practice. The obligation to do so is known as the professional duty of candour.</p> <p>(Professional Standards Authority for Health and Social Care 2019, Section 1.1)</p>
Mental capacity (lacking)	<p>'Mental capacity' means being able to make your own decisions.</p> <p>Someone lacking capacity - because of an illness or disability such as a mental health problem, dementia or a learning disability - cannot do one or more of the following four things:</p> <ul style="list-style-type: none"> <li>▪ Understand information given to them about a particular decision</li> <li>▪ Retain that information long enough to be able to make the decision</li> <li>▪ Weigh up the information available to make the decision</li> <li>▪ Communicate their decision.</li> </ul> <p>(Mental Health Foundation 2019)</p> <p>Mental capacity, or a lack thereof, may be time-limited and context specific.</p>
Capability	<p>The ability to do something.</p>
Carer	<p>Someone who provides (or intends to provide), paid or unpaid, a substantial amount of care on a regular basis for someone of any age who is unwell, or who, for whatever reason, cannot care for themselves independently.</p> <p>(Based upon Great Britain.Parliament 1995)</p> <p>This is sometimes divided into formal carers (care workers) who are paid to give care, and informal carers (often family) who are not paid to provide care.</p>
Clinical reasoning	<p>A complex thought process to find what is best for each person who accesses the service, using professional knowledge, information, evidence and experience. The outcome of which is your professional rationale.</p>
Competence/ Competency	<p>Competence is the acquisition of knowledge, skills and abilities at a level of expertise sufficient to be able to perform in an appropriate work setting (Harvey 2014).</p>

Continuing professional development (CPD)	The way in which an individual continues to learn and develop throughout their career, including during their pre-registration programme. CPD is essential and involves skills, knowledge, ways of thinking and professional conduct to support individuals to stay up to date and to practise safely and effectively (adapted from Broughton and Harris 2019)
Delegate	To give an assignment to another person, or to assign a task to another person, to carry out on one's behalf, while maintaining control and responsibility.
Digital technology	Digital technologies are electronic tools, systems, devices and resources that generate, store or process data. (Victoria State Government 2019) <a href="https://www.education.vic.gov.au/school/teachers/teachingresources/digital/Pages/teach.aspx">https://www.education.vic.gov.au/school/teachers/teachingresources/digital/Pages/teach.aspx</a>
Diverse settings	Working in settings or roles where occupational therapists traditionally have not worked.
Diversity	The fact of many different types of things or people being included in something; a range of different things or people. (Cambridge University Press 2019)  The concept of diversity encompasses acceptance and respect. It means understanding that each individual is unique, and recognizing our individual differences. These can be along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. (Queensborough Community College 2018)
Duty of care	A responsibility to act in a way which ensures that injury, loss or damage will not be carelessly or intentionally inflicted upon the individual or body to whom/which the duty is owed, as a result of the performance of those actions. A duty of care arises: <ul style="list-style-type: none"><li>■ When there is a sufficiently close relationship between two parties (e.g. two individuals, or an individual and an organisation). Such a relationship exists between a person who accesses the service and the member of the occupational therapy workforce to whom they have been referred, while the episode of care is ongoing.</li><li>■ Where it is foreseeable that the actions of one party may cause harm to the other.</li><li>■ Where it is fair, just and reasonable in all the circumstances to impose such a duty.</li></ul> (Caparo Industries Plc v Dickman 1990)
Environment	The circumstances, objects, or conditions which make up a person's surroundings, in which they live and which they experience. This might include physical, social, societal, cultural, attitudinal or virtual environments.
Ethics	Principles and values that govern the behaviour of an individual or group, in this case within a profession.
Generic role	A generic role may involve or practice combining tasks previously undertaken by different professions. This might be a part or all of a role. For example, providing management support across a range of professional groups, or carrying out a range of

	health checks within the community.
Handover	<p>To give away or entrust the responsibility for an individual to another. The handover action is complete when the receiving person acknowledges and accepts management and responsibility.</p> <p>This is not to be confused with the role of the practitioner in a ward/case handover, where they may report information to other staff, but still retain responsibility for the occupational therapy provided to the individual.</p>
Healthy occupations	Activities that encourage and develop health and wellbeing, or decrease the risk of injury or disease.
Informed consent	<p>Informed consent is an ongoing agreement by a person to receive treatment, undergo procedures or participate in research, after risks, benefits and alternatives have been adequately explained to them. Informed consent is a continuing requirement. Therefore, occupational therapy personnel must ensure that those who access the service continue to understand the information with which they have been provided, and any changes to that information, thereby continuing to consent to the intervention or research in which they are participating.</p> <p>In order for informed consent to be considered valid, the individual who accesses the service must have the capacity to give consent and the consent must be given voluntarily and be free from undue influence.</p>
Intervention	<p>The work that you do for and with individuals/groups, which might include providing services such as care and support, information, recommendations or advice, direction, supervision and education.</p> <p>The process and skilled actions taken by occupational therapy practitioners ... to facilitate engagement in occupation.</p> <p>(O'Brian et al 2012, p180)</p>
Lifelong learning	<p>Formal and informal learning opportunities that allow an individual to continuously develop and improve the knowledge and skills they need for employment and personal fulfilment.</p> <p>(Broughton and Harris 2019).</p>
Occupation	<p>In occupational therapy, occupations refer to the everyday activities that people do as individuals, in families and with communities to occupy time and bring meaning and purpose to life.</p> <p>(World Federation of Occupational Therapists (WFOT) 2019)</p> <p>Occupation includes the things we need, want or have to do'</p> <p>(Wilcox 2006, p14)</p>
Occupational performance	A person's ability to carry out the activities and roles that they need, or want, or are expected to do in their daily life.
Occupational therapy workforce	For the purposes of this document this is a collective term which includes occupational therapists, support workers and occupational therapy learners, including students and apprentices. It is applicable to practitioners in all roles, including those who are who are in management and leadership, education, research, consultancy and advisory roles and working in industry.
Outcome measure	An outcome measure is a standardised instrument used by therapists to establish whether their desired therapeutic outcomes have been achieved.

	(Laver Fawsett 2007, p12)
Participation	<p>Participation is involvement in a life situation. (World Health Organisation 2002, p10)</p> <p>Participation can take on both objective (for example frequency) and subjective dimensions involving experiences of meaning, belonging, choice, control, and the feeling of participation. (Eriksson et al 2007; Hemmingsson and Jonsson 2005 in Bonnard and Anaby 2016, p188)</p>
People who access the service	The term 'people (or those) who access the service' has been used for those to whom you provide intervention. This may be an individual, families and carers, a group or a community.
Personalised care	A personalised approach to health and care ensures people are in control and are given choices in the way their needs are addressed, planned and delivered. This approach is based on people strengths examining 'what matters' to them. It ensures that individuals are active participants, not just passive receivers, of the support they receive.
Personal relationship	A relationship that exists for social or emotional reasons. This may be with a colleague or may develop with a person who accesses the service.
Practice educator	<p>An occupational therapist who supervises, facilitates learning, assesses and supports a pre-registration learner during the required 1000 hours of successfully completed practice-based learning.</p> <p>(RCOT 2019, p13)</p>
Practitioner	For the purposes of this document, the term 'practitioner' has been used to identify you as the active individual, wherever you work and whatever your scope and level of practice within the occupational therapy workforce.
Professional boundary	<p>A professional boundary is the line between acceptable and unacceptable behaviour for a practitioner who is part of, or represents, a profession.</p> <p>(Adapted from General Social Care Council 2009, p5)</p>
Professional rationale	A set of reasons or a logical basis for a course of action.
Professional (clinical) reasoning	<i>The process that practitioners use to plan, direct, perform and reflect on client care.</i> (Boyt Schell 2003, p314)
Professional relationship	A formal relationship that exists for the purpose of carrying out your role, with boundaries governed by policies, procedures and agreed ways of working.
Reasonable	An objective standard. Something (e.g. an act or decision) is reasonable if the act or decision is one which a well-informed observer would also do or make.
Scope of practice	This is the area or areas of your profession in which you have chosen to practise, with the knowledge, skills and experience to practise lawfully, safely and effectively (adapted from HCPC 2013, p4)
Service	Within the context of this document the term 'service' usually refers to the occupational therapy service you provide as an individual or group, rather than referring to the occupational therapy department or facility.

Supervision	A professional relationship and activity which ensures good standards of practice and encourages development. (COT 2015, p1).
Sustain/ Sustainable	Sustainable health care combines three key factors: quality patient care, fiscally responsible budgeting and minimizing environmental impact. (Jameton and McGuire 2002)
Ways of thinking	A mental attitude or approach which predetermines your interpretation of information and situations, your response to them and your behaviour or conduct.
Welfare	The availability of resources and presence of conditions required for reasonably comfortable, healthy and secure living (National Examination Board in Occupational Safety and Health 2016, p7).

## Appendix 1: Legislation, policies and standards

You are expected to be familiar and comply with any current legislation and policies, best practice standards, and employers' policies and procedures that are relevant to your scope, level and location of practice. This document does not identify every piece of relevant legislation, recognising that many differ across the four UK nations. Areas of legislation and guidance that are relevant to this document include:

Candour

Clinical governance

Confidentiality – data protection and sharing, access to records/freedom of information

Consent

Equality

Health and safety/safe working practice

Health and social care

Human rights

Keeping records

Mental health and mental capacity

Negligence (Bolam test)

Reporting and disclosure

Risk

Safeguarding vulnerable people

Sexual offending

## References – checked

Bolam v Friern Hospital Management Committee [1957] 1 WLR 582

Bolitho v City and Hackney Health Authority [1998] AC 232 (HL).

Bonnard M, Anaby D (2016) Enabling participation of students through school-based occupational therapy services: towards a broader scope of practice. *British Journal of Occupational Therapy*, 79(3), 188–192. Available at: <https://journals.sagepub.com/doi/full/10.1177/0308022615612807>  
Accessed 24.09.19

Boyt Schell BA (2003) Professional thinking. In: E Blesdell Crepeau, ES Cohn, BA Boyt Schell. Willard and Spackman's occupational therapy (314-326) 10<sup>th</sup> ed. Sydney: Walter's Kluwer Lippincott Williams and Wilkins

Broughton W, Harris G eds (2019) *Principles for continuing professional development and lifelong learning in health and social care*. The Interprofessional CPD and Lifelong Learning UK Working Group. Bridgwater: College of Paramedics.

Available at:

Available at: <https://www.bda.uk.com/training/cpd/cpdjointstatement>

Accessed on 02.07.19

Cambridge University Press (2019) *Cambridge English Dictionary*

Available at: <https://dictionary.cambridge.org/dictionary/english/diversity>

Accessed on 02.10.19

Caparo IndustriesPlc v Dickman [1990] 2 AC 605 (HL)

College of Occupational Therapists (2015) *Supervision: guidance for occupational therapists and their managers*. London: COT.

Available at: <https://www.rcot.co.uk/sites/default/files/Supervision.pdf>

Accessed on 27.02.19.

Department of Health (1977) *Relationships between medical and remedial professions*. (HC (77) 33). London: DH.

Department of Health (2013) *Information: to share or not to share: government response to the Caldicott review*. London: DH.

Available at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/192572/2900774\\_InfoGovernance\\_accv2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf)

Accessed on 28.08.19.

Eriksson L, Welander J, Granlund M (2007) Participation in everyday school activities for children with and without disabilities. *Journal of Developmental and Physical Disabilities*, 19(5), 485–502.

European Union General Data Protection Regulations

General Social Care Council (2009) *Professional boundaries: Guidance for social workers*. London: GSCC.

Available at: <https://www.basw.co.uk/resources/professional-boundaries-guidance-social-workers>

Accessed on 18.07.19.

Great Britain. Parliament (2014) *Health and Social Care Act 2008 (Regulated Activities) Regulations 2014*. (SI 2936). London: Stationery Office.

Available at: [http://www.legislation.gov.uk/ukxi/2014/2936/pdfs/ukxi\\_20142936\\_en.pdf](http://www.legislation.gov.uk/ukxi/2014/2936/pdfs/ukxi_20142936_en.pdf)

Accessed on 10/07/2019.

Great Britain. Parliament (1998) *Public Interest Disclosure Act 1998*. London: Stationery Office.

Available at: <http://www.legislation.gov.uk/ukpga/1998/23/section/1>

Accessed on 20.09.19.

Great Britain. Parliament (1995) *Carers (Recognition and Services) Act 1995*. London: HMSO.  
Available at: <http://www.legislation.gov.uk/ukpga/1995/12/contents/>

Accessed on 24.09.19.

Great Britain. Parliament (1992) *Trade Union and Labour Relations (Consolidation) Act 1992*. London: HMSO.

Available at: <https://www.legislation.gov.uk/ukpga/1992/52/contents>

Accessed on 28.08.19.

Great Britain. Parliament (1974) *Health and Safety at Work Act 1974*. London. HMSO.

Available at: <https://www.legislation.gov.uk/ukpga/1974/37>

Accessed on 18.07.19.

Great Britain. Parliament (1889, 1906, 1916) *Prevention of Corruption Acts 1889 to 1916*. London: HMSO.

Harvey L (2014) Analytic quality glossary. [s.l]: Quality Research International.

Available at: <http://www.qualityresearchinternational.com/glossary/index.htm#c>

Accessed on 20.09.19.

Health and Care Professions Council (2017a) *Continuing professional development and your registration*. London: HCPC.

Available at: <https://www.hcpc-uk.org/globalassets/resources/guidance/continuing-professional-development-and-your-registration.pdf>

Accessed on 02.07.19.

Health and Care Professions Council (2017b) *Guidance on health and character*. London: HCPC.

Available at: <https://www.hcpc-uk.org/globalassets/resources/guidance/guidance-on-health-and-character.pdf>

Accessed on 08.07.2019.

Health and Care Professions Council (2016) *Standards of conduct, performance and ethics*. London: HCPC.

Health and Care Professions Council (2013) *Standards of proficiency: occupational therapists*. London: HCPC.

Health and Social Care information Centre (2013) *A guide to confidentiality in health and social care. Treating confidential information with respect*. Version 1.1. London: HSCIC.

Hemmingsson H, Jonsson H (2005) An occupational perspective on the concept of participation in the international classification of functioning, disability and health – some critical remarks. *American Journal of Occupational Therapy*, 59(5), 569–576.

Information Commissioner's Office (2019) *Guide to the General Data Protection Regulation (GDPR)*. Wilmslow. Cheshire: ICO.

Available at: <https://ico.org.uk/media/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr-1-0.pdf>

Accessed 24.09.19

Interprofessional CPD and Lifelong Learning UK Working Group (2019) *Principles for continuing professional development and lifelong learning in health and social care*.

Available at: <https://www.bda.uk.com/training/cpd/cpdjointstatement>

Accessed on 02.07.19

Jameton A, McGuire C (2002) Towards sustainable health-care services: principles, challenges, and a process. *International Journal of Sustainability in Higher Education*, 3(2), 113–127.

Laver Fawcett A (2007) *Principles of assessment and outcome measurement for occupational therapists and physiotherapists : theory, skills and application*. Hoboken, NJ: John Wiley & Sons, Incorporated.

Mental Health Foundation (2019) Mental capacity. Web page.  
Available at: <https://www.mentalhealth.org.uk/a-to-z/m/mental-capacity>

Accessed 20.11.19

National Examination Board in Occupational Safety and Health (2016) *Health and safety at work. A course book for the NEBOSH award in health and safety at work*. Leicester: NEBOSH.

O'Brian JC, Hussay SM, Sabonis-Chaffee B (2012) *Introduction to occupational therapy*. 4th ed. Missouri: Elsevier Mosby.

Professional Standards Authority for Health and Social Care (2019) *Telling patients the truth when something goes wrong. Evaluating the progress of professional regulators in embedding professionals' duty to be candid to patients*. London: PSAHSC.

Available at:

[https://www.professionalstandards.org.uk/docs/default-source/publications/research-paper/telling-patients-the-truth-when-something-goes-wrong---how-have-professional-regulators-encouraged-professionals-to-be-candid-to-patients.pdf?sfvrsn=100f7520\\_6](https://www.professionalstandards.org.uk/docs/default-source/publications/research-paper/telling-patients-the-truth-when-something-goes-wrong---how-have-professional-regulators-encouraged-professionals-to-be-candid-to-patients.pdf?sfvrsn=100f7520_6)

Accessed 20.09.19

Queensborough Community College (2018) *Definition for Diversity* web page. New York. Available at: <http://www.qcc.cuny.edu/diversity/definition.html>

Accessed 02.0.19

R (Burke) v. General Medical Council (Official Solicitor and others intervening) [2005] EWCA Civ 1003, [2006] QB 273. Available at: <http://www.familylawweek.co.uk/site.aspx?i=ed409> (paragraph 50)  
Accessed on 12.01.15. Caparo Industries Plc v Dickman [1990] 2 AC 605 (HL).

Royal College of Occupational Therapists (2020) *Career development framework: guiding principles for occupational therapy*. London: RCOT.

Royal College of Occupational Therapists (2019) *Royal College of Occupational Therapists' Learning and development standards for pre-registration education*. London: RCOT.

Royal College of Occupational Therapists (2018a) *Embracing risk; enabling choice. Guidance for occupational therapists*. London: RCOT.

Royal College of Occupational Therapists (2018b) *Keeping records. Guidance for occupational therapists*. 4<sup>th</sup> ed. London: RCOT.

Shan S, Ikiugu M, Whittaker B et al (2018) *Sustainability matters: Guiding principles for sustainability in occupational therapy practice*. London: World Federation of Occupational Therapists.

Available at: <https://www.wfot.org/resources/wfot-sustainability-guiding-principles>

Accessed on 22.11.19

Stancliffe R (2014) *Progress and reflections on sustainable healthcare in UK*. Presented at the Sustainable Healthcare London 3rd annual UK-Sweden Sustainable Healthcare Summit, 29 April 2014, London.

Available at:

<http://www.sbhub.se/dokumentation/seminariepresentationer/sustainable-healthcare-london-3rd-annual>

Accessed on 25.11.19

United Nations (1948) *Universal Declaration of Human Rights*. United Nations

Victoria State Government 2019-11-25

Wilcox (2006) *An occupational perspective of health*. Thorofare, NJ: Slack Inc.

World Federation of Occupational Therapists (2019) *About occupational therapy*. London: WFOT.  
Available at: <https://www.wfot.org/about-occupational-therapy>

World Federation of Occupational Therapists (2012) *Environmental sustainability, sustainable practice within occupational therapy*. (Position Statement). Forrestfield, AU: WFOT. (Position statements can be accessed from the Resource Centre, filter resources by category: 'Position Statements'). Available at: <https://www.wfot.org/resources/environmental-sustainability-sustainable-practice-within-occupational-therapy>

Accessed on 20.09.19

World Health Organisation (2002) *Towards a common language for functioning, disability and health ICF*. Geneva: WHO.

Available at: <https://www.who.int/classifications/icf/icfbeginnersguide.pdf>

Accessed 20.09.19

## Bibliography

College of Occupational Therapists (2017) *Professional standards for occupational therapy practice*. London: COT. Available at: <https://www.rcot.co.uk/practice-resources/rcot-publications/downloads/rcot-standards-and-ethics>

College of Occupational Therapists (2015a) *Code of ethics and professional conduct*. London: COT. Available at: <https://www.rcot.co.uk/practice-resources/rcot-publications/downloads/rcot-standards-and-ethics>

Department for Constitutional Affairs (updated 2016) *Mental Capacity Act code of practice*. London: Stationery Office. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/497253/Mental-capacity-act-code-of-practice.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf) Accessed on 24.09.19

Department of Health (2009) *Reference guide to consent for examination or treatment*. 2nd ed. London: DH.

Great Britain. Parliament (2018) *Data Protection Act 2018*. London: Stationery Office. Available at: <http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted> Accessed on 24.09.19.

Great Britain. Parliament (2006) *Safeguarding Vulnerable Groups Act 2006*. London: Stationery Office. Available at: <http://www.legislation.gov.uk/ukpga/2006/47/contents> Accessed on 24.09.19.

Great Britain. Parliament (2005) *Mental Capacity Act 2005*. London: Stationery Office. Available at: <http://www.legislation.gov.uk/ukpga/2005/9/contents> Accessed 20.09.19

Great Britain. Parliament (1998) *Human Rights Act 1998*. London: Stationery Office. Available at: <http://www.legislation.gov.uk/ukpga/1998/42/contents> Accessed on 24.09.19.

Great Britain. Parliament (1983) *Mental Health Act 1983*. London: HMSO. Available at: <http://www.legislation.gov.uk/ukpga/1983/20/contents> Accessed on 24.09.19.

Professional Standards Authority for Health and Social Care (undated) Duty of candour (web page)  
<https://www.professionalstandards.org.uk/what-we-do/improving-regulation/find-research/duty-of-candour>  
Accessed 24.09.19

Professional Standards Authority for Health and Social Care (2019) *Telling patients the truth when something goes wrong. Evaluating the progress of professional regulators in embedding professionals' duty to be candid to patients*. London: PSAHSC. Available at:  
[https://www.professionalstandards.org.uk/docs/default-source/publications/research-paper/telling-patients-the-truth-when-something-goes-wrong---how-have-professional-regulators-encouraged-professionals-to-be-candid-to-patients.pdf?sfvrsn=100f7520\\_6](https://www.professionalstandards.org.uk/docs/default-source/publications/research-paper/telling-patients-the-truth-when-something-goes-wrong---how-have-professional-regulators-encouraged-professionals-to-be-candid-to-patients.pdf?sfvrsn=100f7520_6)  
Accessed 24.09.19

Health and Care Professions Council (2016) *Guidance on conduct and ethics for students*. London: HCPC. Available at: <https://www.hcpc-uk.org/globalassets/resources/guidance/guidance-on-conduct-and-ethics-for-students.pdf>  
Accessed on 24.09.19.

Rippon S, Hopkins T (2015) *Head, hands and heart: asset-based approaches in healthcare*. London: The Health Foundation.  
Available at:  
<https://www.health.org.uk/sites/default/files/HeadHandsAndHeartAssetBasedApproachesInHealthCare.pdf>

Royal College of Nursing (2011) *Spirituality in nursing care: a pocket guide*. London: RCN. Available at: [http://www.rcn.org.uk/data/assets/pdf\\_file/0008/372995/003887.pdf](http://www.rcn.org.uk/data/assets/pdf_file/0008/372995/003887.pdf)  
Accessed on 24.09.19.

World Federation of Occupational Therapists (2016) *Code of ethics*. United Kingdom: WFOT.  
Available at: <https://www.wfot.org/resources/code-of-ethics>  
Accessed 24.09.19