

Occupational therapists

This document details suggested changes to the profession-specific standards for occupational therapists.

The PLG has considered the following information with specific reference to occupational therapists:

- (i) Registration Assessors' questionnaires
- (ii) Visitors' questionnaires (PLG papers, 7th March 2006)
- (iii) Professional bodies' questionnaires (the response of the College of Occupational Therapists, pages 22 to 24)
- (iv) Summary of feedback (suggestion supported in relation to mental health, PLG papers 7th March 2006)

This document incorporates the suggestions made in relation to the occupational therapy standards (where possible) and makes recommendations to the PLG for changes, where appropriate.

The profession-specific standards are shown in italics. Where the PLG is required to make a decision in relation to a standard, this is shown in the grey shaded areas.

The generic standards incorporate the suggestions made elsewhere.

Expectations of a health professional

1a: Professional autonomy and accountability

Registrant occupational therapists must:

1a.1

be able to practise within the legal and ethical boundaries of their profession

- understand what is required of them by the Health Professions Council
- understand the need to respect, and so far as possible uphold, the rights, dignity and autonomy of every patient, client and user including their role in the **preventative**, diagnostic and therapeutic process

Suggestion:

understand what is required of them by the profession of occupational therapy (COT)

Decision:

The PLG is invited to agree that no changes or additions are necessary to this standard (please see page 24, professional bodies' paper).

1a.2 be able to practise in a non-discriminatory manner

1a.3 be able to maintain confidentiality and obtain informed consent

1a.4 be able to exercise a professional duty of care

1a.5: **be able to practise as an autonomous professional, exercising their own professional judgement**

- be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
- be able to initiate resolution of problems and be able to exercise personal initiative
- **know the limits of their practice and when to seek advice or refer to another professional**
- **recognise that they are personally responsible for and must be able to justify their decisions**

Suggestion:

be able to recognise the potential of occupational therapy in new and emerging areas of practice

Decision:

The PLG is invited to conclude that this standard is adequately covered by the existing standards, in particular 2b.2 and therefore no changes are necessary.

1a.6 recognise the need for effective self-management of workload **and resources** and be able to practise accordingly

1a.7 understand the obligation to maintain fitness to practise

- understand the importance of caring for themselves, including maintaining their health

1a.8 understand the need for career-long self-directed learning

1b: Professional relationships

Registrant occupational therapists must:

1b.1 know the professional and personal scope of their practice and be able to make referrals

1b.2 be able to work, where appropriate, in partnership with other professionals, support staff, patients, clients and users, and their relatives and carers

- understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team

- understand the need to engage patients, clients, users and carers in planning and evaluating diagnostics, treatment or interventions to meet their needs and goals

- understand the need to work with others in both the statutory and non-statutory sectors

Suggestion:

understand the need to work across statutory and non-statutory sectors (COT)

understand the potential of working and engaging with other agencies in the private and voluntary sector in the care or treatment of clients (Registration assessor)

Decision:

Standard 1b.2 covers relationships with other professionals. The suggested changes centre around the importance of occupational therapists working with other professionals in statutory (i.e NHS) and non-statutory (private) sectors.

The existing standards for other professions include:

- recognise that the need to work with others includes health, social and education professionals (Speech and language therapists)
- recognise the principles and practices of other health care professionals and health care systems and how they interact with the role of a paramedic (Paramedics)

The PLG is invited to agree the additional standard shown on the previous page.

1b.3 be able to contribute effectively to work undertaken as part of a multi-disciplinary team

1b.4 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, patients, clients, users, their relatives and carers

- be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5
- understand how communication skills affect the assessment of patients, clients and users, and how the means of communication should be modified to address and take account of factors such as age, physical and learning disability
- be able to select, move between and use appropriate forms of verbal and non-verbal communication with patients, clients, users and others
- be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status
- understand the need to provide patients, clients and users (or people acting on their behalf) with the information necessary to enable them to make informed decisions

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- understand the need to use an appropriate interpreter to assist patients whose first language is not English, wherever possible [not included in the dietitian standards]
- recognise that relationships with patients, clients and users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility

1b.5 understand the need for effective communication throughout the care of the patient, client or user

- recognise the need to use interpersonal skills to encourage the active participation of patients, clients and users

- *understand group dynamics and roles, and be able to facilitate group work, in order to maximise support, learning and change within groups*
- *understand the need to capitalise, where appropriate, on the dynamics within groups in order to harness motivation and active involvement of participants*
- *understand the value, when working with and for disabled people, of empowering them with the aim of enhancing access and opportunities for all*
- *understand the need to adopt a client-centred approach and establish rapport in order to motivate and involve the client in meaningful occupation*

The skills required for the application of practice

2a: Identification and assessment of health and social care needs

Registrant occupational therapists must:

2a.1 be able to gather appropriate information

2a.2 be able to use appropriate assessment techniques

- be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment

- *be able to use observation to gather information about the functional abilities of clients*

- *be able to listen to a client's story in order to plan for the future*

- *be able, through interview and individual discussion, to understand the values, beliefs and interests of clients and their families and carers*

- *be able to use standardised and non-standardised assessments appropriately to gather information in relation to the client's functional level and taking account of the environmental context*

- *be able to select relevant assessment tools to identify occupational and functional needs in the areas of self-care, productivity and leisure*

- *understand the need to consider the assessment of both health and social care needs of clients and carers*
- *understand the need to make provision for identification and assessment of occupational, physical, psychological, cultural and environmental needs/problems*

Suggestion:

The above suggestion is made by COT. The existing standard reads:

be able to use standardised and non-standardised assessments to gather information in relation to dysfunction and environmental barriers

Decision:

The PLG is invited to adopt the above change.

- 2a.3 be able to undertake or arrange clinical **or scientific** investigations as appropriate
- 2a.4 be able to analyse and evaluate the information collected

2b: Formulation and delivery of plans and strategies for meeting health and social care needs

Registrant occupational therapists must:

2b.1 be able to use research, **clinical** reasoning and problem solving skills (and, in the case of clinical scientists, conduct fundamental research)

- *recognise the value of research to the systematic evaluation of practice*
- *be able to conduct evidence-based practice, evaluate practice systematically, and participate in audit procedures*
- *be aware of methods commonly used in health and social care research*
- *be able to demonstrate a logical and systematic approach to problem solving*
- *be able to evaluate research and other evidence to inform their own practice*

2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements

- be able to change their practice as needed to take account of new developments
- be able to demonstrate a level of skill in the use of information technology appropriate to their profession
- *be able to use **and understand** the established theories, models, frameworks and concepts of occupational therapy*

Suggestion:

The above suggestion was made by COT.

Decision:

The PLG is invited to adopt the change to the standards.

2b.3 be able to formulate specific and appropriate management plans including the setting of timescales

- understand the requirement to adapt practice to meet the needs of different client groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors
- *understand the need to agree the goals and priorities of intervention and the methods to be adopted in relation to self-care, productivity and leisure, and to base such decisions on assessment results in partnership with the client*

- *be able to select individual occupational therapy interventions as appropriate, taking into account the specific therapeutic needs of clients and carers*
- *be able to select, develop or modify therapeutic media that enable clients to build on their abilities and to **enhance function***
- *Be aware of the full range of occupations used in intervention, including creative and practical activities and environmental adaptations, and that the occupations used should reflect individuals' particular needs, **in relation to** self-care, productivity and leisure as outcomes*

Suggestion:

The above change is suggested by COT and replaces 'to limit dysfunction'. The rest of the standard is remodelled (professional bodies paper, pages 25/26).

Decision:

The PLG is invited to adopt the changes to the standards.

2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely, skilfully and **effectively**

- understand the need to maintain the safety of both patients, clients and users, and those involved in their care
- ensure patients, clients and users are positioned (and if necessary immobilised) for safe and effective interventions
- know the indications and contra-indications of using specific paramedic techniques, including their modifications
- *understand the specific local context of practice, including the socio-cultural diversity of the community*

2b.5 be able to maintain records appropriately

- be able to keep accurate, legible records and recognise the need to handle these records and all other [] information in accordance with applicable legislation, protocols and guidelines
- understand the need to use only accepted terminology (which includes abbreviations) in making [] records

2c: Critical evaluation of the impact of, or response to, the registrant's actions

Registrant occupational therapists must:

2c.1 be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly

- be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of patients, clients and users to their care
- be able to evaluate management plans against treatment milestones using recognised health outcome measures and revise the plans as necessary in conjunction with the patient, client or user
- recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
- be able to make reasoned decisions to initiate, continue, modify, **inform** or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
- understand that outcomes may not always conform to expectations but may still meet the needs of patients, clients or users

2c.2 be able to audit, reflect on and review practice

- understand the principles of quality control and quality assurance
- be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures
- be able to maintain an effective audit trail and work towards continual improvement
- participate in quality assurance programmes, where appropriate
- understand the value of reflection on clinical practice and the need to record the outcome of such reflection
- recognise the value of case conferences and other methods of review

Knowledge, understanding and skills

Suggestion

At a registration appeals hearing, the panel suggested that the standards need to have an explicit reference to understanding/ knowledge of the application of occupational therapy to mental health.

In the summary of feedback paper (PLG 7th March) the following suggestion was detailed:

know how to meet the social, psychological and physical health based occupational needs across a range of practice areas

No comment was made on this suggestion by the College of Occupational therapists, or any registration assessors or visitors.

Decision

As context, in the existing standards for Arts therapists reference to mental health is made in the following ways in section 3a:

- know about normal human development; normal and abnormal psychology; normal and abnormal human communication and language development; mental illness, psychiatric assessment and treatment; congenital and acquired disability; disorders of social functioning; the principal psychotherapeutic interventions and their theoretical bases; the nature and application of other major interventions

- recognise methods of distinguishing between human health and sickness, including diagnosis, symptoms and treatment, particularly of mental health disorders and learning disabilities and be able to critique these systems of knowledge from different socio-cultural perspectives

The PLG is invited to discuss whether addition to the standards is necessary and to discuss appropriate wording.

3a:

Registrant occupational therapists must:

3a.1 know the key concepts of the biological, physical, social, psychological and clinical sciences which are relevant to their profession-specific practice

- understand the structure and function of the human body, relevant to their practice, together with a knowledge of health, disease, disorder and dysfunction

be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process

- recognise the role of other professions in health and social care

- understand the theoretical basis of, and the variety of approaches to, assessment and intervention

- understand activity and occupation as it relates to health and well-being

- understand the theoretical concepts underpinning occupational therapy, specifically the occupational nature of human beings and how they function in everyday activities

- be aware of the origins and development of occupational therapy, including the evolution of the profession towards the current emphasis on autonomy and empowerment of individuals, groups and communities

- understand the use of the current philosophical framework for occupational therapy that focuses on client-centeredness and the social model of disability

- understand the impact of occupational dysfunction and deprivation on individuals, families, groups and communities and recognise the importance of restoring opportunities

- recognise the socio-cultural environmental issues that influence the context within which people live and work

- recognise the impact of inequality, poverty, exclusion, identity, social difference and diversity on occupational performance

- recognise the value of the diversity and complexity of human behaviour through exploring different physical, psychological, environmental, social, emotional and spiritual perspectives

*- be aware of social, housing and environment **and work related** policies and services and their impact on human needs within a diverse society*

- understand the impact of legislation on the delivery of care

Suggestion:

The fifth and seventh sub-standards have been removed (COT; professional bodies paper, page 26). In the existing standards they read:

- be able to use utilise the foundation sciences fundamental to everyday practice and be able to interpret them in relation to human functioning and dysfunction
- be able to analyse human occupation from a holistic perspective and the demands made on individuals in order to engage in occupations

A further suggested change is shown above.

Decision:

The PLG is invited to adopt the changes to the standards.

3a.2 know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups **or communities**

Suggestion:

The above suggestion is made (COT)

Decision:

The PLG is invited to agree the change shown above.

3a.3 understand the need to establish and maintain a safe practice environment

- be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these
- be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation
- be able to select appropriate personal protective equipment and use it correctly
- be able to establish safe environments for clinical practice, which minimise risks to patients, clients and users, those treating them, and others, including the use of hazard control and particularly infection control
- understand and be able to apply appropriate moving and handling techniques

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