Royal College of Occupational Therapists

Professional standards of practice, conduct and ethics for occupational therapy

Consultation draft
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Royal College of Occupational Therapists

Contents

Terminology and language

A list of key terms can be found in Section 13. Considering the breadth of the profession, we recognise that some of the terminology used in this document may need a degree of interpretation when applying the Standards to your individual scope of practice or work setting. Each statement is written as a description of the expected action/behaviour. If you don't do it, you are not meeting the standard, although you may have a justifiable reason. Throughout these Standards:

- The term 'practitioner' has been used to identify you as the active individual, wherever you work and whatever your scope and level of practice. It includes occupational therapists, support workers and occupational therapy learners, both students and apprentices. It is applicable to practitioners in all roles, including those who are in management and leadership, education, research, independent practice, consultancy and advisory roles, and working in industry.

- The term 'occupational therapy workforce' has been used as a collective term for all practitioners as defined in the paragraph above.

- The work you do for and with individuals/groups has been termed 'intervention', which includes providing services such as care and support, information, assessment, recommendations or advice, direction, supervision and education.

- The term 'people (or those) who access the service' has been used for those to whom you provide intervention. These may be individuals, families and carers, groups or communities. 'People (or those) who access the service' includes those referred to by the Health and Care Professions Council as 'service-users'.

- Within the context of this document, the term 'service' usually refers to the overall occupational therapy input that you provide, rather than referring to an occupational therapy department or facility.

- Although not specified in the individual Standards, the person's carers and/or members of their support network are actively involved where appropriate and with the individual's agreement.

1. Introduction

This section describes the context and purpose of these professional standards.

1.1. About the Standards

The Royal College of Occupational Therapists (RCOT) is the sole professional body for occupational therapy in the United Kingdom (UK). We support, develop and protect the UK domain knowledge (expertise, knowledge and skills) relating to the profession. We set the professional and educational standards for the profession across the UK.

These Professional standards of practice, conduct and ethics for occupational therapy (referred to as 'the Standards') define an agreed set of professional standards that guide the work of the occupational therapy workforce. The Standards describe the level of practice and thinking that we expect our members to abide by and believe all members of the occupational therapy workforce should adopt.

The Standards are universal and applicable to all occupational therapy learners and practitioners. Wherever you work and whatever your scope and level of practice, you should be able to apply the underpinning principles of these Standards to your work.

We developed the Standards to align with Health and Care Professions Council's Standards of conduct, performance and ethics (2024), Standards of proficiency for occupational therapists (2023) and Standards of continuing professional development (2017), supporting members of the occupational therapy workforce who are registered with HCPC to meet the requirements for professional registration.

We produce the Standards in consultation with RCOT members, the wider UK occupational therapy workforce, and stakeholder organisations. The completion, revision and updating of the Standards is the delegated responsibility of the RCOT Practice and Innovation directorate. We revise them every five years, or earlier if necessary.

1.2. Equity, diversity and belonging commitment

RCOT is deeply committed to being a progressive and bold advocate of equity and social justice. We value and celebrate diversity within the profession, it's staff, our membership, those who access occupational therapy services and the wider working environment.

We understand that each individual is unique and should be treated with fairness, transparency, and without discrimination. RCOT actively opposes discrimination and injustice of any kind. We strive to demonstrate effective allyship and to be transparent and accountable. Equity, diversity and belonging (EDB) are central to all that we do. These Standards reflect this, they are based on the principles of EDB and have been informed by RCOT's Equity, Diversity and Belonging strategy (2024). EDB is not solely a stand-alone item, and it is not an add-in. Rather, the principles of EDB run through every section of the Standards.

1.3 Occupational therapy in practice

"Occupational therapy promotes health and wellbeing by supporting participation in meaningful occupations that people want, need, or are expected to do." (WFOT, 2025)

As an occupational therapy practitioner – whether you are a registered occupational therapist, a learner (student or apprentice), or a support worker - you place occupation at the forefront of your practice. You understand, or are developing your understanding of, how a person's ability to carry out their daily activities and roles – their occupational performance – can affect and be affected by their experiences or circumstances. Your interventions, or the support you provide, may focus on the person, their environment, or the occupation itself. You enable the people with whom you work to bring about change and achieve their chosen occupational goals. This enables you to deliver occupation-focused, person-centred intervention in all settings.

1.4 What makes a competent practitioner

To be considered a competent or capable occupational therapy practitioner, you need to demonstrate a combination of recognised knowledge and skills, along with behaviours that reflect a professional way of thinking across the four Pillars of Practice (RCOT 2021).

As a registered occupational therapist, you develop knowledge and skills through professional education, experience and continuing professional development. As a learner, you are developing these through your programme of study and practice placements. As a support worker, you develop these through your training, experience and ongoing development. However, these elements alone do not make you a safe, effective and ethical practitioner.

Your conduct must also promote and protect:

- The wellbeing and safety of people who access your service
- The wider public
- The reputation of your employers and your profession

You need to be able to reflect on your practice and articulate your reasoning for your actions. As an occupational therapist, 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.

1.5 Legislation, guidance, policy and procedures

This document does not identify every piece of relevant legislation, recognising that there are differences across the four UK nations and that legislation changes periodically.

You must be attentive to and comply with any current legislation, statutory guidance, best practice standards and guidelines, and policies and procedures that are relevant to your location, scope and level of practice. The key broad areas of legislation related to this publication at time of publication are listed in Section 14.

This version of the Professional standards of practice, conduct and ethics for occupational therapy (2026) supersedes the previous edition of the Professional standards for occupational therapy practice, conduct and ethics (2021), and all previous editions of Code of ethics and professional conduct and the Professional standards for occupational therapy practice.

2. The use and purpose of this document

This section describes how the Standards can be useful and beneficial to you.

2.1 Who the Standards are for

This is a public document. It may be used by:

- Occupational therapy practitioners – to guide and examine your practice
- RCOT members – you sign up to abide by these Standards
- Employers and commissioners – to understand the professional standards expected of occupational therapy practitioners
- Those who access occupational therapy services – to understand what to expect from practitioners
- Educators and pre-registration learners – to understand the required standards throughout education and professional life
- The Health and Care Professions Council (HCPC) – as appropriate standards of reasonable care when considering fitness to practise

The Standards are relevant and useful to everyone within the occupational therapy workforce across the UK, whether they are members of RCOT or not.

Membership of RCOT is voluntary. It cannot be a requirement for practice or a criterion for employment (Great Britain. Parliament 1992). However, membership provides benefits to support safe, effective and ethical working practice and continuing professional development.

2.2 Using the Standards to inform your practice

This document is relevant to your everyday practice. 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.

The Standards describe the essential practice, behaviours and values that you have a responsibility to abide by at all times. RCOT expects its members to work to high standards, to continually improve and to seek out opportunities to lead and excel. The Standards may be taken as appropriate standards of reasonable care, as defined by the professional body, which may be referred to by the Health and Care Professions Council (HCPC), your regulatory body.

Maintaining these standards will help you to:

- be a safe, effective and ethical practitioner;
- provide a high-quality, evidence-informed and inclusive service;
- provide a person-centred or personalised service;
- explain and promote the work you do in the language of occupation;
- make best use of and sustain all resources, including financial, human and environmental;
- meet the registration requirements of the HCPC.

The Standards can also be used to:

- Guide your day-to-day practice and decision-making
- Support discussions in the workplace with colleagues or those who access the service
- Guide strategic decisions relating to occupational therapy
- Provide a basis for dialogue with commissioners, funders and purchasers of services
- Demonstrate the value and uniqueness of your professional contribution

2.3 When you cannot meet the Standards

This document, alongside HCPC's Standards of conduct, performance and ethics (2024) and HCPC's Standards of proficiency for occupational therapists (2023) should be your first point of

reference if you have a query related to professional practice, conduct or ethics. You must 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 circumstances, you need to be sure that you are meeting:

- Your legal responsibilities
- Your duty of care to those who access the service
- 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.

If you need support or advice:

- Contact RCOT's Professional Advisory Service
- Consider speaking to your local union representative
- In any civil or criminal proceedings, these Standards may be admissible as evidence of reasonable and acceptable practice in support of the complaint or the defence.

2.4 Informing educators and pre-registration learners in higher education

Education providers use this document throughout a pre-registration learner's programme of study. These Standards inform learners 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 education received by learners and are applicable from point of entry to a pre-registration programme to the end of their professional career. They support the education received by learners and complement RCOT's *Learning and development standards for pre-registration education* (RCOT 2026a).

Education providers are required to ensure that the Standards are observed by learners to maintain their occupational therapy pre-registration programme's accredited status with RCOT.

2.5 Understanding the relationship with HCPC

The primary objective of the HCPC is the protection of the public. It has overall responsibility for ensuring that all relevant health professionals meet certain given standards 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 consider whether its own standards have been met. You must know and abide by the requirements of the HCPC.

A key role of RCOT is to inform, advise and support you as members of the profession. It is not RCOT's role to judge a practitioner's fitness to practise. The Professional standards of conduct, performance and ethics for occupational therapy are developed in line with the HCPC standards (HCPC 2017, 2023, 2024). If you use the RCOT professional standards to monitor and maintain your professional practice, they will help you to meet the HCPC requirements.

2.6 Monitoring and developing your professional practice

Using these Standards as a benchmark enables you to:

- Monitor and maintain your professional practice
- Scrutinise and improve your service
- Gather evidence for of your continuing professional development (CPD) which can be included in your portfolio, along with your other evidence of learning and development.
- Collect data for yourself and others who have an interest or investment in your service.

Resources are available on the RCOT website to help you with this.

3. Principles and standards – Promoting and protecting the welfare and interests of those who access the service

This section should be read in conjunction with HCPC Standards of conduct, performance and ethics (2024): 1. Promote and protect the interests of service users and carers

3.1 Equity, diversity and belonging

You understand and actively apply the principles of equity, diversity, belonging in your practice. You take personal accountability for embedding these values and remain committed to continuous learning to strengthen them.

You strive to promote a sense of belonging within the environment you work in, proactively welcoming, empowering, supporting and celebrating others.

You embrace, respect and value diversity of all kinds and adapt services, communication, and decision-making to meet the needs of diverse individuals and communities. This includes making reasonable adjustments in practice and supporting others to make reasonable adjustments in their practice.

Your approach is to protect the rights of individuals and to advance equity. You actively oppose and challenge racism, discrimination and injustice, including recognising the impact of systemic bias. You take responsibility for addressing inequities both in your practice and in the systems in which you work.

You always act in accordance with human rights, legislation and in the individual's best interests. You understand and apply equality legislation to your practice.

You must comply with the law and the requirements set out in The Equality Act 2010 (Great Britain Parliament, 2010) and not discriminate against people based on the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

You take action to recognise your own internal biases and commit to actively reflecting on and challenging them. You acknowledge the role of systemic discrimination and seek to dismantle barriers through your professional actions and by influencing organisational and societal change.

In your practice, you:

1. Offer equitable access to the service and fulfil your role without bias or prejudice.

2. Are anti-racist, actively committing to work against racial injustice and discrimination.

3. Treat all people with dignity and respect as equal members of society, entitled to enjoy the same choices, rights, privileges and access to services.

4. Strive to understand and meet the needs of those that access the service, recognising and reflecting on how diversity, intersectionality, and systemic inequalities shapes people's needs and choices.

5. Respect and respond to each person's philosophy of life, acknowledging potential significance of personal, spiritual, religious and cultural beliefs.

6. Are attentive to and seek to understand and meet personal, spiritual, religious and cultural needs or choices within the intervention that you provide, following local and national policy.

7. Respond where possible to reasonable requests for a practitioner with specific characteristics, for example, by a professional and not a learner, by a practitioner of a specific gender or by a particular language speaker.

8. Identify, report, and actively challenge barriers to inclusion.

9. Recognise and reflect on your own personal beliefs and values. You do not impose your own faith or belief system on any situation or person at work, and do not use your beliefs to attack the beliefs and rights of others. You recognise the possible impact of personal bias and actively ensure that those who access the service are treated fairly, with dignity and respect and without discrimination.

10. Report in writing to your employer, at the earliest date in your employment, any personal circumstances, religious and/or cultural beliefs that would influence how you carry out your duties. You explore ways in which you can avoid placing an unreasonable burden on colleagues in these circumstances. This does not affect your general duties as set out in law or these Standards.

11. Engage in continuous learning to strengthen your understanding of equity, diversity and systemic bias. You seek feedback, actively participate in professional development, and apply new knowledge to ensure your practice remains inclusive, reflective, and responsive to evolving societal needs.

3.2 Informed consent and mental capacity

Before a person accessing the service is provided with any assessment or intervention, that person's informed consent must be obtained. The fact that a person has given their consent is not sufficient. Consent is only valid if it is properly 'informed', meaning that all relevant information has been given to the person in a way that they understand.

The process of providing information will depend, in each case, on an assessment of the information relevant to that particular person's decision at that point in time. This includes consideration of the environments and occupations that matter to the person, and how the proposed intervention may affect their ability to participate in meaningful activities.

Obtaining informed consent is a continuing requirement and may need repetition if there is repeated intervention or any change in the intervention offered; it is not a one-off event. Unless restricted by

mental health and/or mental capacity legislation, it is the overriding right of any individual to decide for themselves whether or not to accept occupational therapy.

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. An occupational therapy practitioner who does not respect this principle may be liable to both legal action by the individual and action by HCPC.

Requirements for valid consent:

For consent to be valid, it must be given voluntarily by the individual. They must be provided with all the information that is relevant to their decision and must have the mental capacity to understand and consent to the particular intervention or decision.

You comply with current legislation, guidance and codes of practice in relation to mental capacity and consent.

You give sufficient information, in an appropriate manner, to enable people to give informed consent to any proposed action or intervention concerning them. This includes information about how the intervention relates to their occupation-focused goals and the environments in which they live, work and participate.

All means necessary are utilised to enable individuals to understand the nature and purpose of the proposed action or intervention, including any possible risks involved and any impact on their ability to engage in occupations that are important to them.

Supporting decision-making:

As far as possible, you enable people 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, seeking to act in their best interests. You consider the person's occupational preferences, their valued roles, and the environments that are important to them when determining best interests. All decisions and actions taken are documented.

People have the right to refuse or withdraw consent for any intervention at any time in the occupational therapy process. You respect a person's choices where possible, even when they conflict with professional opinion.

You respect the choices of a child under the age of 16 who is of sufficient maturity to be capable of making up their own mind on the matter requiring decision (Gillick competence (Gillick v West Norfolk and Wisbech Area Health Authority, 1985)).

You record when and how consent is given, refused or withdrawn, whether verbal, indicated or written.

Assessing mental capacity:

When a person accessing the service's mental capacity is in doubt, you must assess their ability to make decisions in relation to the proposed occupational therapy provision, in accordance with current legislation and guidance. This requires that you assess their capacity in a four-stage process:

- Does the person understand what information you are giving them?
- Can they retain the information so as to form an opinion?

- Can they weigh up the information and reach an informed decision?
- Can they communicate that decision to you?

If you have any doubt about a person's capacity to make a decision, you record your decision and the reasons for your conclusions.

When a person accessing the service lacks mental capacity:

If the person accessing the service does not have the mental capacity to give consent, you cannot provide any intervention unless:

- You have consent from someone who is legally authorised to decide that the intervention is in the best interests of the person (such as a health and welfare deputy) or the court
- An Advance Decision or a court order exists covering the intervention
- The intervention is required urgently and you believe should be given in the person's best interests, according to legislation, guidance and policy.

You do not coerce or put pressure on a person to accept intervention but inform them of any possible risk or consequence of refusing intervention. For those without mental capacity, a 'best interests' decision is required. When making best interests decisions, you consider the person's known preferences, their occupation-focused goals, valued activities, and the environments that matter to them.

3.3 Professional and personal relationships and maintaining boundaries

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 interests.

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.

You foster appropriate therapeutic relationships with those who access the service in a transparent, ethical and impartial way.

You maintain a professional relationship and high standards of care in situations where there is tension or discord.

You do not enter into relationships that would impair your judgement and objectivity and/or that would give rise to the advantageous or disadvantageous treatment of any individual or group.

You do not enter into relationships that exploit individuals sexually, physically, emotionally, financially, socially or in any other manner.

You do not exploit any professional relationship for any form of personal gain or benefit.

You avoid entering into a close personal relationship with the person you are providing a service to whilst you are responsible for providing occupational therapy to them, but instead maintain an appropriate professional relationship.

If there is a risk that any professional boundary may be broken, you disclose and discuss this with your manager. In these circumstances, you hand over care for the individual to an appropriate professional.

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.

Where there is no reasonable alternative, you make every effort to remain professional and objective whilst working with an individual you know or have known.

In these circumstances, 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.

4. Principles and standards – Communication

This section should be read in conjunction with HCPC Standards of conduct, performance and ethics (2024): 2. Communicate appropriately and effectively.

4.1. Communicating with those who access the service

Your language and communication style and manner are always professional and polite.

You communicate clearly, openly and effectively, providing information in an accessible format that is easily understood by those you are communicating with. You adapt your own communication style and methods to meet the communication needs and preferences of those accessing the service. You consider all options available to remove barriers to effective communication.

You actively listen to those who access the service, to ensure their voice is heard and support shared decision making.

You articulate the purpose of occupational therapy and the reason for any intervention being undertaken, enabling informed consent and promoting understanding of the profession.

You reflect on the potential significance and impact of verbal and non-verbal communication, remaining sensitive to the potential impact of diversity, intersectional experiences and needs of those you are communicating with.

Where possible and appropriate, you facilitate communication in the individual's preferred or first language.

Discussions related to those who access the service are held in a way that maintains their dignity and privacy.

You clearly and accurately participate in formal and informal reporting.

You document your communication where a record is needed.

4.2. Working with colleagues

You actively seek to build and sustain positive professional relationships

You respect the responsibilities, practices and roles of other professionals.

You actively consider, respect and value equity within the workplace and the diversity of those you work with, recognising the unique assets and perspectives they bring.

You act with integrity towards others at all times and are transparent and accountable in your actions towards others you work with.

You demonstrate allyship by opposing racism, discrimination and injustice.

Bullying, harassment and discriminatory behaviour are unacceptable and unprofessional. They do not meet the Standards which you have a responsibility to abide to.

If you experience or witness bullying, harassment and/or discriminatory behaviour, you raise your concerns with an appropriate person and follow statutory and local policy. You follow up concerns you have reported, escalating them if needed.

You work with others within your area of expertise to promote knowledge, skills, and safe and effective practice.

You work collaboratively with, or refer to other professionals when appropriate, utilising their skills to maximise the outcomes of intervention.

You consult with other service providers when additional knowledge, expertise and/or support are required.

You refer a person who accesses the service to another appropriate professional if the task is outside of your level or scope of practice.

You engage in interprofessional and multiagency collaboration and review as appropriate to your setting, to ensure that well-coordinated, person-centred services are delivered in the most effective ways.

You work and communicate with colleagues and representatives of other organisations to ensure the safety and wellbeing of people accessing services.

You communicate effectively with those who have responsibility for overseeing your work, whether through line management structures, supervisory arrangements, or other professional accountability relationships.

In working with early career occupational therapists you support the learning and development needs of this group to facilitate the transition from education to practice, supporting the development of their professional identity and a sense of belonging More information is available from the current versions of the RCOT *From education to practice: early career standards for occupational therapists* (RCOT, 2026b).

4.3 Professional conduct on digital platforms, including media-sharing networks and social networking sites

You reflect on and take responsibility for the way you use media-sharing networks, social networking sites and other digital platforms. You maintain professional boundaries and protect the privacy and confidentiality of those who access the service at all times.

Your conduct and content on media-sharing networks, social networking sites and other digital platforms do nothing to undermine confidence in your professional practice, your employer/organisation or the occupational therapy profession.

When using digital platforms including media-sharing networks and social networking sites, you recognise that you are presenting yourself, through words and images, to a wide group of people.

You consider the outcome that, if you are known to be or identified as a practitioner, your words and images may be seen as representative of or applicable to the occupational therapy profession and/or your employer/organisation.

When sharing information on digital platforms, you must ensure accuracy through reasonable checks and maintain professional conduct that reflects RCOT's commitment to equity, diversity and inclusion. This includes engaging respectfully with diverse perspectives and avoiding language that denigrates colleagues, organisations, patients, or communities.

5. Principles and standards – Your professional capability and fitness to practice

This section should be read in conjunction with HCPC Standards of conduct, performance and ethics (2024): 3. Work within the limits of your knowledge and skills.

5.1. Fitness to practice – Occupational therapist

The HCPC refer to a practitioner's 'fitness to practise' which means you have the skills, knowledge experience, character and health to practice safely and effectively (HCPC 2025). To remain competent, you need to keep your skills and knowledge up to date and relevant to your level and scope of practice. You need to work within your field of competence. You also need to be attentive to and look after your own physical and mental health and wellbeing. You need to act with honesty and integrity, treating those who access the service with respect and dignity (HCPC 2025). You should refer to the HCPC Standards of conduct, performance and ethics (2024) and HCPC Standards of Proficiency for Occupational therapists (2023) for further information.

5.2. Your professional competence

You only provide interventions 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.

You have sufficient knowledge, skills and experience to make reliable, safe and effective professional judgements, suitable to your level of responsibility and scope of practice.

You seek advice or refer to another professional when you do not have sufficient knowledge and/or skills. You refer to another professional if the required service is outside of your scope of practice.

You are attentive to and abide by the current legislation, guidance and standards that are relevant to your level and scope of practice and place of work.

You actively remain up to date with developments within the profession, relevant to your level and scope of practice, applying these where appropriate and possible. This includes current research,

innovation and peer-reviewed publications. If you wish to expand your scope of practice, you undertake further training to update your competencies, knowledge and experience.

In using artificial intelligence (herein referred to as 'AI') in your practice, you integrate AI responsibly, recognising its potential to enhance practice while remaining critically aware of its limitations, including possible errors and biases. You maintain competence in non-AI methods to ensure continuity, safety, and quality of care in all circumstances. You maintain responsibility for reviewing and validating any AI-generated content before its use or dissemination. You, as the occupational therapy practitioner, stay accountable for all content, even if AI generated it.

5.3. Maintaining and expanding your capability

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 2021).

You reflect on and apply the *Principles for continuing professional development and lifelong learning in health and social care* (Interprofessional CPD and Lifelong Learning UK Working Group 2022). 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. (Interprofessional CPD and Lifelong Learning UK Working Group 2022, p6)*

You remain up to date with any changes to legislation, guidance and standards, both general and specific to your level and scope of practice.

You remain up to date with professional developments, guidance and research, both general and specific to your level and scope of practice.

You participate in any statutory and mandatory training required for your work.

As an occupational therapist, you seek to extend your capabilities, across all four Pillars of Practice, through post-graduate study, which may or may not be award bearing.

You seek to maintain and expand your capabilities in anti-discriminatory and anti-racist practice.

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 2017).

As a practitioner, you receive, and as appropriate provide, regular professional supervision and appraisal, where critical reflection is used to review practice. This may be provided locally or via long-arm support.

You demonstrate that CPD activities have enhanced the quality of your professional practice and service provision.

You support the learning and development of colleagues and the profession by sharing your knowledge, skills and experience.

You keep up to date with digital skills, understanding the scope, benefits and potential impact of emerging digital technologies to ensure that you can make best use of what is available.

You seek to actively engage with research, innovation and quality improvement activities appropriate to your level and scope of practice.

For further information about continuing professional development, please refer to RCOT's *Career Development Framework* (2022), the HCPC's *Continuing professional development and your registration guidance* (2017) and Interprofessional CPD and Lifelong Learning UK Working Group (2022) P*rinciples for continuing professional development and lifelong learning in health and social care.*

5.4. Changing roles and responsibilities

If you seek or are asked to work in areas within 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.

You assess any possible risks in taking on a different role or responsibilities, to ensure that you provide a safe service.

If you are asked to take on additional tasks (such as acting up or covering for an absent colleague), such duties are only undertaken after discussion, considering additional planning, support, supervision, and/or learning and development requirements. If you find that you cannot agree to such a request, you contact your local union representative and/or RCOT's Professional Advisory Service for advice and support where necessary.

You ensure that adequate support and learning opportunities are provided to enable you to carry out any additional tasks or responsibilities safely and effectively.

You formally raise any concerns you may have about your capability to carry out any additional tasks or responsibilities.

5.5. Occupational therapy practice-based learning for pre-registration education

You take professional responsibility for providing practice-based learning opportunities for pre-registration occupational therapy learners, promoting a learning culture within the workplace under the education pillar of practice (teaching and facilitation of learning).

You provide a learning environment that is safe, supportive and inclusive for learners, which is anti-discriminatory, anti-oppressive and promotes a sense of belonging.

You recognise the need for personal development and learning to fulfil the role of the practice educator and undertake appropriate training to inclusively support learners.

As practice educator, you provide an experience of practice for learners that complies with these Standards, the current version of the RCOT *Learning and development standards for pre-registration education* (RCOT 2026a) and is compatible with the stage of the learner's education.

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 current versions of RCOT's *Learning and development standards for pre-registration educatio*n (RCOT 2026a) and the *Career development framework* (RCOT 2021).

6. Principles and standards - Delegation

This section should be read in conjunction with HCPC Standards of conduct, performance and ethics (2024): 4. Delegate appropriately

6.1 Delegating to others

When you delegate interventions or other procedures, you ensure that the person to whom you are delegating has the skills, knowledge and experience to carry them out safely and effectively.

You provide appropriate supervision and support for the individual to whom you have delegated the task/s.

Although all registered practitioners are autonomous professionals, responsible for their own practice and professional judgement, you, as delegating practitioner, retain ultimate accountability for any actions taken.

7. Principles and standards – Confidentiality

This section should be read in conjunction with HCPC Standards of conduct, performance and ethics (2024): 5. Respect confidentiality

7.1. Confidentiality and sharing information

You abide by the current versions of the UK General Data Protection Regulation (UK GDPR), the Data Protection Act 2018 (Great Britain. Parliament 2018) and the Data (Use and Access) Act 2025 (Great Britian. Parliament 2025) in all your information/data processing.

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

You familiarise yourself with your duties under legislation, regulations and local policy.

You safeguard verbal, written or digital confidential information (data) relating to those who access the service, at all times.

Discussions with or concerning those who access the service should be held in a location and manner appropriate to the protection of their right to confidentiality and privacy.

You may only share confidential information if:

- You explain the reason and seek consent.
- You have a valid, lawful basis for sharing confidential information. This must be recorded (Information Commissioner's Office 2019, p51).
- Members of a team should share confidential information when it is needed for the safe and effective care of the person accessing the service (Health and Social Care Information Centre 2013, p13).
- You share information in the best interests of those who access the service within the framework of the *Caldicott Principles 2020* (National Data Guardian, 2020), in other words. the information necessary for the purpose with those who have a clear 'need to know'.
- You share relevant confidential information where there is legal justification (by statute or court order) or where it is considered to be in the individual's or public interest in order to prevent serious harm, injury or damage. You follow local policy and inform the individual where possible.

When an individual has objected to specific information being shared, this is respected unless there is a legal requirement to share (Health and Social Care Information Centre 2013, p25).

You adhere to local and national policy regarding confidentiality and data 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.

You grant individuals access to their own records in accordance with relevant legislation and current guidance/policy (both local and national) (Information Commissioner's Office 2019, p101).

You obtain and record consent prior to using visual, oral, written or digital material relating to individuals for wider purposes (such as teaching). The individual's confidentiality and choice must be observed in these circumstances.

You ensure AI systems comply with data protection regulations before use. You do not input personal, identifiable, or sensitive information into AI tools unless they meet your organisation's security and privacy requirements

See also Section 12, in relation to confidentiality in research.

8. Principles and standards – Engaging with and managing risk

This section should be read in conjunction with HCPC Standards of conduct, performance and ethics (2024): 6. Manage risk.

8.1. Engaging with risk

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, p2).

You embrace and engage with risk, assessing and managing it in partnership with those who access the service.

You enable people who access the service to take the risks that they choose and to achieve their chosen goals, as safely as reasonably possible.

When an individual lacks the mental capacity to make certain choices, risk does not necessarily limit best interests decisions, especially when these take into account the individual's stated preferences and wishes. A risk assessment and a 'best interests' decision are both required.

Where care for the those who access the service 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)).

You meet the requirements of relevant health and safety legislation and local operational procedures and policy, whilst enabling people who access the service to gain optimal occupational performance and autonomy in their lives. These requirements include health and safety, risk management, moving and handling, personal protective equipment and digital risk management.

You consider the risks before implementing AI tools in your practice. You maintain clear limits for AI use and have contingency plans for system failures. You do not use AI for decisions beyond your competence or without appropriate oversight.

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). You do not put the health or safety of those who access the service or your colleagues at risk or allow someone else to do so. The principles remain the same whether the potential harm is to people, organisations or the environment.

As much as is within your control, you:

- Establish and maintain a safe practice environment, including when travelling or in the community;
- establish and maintain safe working practices; and
- establish and maintain secure digital systems, including when travelling or in the community.

You notify a line manager, or other designated person, when you identify a risk that is not within your control.

You monitor, review and, where necessary, revise any situation that entails risk.

You ensure that you remain up to date in all your statutory training to ensure safe practice, including risk management, health and safety, safeguarding, moving and handling techniques and data protection.

Where appropriate, you ensure that you and those for whom you are responsible are trained, competent and safe in the selection and use of relevant equipment, being attentive to local procedures.

Circumstances may require you to be flexible in what you do. You need to use your professional judgement to remain safe in your practice and always work in the best interests of those who access

the service. It is the responsibility of the organisations in which you work to ensure you are supported to do this (NHS England et al 2020).

8.2. Your health and fitness to practice

You hold responsibility for monitoring and proactively looking after your own physical and mental health and wellbeing.

You proactively assess whether changes to your physical and/or mental health and wellbeing will negatively impact your ability to practise in a safe and effective manner. You seek help or advice at the earliest opportunity should your physical or mental health become a concern, following local policies and procedures. If you are unsure about your ability to self-assess the impact of changes to your physical and/or mental health and wellbeing, you seek assessment from an appropriate health and care professional.

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. Any changes to your practice are within your scope of practice and promote safety and effectiveness.

You inform your employer/appropriate authority and the HCPC about any health or personal condition that you believe may affect your ability to practise safely and effectively, if you are unable to reasonably adapt your work or if you need to stop practising (HCPC 2021).

More information on informing the regulatory body is available from *Guidance on health and character* (HCPC 2021).

9. Principles and standards – Reporting concerns about safety

This section should be read in conjunction with HCPC Standards of conduct, performance and ethics (2024): 7. Report concerns about safety.

9.1. Concerns about the safety of those who access the service

If you have concerns about the safety or wellbeing of those that access the service, you take appropriate action and report concerns promptly

You follow up concerns you have reported, escalating them if needed.

See also Section 8 – Engaging with and managing risk.

9.2. Concerns about the professionalism of colleagues

You raise your concerns with a line manager or other appropriate person and follow statutory and local policy, maintaining the safety of all involved if:

- You become aware that something has gone wrong or someone has suffered harm as a result of a colleague's actions or omissions;
- you become aware of any intentional malpractice, criminal conduct or unprofessional activity, whether by occupational therapy personnel or other staff; or
- you are aware of any kind of discrimination, bullying, harassment and/or intimidation in the workplace, whether towards colleagues, learners or those who access the service.

The information you provide is objective, relevant, evidence based where possible and limited to the matter of concern.

You follow up concerns you have raised, escalating them if needed.

If giving evidence in an inquiry or court case concerning any alleged negligence or misconduct of a colleague, the evidence you provide is objective and substantiated.

You encourage and support others in reporting concerns, never preventing anyone from raising concerns.

9.3. Concerns about the capability of colleagues

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 their line manager or other appropriate person in confidence. This includes (but is not limited to) when:

- A colleague's performance is seriously deficient;
- they have a health problem that is impairing their competence to practise; or
- they are practising in a manner that places those who access the service or colleagues at risk.

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.

If asked for a second opinion by a person who accesses the service, it is confined to the case in question and not extended to the general capability of any other practitioner.

You follow up concerns you have reported, escalating them if needed.

Professional loyalties should never prevent you from raising concerns.

10. Principles and standards – Being open, honest and trustworthy

This section should be read in conjunction with HCPC Standards of conduct, performance and ethics (2024): 8. Be open when things go wrong and 9. Be honest and trustworthy.

10.1. Duty of care

You know the scope of your duty of care and exercise it appropriately.

Your duty of care is your legal responsibility to act in a way that ensures harm, injury, loss or damage will not carelessly or intentionally be inflicted on those who access occupational therapy services, members of their support network, colleagues, and the public.

In determining whether the duty of care was discharged, the standard against which your work will be assessed is:

the standard of the ordinary skilled person exercising and professing to have that specialist skill. A [person] need not possess the highest expert skill; it is well established law that it is sufficient if [the person] exercises the ordinary skill of the ordinary competent [person] exercising that particular art.

(Bolam v Friern Hospital Management Committee 1957 in Unison 2003)

In other words, you do not need to be the best practitioner there is, but you must be practising at the standard of a reasonably competent practitioner. The standards to be expected are not generally affected by any personal attributes, such as level of experience.

The duty of care exists from the moment:

- You/the service receive a referral or request for assistance; and/or
- the individual is accepted for occupational therapy or they agree and begin to receive a service.

You discharge your duty of care by performing your professional duties to the standard of a reasonably competent practitioner, in terms of your knowledge, skills and abilities.

You may be in breach of your duty of care if it can be shown that you have failed to perform your professional duties to the standard expected of a reasonably competent occupational therapy practitioner.

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. This is the Bolam Principle (Bolam v Friern Hospital Management Committee 1957).

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).

Your responsibilities under your duty of care:

You keep your knowledge, skills and abilities up to date.

You provide a service that is within your professional competence, appropriate to the needs of those who access the service, and within the range of activities defined by your professional role.

You maintain an accurate record of the intervention you provide as part of your duty of care.

You have and record a demonstrable professional rationale for the decisions you make and occupational therapy intervention you provide.

You protect confidential information, except where there is justifiable reason for disclosure.

If using AI, you review AI-generated content for potential bias, particularly regarding protected characteristics, cultural factors, or assumptions that could disadvantage individuals

or groups. You ensure AI enhances rather than replaces your professional judgment and therapeutic relationships.

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).

You ensure that anyone you delegate work to is competent to carry it out in a safe and appropriately skilled manner.

When you consider that wellbeing, safety and care standards are not being met, you raise your concerns with an appropriate person.

You follow up on concerns you have raised, escalating them if needed.

When a person with mental capacity is discharged or discharges themselves from your service, or chooses not to follow your recommendations, your duty of care does not finish immediately.

You must:

- 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 provide information about an alternative agency, if appropriate;
- inform relevant others, with consent if possible, especially if there is an element of risk remaining;
- arrange for a follow-up, if required and consented to;
- comply with all necessary local discharge procedures;
- record this in the relevant documentation, together with any assessment of mental capacity if required.

You will then have fulfilled your duty of care.

10.2. Welfare

Under the *Universal Declaration of Human Rights* (United Nations General Assembly 1948) everyone has economic, social and cultural rights. These include the right to 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 you work with, at all times, to ensure their welfare, optimising their health, wellbeing and safety.

You always recognise a person's human rights and act in their best interests, without discrimination of any kind.

You enable those who access the service to preserve their individuality, self-respect, dignity, privacy, security, autonomy and integrity.

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.

You do not engage in or support behaviour that causes any unnecessary mental or physical distress. Such behaviour includes neglect and indifference to pain.

You make every effort not to leave those who access the service in unnecessary pain, discomfort or distress following intervention. Professional judgement and experience are used to assess the level of pain, distress or risk, and appropriate action is taken if necessary. You seek advice when required.

You support those accessing 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. You seek advice when required and local policy followed.

You have a professional duty of candour. When something goes wrong as a result of your actions or omissions:

- You are open and honest.
- You immediately take steps to put matters right.
- You inform those accessing the service who have been impacted, or where you do not have direct access, you inform the lead clinician involved with those accessing the services that something has gone wrong.
- You apologise to those affected, and;
- you inform your manager/ employer and follow local policy and procedures.
- 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.
- You know, and act on, your responsibility to protect and safeguard the interests of vulnerable people with whom you have contact in your work role.

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 (see also Section 9 – Reporting concerns about safety).

If you are an employer or supplier of personnel, you report to the relevant national disclosure and barring service any person who has been removed from work because of their behaviour, where that behaviour may meet any of the criteria for the individual to be barred from working with at-risk children or adults.

You raise a concern with the relevant registration body if the practice, behaviour or health of a practitioner appears to be a risk to the safety of those who access the service, colleagues or the public, where local procedures have not resolved the issue.

Where learners (students or apprentices) are involved, you also inform the relevant education provider.

10.3. Professionalism

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 that 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 or trust in the service, organisation or profession. This may be whilst in your work role, or outside of your work role.

10.4. Professional and personal integrity

You act with honesty and integrity at all times. You are transparent and accountable in your treatment of those who access the service, colleagues and learners; actively opposing racism, discrimination and injustice

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.

You do not undertake any professional activities when under the influence of alcohol, drugs or other intoxicating substances.

You inform HCPC and/or your employers/organisation if you are convicted of a criminal offence, receive a conditional discharge for an offence or if you accept a police caution.

If you are a registered occupational therapist, you inform HCPC if you have had any restriction placed on your practice, or have been suspended or dismissed by an employer or similar organisation, because of concerns about your conduct or competence. If you are a member, you also inform RCOT.

If you are a registered occupational therapist, you notify HCPC if another health or social care profession regulatory organisation has made a finding or taken action against you. If you are a member, you also inform RCOT.

You co-operate with any investigation or formal inquiry into your own professional conduct or competence, the conduct or competence of another worker or the care or treatment of a person who accesses the service, where appropriate.

You are honest with those who access services about when and how AI is used in their care. You obtain appropriate consent and respect individual preferences, including the right to decline AI involvement in their care

10.5. Professional conduct

You are accountable for your actions and behaviours, both inside and away from the workplace.

You maintain professional boundaries at all times.

You reflect on and take responsibility for:

- The impression and impact you make on others, conducting and presenting yourself in a professional manner whilst 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 on, your colleagues, your employer, those who access the service and/or the public.

You comply with relevant statutory requirements and local policies, seeking guidance when these are unclear or conflict with your professional judgement

10.6. Personal profit or gain

You do not accept tokens such as favours, gifts or hospitality from those who access the service, members of their support network or commercial organisations when this might be construed as seeking to obtain preferential treatment (Great Britain. Parliament 1889, 1906, 1916). In respect of independent practice, this principle still prevails in terms of personal gain.

You follow local policy regarding acceptance of gifts. You declare any bequests made by an individual or their support network according to local policy.

You declare any conflicts of interest. 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, or care and support.

10.7. Information and representation

You ensure 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.

You accurately represent your qualifications, education, experience, training, capability and the services you provide. You do not make explicit claims in respect of superiority of personal skills, equipment or facilities.

You always respect the intellectual property rights of others. You do not claim another person's work or achievements as your own unless the claim can be fully justified.

You only advertise, promote or recommend a product or service in an accurate and objective way. You do not provide preferential or unjustifiable information about a product or service.

If you are aware that possible misrepresentation of the protected title 'occupational therapist' has occurred, you raise a concern with the HCPC.

11. Principles and standards – Keeping records of your work

This section should be read in conjunction with HCPC Standards of conduct, performance and ethics (2024): 10. Keep records of your work

11.1. Keeping records

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.

You explain how and why you record and process information to those who access the service.

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

Your records are full, accurate and clear.

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

All records are legible, understandable, clearly dated, timed, kept chronologically and attributable to the person making the entry.

You demonstrate that your practice is appropriate by recording your clinical/professional rationale.

You identify the evidence that informs your practice, where available.

You include all your risk assessments, actions taken to manage the risk and any outcomes.

You understand and apply the principles of data governance and information governance.

You process your records according to current legislation, guidance and local policy and protocol.

If using AI to support record keeping, you review, validate, and take full responsibility for all AI-generated content before use or distribution. You clearly document when AI has been used in creating records, assessments, reports, or intervention plans.

You comply with any legal requirements and local protocols and policy in relation to confidentiality, the sharing of information and any individual's request to access their own records.

You keep your records securely, protecting them from inappropriate access, loss and damage. You retain and dispose of them according to legal requirements and local protocol and policy.

You are advised to visit RCOT.co.uk for further guidance on record keeping.

12. Principles and standards - Service provision

This section should be read in conjunction with HCPC Standards of proficiency for occupational therapists (2023).

12.1. Focusing on occupation

Underpinning your practice is the belief that engagement in occupation ('things people need to, want to and are expected to do' (WFOT, 2025)) is fundamental to a person's health and wellbeing.

The core professional rationale for your intervention or activity, including in diverse settings or generic roles, is the enhancement of health and wellbeing through the promotion of occupational

performance, engagement and participation in life roles (RCOT 2019).

You understand the relationship between the person, the occupation and the environment and how one may affect, or be affected by, the other.

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.

Occupation should be at the forefront of your practice. Assessment, interventions, outcomes and documentation should be centred on occupational performance, engagement and participation in life roles.

12.2. The importance of choice and personalised care

You have a continuing duty to respect and uphold the autonomy of those who access the service. You encourage and enable choice, shared decision making and partnership working through the occupational therapy process, as appropriate to their needs and preferences.

Your practice is shaped by and focused on the occupational needs, aspirations, values and choices of those who access the service.

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.

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.

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.

If an individual with mental capacity declines intervention, decides not to follow all or part of your recommendations or chooses to follow an alternative course of action, you fulfil your duty of care as defined in Section 10.

12.3. Your professional rationale

Your actions are based on a set of logical professional reasons, which are themselves informed by professional knowledge, skills and experience, research, national guidelines and policy and peer-reviewed published resources.

You can reflect on, explain, and justify your professional rationale for anything you do for/with or in relation to those who access the service. You record this appropriately.

You use current national guidelines, current policy, research and best available evidence to underpin and inform your reasoning, rationale and practice.

Your practice is shaped or structured according to recognised theories, principles, frameworks and concepts that are applicable to occupational therapy.

You can justify your decisions to use or not use AI tools based on needs of those accessing the

service and practice appropriateness. You maintain the ability to explain your reasoning to those accessing the service, colleagues, and regulators.

12.4. Access to occupational therapy

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

Access is offered equitably without bias or prejudice, in keeping with clearly documented procedures and criteria for your service/s.

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.

Where occupational needs are not present, or where there are needs that cannot be met by you/your service, you refer or direct individuals to alternative services, information and advice, where available.

There are certain circumstances where you can refuse to provide, or choose to withdraw, intervention. These include where there is fear of violence; where there is harassment; where there is a 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; where it is not clinically justified; or where you consider there has been a change in circumstances such that the intervention is no longer covered by valid and informed consent.

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 therapeutically 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).

12.5. Referral/request for assistance and assessment

Following receipt and/or acceptance of a referral or a request for assistance, the service the case is allocated to takes the legal responsibility and liability for any assessment and possible intervention provided.

If your service carries a waiting list or another reason causes a significant delay before you take any action, you contact the individual and the referrer, informing them of the situation.

Through interview, observation and/or specific assessment, you identify and evaluate the occupational performance and participation needs of those who access the service.

You use assessment techniques, tools and/or equipment that are relevant and appropriate to those who access the service, their occupational needs and their circumstances.

Your assessment is comprehensive, sensitive and recorded appropriately.

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.

If, as a result of assessment, occupational therapy is considered inappropriate for the person, you inform the individual and the referrer, giving your decision and your rationale and recording it appropriately

If further assessments or investigations are indicated, you initiate these or refer to other services.

12.6. Intervention or recommendations

You work in partnership with those who access the service, agreeing their objectives, priorities and timescales for intervention.

You develop personalised intervention plans, or recommendations, based on the occupational performance needs, choices and aspirations of those who access the service, as identified through your assessments.

You intervene as early as possible, to optimise outcomes and to reduce, delay or prevent future needs where possible.

You promote wellbeing, encouraging healthy occupations and participation in life roles.

You empower people to maintain their own health and wellbeing and to manage their own occupational needs, wherever possible.

With agreement from those who access the service, you actively involve their carers and/or members of their support network, keeping them informed and included in decision making, as appropriate.

To enable carers and/or members of their support network to be involved, you incorporate their needs into interventions/recommendations where necessary.

If indicated and with consent, you refer any carer for an assessment of their own needs.

You consider how the assets and strengths of the person accessing the service, their carers/members of their support network and their communities can be used to maximise their occupational performance and participation.

You review and modify your plans and interventions regularly in partnership with those who access the service.

Any decision to cease intervention is informed by your evaluation and the choices of the person who is accessing your service.

12.7. Outcomes – quality, value and effectiveness

You evaluate the value and benefit of your intervention for those who access the service in terms of their occupational performance, participation and wellbeing.

You use outcome measures to monitor, review and demonstrate the ongoing effectiveness of your intervention.

You actively involve those who access the service when evaluating your practice. You ensure that your evaluation is informed by their views and experiences.

Your evaluation takes account of information gathered from other relevant sources, such as carers and/or members of the person accessing the service's support network, or other professionals.

You undertake audits against appropriate available standards to facilitate service evaluation and improvement.

You strive to embed the principles of involvement and co-production into service development, delivery and evaluation

You collect and collate outcome data to meet the requirements of commissioners/funders of services.

Where possible, you collect and use data to demonstrate the value for money of the service/s you provide. You use the information you collect, with other national, local and professional guidance and research evidence, to improve the quality, value and effectiveness of the service/s you provide, changing your practice as required.

You develop your practice as appropriate in the context of new developments and technologies

Where possible, you support effective workforce planning by accessing, using and contributing to workforce planning data and intelligence.

12.8. Developing and using the profession's evidence base

You recognise the value of research and innovation in advancing the profession and improving outcomes for those who access the service.

You recognise the value of quality improvement as a systematic and evidence informed approach to problem solving, and as a robust framework for translating research evidence and innovation into practice while generating valuable local knowledge.

You actively find, use and generate evidence to support your practice. In doing so, you strive to be a champion of research, innovation, quality improvement and real-world evaluation.

You engage with research, innovation and quality improvement at every level of your career, appropriate to your scope and level of practice.

You seek to identify the potential for, and evaluate the impact of, occupational therapy in new and developing areas of practice.

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

You incorporate evidence-based outcome measures, research activity, innovation activity

and/or quality improvement methods into your practice. You do so to demonstrate the effectiveness of intervention and services, quantifying the impact where possible.

When undertaking any form of research activity, you:

- Understand the principles of ethical research and adhere to national and local research governance requirements.
- Follow professional, national and local ethics approval and permission processes.
- Make every effort to work collaboratively with people who access services during all stages of the research process.
- Protect the interests of participants.
- Establish and follow appropriate procedures for obtaining informed consent, with due regard to the needs and capacity of participants.
- Protect the confidentiality of participants throughout and after the research process and adhere to UK data protection laws.
- Disseminate your research findings using appropriate local, national and international methods.

More information is available from RCOT's *Advancing occupational therapy: Research and Innovation Strategy 2025-2035 (2025).*

12.9 Sustainability and Resources

Environmental Sustainability:

Environmental sustainability is a professional responsibility. The choices you make in your practice affect the health and wellbeing of present and future generations. Your practice can contribute to preventing ill health and reducing demand on health and care services.

You recognise any negative impact of your practice on the environment and take steps to reduce it.
You consider environmental sustainability in your everyday practice, including when:

- Making decisions about intervention options and equipment
- Planning service delivery
- Considering transport and travel
- Using energy and resources

You understand that prevention and early intervention can reduce the need for more resource-intensive interventions later, benefiting both people's health and environmental sustainability.

Where possible, you choose options that are energy efficient and have lower environmental impact, while meeting the needs of those who access your service.

You document and report environmental concerns or opportunities for improvement through appropriate channels.

As a manager or leader, you consider environmental sustainability in service planning and decision-making and support your team to do the same.

You are advised to read the following for further information: World Federation of Occupational Therapists' *Sustainability matters: guiding principles for sustainability in occupational therapy practice, education and scholarship* (Shann et al 2018). Care Quality Commission (CQC)

Assessment framework, Well-led: Environmental sustainability –sustainable development (2025). NHS England's *4th Health and climate adaptation report* (2025) and NHS England's *Delivering a 'Net Zero' National Health Service* (2022).

Resource Management and Service Delivery:

You have a responsibility to use environmental, physical, financial, human and personal resources effectively and efficiently, whilst delivering high quality, evidence-based care to those who access the service.

You seek to gain and provide value for money when acquiring or providing goods and services.

Where service resources are limited, any priorities that are identified and choices made are compliant with legal requirements, and national and/or local policy.

In establishing priorities and providing services, the choices of those who access the service are taken into account and implemented wherever reasonably possible.

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, or other options.

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.

You document, report and provide evidence 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.

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 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.

13. Key terms

Key term	Definition
Ally	An ally is someone who recognises and uses their privilege in solidarity with, and support of, people and/or groups experiencing injustice, discrimination or oppression. An ally is committed to ongoing learning and critical self-reflection to inform their consistent action to challenge injustice, discrimination or oppression, often referred to as allyship.
Anti-racism	Anti-racism is an active commitment to work against racial injustice and discrimination. Anti-racism involves actions to identify and oppose racism and consciously, intentionally working to challenge and change structures, policies, processes and beliefs which

	perpetuate, have perpetuated or risk perpetuating racism in any, and all forms.
Artificial Intelligence (AI)	'AI is an umbrella term for a range of algorithm-based technologies that solve complex tasks by carrying out functions that previously required human thinking. Decisions made using AI are either fully automated, or with a 'human in the loop'. As with any other form of decision-making, those impacted by an AI supported decision should be able to hold someone accountable for it.' (Information Commissioners Office, 2025)
Autonomous practice	A fundamental element of the Health and Care Professions Council *Standards of proficiency for occupational therapists* (HCPC 2023), autonomous practice 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.
Belonging	Belonging is the feeling of being truly recognised, respected, valued and free to be our authentic selves. We create it by proactively welcoming, celebrating, supporting and empowering every voice.
Best interests	The best interests approach asks whether any proposed course of action is the best one for the individual, taking into account their: • past and present wishes and feelings; • beliefs and values that may have influenced the decision being made, had the person had capacity, and; • other factors that the individual would be likely to consider if they had capacity.
Candour (duty of)	'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. (Professional Standards Authority for Health and Social Care, 2019, Section 1.1)
Capability	The ability to do something. 'A step beyond competence; capable practitioners can handle change and devise solutions in complex situations.' (McGee and Inman 2019, p14)
Carer	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. (Based on Great Britain Parliament 1995) This is sometimes divided into formal carers (care workers), who are paid to give care, and informal cares (often family), who are not paid to provide care.
Competence/Competency	'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

Confidentiality	Confidentiality means protecting personal information. There is an ethical and legal duty to protect people's personal information from improper disclosure. Appropriate information-sharing is an essential part of the provision of safe and effective care. (Adapted from the General Medical Council 2017, p10)
Co-production	Co-production refers to a way of working where service providers and users work together to reach a collective outcome. The approach is value-driven and built on the principle that those who are affected by a service are best placed to help design it. (Social Care Institute for Excellence, 2022)
Culture	Culture is a system of beliefs, values, attitudes and assumptions about life that guide behaviour and are shared by a group of people.
Cultural competence	Cultural competence is the skillset, knowledge and ability to understand, communicate with, and interact with, people across cultures.
Data protection	'Data protection is the fair and proper use of information about people. It's part of the fundamental right to privacy – but on a more practical level, it's really about building trust between people and organisations.' (Information Commissioner's Office 2019)
Delegate	To give an assignment to another person, or to assign a task to another person, to carry out on one's behalf, whilst maintaining control and responsibility.
Digital technology	'Digital technologies are electronic tools, systems, devices and resources that generate, store or process data.' (Victoria State Government – Education and Training 2019)
Discrimination	Discrimination is the unjust, inequitable or prejudicial treatment of people or groups and/or communities of people in response to characteristics of differing needs, identities, backgrounds and experiences. According to the Equality Act 2010, discrimination may be subtle or overt and take multiple forms including, but not restricted to, direct discrimination, indirect discrimination, harassment and victimisation.
Diverse settings	Settings or roles in which occupational therapists traditionally have not worked.
Diversity	Diversity means recognising, respecting, valuing and celebrating different and intersections in needs, identities, backgrounds, experiences and perspectives. It's the key to breaking down cultural and institutional barriers and fostering a culture of creativity and innovation. There are many intersecting dimensions of diversity used to differentiate groups and people from one another, such as differences in race and ethnicity, socioeconomic, geographic

	backgrounds and/or people with different opinions, religious beliefs, political beliefs, sexual/romantic orientations, heritages and life experiences.
Duty of care	A responsibility to act in a way that ensures that injury, loss or damage will not be carelessly or intentionally inflicted on 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: • 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, whilst the episode of care is ongoing. • Where it is foreseeable that the actions of one party my cause harm to the other. • Where it is fair, just and reasonable in all the circumstances to impose such a duty. (Caparo Industries Plc v Dickman 1990)
Environmental sustainability	Environmental sustainability refers to the conservation of natural resources and protection of ecosystems to support health and wellbeing for both current and future generations. It focuses on meeting present needs without depleting resources for future generations, involving practices that protect ecosystems and maintain ecological balance**.**
Equality	Equality refers to providing the same access, opportunities and resources for all, irrespective of differences in needs, identities, backgrounds, experiences and perspectives.
Equity	Equity recognises differences and complexity in circumstances, experiences and needs. It means treating people differently to achieve fairness by being flexible and responsive to access, opportunities and resources. Like occupational therapy, equity is about understanding and recognising individual needs. It's about everyone having what they need to make the most of life.
Ethical	A quality or status that describes the reasoning, actions and behaviours of a person, group (or organisation) as right in the moral sense.
Ethics	Principles and values that govern the reasoning, actions and behaviours of a person or group, in this case within a profession. These often relate to beliefs about what is morally right and wrong.
General Data Protection Regulation (GDPR)	In the UK, data protection is governed by the UK General Data Protection Regulation (GDPR) (UK Government, 2018a), the Data Protection Act 2018 (UK Government, 2018b) and the Data Use and Access Act (UK Government, 2025). Data protection legislation

	controls how your personal information is used by organisations, including businesses and government departments.
Generic role or practice	A generic role may involve 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.
Gillick competency	As a result of the Gillick case, in England today, except in situations that are regulated otherwise by law, the legal right to make a decision on a particular matte concerning the child shifts from the parent to the child when the child reaches sufficient maturity to be capable of making up his or her own mind on the matter requiring decision. (Gillick v West Norfolk and Wisbech Area Health Authority 1985) Separate legislation applies in Scotland and Northern Ireland.
Governance	'Governance encompasses the system by which an organisation is controlled and operates, and the mechanisms by which it, and its people, are held to account. Ethics, risk management, compliance and administration are all elements of governance.' (Governance Institute of Australia 2020)
Hand over	To give away or entrust the responsibility for an individual to another. The hand over action is complete when the receiving person acknowledges and accepts management and responsibility. This is not to be confused with the role of the practitioner in a ward/case hand over, where they may report information to other staff but still retain responsibility for the occupational therapy provided to the individual.
Healthy occupations	Activities that encourage and develop health and wellbeing, or decrease the risk of injury or disease.
Human rights	'Human rights are the basic rights and freedoms that belong to every person in the world, from birth until death. They apply regardless of where you are from, what you believe or how you choose to live your life. They can never be taken away, although they can sometimes be restricted – for example if a person breaks the law, or in the interests of national security. These basic rights are based on shared values like dignity, fairness, equality, respect and independence. These values are defined and protected by law. In Britain our human rights are protected by the *Human Rights Act 1998.*' (Equality and Human Rights Commission 2019)
Inclusion	Inclusion is a universal human right. The aim of inclusion is to embrace and value the diversity of everyone equally, across all

	aspects of life. It is about giving equal access and opportunities and removing barriers. It is also about giving respect and getting rid of discrimination and intolerance.
Informed consent	Informed consent is an ongoing agreement by a person to receive intervention undergo procedures or participate in research after the 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. In order for informed consent to be considered valid, the individual who access the service must have the capacity to understand the information and use it to make an informed decision. The consent must be given voluntarily and be free from undue influence. Alternatively the consent may be given by a health and welfare deputy or by a court.
Intervention	The work 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. 'The process and skilled actions taken by occupational therapy practitioners…to facilitate engagement in occupation.' (O'Brien et al 2012, p180)
Intersectionality	Intersectionality is a term often used to describe intersecting, intertwining and overlapping aspects of identity and experience, for example gender, disability, race, ethnicity, social class, religion, sexual orientation, or gender identity. 'Scholar Kimberle Crenshaw first used the term when explaining the multi-layered, cumulative discrimination experienced by Black women as a result of the intersection of racial and gender-based discrimination' (The Law Society). A lens of intersectionality is needed for a more nuanced understanding of discrimination and disadvantage; intersectionality acknowledges as the potential cumulative effect of multiple intersecting underrepresented identities.
Learner	A learner is an individual enrolled in an occupational therapy programme. Learners may also be known as 'students' or, in the case of apprenticeship programmes, 'apprentices'(RCOT 2026a).
Lifelong learning	'Formal and informal learning opportunities that allow an individual to continuously develop and improve the knowledge and skills they need to for employment and personal fulfilment.' (Interprofessional CPD and Lifelong Learning UK Working Group 2022)
Lived experience	Lived experience is individual knowledge, insight and perspective gained through direct involvement and/or experience; through living

	and personally experiencing, given characteristics or circumstances.
Mental capacity (lacking)	'"Mental capacity" means being able to make your own decisions. Someone lacking capacity – because of an illness or disability such as a mental health problem, dementia or learning disability – cannot do one or more of the following four things: • Understand information given to them about a particular decision • Retain that information long enough to be able to make the decision • Weigh up the information available to make the decision • Communicate the decision.' (Mental Health Foundation 2019) Mental capacity, or a lack thereof, may be time-limited and context-specific. Consider that it may be possible to explain risks and benefits by an alternative means or with the assistance of family members who have experience of communicating with the individual concerned.
Occupation	'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. Occupations include things people need to, want to and are expected to do.' (World Federation of Occupational Therapists [WFOT] 2025) 'Occupation includes the things we need, want or have to do.' (Wilcock 2006, p14)
Occupation-centred	Occupation-centred describes an approach where occupation is at the core. It is made up of occupation-focused and occupation-based practice.
Occupation-focused	Occupation focused describes practice where information about the person, environment and occupation relates closely with occupational performance. (Fisher 2013)
Occupational performance	A person's ability to carry out the activities and roles that they need, want or are expected to do in their daily life.
Occupational therapy workforce	For the purposes of this document, this is a collective term that 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.
Outcome measure	'An outcome measure is a standardised instrument used by therapists to establish whether their desired therapeutic outcomes have been achieved.'

	(Laver Fawcett 2007, p12)
Participation	'Participation is involvement in a life situation.' (World Health Organization 2002, p10) 'Participation can take on both objective (for example, frequency) and subjective dimensions involving experiences of meaning, belonging, choice, control, and feeling of participation.' (Eriksson et al 2007; Hemmingsson and Jonsson 2005 in Bonnard and Anaby 2016, p188)
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.
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.
Personalised care	A personalised approach to health and care ensures that people are in control of and are given choices in the way their needs are addressed, planned and delivered. This approach is based on people's strengths and what matters to them. It ensures that individuals are active participants, not just passive recipients, of the support they receive.
Practice educator	A practice educator is an occupational therapist who supervises, supports and assesses a learner during practice-based learning. In settings without an on-site occupational therapist, support may be provided by another staff member, with occupational therapy-specific supervision and assessment delivered through long-arm supervision (RCOT 2026a).
Practice-based learning	'Refers to the time learners spend interpreting specific person occupation-environment relationships and their relationship to health and wellbeing, establishing and evaluating therapeutic and professional relationships, implementing an occupational therapy process (or some aspect of it), demonstrating professional reasoning and behaviours, and generating or using knowledge of the context of professional practice with and for real live people.' (WFOT, 2016)
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	A professional boundary is the line between acceptable and unacceptable behaviour for a practitioner who is part of or represents a profession. (Adapted from General Social Care Council 2009, p5)
Professional (clinical) reasoning	'The process used by practitioners to plan, direct, perform and reflect on client care.' (Schell et al 2014)

Professional rationale	The basis for your course of action, based on your professional reasoning.
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.
Protected characteristics	Protected characteristics are the nine specific aspects of a person's identity as defined and protected from discrimination by the Equality Act 2010. Under the Act, these are: 'age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation'. (Great Britain Parliament, 2010)
Reasonable	An objective standard. Something (e.g. an act or decision) is reasonable if the act or decision is one that a well-informed observer would also do or make.
Reasonable adjustments	Reasonable adjustments are described by the UK government as 'employers must make reasonable adjustments to make sure workers with disabilities, or those with physical or mental health conditions, are not substantially disadvantaged when doing their jobs.' (UK Government)
Scope of practice	'Your scope of practice is the limit of your knowledge, skills and experience and is made up of the activities you carry out within your professional role. As a health and care professional, you must keep within your scope of practice at all times to ensure you are practising safely, lawfully and effectively. This is likely to change over time as your knowledge, skills and experience develop.' (HCPC 2025)
Service	Within the context of this document, the term 'service' usually refers to the occupational therapy that 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 practices and encourages development.' (College of Occupational Therapists 2015, p1)
Support network	Support network refers to unpaid people who provide help or care to those who access the service, including family members, friends and informal carers. This does not include professionally paid care providers.
Sustain/sustainable	'Sustainable health care combines three key factors: quality patient care, fiscally responsible budgeting and minimizing environmental impact.' (Jameton and McGuire 2002)

Systemic bias	Systematic bias refers to deeply embedded forms of prejudice or discrimination that exist within societal frameworks and institutional systems, resulting in unfair treatment and disparities for specific groups of people.
Unconscious biases	Unconscious biases are judgements and associations we all hold, beyond our conscious awareness. They're our own underlying perceptions and perhaps internally constructed stereotypes about various social and identity groups that can impact on our attitudes and behaviours without us realising.
Way of thinking	A mental attitude or approach that 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)

14. Legislation, policies and standards - key topics

You are expected to be familiar with 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:

Bullying
Candour
Clinical governance
Confidentiality
Data protection and sharing, access to records/freedom of information
Consent
Consent for a child under 16 years (Gillick competence)
Discrimination
Duty of care
Equality
Health and safety/safe working practice
Health care
Human rights
Keeping records
Mental health and mental capacity
Negligence (Bolam test)
Reporting and disclosure
Risk
Safeguarding vulnerable people

Royal College of Occupational Therapists

Sexual offending
Social care
Sustainability

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