Education and Training Committee – 15 November 2012

Results of profession-specific standards of proficiency consultation for occupational therapists

Executive summary and recommendations

Introduction

We are currently reviewing the profession specific standards of proficiency for the professions we regulate. The review of the profession specific standards follows from the Council's approval of new generic standards of proficiency in March 2011.

To ensure the process is manageable, we are reviewing the profession-specific standards in small groups of professions at a time. At the start of each review, we contact each of the professional bodies for the relevant professions and ask for their suggestions on any changes that they consider necessary. We then use their suggestions to revise the standards for public consultation.

Following the first round of professional body reviews, we consulted between 18 April and 27 July 2012 on the draft standards for the first professions to undergo review—arts therapists, dietitians, occupational therapists, orthoptists, physiotherapists, and radiographers. The revised standards for arts therapists and orthoptists were approved by the Committee at its last meeting.

The consultation response analysis and revised draft standards for occupational therapists are attached for the Committee's consideration, approval, and recommendation to Council.

Decision

The Committee is invited to discuss, agree and recommend to the Council that it approve the attached consultation response analysis and draft standards of proficiency for occupational therapists, subject to any necessary minor editing changes and formal legal scrutiny.

Decisions on the revision of the standards were informed by the occupational therapist member of the Education and Training Committee. Advice on any minor amendments may be needed after the Committee's consideration. Any further amendments needed will be reflected in the version of the standards taken to the December Council meeting.

Background information

Paper for Education and Training Committee, 8 March 2012, (enclosure 7 at www.hcpc-uk.org/aboutus/committees/archive/index.asp?id=587)

Paper for Education and Training Committee, 17 November 2011 (enclosure 5 at www.hcpc-uk.org/aboutus/committees/archive/index.asp?id=586)

Resource implications

The resource implications of this round of consultation are accounted for in the Policy and Standards Department planning for 2011/12. The resource implications of the ongoing process of review and eventual publication of the revised standards of proficiency have been taken into account in the Policy and Standards workplan for 2012/13, and will continue to be taken into account in future years.

Financial implications

The financial implications include the costs associated with a series of public consultations on new draft standards and publication of new standards for 15 professions. These costs are accounted in department planning for 2011/12 and 2012/13.

We anticipate further costs in 2013/14 for further consultations and publication of further revised standards.

Appendices

- Consultation response analysis for the profession-specific standards of proficiency for occupational therapists.

- Revised standards of proficiency for occupational therapists.

Date of paper

5 November 2012

Consultation on proposed profession-specific standards of proficiency for occupational therapists

Analysis of responses to the consultation on proposed profession-specific standards of proficiency for occupational therapists, and our decisions resulting from responses received

1. Introduction

About the consultation

1.1 We consulted between 18 April and 27 July 2012 on proposed changes to the professions-specific standards of proficiency for occupational therapists.

1.2 The standards of proficiency set out what we expect professionals on our Register—known as 'registrants'—to know, understand, and be able to do when they apply to join our Register. We consulted on proposed changes to the standards as part of our regular periodic review of the standards.

1.3 We sent the consultation documents to a range of stakeholders including professional bodies, employers, and education and training providers, advertised the consultation on our website, and issued a press release.

1.4 We would like to thank all those who took the time to respond to the consultation document. You can download the consultation document and a copy of this responses document from our website: www.hcpc-uk.org/aboutus/consultations/closed.

About us

1.5 We are the Health and Care Professions Council (HCPC). We are a regulator and our job is to protect the health and wellbeing of people who use the services of the professionals registered with us. We regulate the members of 16 different health, social work, and psychological professions.

1.6 To protect the public, we set standards that professionals must meet. Our standards cover the professionals' education and training, behaviour, professional skills, and their health. We publish a Register of professionals who meet our standards. Professionals on our Register are called 'registrants'. If registrants do not meet our standards, we can take action against them which may include removing them from the Register so that they can no longer practise.

About the standards of proficiency

1.7 The standards of proficiency are the standards that we consider necessary for the safe and effective practice of each of the professions we regulate. They describe what professionals must know, understand, and be able to do in order to apply to join our Register. The standards play an important role in public protection. When a professional applies for or renews their registration, or if concerns are raised about their competence while they are registered with us, we use the standards of proficiency in checking whether they have the necessary knowledge and skills to be able to practise their profession safely and effectively.

1.8 There are separate standards of proficiency for each of the professions we regulate. The standards of proficiency complement our other

standards as well as policies developed by employers and guidance produced by professional bodies.

1.9 The standards of proficiency are divided into generic standards (which apply to all the professions) and standards specific to each of the professions regulated. The purpose of the generic standards is to recognise commonality across all the professions that we regulate. The purpose of the profession-specific standards is to set out additional standards for each profession related to the generic standard.

1.10 We consulted on changes to the generic standards of proficiency between July and October 2010.[1] The new generic standards have now been agreed by our Council and were not the subject of this consultation. Under the new structure, most of the standards of proficiency will be profession-specific, listed under the 15 new generic standards.

Reviewing the profession-specific standards of proficiency

1.11 The review of the profession-specific standards is an opportunity to make sure the standards of proficiency are relevant to each profession. We regularly review the standards of proficiency to:

- reflect current practice or changes in the scope of practice of each profession;

- update the language where needed to ensure it is relevant to the practice of each profession and to reflects current terminology;

- reflect the standard content of pre-registration education programmes;

- clarify the intention of existing standards; and

- correct omissions or avoid duplication.

1.12 In our work to revise the standards prior to consultation, we invited the professional body for occupational therapists—the College of Occupational Therapists—to review the standards of proficiency for their profession and tell us whether they considered any changes were necessary. We carefully considered their comments and other feedback we have received on the standards and produced a proposed set of draft standards for the profession to take to public consultation.

1.13 In consulting on proposed changes to the standards, we asked our stakeholders to consider whether the changes we have suggested to the profession-specific standards of proficiency for each profession are appropriate, and whether other changes are necessary. We have used the responses we receive to help us decide if any further amendments are needed.

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[1] You can find more information about the consultation on our website here: www.hpc-uk.org/aboutus/consultations/closed/index.asp?id=110

1.14 Once the final sets of standards are approved, they will be published. We will work with education providers to gradually phase-in the new standards after they are published.

About this document

1.15 This document summarises the responses we received to the consultation. The results of this consultation will be used to revise the proposed standards of proficiency for occupational therapists.

1.16 The document starts by explaining how we handled and analysed the responses we received, providing some overall statistics from the responses. Section 3 provides a summary of the general comments we received, while Section 4 is structured around the responses we received to specific questions. Our responses and decisions as a result of the comments we received are set out in section 5.

1.17 In this document, 'you' or 'your' is a reference to respondents to the consultation, 'we, 'us' and 'our' are references to the HCPC.

2. Analysing your responses

2.1 Now that the consultation has ended, we have analysed all the responses we received.

Method of recording and analysis

2.2 We used the following process in recording and analysing your comments.

- We recorded each response to the consultation, noting the date each response was received and whether it was submitted on behalf of an organisation or by an individual;

- We also recorded whether the person or organisation agreed or disagreed with the proposal (please see the section on quantitative analysis below);

- We read each response and noted the comments received against the proposal, and recorded any general comments;

- Finally, we analysed all the responses.

2.3 When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses, and indicates the frequency of arguments and comments made by respondents.

Quantitative analysis

2.4 We received 52 responses to the consultation document. 14 responses (27%) were made by individuals and 38 (73%) were made on behalf of organisations. The table below provides some indicative statistics for the answers to the consultation questions. Responses to question 5

which asked for any other comments on the standards are summarised in section 3 of this paper.

Quantitative results

Questions	Yes	No	Partly	Unsure/no response
1. Do you think the standards are at a threshold level necessary for safe and effective practice?	40 (77%)	0 (0%)	4 (8%)	8 (15%)
2. Do you think any additional standards are necessary?	24 (46%)	21 (40.5%)	0 (0%)	7 (13.5%)
3. Do you think there are any standards which should be reworded or removed?	31 (59.5%)	15 (29%)	1 (2%)	5 (9.5%)
4. Do you have any comments about the language used in the standards?	36 (69%)	9 (17.5%)	N/A	7 (13.5%)

3. General comments

3.1   We consulted on the standards for arts therapists, dietitians, occupational therapists, orthoptists, physiotherapists, and radiographers at the same time. Respondents to each of those consultations raised similar issues.

3.2   The following is a high-level summary of the comments of a more general nature we received in response to all the consultation documents. This includes responses to question five. Where we received general comments which were specific to the occupational therapists' consultation, these have also been included here. The general comments are grouped under specific headings.

'Generic' profession-specific standards

3.3   Many respondents to the consultation were concerned about new profession-specific standards that were originally detailed generic standards of proficiency in the current standards.

3.4   Because these now profession-specific standards were originally generic, a number of them have been transferred into the profession-specific standards for each of the professions we were consulting on concurrently—arts therapists, dietitians, occupational therapists, orthoptists, physiotherapists, and radiographers. Because many of these professions have similar principles reflected in their standards, it appeared to many respondents that some of these principles were actually still generic, and a number of respondents queried why those standards should be considered profession-specific.

English language competency

3.5   A number of respondents were concerned about the English language competency requirements in the standards. Some respondents felt that the requirements should apply equally to all applicants – including those from the European Economic Area (EEA).

'Be able to'/'understand'

3.6   Some respondents felt the phrases 'be able to', 'be aware of' and 'understand the importance of' made the standards more accessible and usable, a number of other respondents were concerned about this choice of construction as they felt it lacks legal strength. Some respondents felt the use of these phrases weakened the standards because they could be interpreted to mean that registrants must only take a passive approach to using the standards, without necessarily being required to be competent in practice, or to put those requirements into action.

3.7   Most of the comments on this choice of wording reflected on the difference between requiring a registrant 'must' do something, as opposed to 'must be able to do'. Some respondents felt the use of 'you must' is more appropriate than 'be able to'.

Relationship between standards of proficiency and conduct standards

3.8　A number of respondents commented that there was a general lack of conduct or ethics-related standards within the proposed profession-specific standards of proficiency. Some respondents felt that it is important that the standards of conduct, performance and ethics, and standards of proficiency are more closely aligned, with a few respondents suggesting that the standards should be combined.

How the standards of proficiency are used

3.9　Some respondents were concerned by some of the new proposed standards, and queried whether registrants who had been in practice for a long period of time would be able to meet all the new standards. Some respondents asked for clarification about how current registrants would be tested against the new standards once they come into effect.

Leadership

3.10　A number of respondents suggested that principles encompassing the concept of leadership should be added to the standards of proficiency for occupational therapists. This suggestion comes from recent work carried out by the NHS Institute and the NHS Leadership Academy on the Clinical Leadership Competency Framework (CLCF), which aims to build leadership capability and capacity across the healthcare system by embedding leadership competencies in relevant systems including the standards set by professional regulators.[2]

3.11　Some respondents commented that it is important that all regulated professionals understand the principles of shared leadership, and are able to recognise that they are able to contribute to the leadership process within individual organisations. Respondents felt that by adding leadership requirements to the HCPC standards of proficiency, this would drive necessary changes in education and training for the professions we regulate, which would eventually lead to an increase in leadership capability within the national health system.

3.12　More detailed suggestions for how these principles could be reflected in the standards are set out in appendices two and three.

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[2] http://www.leadershipacademy.nhs.uk/component/docman/doc_download/8-leadership-framework?Itemid=251

4. Comments in response to specific questions

This section contains comments made in response to specific questions within the consultation document.

Question 1. Do you think the standards are at a threshold level necessary for safe and effective practice?

Most respondents agreed that the standards were at the threshold level for safe and effective practice. Respondents commented that the standards reflected existing training provision and the range of practice of occupational therapists in public and private sectors across the UK.

A few respondents to the consultation felt that some of the standards were not set at a threshold level. They gave the following reasons:

- A few standards are set at a level that is too high for graduate occupational therapists to meet.

- The use of the starting phrases 'be able to', 'understand', and 'be aware of' are not adequate to describe requirements that occupational therapists must meet – for a more detailed summary of the comments we received around this issue generally, please refer to section 3.

- The standards do not include a specific standard around the values of shared leadership – for a more detailed summary of the comments we received around this issue generally, please refer to section 3.

Question 2. Do you think any additional standards are necessary?

A number of respondents commented that additional standards were not necessary as the range of competencies and required knowledge for occupational therapists was adequately set out in the proposed standards.

However, other respondents felt that more standards are necessary because there are aspects of professional practice that are not reflected adequately within the standards.

All of the additional standards suggested by respondents are set out in Appendix Two. There were a number of areas that were suggested by several respondents. These were:

- Leadership;
- Professional conduct;
- Promoting health;
- Mentoring and supervising others;
- Building effective relationships or partnerships with different types of service users; and
- Appropriate use of technology.

Question 3. Do you think there are any standards which should be reworded or removed?

Some respondents felt that the standards are sufficiently clear that they did not require rewording.

However, most respondents commented that there were some standards that did require rewording. Some suggestions were based on concerns raised about the language used in the standards (for example, the use of 'be able to'). Concerns about this form of wording are set out in the summary about the language used in the standards under question three. We have listed all the proposed amendments to the standards in Appendix Three.

Respondents suggested changes to the wording of the standards for the following reasons:

- To provide greater clarity around the HCPC's expectations of occupational therapists;

- To clarify the ways in which occupational therapists should work with others;

- Training, supervising, or mentoring others; and

- Leadership principles.

Question 4. Do you have any comments about the language used in the standards?

Most respondents felt that the language used in the standards is appropriate, clear, and generally easy to understand.

However, other respondents commented that the language was not as clear as it could be. Many of those respondents commented on the use of 'be able to' or other starting phrases as set out in paragraphs 3.6-3.7 above. Many of these respondents felt that standards that are worded in this way are passive and do not place a strong enough requirement on registrants to commit to good practice standards. Other comments we received about the use of specific phrases or words have been listed in Appendix Three.

Other general comments respondents made about language included:

- Concerns about the use of some legal or academic-sounding terminology;

- Places in the standards where more consistency is needed in the terms used, such as the use of the term 'service user' consistently throughout the standards;

- Occasionally overly 'wordy' requirements;

- The need for more occupational therapy-appropriate language in some standards;

- The need for HCPC standards to mirror terminology used in SNOMED;

- Potentially unnecessary repetition of key phrases or requirements; and

- Ambiguity of some words or phrases, and how they are meant to be interpreted in practice, including whether definitions of certain aspects are necessary.

5. Our comments and decisions

5.1 The following section sets out our response to the range of comments we have received to the consultation. We have not responded to every individual suggestion, but grouped those suggestions thematically and outlined the principles of our response. This section starts with our responses to the general comments we received, before responding to comments about the standards specifically. Our decisions in response to the comments received are set out at the end of this section.

5.2 We received a range of similar comments in response to the consultations we ran concurrently on the standards for arts therapists, dietitians, occupational therapists, orthoptists, physiotherapists, and radiographers. We have responded to those comments in the following section on general comments.

Responses to general comments

This section outlines our response to the general comments outlined in section three.

Leadership

5.3 We are supportive of the Clinical Leadership Competency Framework (CLCF) which emphasises shared responsibility and accountability of all registered professionals at all levels in contributing towards good quality services and improved outcomes for service users. We consider that the majority of the elements and descriptors included in the CLCF are generic and are clearly applicable across all the different professions we regulate. However, we also note that some of the content of CLCF is more specific to clinicians who work within the National Health Service or within managed environments.

5.4 We have considered whether we should change the standards so that 'leadership' as a term is more explicitly used within them. However, we have concluded that it would be more meaningful at this stage (whilst understanding of the CLCF and its definition of leadership develops) to instead ensure good coverage within our standards, where appropriate, of the specific underpinning knowledge, skills, attitudes and behaviours identified in the CLCF. Where we have received comments for amendments to standards or new standards with the aim of embedding the CLCF within the standards, we have considered these carefully to ensure that they are at a threshold level and are not substantially duplicated elsewhere in the standards. We have found that in most cases these competencies are already embedded throughout the standards of proficiency and well reflected in the standards of conduct, performance and ethics. We will publish on our website a position statement setting out our views on the CLCF. As the review of the standards of proficiency progresses, we will publish alongside this example documents showing how the CLCF descriptors map across to our standards.

Generic and profession-specific standards

5.5 The majority of the content of the standards was formerly generic. However, some professions expressed concern that these standards were expressed in ways which were not applicable to their practice. As a result, we agreed 15 high level generic statements which will apply to all the professions we regulate. In redrafting the standards of proficiency, we mapped all the current standards which did not become the new generic standards as profession-specific standards. All the principles contained in the current standards of proficiency—where appropriate—remained in place under the new structure.

5.6 In the standards of proficiency we consulted on in this round of review—arts therapists, dietitians, occupational therapists, orthoptists, physiotherapists, and radiographers—there were a number of formerly detailed generic standards that have been mapped as profession-specific in each of these profession's standards. Some respondents felt that because these principles appear to be shared between a number of the professions we regulate, that they should remain as generic standards.

5.7 The six professions that were part of this round of review do have a number of shared profession-specific standards. However, it would not be appropriate to reinstate these standards as generic standards, as the standards in question are not generic across all the professions we regulate. There are some professions on our Register which do not share many of the standards that respondents were concerned about. However, we have tried to retain as much consistency between different professions' standards wherever possible and appropriate.

'Be able to'

5.8 As we stated in the consultation document, we intentionally use phrases such as 'understand', 'know', and 'be able to' rather than 'must'. This is so the standards remain applicable to current registrants in maintaining their fitness to practise, as well as prospective registrants who have not yet started practising and are applying to be registered for the first time. The standards are also written in a similar way to the learning outcomes set for pre-registration education programmes.

5.9 It is important to note the current standards of proficiency use verbs and starting phrases in the same way as the proposed new profession-specific standards of proficiency. We have not experienced any difficulty in applying the current wording of the standards of proficiency in the way some of our respondents anticipated.

The standards and scope of practice

5.10 The standards set out the proficiencies required of applicants when they apply to join the Register. Once on the Register, every time registrants renew their registration, they are asked to confirm that they continue to meet the standards of proficiency that apply to their own

scope of practice—the area of their profession in which they have the knowledge, skills and experience to practise safely and effectively. We recognise 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. That may mean that some registrants may not be able to continue to meet all the standards of proficiency required at entry to their profession. However, as long as those registrants continue to practise safely and effectively within their own scope of practice, and do not practise in the in the areas in which they are not proficient to do so, this is not a problem.

Relationship between standards of proficiency and conduct standards

5.11 The standards of proficiency and standards of conduct, performance and ethics play complementary but distinct roles in how we set requirements for our registrants. While the knowledge, skills, and experience of a professional play a part in their ability to behave and practise ethically, we consider that it is important that our conduct standards remain separate from those which are purely about a professional's proficiency to practise.

5.12 We received some comments about the generic standards of proficiency and the standards of conduct, performance and ethics. These standards were not the subject of this consultation and so we have not reflected them in appendix two or three. However, we will consider these comments when we review each set of standards. We have started our review of the standards of conduct, performance and ethics, and expect to consult on changes to those standards in 2013/14.

English language competency

5.13 Some respondents were concerned that the English language requirements do not apply equally to all applicants to the Register. European Union law limits the ability of regulators such as the HCPC to systematically test the language competency of EEA applicants to our Register, so it would not be possible to amend this requirement at the current time.

Responses to detailed comments about the standards

5.14 In this section, we have set out our responses to suggestions for additional standards or changes to the existing standards. All the proposed additional standards and suggested changes to specific standards are set out in appendix two and three of this document.

5.15 We have not responded to every suggestion individually here, but we have explained the general principles we applied when considering suggested amendments. Where respondents were particularly concerned about certain issues, we have addressed those below under the heading of the relevant standard.

5.16 When we receive suggestions for changes to the standards (including revisions to existing standards or proposed additional standards), we consider the following in deciding whether we should make the change:

- Is the standard necessary for safe and effective practice?

- Is the standard set at the threshold level for entry to the Register?

- Does the standard reflect existing requirements for occupational therapists on entry into the profession?

- Does the standard reflect existing training provision?

- Is the standard written in a broad and flexible way so that it can apply to different environments in which occupational therapists might practice or different groups that occupational therapists might work with?

5.17 We write the standards of proficiency in a broad, flexible way and at a higher level of generality so that registrants working in different settings and in different ways can still meet the standards. For this reason, we use words that are able to be understood in their widest sense. When making decisions about whether to make changes to the standards, we must also consider whether the changes would make the standards too specific or would limit the scope of the standards.

5.18 The standards set out the abilities necessary to practise in a profession. However, the standards are not a curriculum document nor are they intended to be a list of activities which registrants must undertake in any situation. For example, a registrant needs to 'be able to maintain confidentiality' on entry to the Register. However, this is an ability and does not mean that there will not be situations where information might need to be shared with, or disclosed to others in the interests of service users or the public.

5.19 Part of our focus for the review of the standards is to ensure that the standards are relevant to the range of practice of each profession. We also aim to avoid duplication in the standards, to ensure they are clearly worded, and to maintain consistency between different professions' standards wherever possible and appropriate.

Our decisions

5.20 We have made a number of changes to the standards based on the comments we have received in the consultation. We have set out the draft revised standards following consultation in appendix one.

Additional standards

5.21 We have added standards on the following areas:

Standard 4

- Understanding the importance of participation in training, supervision, and mentoring. This is in response to a range of comments that suggested that this standard is a threshold level requirement for occupational therapists.

Standard 7

- Recognising and responding appropriately to situations where it is necessary to share information to safeguard others. This is in response to the range of comments that suggested that the confidentiality standards could be clearer about when registrants should disclose confidential information for the safety of others.

Standard 13

- Understanding the structure and function of health and social care services in the UK. The standards already include a requirement for occupational therapists to recognise the role of other health and social care professions. We felt that it was appropriate to include an additional requirement to understand the wider structure of health and social care services across the UK.

Changes to specific standards

5.22 We have made the following changes to some standards:

Standard 3

- We have made a minor amendment to clarify our requirements around professional conduct.

Standard 8

- We have made minor amendments to clarify the groups of people occupational therapists work with.

Standard 10

- We have made some minor amendments to clarify the requirements of our record-keeping requirements, and to remove

one standard which duplicated requirements set out in other standards.

Standard 14

- We have made a minor amendment to a standard to clarify our expectations for occupational therapists' use of information technology.

Suggested changes we have not included

5.23 Some of the changes suggested by respondents were not included in the standards because we felt they would duplicate content already contained within the standards we set, or they would not make our requirements clearer. This section does not address every suggested change to the standards, but focusses on responding to overarching themes or areas of concern.

Leadership

- For our response to the suggestions for standards related to the issue of leadership, please see paragraphs 5.3-5.4.

Training and mentoring others

- We received a range of suggestions for standards about the requirement for occupational therapists to train and mentor others. We considered that these requirements were aimed at a more advanced level of practice than would be relevant for newly-qualified occupational therapists.

Professional behaviour

- Some respondents made a range of suggestions for additional standards or amendments on the issue of professional conduct. We consider that the draft standards address these proficiencies in adequate detail.

6. List of respondents

Below is a list of all the organisations that responded to the consultation.

Betsi Cadwaladr University Health Board

Central Essex Community Services

Central Manchester University Hospitals NHS Foundation Trust

Cheshire and Wirral Partnership NHS Foundation Trust

Dartford and Gravesham NHS Trust

Five Boroughs Partnership

Intermediate Care Services, South Warwickshire Foundation Trust

Jubilee Day Unit, Thurrock Community Hospital

Leeds and York Partnership NHS Foundation Trust

Lothian Allied Health Professions Advisory Committee, NHS Lothian

Manchester Mental Health and Social Care Trust

NHS Education for Scotland

NHS Leadership Academy

NHS Midlands and East

North Essex Partnership NHS Foundation Trust

North Yorkshire County Council, Health and Adult Services

Northern Trust Health and Social Services Board

Northumberland Tyne and Wear NHS Foundation Trust

Nottinghamshire Healthcare NHS Trust

Occupational Therapy Department Kettering General Hospital

Occupational Therapy Team, Bournemouth University

Powys Teaching Health Board

Public Health Agency, Northern Ireland

Royal United Hospital Bath NHS Trust

Salisbury NHS Foundation Trust

South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Southend University Hospital NHS Foundation Trust

Southern Health NHS Foundation Trust

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

The Royal Berkshire NHS Foundation Trust

The Walton Centre NHS Foundation Trust

UNISON - Health

University Hospital of South Manchester NHS Foundation Trust

University Hospitals Bristol

University of East Anglia

University of the West of England Bristol

Western Health and Social Care Trust

Appendix 1: Draft standards of proficiency for occupational therapists

New standards and added words or phrases are shown in **bold and underlined**. Deletions are shown in ~~strikethrough~~. The standards in this section are subject to legal scrutiny and may be subject to minor editing amendments prior to publication.

No.	Standard
1.	**be able to practise safely and effectively within their scope of practice**
1.1	know the limits of their practice and when to seek advice or refer to another professional
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly
2.	**be able to practise within the legal and ethical boundaries of their profession**
2.1	understand the need to act in the best interests of service users at all times
2.2	understand what is required of them by the Health and Care Professions Council
2.3	understand the need to respect and uphold, the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
2.4	recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
2.5	know about current legislation applicable to the work of their profession
2.6	understand the effect of legislation on the delivery of care
2.7	understand the importance of and be able to obtain informed consent
2.8	be able to exercise a professional duty of care
3.	**be able to maintain fitness to practise**

No.	Standard
3.1	understand the need to maintain high standards of personal **and professional** conduct
3.2	understand the importance of maintaining their own health
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning
4.	**be able to practise as an autonomous professional, exercising their own professional judgement**
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
4.2	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
4.3	be able to initiate resolution of problems and be able to exercise personal initiative
4.4	recognise that they are personally responsible for and must be able to justify their decisions
4.5	be able to make and receive appropriate referrals
4.6	**understand the importance of participation in training, supervision, and mentoring**
5.	**be aware of the impact of culture, equality, and diversity on practice**
5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals
5.2	understand the specific local context of practice, including the socio-cultural diversity of the community
5.3	recognise the socio-cultural environmental issues that influence the context within which people live and work
5.4	recognise the effect of inequality, poverty, exclusion, identity, social difference and diversity on occupational performance
6.	**be able to practise in a non-discriminatory manner**

No.	Standard
7.	**understand the importance of and be able to maintain confidentiality**
7.1	be aware of the limits of the concept of confidentiality
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information
<u>7.3</u>	**<u>be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public</u>**
8.	**be able to communicate effectively**
8.1	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, **carers,** colleagues and others
8.2	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[3]
8.3	understand how communication skills affect assessment and engagement of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability, capacity, and learning ability
8.4	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users**, carers** and others
8.5	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as culture, age, ethnicity, gender, religious beliefs and socio-economic status
8.6	understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions

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[3] The International English Language Testing System (IELTS) tests competence in **the** ~~spoken and written~~ English **language**. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, ~~have to~~ **must** provide evidence that they have reached the necessary standard. ~~We also accept the TOEFL test as an equivalent.~~ Please visit our website for more information.

No.	Standard
8.7	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible
8.8	recognise the need to use interpersonal skills to encourage the active participation of service users
8.9	be able to listen to a service user's occupational narrative and analyse the content in order to plan for the future
8.10	be able, through interview and personal discussion, to understand the values, beliefs and interests of service users, their families and carers
9.	**be able to work appropriately with others**
9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff, and others
9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
9.3	understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals
9.4	be able to contribute effectively to work undertaken as part of a multi-disciplinary team
9.5	understand the need to work with those who provide services in and across different sectors
9.6	understand the need to adopt an approach which centres on the service user and establish appropriate professional relationships in order to motivate and involve the ~~client~~ **service user** in meaningful occupation
9.7	understand the value of enabling and empowering service users with the aim of enhancing their access to all services and opportunities which are available to them
9.8	understand group dynamics and roles, and be able to facilitate group work, in order to maximise support, learning and change within groups and communities

No.	Standard
9.9	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
9.10	be able to work in appropriate partnership with service users in order to evaluate the effectiveness of occupational therapy intervention
10.	**be able to maintain records appropriately**
10.1	be able to keep accurate, ~~legible~~ **comprehensive and comprehensible** records **in accordance with applicable legislation, protocols, and guidelines**
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines
~~10.3~~	~~understand the need to use only accepted terminology in making records~~
11.	**be able to reflect on and review practice**
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection
11.2	recognise the value of case conferences, supervision, and other methods of reflecting on and reviewing practice
11.3	be able to recognise the potential of occupational therapy in new and emerging areas of practice
12.	**be able to assure the quality of their practice**
12.1	be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures
12.2	be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care
12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance, and the use of appropriate outcome measures
12.4	be able to maintain an effective audit trail and work towards continual improvement

No.	Standard
12.5	be aware of, and able to participate in quality assurance programmes, where appropriate
12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
12.7	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
13.	**understand the key concepts of the knowledge base relevant to their profession**
13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession
13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
13.3	recognise the role of other professions in health and social care
13.4	**understand the structure and function of health and social care services in the UK**
13.5	understand the theoretical basis of, and the variety of approaches to, assessment and intervention
13.6	be able to understand and analyse activity and occupation and their relation to and effect on, health, wellbeing, and function
13.7	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
13.8	understand the need to identify and assess occupational, physical, psychological, cultural and environmental needs and problems of service users, their families and carers
13.9	understand the effect of occupational dysfunction and deprivation on individuals, families, groups and communities and recognise the importance of restoring and facilitating opportunities with the aim of achieving occupational wellness
13.10	recognise the value of the diversity and complexity of human behaviour through the exploration of different physical, psychological, environmental, social, emotional and spiritual perspectives

No.	Standard
13.11	be aware of social, environmental and work-related policies and services and their effect on human needs within a diverse society
13.12	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
13.13	understand the use of the current philosophical framework for occupational therapy that focuses on service users and the bio-psychosocial model
14.	**be able to draw on appropriate knowledge and skills to inform practice**
14.1	be able to change their practice as needed to take account of new developments or changing contexts
14.2	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, or other actions safely and effectively
14.3	be able to formulate specific and appropriate care or case management plans including the setting of timescales
14.4	be able to gather and use appropriate information
14.5	be able to select and use appropriate assessment techniques
14.6	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
14.7	be able to use observation to gather information about the functional abilities of service users
14.8	be able to select and use standardised and non-standardised assessments appropriately to gather information about the service user's occupational performance, taking account of the environmental context
14.9	be able to select and use relevant assessment tools to identify occupational performance needs
14.10	understand the need to consider the assessment of the health, social care, employment, and learning needs of service users
14.11	be able to undertake or arrange investigations as appropriate

No.	Standard
14.12	be able to analyse and critically evaluate the information collected
14.13	be able to demonstrate a logical and systematic approach to problem solving
14.14	be able to use research, reasoning and problem solving skills to determine appropriate actions
14.15	recognise the value of research to the critical evaluation of practice
14.16	be aware of a range of research methodologies
14.17	be able to evaluate research and other evidence to inform their own practice
14.18	be able to ~~demonstrate a level of skill in the~~ use ~~of~~ information and communication technologies appropriate to their practice
14.19	be able to understand and use the relevant sciences and established theories, frameworks and concepts of occupational therapy
14.20	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
14.21	be able to select as appropriate, the specific occupations and activities for use as therapeutic media, taking into account the particular therapeutic needs of service users
14.22	be able to analyse, develop or modify therapeutic media and environments to service users, to build on their abilities and enhance their occupational performance
14.23	be aware of the full range of occupations and activities used in intervention and how these should reflect the individual's occupational needs
14.24	know how to meet the social, psychological and physical health-based occupational needs of service users across a range of practice areas
15.	**understand the need to establish and maintain a safe practice environment**
15.1	understand the need to maintain the safety of both service users and those involved in their care

No.	Standard
15.2	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
15.3	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation
15.4	be able to select appropriate personal protective equipment and use it correctly
15.5	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
15.6	know and be able to apply appropriate moving and handling techniques

Appendix 2: Suggested additional standards

No.	Standard	
1.	be able to practise safely and effectively within their scope of practice	Respondents suggested a number of different standards covering the following areas: • knowing when and from whom to seek help; • knowing when to use skills available to them and when not to; • requirement to undertake additional training to work in specialist areas
2.	be able to practise within the legal and ethical boundaries of their profession	Respondents suggested a number of different standards covering the following areas: • person/patient-centred care; • greater emphasis on dignity within the standards • more explicit reference to professionalism and conduct; • requirement to contribute to the development of the profession (through research, role-modelling, mentorship, challenging poor/practice/unprofessional behaviour in others) • reference to specific legislation when dealing with children and vulnerable people/adults, and a requirement to update knowledge in this area; • knowing when disclosure of information is permitted under the law – being aware or when a duty to disclose overrides duty to maintain confidentiality; • whistleblowing requirements – to raise alerts appropriately if observing unsafe practices that could put others at risk. • demonstrating understanding of the Mental Capacity Act
3.	be able to maintain fitness to practise	Respondents suggested a number of different standards covering the following areas: • being able to demonstrate an acceptable and reasonable standard of care;
4.	be able to practise as an autonomous	Respondents suggested a number of different standards covering the following areas:

	professional, exercising their own professional judgement	• requirement to actively promote autonomy by encouraging people who use their service to be active participants in their own care; • understanding the importance of and participation in training, supervision, and mentoring • reference to positive risk-taking Suggested new standards to underpin the Clinical Leadership Competency Framework elements: • understand the need to be aware of their own values, principles and assumptions and the impact of their behaviour on others; • be able to act in a manner consistent with the values and priorities of their organisation and profession; • be able to contribute their unique perspective to team, department, system and organisational decisions, as appropriate;
5.	be aware of the impact of culture, equality, and diversity on practice	Respondents suggested a number of different standards covering the following areas: • the ability to demonstrate empathy; • the need to be aware of their own feelings/beliefs/prejudices and the need to put these to one side in providing care; • requirement to take account of sensory/deficits/impairments and modify approach accordingly (could also sit under standard 8);
6.	be able to practise in a non-discriminatory manner	Some respondents were concerned that no supporting standards had been listed beneath generic standard 6. Respondents suggested the following standards: • being able to promote equality and diversity within their practice; • understanding the need to promote equality and culturally sensitive services • understand equality and diversity and practice principles and values in professional relationships with service users, their families, and carers • Addition of list clarifying meaning and where this should be applied – such as protected characteristics.

7.	be able to maintain confidentiality	Respondents suggested a number of different standards covering the following areas: • be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public • understand the need for vigilance and discretion in ensuring that clinical and personal data are not carelessly disclosed by self and colleagues in public areas such as staff rooms, reception, and corridors
8.	be able to communicate effectively	Respondents suggested a number of different standards covering the following areas: • understanding of the concepts of motivational interviewing • additional requirements around communication aids and assistive technology to enable patients to engage and express themselves

9.	be able to work appropriately with others	Respondents suggested a number of different standards covering the following areas:
		
		• additional requirements around collaborative working;
		
		• recognise and understand the roles, responsibilities, and value base of other professionals within the multi-disciplinary team
		
		• standards around understanding the importance of teaching and training others including:
		
		   – understanding the principles of teaching and learning for undergraduate and postgraduate students;
		
		   – recognising the importance of the occupational therapists' role in teaching and training students and practitioners from all health and social care professions as appropriate;
		
		   – Supporting students to identify the roles, responsibilities and values of their profession and how occupational therapists interact with others in the multidisciplinary team;
		
		• more emphasis on health and social care integration;
		
		• understanding the need to maintain professional behaviours and to display these at all times when interacting with users of the service, colleagues and team members;

		• ability to develop effective/therapeutic relationships with members of the healthcare team;
		• emphasise importance of rehabilitation and re-enablement;
		• emphasise the need/importance of involving patients/service users in all decisions, and ensuring that all decisions are person-centred;
		• ensuring that decisions taken are in the best interests of patients/service users and do not reflect only the values of healthcare providers;
		• motivating service users to adapt/change behaviour
		• listening to service users and carers and acting upon their goals and aspirations
		• more emphasis on re-ablement, and empowering service users to achieve their abilities
		• requirement to support others in training and development including students and assistants
		• understanding the value of enabling and empowering service users with the aim of enhancing self-management and recovery
		• understand the need to adopt an approach which centres on the service user and establish appropriate professional relationships in order to involve and motivate the service user
		Suggested new standards to underpin the Clinical Leadership Competency Framework elements:
		• understand the need to work with those who provide services in and across different sectors;
		• recognise the need to participate effectively in the planning, implementation and evaluation of multi-professional approaches to healthcare delivery by liaising with other healthcare professionals;
		• be able to contribute effectively to work undertaken as part of a multi-disciplinary team;
		• understand the value of enabling and empowering service users with the aim of enhancing their access to all services and opportunities which are available to them, as appropriate;

		• understand group dynamics and roles, and be able to facilitate group work, in order to maximise support, learning and change within groups and communities; • understand the value of encouraging dialogue and debate with a wide range of people including service users, other professionals, support staff and others and recognising different perspectives.
10.	be able to maintain records appropriately	
11.	be able to reflect on and review practice	Respondents suggested a number of different standards covering the following areas: • importance of having insight and being self aware, and modifying behaviour where necessary – linked to reflective and conscientious practice; • seeking and responding to feedback, and being seen to demonstrate the same; • adding a new section on development of roles and practice at service level Suggested new standards to underpin the Clinical Leadership Competency Framework elements: • recognise the value of multi-disciplinary team review and other methods of review; • be able to change behaviour in light of feedback and reflection, as appropriate; • be able to acknowledge mistakes and treat them as learning opportunities; • understand the need for change and questioning the status quo, as appropriate, and its impact on people and services.
12.	be able to assure the quality of their practice	Respondents suggested a number of different standards covering the following areas: • the need to be able to demonstrate accountability for practice as well as being responsible for it; • being able to provide rationale for all decisions take and demonstrate consideration of alternative courses of action; • receiving and acting on service user feedback to ensure quality • giving, receiving, and acting on peer and supervisor feedback on performance Suggested new standards to underpin the Clinical Leadership Competency Framework

		elements:
		- understand the need to actively contribute to plans to achieve service goals;
		- understand the value of supporting plans for services that are part of the strategy for the wider healthcare system, as appropriate;
		- understanding what resources are available, and understanding the need for using resources effectively, safely, and reflecting the diversity of needs;
		- be able to hold themselves and others accountable for service outcomes, as appropriate;
		- be able to use evidence, both positive and negative, to identify options;
		- be able to use systemic ways of assessing and minimising risk;
		- be able to monitor the effects and outcomes of change;
		- understand the value in measuring and evaluating outcomes, taking corrective actions where necessary, as appropriate.
13.	understand the key concepts of the knowledge base relevant to their profession	Respondents suggested a number of different standards covering the following areas: - understand and use the principles of shared leadership; - or alternatively the range of standards suggested under generic standards 4, 9, 11, 12, 13, 14); - requirement to be able to clearly articulate the role of an occupational therapist to service users, other professionals, and the general public - requirement for occupational therapist to contribute specific expertise in occupational functioning and to promote recovery, including occupational, social, and vocational aspects of care delivery; physical health promotion and prevention; assessment and adaptation of the environment and its impact on functioning and sensory processing. Suggested new standards to underpin the Clinical Leadership Competency Framework elements: - understand the value of actively contributing to change processes that lead to improving healthcare, as appropriate;
14.	be able to draw on appropriate knowledge and skills to inform practice	Respondents suggested a number of different standards covering the following areas:

		• responsibility to promote health and healthy lifestyles– identifying when there are problems with a service user's health generally and knowing when to suggest they should seek support;
		• requirement to apply 'clinical reasoning' in practice
		• understanding of their role as an educator and be able to draw on principles and techniques that facilitate learning in others
		• understanding of their role as a leader and be able to draw on principles and techniques to underpin their leadership approach; (also see comments under generic standards 4, 9, 11, 12, 13);
		Suggested new standards to underpin the Clinical Leadership Competency Framework elements:
		• understand the structure and function of health, education and social care services in the UK and current developments
15.	understand the need to establish and maintain a safe practice environment	Respondents suggested a number of standards covering the following areas:
		• managing risk
		• Completing safeguarding children and vulnerable adults reports
		• know and be able to apply appropriate management of aggression techniques
		• being aware of immunisation requirements and the role of occupational health
		• being able to use basic life support techniques and be able to deal safely with clinical emergencies

Appendix 3: Detailed comments on the draft standards

Respondents' proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold.**

This section does not include comments received about the generic standards, as they were not within the scope of the consultation.

No.	Standard	
1.	**be able to practise safely and effectively within their scope of practice**	
1.1	know the limits of their practice and when to seek advice or refer to another professional	One respondent was concerned about how this standard could be measured when applied to practice
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly	Respondents made the following suggestions: • Addition of a reference to managing workload to support service needs • Addition of requirements around supervision needs
2.	**be able to practise within the legal and ethical boundaries of their profession**	
2.1	understand the need to act in the best interests of service users at all times	Two respondents felt that this standard is too closely referential to the Mental Capacity Act, and that the term 'at all times' should be removed, or that the standard to be clearer to reference this.
2.2	understand what is required of them by the Health and Care Professions Council	

No.	Standard	
2.3	understand the need to respect and uphold, the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	One respondent felt there should be additional detail about requiring occupational therapists to adopt a non-judgemental approach in their work with service users. Suggested amendments: • understand the need to respect and uphold, the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining **quality of life,** health and wellbeing
2.4	recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility	Some respondents were concerned about the phrase 'personal incompatibility' and felt that there needed to be guidance about the limitations of this standard and when it is appropriate to withdraw from interaction and refer the case to another professional. Some respondents felt this requirement is not stated strongly enough. Suggested amendments: • recognise that **professional** relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility • recognise that relationships with service users **and professionals** should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
2.5	know about current legislation applicable to the work of their profession	Respondents suggested the following amendments: • know about current legislation applicable to the work of their profession **and clinical area of work** • know about current **relevant** legislation applicable to the work of their profession

No.	Standard	
2.6	understand the effect of legislation on the delivery of care	Respondents suggested the following amendments: • understand the effect of legislation **and other drivers** on the delivery of care • understand **current policy and** ~~the effect of~~ legislation **and the impact** on ~~the~~ delivery of care
2.7	understand the importance of and be able to obtain informed consent	One respondent suggested there needs to be consideration of the understanding of capacity and best interest in the light of consent. Suggested amendments: • understand the importance of and be able to obtain informed consent **and record this**
2.8	be able to exercise a professional duty of care	Some respondents suggested that a definition of 'duty of care' should be added to the standards. One respondent felt that the term 'professional' needed further definition.
3.	**be able to maintain fitness to practise**	
3.1	understand the need to maintain high standards of personal conduct	Respondents suggested the following amendments: • understand the need to maintain high standards of personal **and professional** conduct • ~~understand the need to~~ maintain high standards of personal conduct

No.	Standard	
3.2	understand the importance of maintaining their own health	Some respondents felt that the concept of managing health within the context of practice is not adequately defined or explained within this standard. Suggested amendments: • understand the importance of maintaining their own health **and wellbeing** • understand the importance of maintaining their own health **and recognising the impact of health issues on their professional practice** • understand the importance of maintaining their own health **and take action to follow this**
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning	Respondents suggested the following amendments: • understand both the need to keep skills and knowledge up to date and the importance of ~~career-long learning~~ **continuing professional development** • understand **and demonstrate** both the need to keep skills and knowledge up to date and the importance of career-long learning • understand both the need to keep skills and knowledge up to date and **undertake** ~~the importance of~~ career-long learning • understand both the need to keep skills and knowledge up to date and the importance of career-long learning **within clinical practice** • understand both the need to keep **professional** skills and knowledge up to date and the importance of career-long learning
4.	**be able to practise as an autonomous professional, exercising their own professional judgement**	

No.	Standard	
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem	One respondent felt that this standard should be cross-referenced against the College of Occupational Therapists' standards. One respondent felt that 4.1 and 4.2 are complex and that individual components should be stated separately. Suggested amendments: • be able to assess ~~a professional 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 assess **needs within** ~~a~~ professional **boundaries** ~~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 assess a **clinical** ~~professional~~ situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
4.2	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	One respondent felt that 4.1 and 4.2 are complex and that individual components should be stated separately. Suggested amendments: • 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 in a timely way** • 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 **succinctly and accurately** ~~appropriately~~

No.	Standard	
4.3	be able to initiate resolution of problems and be able to exercise personal initiative	Respondents suggested the following amendments: • be able to initiate resolution of problems and be able to exercise ~~personal~~ **professional** initiative • be able to initiate resolution of problems **appropriate to their level of expertise** and be able to exercise personal initiative, **and participate in clinical supervision**
4.4	recognise that they are personally responsible for and must be able to justify their decisions	One respondent suggested the following amendment: recognise that they are personally responsible for and must be able to justify their decisions **and actions**
4.5	be able to make and receive appropriate referrals	One respondent felt that this standard should be cross-referenced against the College of Occupational Therapists' standards – they also felt there needs to be an explicit mention of cessation of duty of care. Respondents suggested the following amendments: • One respondent felt that the standard should require registrants to 'make and accept' appropriate referrals. • One respondent felt that the requirement to receive referrals is not appropriate and should be removed. • One respondent felt occupational therapists should be required to signpost service users to other appropriate services • be able to make and receive appropriate referrals **within the context of their work environment**
5.	**be aware of the impact of culture, equality, and diversity on practice**	
5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals	

No.	Standard	
5.2	understand the specific local context of practice, including the socio-cultural diversity of the community	Respondents suggested the following amendments: • understand the specific local context of practice, including the socio-cultural, **religious and spiritual** diversity of the community • understand the specific local context of practice, including the socio-cultural diversity of the community, **and the socio-cultural diversity of the service user population**
5.3	recognise the socio-cultural environmental issues that influence the context within which people live and work	
5.4	recognise the effect of inequality, poverty, exclusion, identity, social difference and diversity on occupational performance	
6.	**be able to practise in a non-discriminatory manner**	
7.	**understand the importance of and be able to maintain confidentiality**	
7.1	be aware of the limits of the concept of confidentiality	One respondent felt that this requirement was unclear and it would be difficult to assess or measure against. Some respondents felt that this standard should be broader and cover the scope of confidentiality more clearly. Suggested amendments: • be aware of the ~~limits~~ **extent and impact** of the concept of confidentiality • be aware of **and maintain absolute** ~~the limits of the concept of~~ confidentiality **in relation to the personal and private information of clients/patients and colleagues**

No.	Standard	
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information	One respondent felt this standard should have a strengthened requirement to safeguard such information. Suggested amendments: • ~~understand~~ **demonstrate** the principles of information governance and be aware of the safe and effective use of health and social care information
8.	**be able to communicate effectively**	
8.1	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues, and others	Some respondents felt that this standard should include specific reference to relatives and carers of service users
8.2	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[4]	

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[4] The International English Language Testing System (IELTS) tests competence in spoken and written English. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, have to provide evidence that they have reached the necessary standard. We also accept the TOEFL test as an equivalent. Please visit our website for more information.

No.	Standard	
8.3	understand how communication skills affect assessment and engagement of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability, capacity, and learning ability	One respondent felt this standard is too lengthy, and may be difficult to understand and interpret. Suggested amendments: • understand how communication skills affect assessment and engagement of service users and how the means of communication should be modified to address and take account of factors such as age, physical **sensory or learning** ability, ~~capacity, and learning ability~~ **psychological or mental health difficulties** • understand how communication skills affect assessment and engagement of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability, capacity, **sensory factors,** and learning ability • understand how communication skills affect assessment and engagement of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability, capacity, **cultural and language difficulties,** and learning ability
8.4	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	Respondents suggested the following amendments: • be able to select, move between and use appropriate forms of verbal and non-verbal communication **and communication technologies** with service users and others • be able to select, ~~move between~~ and use appropriate forms of verbal and non-verbal communication with service users and others
8.5	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as culture, age, ethnicity, gender, religious beliefs and socio-economic status	One respondent felt this standard is too lengthy, and may be difficult to understand and interpret.

No.	Standard	
8.6	understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions	
8.7	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible	Some respondents felt this standard should reflect a wider range of communication tools in addition to interpreters, including communication devices and advocacy workers. Suggested amendments: • understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter **or advocate**, wherever possible
8.8	recognise the need to use interpersonal skills to encourage the active participation of service users	Respondents suggested the following amendments: • recognise the need to use **appropriate** interpersonal skills to encourage the active participation of service users
8.9	be able to listen to a service user's occupational narrative and analyse the content in order to plan for the future	One respondent felt that this standard would be more appropriately placed under generic standard 14. Suggested amendments: • be able to listen to a service user's occupational narrative and analyse the content in order to plan for ~~the~~ future **interventions**
8.10	be able, through interview and personal discussion, to understand the values, beliefs and interests of service users, their families and carers	One respondent felt that this standard would be more appropriately placed under generic standard 14. Suggested amendments: • be able, through interview ~~and personal discussion,~~ to understand the values, beliefs and interests of service users, their families and carers
9.	**be able to work appropriately with others**	

No.	Standard	
9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff, and others	One respondent felt that the term 'partnership' implies shared decision making and equal status, while the concept of 'collaboration' is more general and should also be included in standards where 'partnership' is mentioned. One respondent felt the term 'be able to work' is ambiguous One respondent felt that the terms 'where appropriate' weaken the standard and should be removed. Suggested amendments: • be able to work, where appropriate, in partnership with service users, other professionals, support staff, and others **and encourage their contribution** • be able to work, where appropriate, in partnership with service users, **their relatives and carers,** other professionals, support staff, and others
9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	Respondents suggested the following amendments: • understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a **multi-disciplinary** team
9.3	understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals	One respondent felt that this standard should cover all aspects of a service user's care Suggested amendments: • understand the need to engage service users and carers in planning and evaluating ~~diagnostics~~ **outcomes**, treatments and interventions to meet their needs and goals
9.4	be able to contribute effectively to work undertaken as part of a multi-disciplinary team	

No.	Standard	
9.5	understand the need to work with those who provide services in and across different sectors	Respondents suggested the following amendments: • understand the need to work with those who provide services in and across ~~different sectors~~ **organisational boundaries**
9.6	understand the need to adopt an approach which centres on the service user and establish appropriate professional relationships in order to motivate and involve the client in meaningful occupation	One respondent felt that the term 'service user' should be used consistently throughout the standards.
9.7	understand the value of enabling and empowering service users with the aim of enhancing their access to all services and opportunities which are available to them	
9.8	understand group dynamics and roles, and be able to facilitate group work, in order to maximise support, learning and change within groups and communities	One respondent felt that this standard would be more appropriately placed under generic standard 14. Suggested amendments: • understand group dynamics and roles, and be able to facilitate **therapeutic** group work, in order to maximise support, learning and change within groups and communities
9.9	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	One respondent felt that this standard would be more appropriately placed under generic standard 14.
9.10	be able to work in appropriate partnership with service users in order to evaluate the effectiveness of occupational therapy intervention	One respondent felt that the term 'partnership' implies shared decision making and equal status, while the concept of 'collaboration' is more general and should also be included in standards where 'partnership' is mentioned.
10.	**be able to maintain records appropriately**	

No.	Standard	
10.1	be able to keep accurate, legible records	One respondent felt there should be some mention of service user's rights to access their records Respondents suggested the following amendments: • be able to keep accurate, legible, **timely** records • be able to keep accurate, **timely and contemporaneous** records • be able to keep accurate, legible **and contemporaneous** records • be able to keep **and contribute to** accurate, legible records • be able to keep **complete and contemporaneous** accurate, legible records
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines	
10.3	understand the need to use only accepted terminology in making records	Some respondents felt that there needed to be further clarification of what 'accepted terminology' means in this context. Suggested amendment: • understand the need to use only accepted terminology in making **maintaining** records
11.	**be able to reflect on and review practice**	

No.	Standard	
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection	Respondents suggested the following amendments:: • understand the value of reflection on practice and the need to record **and critically evaluate** the outcome of such reflection • understand the value of reflection on practice and the need to record the outcome of such reflection **and implement any learning** One respondent felt that there should be consistency in the standards on reflective practice between dietitians, occupational therapists, and physiotherapists One respondent felt that this standard implies that occupational therapists maintain reflective diaries, where many do not.
11.2	recognise the value of case conferences, supervision, and other methods of reflecting on and reviewing practice	Some respondents felt that an additional requirement should be added here to include the principles of clinical supervision, for consistency with other professions. One respondent felt that case conferences are not actually a forum for reflection. One respondent felt that there should be consistency in the standards on supervision between dietitians, occupational therapists, and physiotherapists Suggested amendment: • recognise **and understand** the value of case conferences, supervision, and other methods of reflecting on and reviewing practice **and use these processes to improve practice**
11.3	be able to recognise the potential of occupational therapy in new and emerging areas of practice	Respondents suggested the following amendments: • be able to recognise the potential of occupational therapy in new and emerging areas of practice **as a result of new and emerging evidence**

No.	Standard	
12.	**be able to assure the quality of their practice**	
12.1	be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures	Respondents suggested the following amendments: • be able to engage in evidence-**informed** ~~based~~ practice, evaluate practice systematically, and participate in audit procedures • be able to engage in evidence-based practice, evaluate practice systematically, and participate in **clinical and other** audit procedures • be able to engage in evidence-based practice, **and** evaluate practice systematically~~, and participate in audit procedures~~
12.2	be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care	
12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance, and the use of appropriate outcome measures	
12.4	be able to maintain an effective audit trail and work towards continual improvement	Respondents suggested the following amendments: • be able to maintain an effective audit trail and ~~work~~ **make a contribution** towards continual improvement • be able to maintain an effective audit trail, **participate in audit procedures,** and work towards continual improvement
12.5	be aware of, and able to participate in quality assurance programmes, where appropriate	
12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user	

No.	Standard	
12.7	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	
13.	**understand the key concepts of the knowledge base relevant to their profession**	
13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession	Respondents suggested the following amendments: • understand the structure and function of the human body **and mind**, together with knowledge of health, disease, disorder and dysfunction relevant to their profession • understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession **and the impact on the service user**
13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process	One respondent felt this standard uses 'medical model' language, and that other models should be included, such as Moho or holistic. • be aware of the principles and applications of scientific **and research** enquiry, including the evaluation of treatment efficacy and the research process
13.3	recognise the role of other professions in health and social care	Respondents suggested the following amendments: • recognise **and understand** the role of other professions in health and social care
13.4	understand the theoretical basis of, and the variety of approaches to, assessment and intervention	

No.	Standard	
13.5	be able to understand and analyse activity and occupation and their relation to and effect on, health, wellbeing, and function	Respondents suggested the following amendments: • be able to understand and analyse activity and occupation and their relation to and effect on, health, wellbeing, and **occupational** function • be able to understand and analyse **human occupations** ~~activity and occupation~~ and their relation**ship with** ~~to and effect on,~~ health **and** wellbeing~~, and function~~
13.6	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	
13.7	understand the need to identify and assess occupational, physical, psychological, cultural and environmental needs and problems of service users, their families and carers	Respondents suggested the following amendments: • understand the need to identify and assess occupational, physical, psychological, cultural, **social, sociological, spiritual,** and environmental needs and problems of service users, their families and carers
13.8	understand the effect of occupational dysfunction and deprivation on individuals, families, groups and communities and recognise the importance of restoring and facilitating opportunities with the aim of achieving occupational wellness	One respondent felt this standard is too lengthy, and may be difficult to understand and interpret. Another respondent felt the reference to 'occupational wellness' is unclear and not widely used within the profession – they suggested adding 'participation' instead. Suggested amendment: • understand the effect of occupational dysfunction and deprivation on individuals, families, groups and communities and recognise the importance of restoring and facilitating opportunities ~~with the aim of achieving occupational wellness~~

No.	Standard	
13.9	recognise the value of the diversity and complexity of human behaviour through the exploration of different physical, psychological, environmental, social, emotional and spiritual perspectives	Some respondents felt this standard is too lengthy, and may be difficult to understand and interpret. Suggested amendments: • recognise the value of the diversity and complexity of human behaviour through the exploration of different physical, psychological, environmental, social, **sociological,** emotional and spiritual perspectives
13.10	be aware of social, environmental and work-related policies and services and their effect on human needs within a diverse society	
13.11	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	One respondent was concerned about the term 'empowerment' and felt that it should not be included in the standards. Suggested amendment: • be aware of the origins and development of occupational therapy, including the evolution of the profession towards the current emphasis on autonomy and ~~empowerment~~ **self-governance** of individuals, groups and communities
13.12	understand the use of the current philosophical framework for occupational therapy that focuses on service users and the bio-psychosocial model	Some respondents felt that the bio-psychosocial model mentioned in this standard is not appropriate and that the MOHO model, or more general models of philosophy should be mentioned. One respondent felt that this standard is difficult to understand and may be difficult to measure against.
14.	**be able to draw on appropriate knowledge and skills to inform practice**	

No.	Standard	
14.1	be able to change their practice as needed to take account of new developments or changing contexts	One respondent suggested the following amendment: • be able to change their practice as needed to take account of new developments, **technologies,** or changing contexts
14.2	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, or other actions safely and effectively	
14.3	be able to formulate specific and appropriate care or case management plans including the setting of timescales	
14.4	be able to gather and use appropriate information	Respondents suggested the following amendments: • be able to gather **and use** appropriate information **using appropriate methods**
14.5	be able to select and use appropriate assessment techniques	Respondents suggested the following amendments: • be able to select and use appropriate assessment **methods and** techniques
14.6	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment	Respondents suggested the following amendments: • be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques, **terminology,** and equipment **to the specialism**
14.7	be able to use observation to gather information about the functional abilities of service users	Respondents suggested the following amendments: • be able to use observation to gather information about the functional abilities **and presenting needs** of service users

No.	Standard	
14.8	be able to select and use standardised and non-standardised assessments appropriately to gather information about the service user's occupational performance, taking account of the environmental context	
14.9	be able to select and use relevant assessment tools to identify occupational performance needs	
14.10	understand the need to consider the assessment of the health, social care, employment, and learning needs of service users	
14.11	be able to undertake or arrange investigations as appropriate	Some respondents felt that 'assessment' would be more appropriate in the context of occupational therapy practice than 'investigation'.
14.12	be able to analyse and critically evaluate the information collected	
14.13	be able to demonstrate a logical and systematic approach to problem solving	
14.14	be able to use research, reasoning and problem solving skills to determine appropriate actions	
14.15	recognise the value of research to the critical evaluation of practice	
14.16	be aware of a range of research methodologies	
14.17	be able to evaluate research and other evidence to inform their own practice	
14.18	be able to demonstrate a level of skill in the use of information and communication technologies appropriate to their practice	One respondent queried the meaning of 'level of skill in' this standard.

No.	Standard	
14.19	be able to understand and use the relevant sciences and established theories, frameworks and concepts of occupational therapy	Respondents suggested the following amendments: • be able to understand and use the relevant **occupational** sciences and established theories, frameworks and concepts of occupational therapy
14.20	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	One respondent felt that the term 'partnership' implies shared decision making and equal status, while the concept of 'collaboration' is more general and should also be included in standards where 'partnership' is mentioned. Suggested amendments: • 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 **findings and clinical judgements** ~~results~~ • 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 **results of collaborative** assessment**s** ~~results~~ **and service user aspirations**
14.21	be able to select as appropriate, the specific occupations and activities for use as therapeutic media, taking into account the particular therapeutic needs of service users	Respondents suggested the following amendments: • be able to select as appropriate, ~~the~~ specific occupations and activities for use as therapeutic media, taking into account the particular therapeutic needs of service users
14.22	be able to analyse, develop or modify therapeutic media and environments to service users, to build on their abilities and enhance their occupational performance	Respondents suggested the following amendments: • be able to analyse, develop or modify therapeutic media and **social and temporal** environments to service users, to build on their abilities and enhance their occupational performance

No.	Standard	
14.23	be aware of the full range of occupations and activities used in intervention and how these should reflect the individual's occupational needs	One respondent was concerned that it is not possible to know 'the full range' of occupations and activities available, as these are somewhat determined by the needs of individuals and the environment they are in. Suggested amendments: • be aware of ~~the full~~ **a** range of occupations and activities **which could be** used in intervention and how these should reflect the individual's occupational needs • be aware of the full range of occupations and activities used in intervention and how these should reflect the individual's occupational needs **and aspirations**
14.24	know how to meet the social, psychological and physical health-based occupational needs of service users across a range of practice areas	
15.	**understand the need to establish and maintain a safe practice environment**	
15.1	understand the need to maintain the safety of both service users and those involved in their care	One respondent suggested the following amendment: • understand the need to maintain the safety of both service users and those involved in their care **including family and carers, and other professionals** • ~~understand the need~~ **strive** to maintain the safety of both service users and those involved in their care
15.2	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	

No.	Standard	
15.3	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation	Respondents suggested the following amendments: • be able to work safely, including being able to select appropriate hazard control and risk **assessment,** management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation
15.4	be able to select appropriate personal protective equipment and use it correctly	
15.5	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	
15.6	know and be able to apply appropriate moving and handling techniques	One respondent felt that 'infection prevention' would be more appropriate than 'infection control'