

*Government Notice No. 113 of 2022***THE ALLIED HEALTH PROFESSIONALS COUNCIL ACT****Regulations made by the Minister, after consultation with
the Allied Health Professionals Council, under section 39
of the Allied Health Professionals Council Act**

1. These regulations may be cited as the Allied Health Professionals Council (Occupational Therapist) Regulations 2022.
2. In these regulations –
“Act” means the Allied Health Professionals Council Act.
3. For the purpose of section 5(d) of the Act, the Code of Practice for an occupational therapist shall be the Code set out in the Schedule.
4. Every occupational therapist shall comply with the Code of Practice.
5. (1) Where an occupational therapist fails to comply with the Code of Practice, the Council may, by notice in writing served on him, require him to comply with the Code of Practice.

(2) An occupational therapist who fails to comply with the Code of Practice may be called by the Council to explain his non-compliance with the Code of Practice.
6. These regulations shall come into operation on 1 June 2022.

Made by the Minister, after consultation with the Allied Health Professionals Council, on 16 May 2022.

SCHEDULE
[Regulation 3]
CODE OF PRACTICE
OCCUPATIONAL THERAPIST
PART I

1. Definition

(1) Occupational therapy is a client-centered health profession concerned with promoting health and well-being through occupation.

(2) The primary goal of occupational therapy is to enable people to participate in the activities of everyday life.

(3) Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement.

PART II–GLOSSARY

2. Accountable

As an accountable health professional, you will be responsible for the decisions you make and you may also be asked to justify them.

3. Autonomous

As an autonomous health professional, you make your own decisions based on your own judgement.

4. Delegate and delegation

When a health professional asks someone else (such as a colleague, student or support worker) to carry out a task on their behalf.

5. Fit to practise

When someone has the skills, knowledge, character and health to do their job safely and effectively.

6. Informed consent

When a service user has all the necessary information in a format they can understand so that they can make an informed decision about whether they want to have a particular treatment.

7. Referral

When a health professional asks another practitioner to take over the care of a service user because it is beyond his scope of practice or because the service user has asked for a second opinion.

8. Scope of practice

The area or areas of a health professional's profession where they have the knowledge, skills and experience to practise safely and effectively.

9. Service user

Anyone who uses or is affected by the services of registrants.

10. Standards for continuing professional development

Standards which link a health professional's ongoing learning and development with their continued registration.

11. Standards of proficiency

Standards which make sure each profession practises safely and effectively. Health professionals must meet these standards to become registered.

PART III – CODE OF ETHICS

12. Preamble

(1) This code of ethics is intended to reflect the evolving profession of Occupational Therapy with regards to ethical practice, research and education.

(2) The Occupational Therapists (OTs) may provide services to the following: individuals, groups, families, organisations (private and public), or communities.

Sub-Part I – Service User Autonomy and Welfare

13. (1) Occupational therapists shall recognise, respect and uphold the autonomy of service user, and advocate service user's choice and partnership working in the therapeutic process.

(2) Occupational therapists shall promote the dignity, privacy and safety of all service users with whom they have contact.

(3) (a) Each service user is unique and therefore brings an individual perspective to the occupational therapy process.

(b) Service users have a right* to make choices and decisions about their own healthcare and independence.

(c) Such choices shall be respected, even when in conflict with professional opinion.

(4) The service users shall be given sufficient information to enable them to give informed consent* about their health and social care.

(5) Information shall be provided in a form and language or for the service users' understanding.

(6) Reasonable steps* shall be taken to ensure that the service user understands the nature, purpose and likely effect of the proposed intervention(s).

(7) Service users shall be given the opportunities to exercise a right of refusal, which, if so exercised, shall be respected.

**NOTE – Exceptional circumstances may, however, prevail, e.g. (i) where the service user is deemed to lack competence in relation to consent to treatment; and (ii) rights of access to information may be curtailed in certain circumstances.*

Sub-Part II – Duty of Care to the Service User

14. Occupational therapists have a duty to undertake care of the service users.

A – Confidentiality

15. (1) Occupational therapists are ethically and legally obliged to safeguard confidential information relating to service users at all times.

(2) The same rights and restrictions apply to material stored or transferred electronically and when communicating with others via any medium, including virtual/online communities and networks.

(3) The disclosure of confidential information regarding the service user's diagnosis, intervention, prognosis or future requirements is only possible where: the service user gives consent or it is considered to be in the public interest in order to prevent serious harm, injury or damage to the service user or to any other person.

(4) (a) Disclosure to third parties (which may include relatives, police, lawyers and the media) regarding the service user's

diagnosis, intervention, prognosis or future requirements shall only be made where there is valid consent or legal justification to do so.

(b) Reference shall be made to local procedures.

(5) An occupational therapist must keep all records, in any format, securely, making them available only to those who have a legitimate right or need to see them.

(6) For the purposes of direct care, relevant personal confidential data should be shared among registered and regulated health and social care professionals.

(7) An occupational therapist must make sure that confidentiality is not breached in the storage, movement and transfer of information at all times, including via electronic/digital means.

(8) An occupational therapist must grant service users access to their own records in accordance with relevant legislation. Reference shall be made to current guidance (both local and national) on access to personal health and social care information.

(9) An occupational therapist must obtain and record consent prior to using photographic/video material of service users which may form a part of the assessment or records. Access to these materials will only be granted to other professionals after obtaining the informed consent of the service user or in the case of a child, the parents or immediate caregivers.

(10) Discussions with or concerning a service user should be held in a location and manner appropriate to the protection of the service user's right to confidentiality and privacy.

B – Protecting Service Users

- 16.** Occupational therapists shall not engage in or condone behaviour that causes unnecessary mental or physical distress.
- 17.** Such behaviour includes neglect, intentional acts, indifference to pain or misery and other malpractice.
- 18.** Any intervention that is likely to cause pain or distress shall first be explained to the service user.
- 19.** Every effort shall be made to ensure that the service user understands the nature, purpose and likely effect of the intervention before it is undertaken.
- 20.** Occupational therapists shall make every effort not to leave a service user in pain or distress after intervention. Reasonable professional judgment shall be used to assess the level of pain, distress and risk, and take appropriate action.
- 21.** Occupational therapists who witness or have reason to believe that the service user has been the victim of dangerous, abusive, discriminatory or exploitative behaviour or practice shall use local policies to notify a line manager or other appropriate person as soon as reasonably possible.

C –Referral of Service Users

- 22.** An occupational therapist shall follow a referral process.
- 23. Occupational therapy process**
- (1) Occupational therapists must abide to clearly documented procedures and criteria for their services.
- (2) A service user has the right not to follow all or part of the recommendations of the occupational therapist and thus he can seek intervention, equipment or advice elsewhere.

(3) This should be recorded in his medical file.

(4) If an occupational therapist has referred the service user to other agencies they have the responsibility to follow all the necessary procedures, taking reasonable actions to ensure the person's safety and they may discharge when they are sure that their services are no more required.

(5) An occupational therapist will have no further responsibility and liability.

24. Equality

(1) An occupational therapist must be fair and just towards all service users.

(2) An occupational therapist must always act in respect to the human rights, legislation and in the service user's best interests.

25. Resources and sustainability

(1) An occupational therapist should focus on the occupational needs of the service user and their carer/s.

(2) Local, national, environmental resources are limited.

(3) Therefore, sometimes priorities should be identified by taking into consideration the choices of the clients and/or carers and the clinical reasoning of the occupational therapist.

D – Provision of Services

26. (1) An occupational therapist shall provide services to all service users in a fair and just manner.

(2) (a) When relevant and appropriate, occupational therapists shall negotiate and act on behalf of the service users in

relation to upholding and promoting the autonomy of the individual or group.

(b) Such negotiation shall be aimed at maximising the benefit for the service users and take into account resource considerations.

27. (1) An occupational therapist shall be aware of and sensitive to cultural and lifestyle diversity.

(2) (a) An occupational therapist shall provide services that reflect and value these societal characteristics.

(b) An occupational therapist shall not discriminate unlawfully and unjustifiably against service users or colleagues.

28. (1) An occupational therapist shall be person-centred and needs-led in establishing priorities and providing services.

(2) Priorities shall always be founded on sound ethical principles and evidence-based or current best practice.

29. Recorded assessment of need shall clearly state long term and related short-term objectives that have to be achieved in order to maintain a minimum level of satisfactory and safe occupational therapy intervention to service users.

30. (1) Objectives shall be reviewed at appropriate intervals together with the service user to remain relevant to his/her needs and progress.

(2) Any unmet needs shall be duly recorded.

31. If an occupational therapist feels unable to reach the minimum standards determined at 30 (1), the appropriate manager shall

be notified in writing with a copy to the service user and referrer, if applicable.

32. Any deficit in resource or service that impacts on service users and carers shall be duly reported to Manager/immediate supervisor.

33. The occupational therapy manager has a duty to take appropriate action upon notification of resource and service deficiencies.

34. Focusing on occupation

The practice of an occupational therapist should be focused on enabling individuals, groups and communities to change aspects of his person, the occupation, or the environment, or some combination of these to enhance occupational participation. (World Federation of Occupational Therapists (WFOT) 2010 cited College of Occupational Therapists 2015, p.12)

35. Risk management

(1) (a) Risk management is a process of identifying and adequately reducing the likelihood and impact of any kind of incident occurring that might cause harm.

(b) The principles remain the same irrespective to people, organisations or the environment.

(2) (a) The process also enables positive risks to be taken with service users in a safe and appropriate way.

(b) Risk management is an innate part of governance and in the delivery of quality service.

36. Record keeping

(1) Record keeping is the key principal to the delivery of good quality and safe care.

(2) Its main purpose is to ease the care and to support the service user.

(3) It is fundamental to provide and maintain a written or electronic record of all that has been done for/with or in relation to any service user during the occupational therapy process (Initial interview, assessment, intervention, discharge).

(4) Occupational therapists records reflect their duty of care and the appropriateness of their practice.

E –Personal/Professional Integrity

37. Personal and professional integrity

The highest standards of personal integrity are expected of occupational therapists. They shall not engage in any criminal, unprofessional or other unlawful activity or behaviour.

38. Professional demeanour

(1) Occupational therapists shall conduct themselves professionally and in accordance to the setting.

(2) Occupational therapists shall act and dress appropriately to the setting and in accordance with health and safety requirements.

39. Fitness to practice

Occupational therapists shall inform their employer or appropriate authority about any health or personal issues that affect their ability to perform their job competently and safely.

40. Substance misuse

(1) Occupational therapists shall not undertake any professional activities whatsoever when under the influence of alcohol, drugs or other toxic substances.

(2) The use of illicit substances constitutes a major infringement of the Code and necessary disciplinary action might be taken against the professional.

(3) Occupational therapists shall not encourage other people in the misuse of alcohol, drugs or other toxic substances.

41. Personal profit or gain

(1) An occupational therapist shall not accept tokens such as favours, gifts or hospitality from service users, their families or commercial organisations when this might be construed as seeking to obtain preferential treatment.

(2) An occupational therapist shall have a prime duty to the service user and shall 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.

(3) If a service user or their family makes a bequest to an occupational therapist, this shall be declared according to local guidelines.

(4) Local policy shall always be observed in the case of gifts.

Note – In certain cases, the property and affairs of a service user may be subject to the authority of the Court of Protection.

42. Advertising

(1) Advertising, in respect of professional activities, shall be accurate. It shall not be misleading, unfair or sensational.

(2) Explicit claims shall not be made in respect of superiority of personal skills, equipment or facilities.

43. Information and representation

(1) Occupational therapists shall accurately represent their qualifications, education, experience, training, competence and the services they provide.

(2) An occupational therapist who has reasonable grounds to believe that third party misrepresentation has occurred shall bring this to the attention of the appropriate person or authority for action to be taken.

F – Professional Competence and Standards**44. Professional competence**

(1) An occupational therapist should provide services and use techniques that he has learned and has experience in.

(2) His interventions should be person-centred and according to his employment terms.

(3) An occupational therapist should always keep a high standard in service delivery, as well updating himself with current knowledge and skills.

(4) Every occupational therapist should work as per the current legislation, guidance and standards relevant to his practice; including compliance with the Council's current Standards of Proficiency – Occupational Therapists.

(5) An occupational therapist shall abide by the current professional standards for Occupational Therapy practice provided by the World Federation of Occupational Therapists.

(6) An occupational therapist should not act or cover an absent colleague if the work is beyond his competence or workload

capacity; unless there is additional planning, support, supervision and/or training.

(7) An occupational therapist who recently joined a new area of practice which is unfamiliar to his/her previous field, should ensure that he/she builds up sufficient knowledge, training and supervision.

(8) An occupational therapist should be well acquainted with emerging trends and communication technologies for a smooth service delivery and for referral purposes.

(9) (a) An occupational therapist should be allowed to discuss any issues and be provided with the rationale behind the original request.

(b) The local occupational therapy representative can be contacted for advice and support.

45. Delegation

(1) An occupational therapist who delegates work to subordinates, such as students, support workers or volunteers, should make sure that the latter are competent for the tasks given.

(2) The occupational therapist shall retain full responsibility for the service user.

(3) The occupational therapist should supervise their subordinates according to their level of competency.

46. Collaborative working

(1) Occupational therapists shall respect the responsibilities, practices and roles of other professions, institutions and statutory and voluntary agencies that contribute to their work.

(2) An occupational therapist shall recognise the need for multi-professional and multi-agency collaboration to ensure that well-coordinated services are delivered in the most effective way.

(3) An occupational therapist shall promote understanding of the profession.

(4) An occupational therapist shall refer service users to, or consult with, other service providers when additional knowledge, expertise and support are required.

(5) Occupational therapists shall identify their core skills and roles and ensure that they are not undertaking work that is deemed to be outside the scope of occupational therapy practice or their competence.

(6) It is not considered to be in the interests of good person care that there be more than one occupational therapist taking overall responsibility for the assessment and intervention of a service user for any one presenting problem.

(7) Where more than one occupational therapist is involved in the intervention of the same service user, they shall liaise with each other and agree areas of responsibility. This shall be communicated to the service user and all relevant parties.

47. Lifelong learning

(1) An occupational therapist shall be personally responsible for actively maintaining and developing his personal development and professional competence.

(2) Adherence to professional standards is a requirement of continued practice.

(3) An occupational therapist shall be responsible for maintaining evidence of his continuing professional development.

(4) An occupational therapist shall be accountable for the quality of his work and base this on current guidance, research, reasoning and the best available evidence.

(5) An occupational therapist shall be supported in his practice and development through regular professional supervision within an agreed structure or model.

48. Occupational therapy student

(1) An occupational therapist qualified under WFOT registered Institution and having a minimum of 2 years of experience in any respective field(s) has the responsibility to provide professional practice opportunities for occupational therapy students.

49. An occupational therapist shall recognise the need for individual education and training.

(1) An occupational therapist who assumes the role of professional practice supervisor shall provide learning experience for the occupational therapy students undergoing training under a WFOT accredited institution and is compatible with the stage of the students' education or training.

(2) An occupational therapist who accepts students for professional practice shall have a good understanding of the roles and responsibilities of the student, the higher educational institution and the professional placement supervisor.

50. Research and service development

(1) An occupational therapist shall contribute to the development of occupational therapy practice through research activity.

(2) An occupational therapist shall contribute to continuous professional development.

(3) An occupational therapist who undertakes any kind of research activity shall always address the ethical implications.

(4) An occupational therapist should be aware of the value and importance of research as the foundation of the profession's evidence base.

PART IV –STANDARD OF PROFICIENCY

Sub-Part A – Introduction

51. (1) This document represents the standards of proficiency.

(2) These standards are set for a safe and effective practice of the profession.

(3) They are the minimum standards considered necessary to protect members of the public.

(4) You must meet these standards when you first become registered.

(5) The newly graduate students must know, understand and be able to do by the time they have completed their training, so that they are able to apply to register with the Council.

(6) Once registered, an occupational therapist must relate those standards of proficiency to the areas in which he/she works.

52. (1) The standards of proficiency in this document include both generic elements, which apply to all the registrants, and profession-specific elements which are relevant to registrants.

(2) The generic standards are written in bold, and the profession-specific standards are written in plain text. The standards are not hierarchical and are all equally important for practice.

Sub-Part B – Scope of Practice

53. The scope of practice of an occupational therapist is the area or areas of your profession in which you have the knowledge, skills and experience to practice lawfully, safely and effectively, in a way that meets the standards and does not pose any danger to the service users or to yourself.

54. (1) It is acknowledged that a registrant's scope of practice will change over time and that the practice of experienced registrants often becomes more focused and specialised than that of newly registered colleagues.

(2) This might be because of specialisation in a certain area or with a particular client group, or a movement into roles in management, education or research. Every time a registrant renews his registration, he will be asked to sign a declaration that he continues to meet the standards of proficiency that apply to his scope of practice.

(3) (a) As long as you assure a safe and effective practice within your given scope of practice and do not practice in areas where you are not proficient to do so, this will not be a problem.

(b) If you want to move outside your scope of practice, you should be certain that you have skills and abilities of practising lawfully, safely and effectively. This means that you need to exercise personal judgment by undertaking any necessary training or acquiring experience, before moving into a new area of practice.

55. Meeting the Standards

(1) It is important that you meet the standards and be able to practice lawfully, safely and effectively.

(2) (a) However, these do not prescribe how you should meet the standards.

(b) There is normally one way in which each standard can be met and the way in which you meet the standards might change over time because of improvements in technology or changes in your practice.

(3) (a) As an autonomous professional, you need to make informed, reasoned decision about your practice to ensure that you meet the standards laid out on this document.

(b) This includes seeking advice and support from education providers, employers, colleagues, professional bodies, unions and others to ensure service users' wellbeing are safeguarded at all times.

56. Service users

(1) The registrants work in a range of different settings, which includes private practice, management and education.

(2) It is ascertained that the use of terminology can be a sensitive issue.

The registrants work with different people and use different terms to describe the groups that use, or are affected by, their services.

(3) Some registrants work with patients, others with clients or service users. The term that you use will depend on how and where you work.

57. These standards may change in the future

(1) These standards have been produced with reference to the international professional standards.

(2) The local occupational therapists were called to review the standards and how relevant they were to registrants' practice.

(3) It is to be noted that these standards shall be under continual review.

(4) Therefore, further changes may take place in the future to take into account changes in practice.

(5) Any changes to the standards shall be publicised to inform the professional bodies.

Sub-Part C – Expectations of an Occupational Therapist

58. Professional autonomy and accountability

A registrant occupational therapist must –

- (a) be able to practice within the legal and ethical boundaries of their profession;
- (b) understand the need to act in the best interests of service users at all times;
- (c) understand what is required of them by the Allied Health Professionals Council;
- (d) understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and well-being;

- (e) be aware of current Mauritian legislation related to the work of their profession.

59. Practice in a non-discriminatory manner

(1) An occupational therapist must understand the importance of and be able to maintain confidentiality.

(2) An occupational therapist must understand the importance of and be able to obtain informed consent.

(3) An occupational therapist must be able to exercise a professional duty of care

(4) An occupational therapist must be able to practice as an autonomous professional, exercising their own professional judgement

(5) 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.

(6) An occupational therapist must be able to initiate resolution of problems and be able to exercise personal initiative.

(7) An occupational therapist must know the limits of his practice and when to seek advice or refer to another professional.

(8) An occupational therapist must recognise that he is personally responsible for and must be able to justify his decisions.

60. Effective self-management of workload and resources and practise accordingly

(1) An occupational therapist must understand the obligation to maintain fitness to practise.

(2) An occupational therapist must understand the need to practise safely and effectively within his scope of practice.

(3) An occupational therapist must understand the importance of maintaining his own health.

(4) An occupational therapist must understand the need to keep skills and knowledge up to date and the importance of career-long learning.

61. Professional relationships

Registrant occupational therapists must –

- (a) be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers;
- (b) understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team;
- (c) understand the need to engage service users and carers in the planning and evaluating diagnostics, treatments and interventions to meet their needs and goals;
- (d) be able to make appropriate referrals;
- (e) understand the need to work with those who provide services in and across different sectors.

62. Effective contribution to work undertaken as part of a multi-disciplinary team

(1) An occupational therapist must be able to demonstrate effective and appropriate skills in communicating information,

advice, instruction and professional opinion to colleagues, service users, their relatives and carers.

(2) An occupational therapist must understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability.

(3) An occupational therapist must be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others.

(4) An occupational therapist must 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.

(5) An occupational therapist must understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions.

(6) An occupational therapist must understand the need to use an appropriate interpreter to assist service users wherever possible.

63. Understand the need for effective communication throughout the care of the service user

(1) An occupational therapist must recognise the need to use interpersonal skills to encourage the active participation of service users.

(2) An occupational therapist must understand the need to adopt and approach which centres on the service users and establish appropriate professional relationships in order to motivate and involve the client in meaningful occupation.

(3) An occupational therapist must understand the value of enabling and empowering service users with aim of enhancing their access to all services and opportunities which are available to them.

(4) An occupational therapist must understand the group dynamics and roles, and be able to facilitate group work, in order to maximise support, learning and change within groups and communities.

(5) An occupational therapist must understand the need to capitalise, where appropriate, on the dynamics within groups and communities in order to harness the motivation and active involvement of participants.

Sub-Part D– Skills Required for Application of Practice

64. Identification and assessment of health and social care needs

(1) An occupational therapist must be able to gather appropriate information.

(2) An occupational therapist must be able to select and use appropriate assessment techniques.

(3) An occupational therapist must be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment.

(4) An occupational therapist must be able to use observation to gather information about the functional abilities of service users.

(5) An occupational therapist must understand the need to identify and assess occupational, physical, psychological, cultural and environmental needs/problems of service users, their families and carers.

(6) An occupational therapist must listen to a service user's story and analyse the content in order to plan for the future.

(7) An occupational therapist must be able, through formal and informal interviews and personal discussion, to understand the values, beliefs and interests of service users, their families and carers.

(8) An occupational therapist must be able to select and use standardized and non-standardised assessments appropriately to gather information about the service user's occupational performance, taking account of the environmental context.

(9) An occupational therapist must be able to select and use relevant assessment tools to identify occupational performance needs.

(10) An occupational therapist must understand the need to consider the assessment of the health and social care needs of service users.

65. Be able to undertake or arrange investigations as appropriate

An occupational therapist must be able to analyse and critically evaluate the information collected.

66. Formulation and delivery of plans and strategies for meeting health and social care needs

A registrant occupational therapist must –

- (a) Be able to use research, reasoning and problem-solving skills to determine appropriate actions to –
 - (i) Recognise the value of research to the critical evaluation of practice;

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- (ii) Be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures;
 - (iii) Be aware of a range of research methodologies related to occupational therapy;
 - (iv) Be able to demonstrate a logical and systematic approach to problem solving;
 - (v) Be able to evaluate research and other evidence to inform their own practice;
- (b) Be able to draw on appropriate knowledge and skills in order to make professional judgements to –
- (i) Be able to change his practice as needed to take account of new developments;
 - (ii) Be able to demonstrate a level of skill in the use of information technology appropriate to his practice;
 - (iii) be able to understand and use the relevant sciences and theories, frameworks and models of occupational therapy practice;
- (c) be able to formulate specific and appropriate management plans including the setting of timescales to –
- (i) understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors;
 - (ii) understand the need to agree the goals and priorities of intervention in relation to occupational needs in

partnership with service users, basing such decisions on assessment results;

- (iii) be able to select as appropriate, the specific occupations and/or activities for use as therapeutic media, taking into account the particular therapeutic needs of service users;
 - (iv) be able to analyse, develop or modify therapeutic media and/or environments to service users, to build on their abilities and enhance their occupational performance;
 - (v) be aware of the full range of occupations and/or activities used in intervention and how these should reflect the individual's occupational needs;
- (d) be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully to –
- (i) understand the need to maintain the safety of both service users and those involved in their care;
 - (ii) understand the specific local context of practice, including the socio-cultural diversity of the community;
- (e) be able to maintain records appropriately to –
- (i) 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;

- (ii) understand the need to use only accepted terminology in making records.

67. Critical evaluation of impact of, or response to, registrant's actions

A registrant occupational therapist must –

- (a) Be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly to –
 - (i) Be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care;
 - (ii) Be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user;
 - (iii) 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;
 - (iv) Be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately; and
 - (v) Be able to work in appropriate partnership with the service user in order to evaluate the effectiveness of occupational therapy intervention ;
- (b) Be able to audit,reflect on and review practice –
 - (i) Understand the principles of quality control and quality assurance;

- (ii) Be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures;
- (iii) Be able to maintain an effective audit trail and work towards continual improvement;
- (iv) Participate in quality assurance programmes, where appropriate;
- (v) Understand the value of reflection on practice and the need to record the outcome of such reflection;
- (vi) Recognise the value of case conferences and other methods of review; and
- (vii) Be able to recognise the potential of occupational therapy in new and emerging areas of practice.

Sub-Part E – Knowledge, Understanding and Skills

68. Knowledge, understanding and skills

Registrant occupational therapist must –

- (a) know and understand the key concepts of the bodies of knowledge which are relevant to his profession-specific practice to –
 - (i) understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction;
 - (ii) be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process;

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- (iii) recognise the role of other professions in health and social care;
 - (iv) understand the theoretical basis of, and the variety of approaches to, assessment and intervention;
 - (v) be able to understand and analyse activity and occupation and their relation to health and well-being;
 - (vi) understand and be able to apply the theoretical concepts underpinning occupational therapy, specifically the occupational nature of human beings and how they function in everyday activities;
 - (vii) 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;
 - (viii) understand the use of the current philosophical framework for occupational therapy that focuses client-centeredness and the different types of disability;
 - (ix) understand the impact of occupational dysfunction and deprivation on individuals, families, groups and communities and recognise the importance of restoring opportunities;
 - (x) recognise the socio-cultural environmental issues that influence the context within which people live and work;

- (xi) recognise the impact of inequality, poverty, exclusion, identity, social difference and diversity on occupational performance;
 - (xii) recognise the value of the diversity and complexity of human behaviour through the exploration of different physical, psychological, environmental, social, emotional and spiritual perspectives;
 - (xiii) be aware of social, environmental and work-related policies and services and their impact on human needs within a diverse society; and
 - (xiv) understand the impact of legislation on the delivery of care ;
- (b) 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 to –
 - (c) know how to meet the social, psychological and physical health-based occupational needs of service users across a range of practice;
 - (d) understand the need to establish and maintain a safe practice environment –
 - (i) 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;
 - (ii) 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;

- (iii) be able to select appropriate personal protective equipment and use it correctly;
 - (iv) be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control; and
 - (v) know and be able to apply appropriate moving and handling techniques.
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