

Professional standards for occupational therapy practice, conduct and ethics

Audit tool Section 4

Principles and standards – service provision

Introduction – reviewing your practice or your service

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

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

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

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

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

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

Terminology and language

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

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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.					
	Statement	Y	N	What is your evidence for this?	Action to be taken, by whom and by when?
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 2019).				
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 upon a set of logical professional reasons, which are themselves informed by professional knowledge, skills and experience, and published resources.					
	Statement	Y	N	What is your evidence for this?	Action to be taken, by whom and by when?
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					
	Statement	Y	N	What is your evidence for this?	Action to be taken, by whom and by when?
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 there are needs which cannot be met by you/ your service, you refer or direct individuals to alternative services, information and advice, where available.				
4.3.5	If you refused to provide or chose to withdraw intervention, your actions met with the criteria listed in Section 4, point 4.3.5 of the full Standards document (RCOT 2021).				

4.3.6	If you refused to provide intervention that you believed would be harmful, or would not be clinically justified, your actions met with the criteria listed in Section 4, point 4.3.6 of the full Standards document (RCOT 2021).				
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4.4 Referral/request for assistance and assessment					
	Statement	Y	N	What is your evidence for this?	Action to be taken, by whom and by when?
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					
	Statement	Y	N	What is your evidence for this?	Action to be taken, by whom and by when?
4.5.1	You work in partnership with those who access the service, agreeing their objectives, priorities and timescales for intervention.				
4.5.2	You develop personalised intervention plans, or recommendations, based upon the occupational performance needs, choices and aspirations of those who access the service, as identified through your assessments.				
4.5.3	You intervene as early as possible, to optimise outcomes and to reduce, delay or prevent future needs where possible.				
4.5.4	You promote wellbeing, 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 the service (see Section 3, point 3.1.6).				

4.6 Outcomes – quality, value and effectiveness					
	Statement	Y	N	What is your evidence for this?	Action to be taken, by whom and by when?
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					
	Statement	Y	N	What is your evidence for this?	Action to be taken, by whom and by when?
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.				

<p>4.7.5</p>	<p>When undertaking any form of research activity:</p> <ul style="list-style-type: none"> • You understand the principles of ethical research and adhere to national and local research governance requirements. • You follow professional, national and local ethics approval and permission processes. • You make every effort to work collaboratively with people who access services during all stages of the research process. • You protect the interests of participants, fellow researchers and others. • You establish and follow appropriate procedures for obtaining informed consent, with due regard to the needs and capacity of participants. • You protect the confidentiality of participants throughout and after the research process and adhere to by UK data protection laws. • You disseminate your research findings using appropriate local, national and international methods. <p>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.</p>			
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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.					
	Statement	Y	N	What is your evidence for this?	Action to be taken, by whom and by when?
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 which informs your practice, where available.				

4.8.1.7	You include all your risk assessments, actions taken to manage the risk and any outcomes.				
4.8.1.8	Your records demonstrate how you meet your duty of care.				
4.8.1.9	Your records demonstrate that your practice is effective.				
4.8.1.10	You process your records according to current legislation, guidance and local policy.				
4.8.1.11	You explain your reason for recording and processing information to those who access the service.				
4.8.1.12	You comply with any legal requirements and local policy in relation to confidentiality, the sharing of information and any individual's request to access their own records.				
4.8.1.13	You keep your records securely, retain and dispose of them according to legal requirements and local policy.				

You are advised to read RCOT's current guidance on *Keeping records* (RCOT 2018) 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 digital and when communicating with others via any medium, including virtual/online communities and networks. You abide by current versions of the <i>UK General Data Protection Regulation (UK GDPR)</i> and the <i>Data Protection Act 2018</i> (Great Britain. Parliament 2018) in all your information/data processing.					
	Statement	Y	N	What is your evidence for this?	Action to be taken, by whom and by when?
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 Officer 2019, p52).				

4.9.1.5	You explain the reason and seek consent for sharing any relevant information.				
4.9.1.6	Members of a team should share confidential information when it is needed for the safe and effective care of the person accessing the service (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 it is considered to be in the individual's or public interest in order to prevent serious harm, injury or damage. You follow local procedure and inform the individual where possible.				

4.9.1.9	When an individual has objected to specific information being shared, this is respected unless there is a legal requirement to share. (Health and Social Care Information Centre 2013, p25).				
4.9.1.10	You adhere to local and national policies regarding confidentiality and security in the storage, movement and transfer of information, in all formats and media, at all times, making them available only to those who have a legitimate right or need to see them.				
4.9.1.11	You grant individuals access to their own records in accordance with relevant legislation and current guidance/policy (both local and national) (Information Commissioner's Officer 2019, p101).				
4.9.1.12	You obtain and record consent prior to using visual, oral, written or electronic/digital material relating to individuals, for wider purposes (such as teaching). The person's confidentiality and choice must be observed in 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 which does not compromise the health of present or future generations (Stancliffe 2014).					
	Statement	Y	N	What is your evidence for this?	Action to be taken, by whom and by when?
4.10.1.1	You seek to ensure that your service meets the ongoing needs of those who access it, now and in the future.				
4.10.1.2	You seek to gain and provide value for money when acquiring or providing goods and services.				
4.10.1.3	You seek 'to re-evaluate practice models and expand clinical reasoning about occupational performance to include sustainable practice' (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	<p>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:</p> <ul style="list-style-type: none"> • 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	<p>If the person lacks the mental capacity to identify their preferences, you should not provide any intervention unless:</p> <ul style="list-style-type: none"> • you have obtained consent from someone who is legally authorised to decide that the intervention is in the best interest 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	<p>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.</p>				

<p>4.10.1.9</p>	<p>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.</p>				
<p>4.10.1.10</p>	<p>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.</p>				

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

References

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

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