

# Professional standards for occupational therapy practice, conduct and ethics



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The Royal College of Occupational Therapists (RCOT) is a wholly owned subsidiary of the British Association of Occupational Therapists (BAOT) and operates as a registered charity. It represents the profession nationally and internationally, and contributes widely to policy consultations throughout the UK. RCOT sets the professional and educational standards for occupational therapy, providing leadership, guidance and information relating to research and development, education, practice and lifelong learning. In addition, 10 accredited specialist sections support expert clinical practice.

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# Professional standards for occupational therapy practice, conduct and ethics

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# Terminology and language

A list of key terms can be found in Section 7. 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, 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.
- 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 family are actively involved where appropriate and with the individual's agreement.

## Section 1

# Introduction

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



## 1.1 The professional standards for occupational therapy practice, conduct and ethics

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

requirement for practice or a criterion for employment (Great Britain. Parliament 1992). RCOT members sign up to abide by these Standards, but they will be relevant and useful to all within the occupational therapy workforce across the UK, whether they are members of the organisation or not.

## 1.2 Occupational therapy in practice

- 1.2.1** Underpinning occupational therapy practice is the belief that **participation** in meaningful **occupations** ('all the things we need, want or have to do' (Wilcock 2006, p14)) is fundamental to the facilitation and maintenance of health and wellbeing. A person's ability to carry out their activities and roles in daily life is understood as their **occupational performance**. This ability to perform and participate in occupations can affect and be affected by their experiences or circumstances.
- 1.2.2** As an occupational therapist, or occupational therapy learner, you hold a unique view of the people and communities with whom/which you work. You have, or are developing, a degree-level (College of Occupational Therapists 1992) knowledge of how people perform physically, mentally, sensorially, cognitively, psychologically and socially. This enables you to deliver **occupation-focused**, person-centred intervention in all settings.
- 1.2.3** As an occupational therapy practitioner, you may intervene within the dimensions of the person, their environment and in the occupation itself. A person's environment might be physical, social, societal, cultural, economic and/or attitudinal. You enable the people with whom you work to bring about change in order to achieve their chosen occupational goals. This may be through the modification of their desired or required occupations, learning new skills and approaches, alteration of their environment/s, or a combination of these. You also understand activity in itself to be of therapeutic benefit.
- 1.2.4** As a support worker, you have an approach to your work that is based on an understanding of the connection between the person, their environment and occupation. You will understand that the purpose of the intervention you provide is to maximise an individual's occupational performance and participation.
- 1.2.5** To be considered as a **competent** or capable occupational therapy practitioner, you need to demonstrate a combination of recognised knowledge and skills, along with behaviours that reflect a professional way of thinking across the four Pillars of Practice (RCOT 2021). You learn knowledge and skills through your professional education and/or experience and continuing professional development, but these elements alone are not necessarily what make you a safe, effective and ethical practitioner. Your conduct must also promote and protect the wellbeing of people who access your service, the wider public, and the reputation of your employers and your profession. You are an **autonomous practitioner** and are personally responsible for what you do. You can ensure your own **capability** in practice through your knowledge, understanding and application of these principles and standards.

## 1.3 Legislation, guidance, policy and procedures

- 1.3.1** 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 policies and procedures that are relevant to your location, scope and level of practice. The key broad areas of legislation related to this publication are listed in Section 8.
- 1.3.2** This version of the *Professional standards for occupational therapy practice, conduct and ethics* (2021) supersedes all previous editions of the *Code of ethics and professional conduct* and the *Professional standards for occupational therapy practice*.

## Section 2

# The uses and purposes of this document

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



## 2.1 Informing your practice

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

**2.1.2** These Standards describe the essential practice, behaviours and values that you have a responsibility to abide by at all times. They may be taken as appropriate standards of **reasonable** care, as defined by the professional body, which may be referred to by the Health and Care Professions Council (HCPC), your regulatory body.

RCOT expects its members to work to high standards of performance, to continually improve and to seek out opportunities to lead and excel.

**2.1.3** 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; and
- meet the registration requirements of the HCPC.

**2.1.4** This document should be your first point of reference if you have a query related to professional practice, conduct or **ethics**. You should also refer and adhere to local policy and/or standards. You may find that occasionally local circumstances prevent you from meeting some part of these Standards. In such circumstances, you need to be sure that you are meeting your legal responsibilities, your **duty of care** to those who access the service, and all HCPC requirements. If you are concerned that your local policy causes you to fall short of your legal and professional duties, or puts the **welfare** of those who access your service/s, yourself or your colleagues at risk, you must raise this with your employer. You should keep a record of your concerns and actions.

- 2.1.5** If you have a concern, or if there is uncertainty or dispute as to the interpretation or application of the Standards, you are advised to contact RCOT's Professional Practice Enquiries Service, and possibly your local union representative, for advice.
- 2.1.6** In any civil or criminal proceedings, these Standards may be admissible as evidence. They can be used as a measure of reasonable and/or acceptable practice in support of the complaint or the defence.

## 2.2 Informing educators and pre-registration learners in higher education

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

For learners and educators, these Standards also complement the current version of RCOT's *Learning and development standards for pre-registration education* (RCOT 2019a).

## 2.3 Monitoring and developing your practice and service

- 2.3.1** The primary role of the HCPC is the protection of the public. It has overall responsibility for ensuring that all relevant health professionals meet certain given standards in order to be registered to practise in the UK. Anyone using the title or practising as an 'occupational therapist' in the UK must be registered with the HCPC. If a formal complaint is made about an occupational therapist, the HCPC will consider whether its own standards have been met. You must know and abide by the requirements of the HCPC.
- 2.3.2** A key function of RCOT is to inform, support and encourage you as members of the profession. It is not RCOT's role to judge a practitioner's fitness to practise. The *Professional standards for occupational therapy practice, conduct and ethics* are developed in line with the HCPC standards (HCPC 2013, 2016). If you use the RCOT professional standards as an informative and convenient way to monitor and maintain your professional practice, they will help you to meet the HCPC requirements. There are resources available on the RCOT website to help you with this.

- 2.3.3** The results of monitoring and improving your practice can be included in your continuing professional development (CPD) portfolio, along with your other evidence of learning and development.
- 2.3.4** Using these Standards as a benchmark against which to scrutinise your service also enables you to gather data for yourself and others who have an interest or investment in your service.

## Section 3

# Principles and standards – welfare and autonomy

This section relates to the ethics and values underpinning your conduct and practice.



## 3.1 Duty of care

Your duty of care is your responsibility to act in a way that ensures that injury, loss or damage will not be carelessly or intentionally inflicted on the individual or group to whom/ which the duty is owed as a result of your actions.

There is a general duty of care to one another, but as part of the occupational therapy workforce you carry a specific duty of care to those who access the service, including their families and carers, even if you are not directly responsible for their care.

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 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.

**3.1.1** 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.

**3.1.2** 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.

**3.1.3** 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.

**3.1.4** 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).

**3.1.5** The Bolam Principle will only be a good defence, however, if it can be shown that the body of opinion relied on has a logical basis and is respectable, responsible and reasonable in its own right. This is the Bolitho Principle (Bolitho v City and Hackney Health Authority 1998).

### 3.1.6

Your responsibilities under your duty of care

- 3.1.6.1** You keep your knowledge, skills and abilities up to date.
- 3.1.6.2** You provide a service that is within your professional competence, appropriate to the needs of those who access the service, and within the range of activities defined by your professional role.
- 3.1.6.3** You maintain an accurate record of the intervention you provide as part of your duty of care.
- 3.1.6.4** You have and record a demonstrable **professional rationale** for the decisions you make and occupational therapy intervention you provide.
- 3.1.6.5** You protect confidential information, except where there is justifiable reason for disclosure.
- 3.1.6.6** You ensure that all reasonable steps are taken to ensure the health, safety and welfare of any person involved in any activity for which you are responsible. This might be a person accessing the service, a carer, another member of staff, a learner or a member of the public (Great Britain. Parliament 1974).
- 3.1.6.7** You ensure that anyone to whom you delegate work is competent to carry it out in a safe and appropriately skilled manner (see Section 6, point 6.5).
- 3.1.6.8** When you consider that wellbeing, safety and care standards are not being met, you raise your concerns with an appropriate person.
- 3.1.6.9** **When a person with mental capacity is discharged or discharges themselves from your service, or chooses not to follow your recommendations, your duty of care does not finish immediately.**  
You must:
- 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.

## 3.2 Welfare

**3.2.1** 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 with whom you work, at all times, to ensure their welfare, optimising their health, wellbeing and safety.**

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

**3.2.1.2** You enable individuals to preserve their individuality, self-respect, dignity, privacy, security, autonomy and integrity.

**3.2.1.3** You take appropriate actions to promote positive health and welfare in the workplace (including physical and mental health), safe working practices and a safe environment.

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

**3.2.1.5** You make every effort not to leave an individual in unnecessary pain, discomfort or distress following intervention. Professional judgement and experience are used to assess the level of pain, distress or risk, and appropriate action is taken if necessary. Advice is sought when required.

**3.2.1.6** You support those who access the service if they want to raise a concern or a complaint about the care or service they have received. You communicate honestly, openly and in a professional manner, receiving feedback and addressing concerns co-operatively should they arise. Advice is sought when required and local policy followed.

**3.2.1.7** You have a professional duty of **candour**. When something goes wrong as a result of your actions or omissions, you immediately take steps to put matters right, and you apologise to those affected if appropriate to do so. You inform your manager/ employer and follow local policy.

**3.2.1.8** You do not knowingly obstruct another practitioner in the performance of their duty of candour. You do not provide information, or make dishonest statements about an incident, with the intent to mislead.

**3.2.1.9** You know, and act on, your responsibility to protect and safeguard the interests of vulnerable people with whom you have contact in your work role.

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

## 3.3 Diversity, equality and sensitivity

- 3.3.1** Your approach is always to protect the rights of individuals and to advance equality of opportunity for all. You work in a way that is equally fair and just, inclusive and without discrimination of any kind. You always act in accordance with human rights, legislation and in the individual's best interests.
  - 3.3.1.1** You offer equal access to the service and fulfil your role without bias or prejudice.
  - 3.3.1.2** You treat all people, irrespective of their needs, with dignity and respect as equal members of society, entitled to enjoy the same choices, rights, privileges and access to services.
  - 3.3.1.3** You reflect on and are sensitive to how diversity affects people's needs and choices, incorporating this into any service planning, individual assessment and/or intervention where possible.
  - 3.3.1.4** You recognise that each person has their own philosophy of life, and the potential significance of personal, spiritual, religious and cultural beliefs.
  - 3.3.1.5** You are attentive to and seek to meet personal, spiritual, religious and cultural needs or choices within the intervention that you provide, following local policy.
  - 3.3.1.6** Where possible, a reasonable request to be treated or seen by a practitioner with specific characteristics is met; for example, by a professional and not a learner, by a male or female practitioner or by a particular language speaker.

- 3.3.1.7** You do not impose your own faith or belief system on any situation or person at work.
- 3.3.1.8** You report in writing to your employer, at the earliest date in your employment, any personal circumstances, religious and/or cultural beliefs that would influence how you carry out your duties. You explore ways in which you can avoid placing an unreasonable burden on colleagues in these circumstances. This does not affect your general duties as set out in law or these Standards.

## 3.4 The importance of choice and personalised care

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

## 3.5 Informed consent and mental capacity

- 3.5.1** **Before any person is provided with any intervention or treatment, or undergoes any investigation, it is necessary to obtain that person's informed consent. 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. 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.

- 3.5.2** This principle reflects the right of individuals to make decisions over their own body, health and wellbeing, and is a fundamental part of good practice. A practitioner who does not respect this principle may be liable to both legal action by the individual and action by their regulatory body.
- 3.5.3** For consent to be valid, it must be given voluntarily by the individual. They must be 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.
- 3.5.3.1** You attend to current legislation, guidance and codes of practice in relation to mental capacity and consent.
- 3.5.3.2** You give sufficient information, in an appropriate manner, to enable people to give informed consent to any proposed action or intervention concerning them.
- 3.5.3.3** All means necessary are utilised to enable individuals to understand the nature and purpose of the proposed action or intervention, including any possible risks involved.
- 3.5.3.4** As far as possible, you enable individuals to make their own choices. Where their ability to give informed consent is restricted or absent, you try to ascertain and respect the individual's preferences and wishes, at all times seeking to act in their best interests. All decisions and actions taken are documented.
- 3.5.3.5** People have the right to refuse or withdraw consent for any intervention at any time in the occupational therapy process. You respect a person's choices where possible, even when they conflict with professional opinion (see Section 3, point 3.4).
- 3.5.3.6** You respect the choices of a child under the age of 16 who is of sufficient maturity to be capable of making up their own mind on the matter requiring decision (*Gillick competence*).
- 3.5.3.7** You record when and how consent is given, refused or withdrawn, whether verbal, indicated or written.
- 3.5.3.8** When a person's mental capacity is in doubt, you must assess their ability to make decisions in relation to the proposed occupational therapy provision, in accordance with current legislation and guidance. This requires that you assess their capacity in a four-stage process:
- 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 together with the reasons for your conclusions. You should not provide intervention unless someone with mental capacity has given informed consent for you to do so.

- 3.5.3.9** If the person does not have the mental capacity to give consent, you cannot provide 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);
  - there is an Advance Decision or a court order permitting treatment;
  - or, rarely, where it is not possible to obtain informed consent, but the intervention is urgent and you believe should be given in the person's best interests even though no one has provided consent for the intervention.
- 3.5.3.10** You do not coerce or put pressure on a person to accept intervention, but inform them of any possible risk or consequence of refusing treatment. For those without mental capacity, a 'best interests' decision is required.

## 3.6 Engaging with risk

**3.6.1** *As a practitioner, it is your role, as far as possible, to enable people to overcome the barriers that prevent them from doing the activities that matter to them, to take opportunities and not to see risk as another barrier.*

(RCOT 2018a, Section 1.2, p2)

- 3.6.1.1** **You embrace and engage with risk, assessing and managing it in partnership with those who access the service.**
- 3.6.1.2** You enable people to take the risks that they choose and to achieve their chosen goals, as safely as reasonably possible.
- 3.6.1.3** You co-operate with your employers in meeting the requirements of legislation and local policy, 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 and digital risk management.
- 3.6.1.4** You take reasonable care of your own health and safety and that of others who may be affected by what you do, or do not do (Great Britain. Parliament 1974, section 7). The principles remain the same whether the potential harm is to people, organisations or the environment.

- 3.6.1.5** As much as is within your control, you:
- establish and maintain a safe practice environment, including when travelling or in the community;
  - establish and maintain safe working practices; and
  - establish and maintain secure digital systems, including when travelling or in the community.
- 3.6.1.6** You notify a line manager, or other designated person, when you identify a risk that is not within your control.
- 3.6.1.7** You monitor, review and, where necessary, revise any situation that entails risk.
- 3.6.1.8** When a person lacks the mental capacity to make certain choices, risk does not necessarily limit best interests decisions, especially when these take into account the individual's stated preferences and wishes. A risk assessment and a 'best interests' decision are both required.
- 3.6.1.9** Where care for the person is shared with or transferred to another practitioner or service, you co-operate with them to ensure the health, safety and welfare of the individual (Great Britain. Parliament 2014. Regulation 12 (2)(i)).
- 3.6.1.10** You ensure that you remain up to date in all your statutory training to ensure safe practice, including risk management, health and safety, safeguarding, moving and handling techniques and **data protection**.
- 3.6.1.11** Where appropriate, you ensure that you and those for whom you are responsible are trained, competent and safe in the selection and use of relevant equipment, being attentive to local procedures.

You are advised to read RCOT's current guidance on risk management (RCOT 2018a).

## Section 4

# Principles and standards – service provision

This section relates to the ways of thinking and actions that form your practice.



## 4.1 Focusing on occupation

- 4.1.1** Underpinning your practice is the belief that engagement in occupation ('all the things we need, want or have to do' (Wilcock 2006, p14)) is fundamental to a person's health and wellbeing.
- 4.1.1.1** **The ultimate 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 2019b).
- 4.1.1.2** You understand the relationship between the person, the occupation and the environment and how one may affect, or be affected by, the other.
- 4.1.1.3** You enable individuals, groups and communities to change aspects of their person, the occupation or the environment, or some combination of these, to enhance occupational performance, engagement and participation in life roles.
- 4.1.1.4** Assessment, interventions, outcomes and documentation should be centred on occupational performance, engagement and participation in life roles.

## 4.2 Your professional rationale

- 4.2.1** Your actions are based on a set of logical **professional reasons**, which are themselves informed by professional knowledge, skills and experience, and published resources.
- 4.2.1.1** You are able to explain, and you record, your professional rationale for anything you do for/with or in relation to those who access the service.
- 4.2.1.2** You use national guidelines, current policy, research and best available evidence to underpin and inform your reasoning, rationale and practice.
- 4.2.1.3** Your practice is shaped or structured according to recognised theories, frameworks and concepts that are applicable to occupational therapy.

## 4.3 Access to occupational therapy

- 4.3.1** Access to occupational therapy is based on the occupational needs or aspirations of the individual, group or community.
- 4.3.2** **Access is offered equally without bias or prejudice, in keeping with clearly documented procedures and criteria for your service/s (see Section 3, point 3.3).**

- 4.3.3** You consider the possible occupational needs of those who access the service and the potential benefit of occupational therapy, within the remit and context of your particular service provision and your level and scope of practice.
- 4.3.4** 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.
- 4.3.5** 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.
- 4.3.6** You have the right to refuse to provide any intervention that you believe would be harmful to a person accessing the service or that would not be clinically justified, even if requested by another professional. The guidance given by the Court of Appeal in the case of *R (Burke) v. General Medical Council Official Solicitor and others intervening* (2005) is that if a form of treatment is not clinically indicated, a practitioner is under no legal obligation to provide it, although they should seek a second opinion. Similarly, a doctor who is responsible for a service user may instruct a therapist not to carry out certain forms of treatment if they believe them to be harmful to the service user (Department of Health 1977).

## 4.4 Referral/request for assistance and assessment

- 4.4.1** Following receipt and/or acceptance of a referral or a request for assistance, the service to which the case is allocated takes the legal responsibility and liability for any assessment and possible intervention provided (see also Section 3, point 3.1).
- 4.4.2** If you have accepted someone onto a waiting list, you have a degree of responsibility. 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.
- 4.4.3** Through interview, observation and/or specific assessment, you identify and evaluate the occupational performance and participation needs of those who access the service.
- 4.4.4** 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.
- 4.4.5** Your analysis of the assessment outcomes shows how the current situation or conditions of those who access the service affect their occupational performance and ability to participate.

- 4.4.6 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.
- 4.4.7 If further assessments or investigations are indicated, you initiate these or refer to other services.

## 4.5 Intervention or recommendations

- 4.5.1 You work in partnership with those who access the service, agreeing their objectives, priorities and timescales for intervention.
- 4.5.2 You develop personalised intervention plans, or recommendations, based on the occupational performance needs, choices and aspirations of those who access the service, as identified through your assessments.
- 4.5.3 You intervene as early as possible, to optimise outcomes and to reduce, delay or prevent future needs where possible.
- 4.5.4 You promote wellbeing, encouraging **healthy occupations** and participation in life roles.
- 4.5.5 You empower people to maintain their own health and wellbeing and to manage their own occupational needs, wherever possible.
- 4.5.6 With the individual's agreement, you actively involve their carers and/or family, keeping them informed and included in decision making, as appropriate.
- 4.5.7 In order to enable carers and/or family to be involved, their requirements and needs are incorporated into the interventions/recommendations, where necessary.
- 4.5.8 If indicated and with consent, you refer any carer for an assessment of their own needs.
- 4.5.9 You consider how the assets and strengths of the individual, their carers/family and their communities can be used to maximise their occupational performance and participation.
- 4.5.10 You review and modify your plans and interventions regularly in partnership with those who access the service.
- 4.5.11 Any decision to cease intervention is informed by your evaluation and the choices of the person who is accessing your service (see Section 3, point 3.1.6).

## 4.6 Outcomes – quality, value and effectiveness

- 4.6.1 You evaluate the value and benefit of your intervention for those who access the service in terms of their occupational performance, participation and wellbeing.
- 4.6.2 You use **outcome measures** to monitor, review and demonstrate the ongoing effectiveness of your intervention.

- 4.6.3** You include the views and experiences of individuals or communities when evaluating your practice.
- 4.6.4** Your evaluation takes account of information gathered from other relevant sources, such as carers and/or family, or other professionals.
- 4.6.5** You undertake audits against appropriate available standards to facilitate service improvement.
- 4.6.6** You collect and collate outcome data to meet the requirements of commissioners/funders of services.
- 4.6.7** Where possible, you collect and use data to demonstrate the value for money of the service/s you provide.
- 4.6.8** 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.

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

- 4.7.1** You take every opportunity to engage with research, proportionate to your scope and level of practice.
- 4.7.2** You reflect on the value and importance of research as the foundation of the profession's evidence base.
- 4.7.3** You access, understand and critically evaluate research and its outcomes, incorporating it into your practice where appropriate to provide evidence-informed interventions.
- 4.7.4** You incorporate evidence-based outcome measures and research activity into your practice, to demonstrate the effectiveness of intervention and services.
- 4.7.5** When undertaking any form of research activity:
- You understand the principles of ethical research and adhere to national and local research **governance** requirements.
  - You follow professional, national and local ethics approval and permission processes.
  - You make every effort to work collaboratively with people who access services during all stages of the research process.
  - You protect the interests of participants, fellow researchers and others.
  - You establish and follow appropriate procedures for obtaining informed consent, with due regard to the needs and capacity of participants.
  - You protect the **confidentiality** of participants throughout and after the research process and adhere to UK data protection laws.
  - You disseminate your research findings using appropriate local, national and international methods.

This benefits those who access occupational therapy services, contributes to the body of evidence that supports occupational therapy, and assists with the translation of evidence into practice.

## 4.8 Keeping records

- 4.8.1** Good practice in keeping records protects the welfare of those who access the service. As such, it forms part of your duty of care. Your records are also your evidence that you have fulfilled your duty of care in your practice.
- 4.8.1.1** You create and maintain a comprehensive written or digital record of all that has been done for/with, on behalf of, or in relation to those who access the service.
  - 4.8.1.2** Your records are comprehensive and accurate.
  - 4.8.1.3** Your records are completed promptly, as soon as practically possible after the activity occurs.
  - 4.8.1.4** All records, whether written or digital, are legible, understandable, clearly dated, timed, kept chronologically and attributable to the person making the entry.
  - 4.8.1.5** You demonstrate that your practice is appropriate by recording your clinical/professional rationale.
  - 4.8.1.6** You identify the evidence that informs your practice, where available.
  - 4.8.1.7** You include all your risk assessments, actions taken to manage the risk and any outcomes.
  - 4.8.1.8** Your records demonstrate how you meet your duty of care.
  - 4.8.1.9** Your records demonstrate that your practice is effective.
  - 4.8.1.10** You process your records according to current legislation, guidance and local policy.
  - 4.8.1.11** You explain your reason for recording and processing information to those who access the service.
  - 4.8.1.12** You comply with any legal requirements and local policy in relation to confidentiality, the sharing of information and any individual's request to access their own records.
  - 4.8.1.13** You keep your records securely, retaining and disposing of them according to legal requirements and local policy.

You are advised to read RCOT's current guidance on keeping records (RCOT 2018b) for further information.

## 4.9 Confidentiality and sharing information

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

The same 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 abide by the current versions of the *UK General Data Protection Regulation* (UK GDPR) and the *Data Protection Act 2018* (Great Britain. Parliament 2018) in all your information/data processing.

- 4.9.1.1** You familiarise yourself with your duties under legislation, regulations and local policy.
- 4.9.1.2** You safeguard verbal, written or digital confidential information (data) relating to those who access the service, at all times.
- 4.9.1.3** Discussions with or concerning an individual should be held in a location and manner appropriate to the protection of their right to confidentiality and privacy.
- 4.9.1.4** You must have a valid, lawful basis for sharing or using a person's information. This must be recorded (Information Commissioner's Office 2019, p51).
- 4.9.1.5** You explain the reason and seek consent for sharing any relevant information.
- 4.9.1.6** Members of a team should share confidential information when it is needed for the safe and effective care of the person accessing the service (Health and Social Care Information Centre 2013, p13).
- 4.9.1.7** You share information in the best interests of those who access the service within the framework of the *Caldicott Principles 2013* (Department of Health 2013), i.e. the information necessary for the purpose with those who have a clear 'need to know'.
- 4.9.1.8** You share relevant confidential information where there is legal justification (by statute or court order) or 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.
- 4.9.1.9** When an individual has objected to specific information being shared, this is respected unless there is a legal requirement to share (Health and Social Care Information Centre 2013, p25).

- 4.9.1.10** You adhere to local and national policy regarding confidentiality and security in the storage, movement and transfer of information, in all formats and media, at all times, making them available only to those who have a legitimate right or need to see them.
- 4.9.1.11** You grant individuals access to their own records in accordance with relevant legislation and current guidance/policy (both local and national) (Information Commissioner's Office 2019, p101).
- 4.9.1.12** You obtain and record consent prior to using visual, oral, written or digital material relating to individuals for wider purposes (such as teaching). The person's confidentiality and choice must be observed in these circumstances.

See also Section 4, point 4.7.5 in relation to confidentiality in research.

## 4.10 Resources and sustainability

- 4.10.1** It is a universal responsibility to work as effectively and efficiently as possible to make best use of and sustain environmental, physical, financial, human and personal resources, whilst seeking to meet the needs of those who access the service. This means using resources to deliver services in a way that does not compromise the health of present or future generations (Stancliffe 2014).
- 4.10.1.1** You seek to ensure that your service meets the needs of those who access it, now and in the future.
- 4.10.1.2** You seek to gain and provide value for money when acquiring or providing goods and services.
- 4.10.1.3** You seek 'to re-evaluate practice models and expand clinical reasoning about occupational performance to include sustainable practice' (World Federation of Occupational Therapists 2012).
- 4.10.1.4** Where service resources are limited, any priorities that are identified and choices made are compliant with legal requirements, and national and/or local policy.
- 4.10.1.5** In establishing priorities and providing services, the choices of those who access the service are taken into account and implemented wherever reasonably possible.
- 4.10.1.6** Where a person's first choice cannot be met, you explain this and offer an alternative where available. If this is not possible, or is unacceptable:
- you refer individuals to or provide information on different service providers, sources of funding, etc.
  - you ensure you meet your duty of care, as detailed in Section 3, point 3.1.

- 4.10.1.7** If the person lacks the mental capacity to identify their preferences, you should not provide any intervention unless:
- you have obtained consent from someone who is legally authorised to decide that the intervention is in the best interests of the person or the court;
  - an Advance Decision exists covering the treatment; or
  - the treatment is required urgently and you believe treatment should be provided in their best interests, according to legislation, guidance and policy.
- 4.10.1.8** You recognise the limits of your own capacity and do not extend your workload or remit to the detriment of the quality or safety of your practice or service.
- 4.10.1.9** You document, report and provide evidence (to the relevant manager) on resource and service deficiencies that may endanger the health and safety of those who access the service, carers, yourself or your colleagues (Great Britain. Parliament 1998, section 43B, point (1)d). Local policy should be followed.
- 4.10.1.10** As a manager or leader, you act on any reports concerning resources and service deficiencies, seeking to ensure the health and safety of all those affected by your service.

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

## Section 5

# Principles and standards – professionalism

This section relates to the conduct and attitude expected of you.



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

## 5.2 Equality and inclusion

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

**5.2.2** You embrace and value the diversity of everyone equally, across all aspects of life, and this is reflected in your practice.

**5.2.3** You recognise your own internal biases and the role you play in addressing continued systemic discrimination within your own practice and wider systems.

## 5.3 Professional conduct

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

**5.3.2** You maintain professional boundaries at all times.

**5.3.3** 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.

**5.3.4** You adhere to statutory and local policy at all times.

## 5.4 Professional conduct on digital platforms, including social media

- 5.4.1 You reflect on and take responsibility for the way you use digital platforms.
- 5.4.2 Your conduct and content on digital platforms and social media do nothing to undermine confidence in your professional practice or rationale, your employer or your profession.
- 5.4.3 When using digital platforms and social media, you recognise that you are presenting yourself, through words and images, to a wide group of people.
- 5.4.4 You consider the outcome that, if you are known to be or identified as a practitioner or an employee, your words and images may be seen as representative of or applicable to your profession and/or your employer.

## 5.5 Professional and personal integrity

- 5.5.1 You act with honesty and integrity at all times.
- 5.5.2 You do not engage in any criminal or otherwise unlawful or unprofessional behaviour or activity, which is likely to damage the public's confidence in you or your profession.
- 5.5.3 You do not undertake any professional activities when under the influence of alcohol, drugs or other intoxicating substances.
- 5.5.4 **You inform HCPC and/or your employers if you are convicted of a criminal offence, receive a conditional discharge for an offence or if you accept a police caution.**
- 5.5.5 **If 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.**
- 5.5.6 You co-operate with any investigation or formal inquiry into your own professional conduct, the conduct of another worker or the treatment of a person who accesses the service, where appropriate.

## 5.6 Communication

- 5.6.1 Your language and communication style and manner are always professional, whether towards your colleagues or those who access the service.
- 5.6.2 You are able to articulate the purpose of occupational therapy and the reason for any intervention being undertaken, so enabling fully informed consent and promoting understanding of the profession.
- 5.6.3 You communicate clearly, openly and effectively.

- 5.6.4 You reflect on the potential significance and impact of verbal and non-verbal communication, remaining sensitive to the diversity of backgrounds, experiences and needs of your listeners.
- 5.6.5 Where possible and appropriate, you facilitate communication in the individual's preferred or first language.
- 5.6.6 Discussions related to those who access the service are held in a way that maintains their dignity and privacy.
- 5.6.7 You clearly and accurately participate in formal and informal reporting.
- 5.6.8 You communicate effectively within your line management structure.
- 5.6.9 You document your communication where a record is needed.

## 5.7 Collaborative working

- 5.7.1 You actively seek to build and sustain positive professional relationships.
- 5.7.2 You respect the responsibilities, practices and roles of other people with whom you work.
- 5.7.3 You respect and value the diversity of your colleagues, recognising the unique assets they bring to the workplace.
- 5.7.4 You act with integrity towards your colleagues at all times, treating them fairly and equally, without discrimination, bullying or harassment. Bullying and discriminatory behaviour are unacceptable and unprofessional.
- 5.7.5 If you experience or witness bullying and/or discriminatory behaviour, you raise your concerns with a line manager or other appropriate person and follow statutory and local policy.
- 5.7.6 You work with others within your area of expertise to promote knowledge, skills, and safe and effective practice.
- 5.7.7 You work collaboratively with or refer to your colleagues, utilising their skills to maximise the outcomes of intervention when appropriate.
- 5.7.8 You consult with other service providers when additional knowledge, expertise and/or support are required.
- 5.7.9 You refer a person who accesses the service to another appropriate colleague if the task is outside of your level or scope of practice (see Section 6, point 6.2).
- 5.7.10 You recognise the need for interprofessional and multiagency collaboration to ensure that well-co-ordinated, person-centred services are delivered in the most effective ways.
- 5.7.11 You work and communicate with colleagues and representatives of other organisations to ensure the safety and wellbeing of people accessing services.

**5.7.12** When you and another occupational therapy practitioner are working with the same person, you work co-operatively, liaising with each other and agreeing areas of responsibility. This is communicated to the person and all relevant parties.

**5.7.13** You seek consent from those who access the service for their personal information to be shared with colleagues or other services where necessary.

## 5.8 Professional and personal relationships

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

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

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

**5.8.1.3** 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.

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

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

**5.8.1.6** You avoid entering into a close **personal relationship** with an individual whilst you are responsible for providing occupational therapy, but instead maintain an appropriate professional relationship.

**5.8.1.7** 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** therapy care for the individual to an appropriate professional colleague.

**5.8.1.8** **As far as is reasonably practical, you do not enter into a professional relationship with someone with whom you already have or have had a close personal relationship. This includes family members, neighbours, partners and friends.**

**5.8.1.9** 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.

**5.8.1.10** 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.

## 5.9 The professionalism of colleagues

**5.9.1** Any reference you make to the quality of work or the integrity of a professional colleague is expressed with due care.

**5.9.2** You raise your concerns with a line manager or other appropriate person and follow statutory and local policy if:

- you become aware that something has gone wrong or someone has suffered harm as a result of 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 and/or harassment in the workplace, whether towards colleagues or those who access the service.

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

**5.9.4** 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.

## 5.10 Personal profit or gain

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

**5.10.2** Local policy is always observed in the case of gifts.

**5.10.3** If an individual or their family makes a bequest to a practitioner or a service, it is declared according to local policy.

**5.10.4** You put the interests of those who access the service first and do not let this duty be influenced by any commercial or other interest that conflicts with this duty: for example, in arrangements with commercial providers that may influence contracting for the provision of equipment, or care and support.

## 5.11 Information and representation

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

## Section 6

# Principles and standards – capability and fitness to practise

This section relates to your ability to meet the demands of your role safely and effectively.



## 6.1 Fitness to practise

The HCPC refer to a practitioner's 'fitness to practise', which means you have the skills, knowledge, experience, character and health to practise safely and effectively (HCPC 2017b, p4). In order to remain competent, you need to keep your skills and knowledge up to date and relevant to your level and scope of practice. You also need to be attentive to and look after your own physical and mental health and wellbeing.

## 6.2 Your professional competence

- 6.2.1** You only provide services and use techniques for which you are qualified by your professional education, ongoing learning and/or experience. These must be within your professional competence, appropriate to the needs of those who access the service, and relate to your terms of employment.
- 6.2.2 You have sufficient knowledge, skills and experience to make reliable professional judgements, suitable to your level of responsibility and scope of practice.
- 6.2.3 You seek advice or refer to another professional when you do not have sufficient knowledge and/or skills.
- 6.2.4 You are 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.
- 6.2.5 You make yourself aware of developments within the profession and current research, relevant to your level and scope of practice, applying these where appropriate and possible.

## 6.3 Maintaining and expanding your capability

- 6.3.1 You continuously maintain high standards in your professional knowledge, skills and conduct across the four Pillars of Practice: Professional Practice; Facilitation of Learning; Leadership; and Evidence, Research and Development (RCOT 2021).
- 6.3.2 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 2019). The five principles state that continuing professional development (CPD) and *lifelong learning* should:
  - 1: be each person's responsibility and be made possible and supported by your employer;
  - 2: benefit service users;
  - 3: improve the quality of service delivery;

- 4: be balanced and relevant to each person's area of practice or employment;  
and
- 5: be recorded and show the effect on each person's area of practice.  
(Interprofessional CPD and Lifelong Learning UK Working Group 2019, p6)

- 6.3.3** You remain up to date with any changes to legislation, guidance and standards, both general and specific to your level and scope of practice.
- 6.3.4** You remain up to date with professional developments, guidance and research, both general and specific to your level and scope of practice.
- 6.3.5** You participate in any statutory and mandatory training required for your work.
- 6.3.6** You seek to extend your capabilities, across all four Pillars of Practice, through post-graduate study, which may or may not be award bearing.
- 6.3.7** **You maintain a continuous, up-to-date and accurate record of your CPD activities, according to the requirements of the Health and Care Professions Council (HCPC 2017a, p5).**
- 6.3.8** As a practitioner, you receive and/or provide regular professional supervision and appraisal, where critical reflection is used to review practice. This may be provided locally or via long-arm support.
- 6.3.9** You support the learning and development of colleagues and the profession by sharing your knowledge, skills and experience.
- 6.3.10** 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.

For further information about continuing professional development, please refer to the Interprofessional CPD and Lifelong Learning UK Working Group (2019) *Principles for continuing professional development and lifelong learning in health and social care*.

## 6.4 Changing roles and responsibilities

- 6.4.1** 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 (see Section 6, point 6.2).
- 6.4.2** You assess any possible risks in taking on a different role or responsibilities, to ensure that you provide a safe service.
- 6.4.3** If you are asked to act up or cover for an absent colleague, or if you are asked to take on additional tasks, such duties are only undertaken after discussion, considering additional planning, support, supervision, and/or learning and development requirements.\*

\* 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)

- 6.4.4 You ensure that adequate support and learning opportunities are provided to enable you to carry out any additional tasks or responsibilities safely and effectively.
- 6.4.5 You formally raise any concerns you may have about your capability to carry out any additional tasks or responsibilities.
- 6.4.6 If you find that you cannot agree to such a request, you contact your local union representative for advice and support where necessary.

## 6.5 Delegation

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

## 6.6 The capability of colleagues

- 6.6.1 Should you have reasonable grounds to believe that the conduct or professional performance of a colleague may be deficient in standards of professional capability, you notify their line manager or other appropriate person in strictest 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.
- 6.6.2 In reporting any concerns to a line manager or other appropriate person, the information is objective, relevant, substantiated where possible and limited to the matter of concern.
- 6.6.3 If asked for a second opinion by a person who accesses the service and/or their carer, it is confined to the case in question and not extended to the general capability of any other practitioner.

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

- 6.7.1** You take professional responsibility for providing regular practice-based learning opportunities for pre-registration occupational therapy learners where possible and for promoting a learning culture within the workplace.
- 6.7.2** You recognise the need for personal development and learning to fulfil the role of the practice educator and, where possible, undertake appropriate study.
- 6.7.3** As practice educator, you provide an experience of practice for learners that complies with the current version of the RCOT *Learning and development standards for pre-registration education* (RCOT 2019a) and current professional standards, and is compatible with the stage of the learner's education or training.
- 6.7.4** As practice educator, you have a clear understanding of the role and responsibilities for yourself, the learner and the education provider.

More information is available from the current versions of the RCOT *Learning and development standards for pre-registration education* (RCOT 2019a) and the *Career development framework* (RCOT 2021).

## 6.8 Your health and fitness to practise

- 6.8.1** You monitor and proactively look after your own physical and mental health and wellbeing.
- 6.8.2** You seek help or advice at the earliest opportunity should your physical or mental health become a concern.
- 6.8.3** You make changes to how you practise, or you stop practising, if your health may affect your ability to perform your job capably and safely.
- 6.8.4** 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 adapt your work or if you need to stop practising (HCPC 2017b, p6).

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

## Section 7

# Key terms

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



<p><b>Autonomous practice</b></p>	<p>A fundamental element of the Health and Care Professions Council Standards of proficiency for occupational therapists (HCPC 2013), this is the ability to assess a professional situation and address it appropriately, with the relevant occupational therapy knowledge and experience. It is also inclusive of the ability to make reasoned decisions, to be able to justify these decisions and accept personal responsibility for all actions.</p>
<p><b>Best interests</b></p>	<p>The best interests approach asks whether any proposed course of action is the best one for the individual, taking into account their:</p> <ul style="list-style-type: none"> <li>• past and present wishes and feelings;</li> <li>• beliefs and values that may have influenced the decision being made, had the person had capacity; and</li> <li>• other factors that the individual would be likely to consider if they had capacity.</li> </ul>
<p><b>Candour (duty of)</b></p>	<p>‘Telling patients openly and honestly that something has gone wrong with their care is an essential part of a healthcare professional’s practice. The obligation to do so is known as the professional duty of candour.’</p> <p>(Professional Standards Authority for Health and Social Care 2019, Section 1.1)</p>
<p><b>Capability</b></p>	<p>The ability to do something. ‘A step beyond competence; capable practitioners can handle change and devise solutions in complex situations.’</p> <p>(McGee and Inman 2019, p14)</p>
<p><b>Carer</b></p>	<p>Someone who provides (or intends to provide), paid or unpaid, a substantial amount of care on a regular basis for someone of any age who is unwell, or who, for whatever reason, cannot care for themselves independently.</p> <p>(Based on Great Britain. Parliament 1995)</p> <p>This is sometimes divided into formal carers (care workers), who are paid to give care, and informal carers (often family), who are not paid to provide care.</p>

<b>Competence/ Competency</b>	<p>‘Competence is the acquisition of knowledge, skills and abilities at a level of expertise sufficient to be able to perform in an appropriate work setting.’</p> <p>(Harvey 2020)</p>
<b>Confidentiality</b>	<p>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.</p> <p>(Adapted from General Medical Council 2017, p10)</p>
<b>Continuing professional development (CPD)</b>	<p>The way in which an individual continues to learn and develop throughout their career, including during their pre-registration programme. CPD is essential and evolves skills, knowledge, professional identity and professional conduct so that individuals stay up to date and practise safely and effectively.</p> <p>(Adapted from Interprofessional CPD and Lifelong Learning UK Working Group 2019)</p>
<b>Data protection</b>	<p>‘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.’</p> <p>(Information Commissioner’s Office 2019)</p>
<b>Delegate</b>	<p>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.</p>
<b>Digital technology</b>	<p>‘Digital technologies are electronic tools, systems, devices and resources that generate, store or process data.’</p> <p>(Victoria State Government – Education and Training 2019)</p>

## Discrimination

Treating a person, or particular group of people, less favourably than another is, has been or would be treated in a comparable situation, based on an identifiable characteristic.

(Adapted from European Union Agency for Fundamental Rights, Council of Europe 2011, p22)

The Equality Act 2010 identifies the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

(Great Britain. Parliament 2010, chapter 1)

## Diverse settings

Settings or roles in which occupational therapists traditionally have not worked.

## Diversity

'The fact of many different types of things or people being included in something; a range of different things or people.'

(Cambridge University Press 2020)

'The concept of diversity encompasses acceptance and respect. It means understanding that each individual is unique, and recognizing our individual differences.'

(Queensborough Community College 2018)

## 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 may 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)

<b>Environment</b>	The circumstances, objects or conditions that make up a person's surroundings, in which they live and that they experience. This might include physical, social, societal, cultural or economic environments.
<b>Equality</b>	<p>'Equality is about ensuring that every individual has an equal opportunity to make the most of their lives and talents.</p> <p>'It is also the belief that no one should have poorer life chances because of the way they were born, where they come from, what they believe, or whether they have a disability.</p> <p>'Equality recognises that historically certain groups of people with protected characteristics such as race, disability, sex and sexual orientation have experienced discrimination.'</p> <p>(Equality and Human Rights Commission 2018)</p>
<b>Ethical</b>	A quality or status that describes the reasoning, actions and behaviours of a person, group (or organisation) as right in the moral sense.
<b>Ethics</b>	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.
<b>Generic role or practice</b>	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.
<b>Gillick competency</b>	<p>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 any particular matter 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.</p> <p>(Gillick v West Norfolk and Wisbech Area Health Authority 1985)</p> <p>Separate legislation applies in Scotland and Northern Ireland.</p>

<p><b>Governance</b></p>	<p>‘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.’</p> <p>(Governance Institute of Australia 2020)</p>
<p><b>Hand over</b></p>	<p>To give away or entrust the responsibility for an individual to another. The handover action is complete when the receiving person acknowledges and accepts management and responsibility.</p> <p>This is not to be confused with the role of the practitioner in a ward/ case handover, where they may report information to other staff but still retain responsibility for the occupational therapy provided to the individual.</p>
<p><b>Healthy occupations</b></p>	<p>Activities that encourage and develop health and wellbeing, or decrease the risk of injury or disease.</p>
<p><b>Human rights</b></p>	<p>‘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.</p> <p>‘These basic rights are based on shared values like dignity, fairness, equality, respect and independence. These values are defined and protected by law.</p> <p>‘In Britain our human rights are protected by the <i>Human Rights Act 1998</i>.’</p> <p>(Equality and Human Rights Commission 2019)</p>
<p><b>Inclusion</b></p>	<p>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.</p>

## Informed consent

Informed consent is an ongoing agreement by a person to receive treatment, 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 accesses 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)

## Learner

'An individual enrolled in an occupational therapy pre-registration programme, regardless of which entry route into the profession the learner is enrolled in. Learners may also be known as "students" or, in the case of apprenticeship pre-registration programmes, "apprentices".'

(Royal College of Occupational Therapists 2019a, p12)

## Lifelong learning

'Formal and informal learning opportunities that allow an individual to continuously develop and improve the knowledge and skills they need for employment and personal fulfilment.'

(Interprofessional CPD and Lifelong Learning UK Working Group 2019)

<p><b>Mental capacity (lacking)</b></p>	<p>“Mental capacity” means being able to make your own decisions.</p> <p>‘Someone lacking capacity – because of an illness or disability such as a mental health problem, dementia or a learning disability – cannot do one or more of the following four things:</p> <ul style="list-style-type: none"> <li>• Understand information given to them about a particular decision</li> <li>• Retain that information long enough to be able to make the decision</li> <li>• Weigh up the information available to make the decision</li> <li>• Communicate their decision.’</li> </ul> <p>(Mental Health Foundation 2019)</p> <p>Mental capacity, or a lack thereof, may be time-limited and context-specific. 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.</p>
<p><b>Occupation</b></p>	<p>‘In occupational therapy, occupations refer to the everyday activities that people do as individuals, in families and with communities to occupy time and bring meaning and purpose to life.’</p> <p>(World Federation of Occupational Therapists (WFOT) 2019)</p> <p>‘Occupation includes the things we need, want or have to do.’</p> <p>(Wilcock 2006, p14)</p>
<p><b>Occupation-centered</b></p>	<p>Occupation-centred describes an approach where occupation is at the core. It is made up of occupation-focused and occupation-based practice.</p>
<p><b>Occupation-focused</b></p>	<p>Occupation-focused describes practice where information about the person, environment and occupation relates closely with occupational performance.</p> <p>(Fisher 2013)</p>
<p><b>Occupational performance</b></p>	<p>A person’s ability to carry out the activities and roles that they need, want, or are expected to do in their daily life.</p>

<b>Occupational therapy workforce</b>	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.
<b>Outcome measure</b>	<p>'An outcome measure is a standardised instrument used by therapists to establish whether their desired therapeutic outcomes have been achieved.'</p> <p>(Laver Fawcett 2007, p12)</p>
<b>Participation</b>	<p>'Participation is involvement in a life situation.'</p> <p>(World Health Organization 2002, p10)</p> <p>'Participation can take on both objective (for example, frequency) and subjective dimensions involving experiences of meaning, belonging, choice, control, and the feeling of participation.'</p> <p>(Eriksson et al 2007; Hemmingsson and Jonsson 2005 in Bonnard and Anaby 2016, p188)</p>
<b>People who access the service</b>	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.
<b>Personal relationship</b>	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.
<b>Personalised care</b>	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.
<b>Practice educator</b>	<p>'An occupational therapist who supervises, facilitates learning, assesses and supports a pre-registration learner during the required 1000 hours of successfully completed practice-based learning.'</p> <p>(RCOT 2019a, p13)</p>

<b>Practice-based learning</b>	<p>'Occupational therapy education delivered in a variety of settings that allows learners to apply and practise their newly acquired knowledge and skills in a safe environment. Practice-based learning has traditionally occurred in role-established settings, such as hospitals and community health services; however, alternative and non-traditional settings are also integral to pre-registration programmes. The inclusion of practice-based learning settings in which there is no existing occupational therapy role is important to develop learners with leadership skills who are capable of working in diverse settings.'</p> <p>(RCOT 2019a, p13)</p>
<b>Practitioner</b>	<p>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.</p>
<b>Professional boundary</b>	<p>A professional boundary is the line between acceptable and unacceptable behaviour for a practitioner who is part of or represents a profession.</p> <p>(Adapted from General Social Care Council 2009, p5)</p>
<b>Professional (clinical) reasoning</b>	<p>'The process used by practitioners to plan, direct, perform and reflect on client care.'</p> <p>(Schell et al 2014)</p>
<b>Professional rationale</b>	<p>The basis for your course of action, based on your professional reasoning.</p>
<b>Professional relationship</b>	<p>A formal relationship that exists for the purpose of carrying out your role, with boundaries governed by policies, procedures and agreed ways of working.</p>
<b>Reasonable</b>	<p>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.</p>

<b>Scope of practice</b>	<p>This is the area or areas of your profession in which you have chosen to practise, with the knowledge, skills and experience to practise lawfully, safely and effectively.</p> <p>(Adapted from HCPC 2013, p4)</p>
<b>Service</b>	<p>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.</p>
<b>Supervision</b>	<p>'A professional relationship and activity which ensures good standards of practice and encourages development.'</p> <p>(COT 2015, p1)</p>
<b>Sustain/ Sustainable</b>	<p>'Sustainable health care combines three key factors: quality patient care, fiscally responsible budgeting and minimizing environmental impact.'</p> <p>(Jameton and McGuire 2002)</p>
<b>Way of thinking</b>	<p>A mental attitude or approach that predetermines your interpretation of information and situations, your response to them and your behaviour or conduct.</p>
<b>Welfare</b>	<p>'The availability of resources and presence of conditions required for reasonably comfortable, healthy and secure living.'</p> <p>(National Examination Board in Occupational Safety and Health 2016, p7)</p>

## Section 8

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

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# Professional standards for occupational therapy practice, conduct and ethics

These *Professional standards for occupational therapy practice, conduct and ethics* are produced by the Royal College of Occupational Therapists (RCOT) in consultation and collaboration with its members. They describe the essential practice, behaviours and values that RCOT members have a responsibility to abide by at all times. Maintaining these standards will help occupational therapists to be safe, effective and ethical practitioners, providing a high-quality, evidence-informed and inclusive service. They 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), the regulatory body for occupational therapists.

Reviewed every five years, this publication provides a useful reference point for members of the public, employing organisations and others who need to be aware of the expectations of the professional body.

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