

## Introduction

The following document was made in a period of 7 years.

According to the Standing Orders,  
COTEC Code of Ethics should be revised every 4 years.  
The last revision took place in 1996. After that year there were other priorities.

In 2002 an Action Plan was established and  
the council decided that revision had to be undertaken ASAP.

As the aim of COTEC is

***“... to enable National Associations of Occupational Therapists in Europe to work together to develop, harmonize and improve standards of professional practice and education, as well as advance the theory of Occupational Therapy throughout Europe”.***

...it was evident that a Code of Ethics is an essential tool to reach this goal.

In 2006 it was clear one European Code of Ethics would not meet the needs of the member associations nor the occupational therapists in the countries involved due to too many differences in national constitution, legislation, cultural issues and history/development of the profession.

Furthermore, a Code of Ethics is a consensus document, which requires a democratic and interactive approach to procedure and decision-making. Council decided a guideline would be developed to assist member associations to make a national Code of Ethics.

## Working methods

---

(Excerpt from the Action Plan)

### **Guidelines and Quality of Professional Practice**

#### **1.1.1. Formulate guidelines in relation to professional practice**

#### **Promotion for the profession of OT**

#### **1.3.1. Develop guidelines for National Associations to disseminate and implement the Code of Ethics and Standards of Practice**

In 2006 council decided to set up a sub group of three persons, who would take the lead and would by means of information- and feedback rounds work in close connection with delegates and national associations.

As the history overview shows, a lot of working methods were used in developing the guidelines: Group discussions at meetings, interim meetings with CoE group, e-mail contacts, feedback rounds, questionnaires, workshops, and specific questions asked to experts.

References from other European and non- European countries and other professions, references from literature of Ethics, Deontology, Professional Reasoning were used.

The guidelines are based on the subject specific competences as formulated by the Occupational Therapy Tuning project group, which consisted of members of ENOTHE and COTEC.

The content of this guideline is two-fold.

#### **Part A**

Describes the COTEC policy, gives definitions and describes the responsibilities of persons/organisations involved.

#### **Part B**

It offers a framework for national actions. Background information and recommendations are given for both content and the developmental procedure.

As the sub group is deeply aware all member associations might have their limitations in both organisational, financial and human resources, it is stressed these guidelines can be adapted to meet the national needs.

Furthermore assistance can be asked from COTEC council.

#### **The working group:**

Maria Kouloumpi (Greece), Stephanie Saenger (The Netherlands), Marlies Suetens (Belgium).

Athens 2009

## ***Timeline***

Below an overview of the process is given:

<b>2002</b>	Establishment of Action Plan, Professional Practice Group Priority: Code of Ethics (CoE)
<b>Prague 2003</b>	questionnaire about national CoE was sent out to all NA's
<b>Vienna 2005</b>	specification asked and conclusions formulated
<b>Cyprus 2005</b>	re drafted by Professional Practice group
<b>Oslo 2006</b>	discussion and decision: from revision to guidelines and Establishment of a sub group for CoE
<b>Gent 2006</b>	interim meeting sub group draft proposal for a guideline, circulating for feedback
<b>Milan 2006</b>	further discussion, decision on continuation
<b>London 2007</b>	need for case studies and ethical reasoning methodologies
<b>Abcoude 2007</b>	interim meeting work on format and content
<b>Belgrade 2007</b>	presentation for council, feedback and decision about creating a workshop (COTEC congress Hamburg)
<b>Abcoude 2008</b>	interim meeting work on content and workshop, sending out questionnaire for feedback
<b>Hamburg 2008</b>	presentation and workshop in council and congress
<b>Kilkenny 2009</b>	results questionnaire, decision about continuation
<b>Athens 2009</b>	interim meeting work on content guidelines, feedback from questionnaire
<b>Valetta 2009</b>	presentation and final draft



Besides: workshops in **Athens, Gent, Lunteren** and **Amsterdam**

---

### **Acknowledgement**

*We would like to thank the council and all the delegates, alternates, boards, staff and members of the national associations who took the effort to respond to the questionnaires and give us feedback on the work done. Word of thanks for Karin Liabø (Norway) and Heather Frizzell (Ireland) former council and group members who contributed highly to this result.*

---



## Developing Codes of Ethics – COTEC Policy and Guidelines

### A. COTEC POLICY

---

#### A 1. Policy statement

COTEC highly recommends that every member National Association of Occupational Therapists develops their own Code of Ethics that follows closely the philosophy of the proposed document and incorporates national, legal and cultural perspectives, the citizen's needs and professional traditions and conditions.

COTEC also recommends that the development of the national Code of Ethics is based on a democratic process involving and activating members in a broad and representative perspective to promote awareness and ownership towards the code from all the members of the National Associations.

#### A 2. Mission of a Code of Ethics

An overall mission of Code of Ethics is to promote high professional standards and quality in occupational therapy practice based on client-centered or user-oriented principles and social responsibilities.

This includes:

- To identify and describe core ethical values and norms supported by the occupational therapy profession
- To improve awareness and develop competence among Occupational Therapists and OT-students of ethical reasoning and behaviour in their daily practice
- To clarify what kind of ethical behaviour oneself, others and society can expect from Occupational Therapists in their daily practice
- To promote ethical reasoning in daily practice

In the European OT competences defined in the Tuning process ethical reasoning and ethical behaviour is referred to in the subject specific competences in all six domains. This shows ethical behaviour is not *something special* but incorporated in the daily practice of OT.

Even without a Code of Ethics ethical behaviour and ethical reasoning is an integral part of OT professional reasoning for daily practice.

For example in the domain occupational therapy process and professional reasoning competence number (8): “*use professional and ethical reasoning effectively throughout the occupational therapy process*” refers openly to ethical reasoning. While competence number (13): “*actively seek, critically evaluate and apply a range of information and evidence to ensure that practice is up-to-date and relevant to the client*” implies the use of ethical reasoning. Ethical reasoning is not mentioned in actual words, but is needed in order for a therapist to be competent.

The same applies for many other competences in all six domains of Tuning.

### **A 3. Definition of Code of Ethics**

The Code of Ethics is a consensus document based on universal principles and provides guidelines for professionals for ethical behaviour, responsibilities, ethical reasoning, problem solving and decision making in their professional practice.

A CoE is a professional tool for logical analysis of a situation and decision making, since it enriches our thought processes. It is part of our clinical reasoning procedure and helps us to reach well thought out decisions. The guidelines provide a range of scenarios which can help us to choose a well thought out solution or resolution to a difficult situation. The code of ethics helps us to expand our thought processes, gives us examples of best practice, and supports our critical review of a situation enabling us to reach a solution which is based on logic, facts and feelings. It guides us to make a conscious compromise without a compromise of conscience.

### **A 4. Why is a Code of Ethics important for OT and OT Professionals?**

- a. To develop a set of standards based on universal principles that creates a “professional culture-stance-worldview-personal consideration” towards the profession, clients/colleagues and society
- b. To satisfy the aims of the profession and maintain high professional quality
- c. To safeguard and provide an insight into our reasoning in court cases by providing objective language and by that credible evidence
- d. To promote transparency of decision making (accountability)
- e. To establish collaborative partnerships with the client and other parties concerned based on respect of the clients’ rights and perspectives
- f. To facilitate and enhance ethical reasoning regarding responsibilities to other people’s safety, health and well-being
- g. To teach students ethical reasoning
- h. To answer the social demand for best practice in health professions and a growing expectation of what is right or wrong
- i. To support decision making in a real world of financial barriers, service restraints and personal limitations
- j. To enrich our skills of thinking and our reflective practice

### **A 5. Roles and responsibilities**

It is suggested that in the process of creating and establishing a CoE different groups have their roles and responsibilities as listed below.

### **A 5.1 COTEC**

- a. To give guidelines for drafting the CoE and how to organize the process
- b. To stimulate NAs to follow them
- c. To establish an ethical committee to advise on/monitor NAs (organisational)
- d. To initiate and support regular revision

### **A 5.2 National Associations**

- e. To create their own CoE
- f. To disseminate documents of CoE to their members
- g. To establish an ethical committee to advise and monitor NA members
- h. To educate their members in ethical reasoning
- i. To support individual members in solving ethical dilemmas

### **A 5.3 NA Members**

- j. To participate in the procedure of creating a CoE
- k. To promote ethical reasoning skills based on the CoE of their NA in daily practice
- l. To report confidentially cases of a breach of CoE to the NA or an appropriate person in the service

## **B. FRAMEWORK FOR NATIONAL ACTIONS**

---

### **B 1 Introduction to the content of a national Code of Ethics**

A Code of Ethics is a consensus document, which requires a democratic and interactive approach to procedure and decision-making. In these guidelines information and recommendations are given for both the content and the development procedure.

The sub group accounts for their choice of issues by giving background information, explanations and examples to highlight the importance of the issues and to assist associations in their thinking. Sometimes the direct link to the subject specific competences is given.

### **B 2 The Content of the Code of Ethics**

Each National Association can choose the format of a National Code of Ethics in order to fulfil the needs of the members and the obligations to society.

COTEC recommends the content of the Code *at least* addresses the following issues:

1. Qualities and Obligations
2. Ethical Principles
3. Problem solving model
4. Representative Case studies

Occupational Therapists have obligations towards themselves, other persons and society. To understand the complexity of professional practice, obligations and qualities need to be identified.

In order to respond competently to ethical dilemmas occupational therapists require an in depth understanding of ethical principles and ethical problem solving models. It provides the foundation and terminology needed when discussing cases or situations, giving a way to articulate thoughts to others and provide confidence in ethical position (Kanny as cited in Schelland Schell, 2008).

#### **B 2.1 Qualities and Obligations**

Qualities and obligations say something about the responsibilities one has towards oneself, others or society. **It is recommended to describe in a National Code of Ethics the qualities and obligations occupational therapists encounter.**

For every individual and on every level the weighting of these obligations is different and is influenced by the following: *cultural aspects, legal structures, professional standards, type of and aim of the organisation, function, duty and roles in the organisation* which are interrelated in a complicated way. The following are examples of specific qualities. The relevant competences are also given.

Cultural differences:

History of the country and the profession, the way societies and families are organised, laws and economic status, all these things play an important part in the interpreting of ethical values. Personal values and norms; these are also influenced by upbringing, education, life experience and so on. For example in Eastern European countries the responsibilities towards the clients' treatment is differently organised from the say the Scandinavian countries. In (some) eastern European countries it is forbidden for the occupational therapist to inform or discuss with the client the prognosis of their illness. In other countries there are specific laws about informing the client about *everything* that concerns their treatment and that has to be covered to achieve informed consent.

Related competence:

- Appreciate and respect individual differences, cultural beliefs, customs and their influence on occupation and participation

**It is highly recommended to describe the cultural background of OT.**

Legal structures:

In some countries there is a law which regulates the signing of a contract about the proposed treatment between the client and the therapist.

The competence related to this example is:

- comply with local/regional/national/European policies and procedures, professional standards and employers' regulations

**It is essential to refer to national legislation.**

Professional standards:

The way the health sector is organised, can have an influence on the way the profession has developed

Related competences:

- practice in an ethical manner, respecting clients and taking account of professional codes of conduct for occupational therapists.
- demonstrate continuing lifelong learning to enhance occupational therapy
- comply with local/regional/national/European policies and procedures, professional standards and employers' regulations

Type of and aim of the organisation:

A clinic centred on diagnosis has different criteria of the length of stay for a client compared to a ward where clients treated for a chronic disease. In psychiatric hospitals. Ethical dilemmas might differ from ones in a private practice.

Related competence:

- comply with local/regional/national/European policies and procedures, professional standards and employers' regulations

Function, duty and roles in the organisation;

The obligations, aims and responsibilities of a head of a department or a manager differ from the therapists working directly with the client.

Related competences:

- comply with local/regional/national/European policies and procedures, professional standards and employers' regulations
- collaborate with clients to advocate for the right to have their occupational needs met

Qualities and obligations are not only highly influenced by the points explained above but also are to be met on different levels.

First level qualities and obligations:

**The person towards him-/herself**

As all actions of a therapist have a certain level of personal involvement the therapist has to guard their own well-being by respecting their own values, principles, and norms. Every person has a responsibility for their moral and professional self-development.

Related competences:

- demonstrate confidence in self-management, self-awareness and knowledge of own limitations as an occupational therapist
- demonstrate continuing lifelong learning to enhance occupational therapy

Second level qualities and obligations to:

**The person towards a second person**

These obligations are built on the first level but also on legal structures, goals and aims of the organisation, professional standards and roles and responsibilities according to a job. Obligations on this level can be between OT's and users of services, relatives, students, supervisors, educators, colleagues/collaborators, employer, providers of service, employee, and participants in research, researchers

Related competences:

- work in partnership with individuals and groups in order to be engaged in occupation through health promotion, prevention, rehabilitation and treatment
- select, modify and apply appropriate theories, models of practice and methods to meet the occupational and health needs of individuals/populations
- use professional and ethical reasoning effectively throughout the occupational therapy process.
- actively seek, critically evaluate and apply a range of information and evidence to ensure that practice is up-to-date and relevant to the client.
- work according to the principles of client centred practice.
- build a therapeutic relationship/partnership as the foundation of the occupational therapy process
- establish collaborative partnerships, consult and advise with clients, carers, team members and other stakeholders on enabling occupation and participation
- prepare, maintain and review documentation of the occupational therapy process

Third level qualities and obligations to:

**The person towards groups and society**

On this level cultural differences and legal structures are the most prominent influences.

The obligations are towards social groups, communities, and society.

Competences related to this level may be:

- comply with local/regional/national/European policies and procedures, professional standards and employers' regulations
- prepare, maintain and review documentation of the occupational therapy process
- collaborate with clients to advocate for the right to have their occupational needs met

- establish collaborative partnerships, consult and advise with clients, carers, team members and other stakeholders on enabling occupation and participation
- work to facilitate accessible and adaptable environments and to promote occupational justice
- collaborate with communities to promote the health and well-being for their members through their participation in occupation

## **B 2.2 Universal Principles**

Universal principles are ethical principles, which have axiomatic power for human beings as they are based on the Universal Declaration of Human Rights (1948).

Different professionals rank the principles differently. In health care major universal principles include autonomy, beneficence, non-maleficence and justice. In OT respect of autonomy, integrity, confidentiality and beneficence rank high, while in other professions justice and non-maleficence are seen as more important.

Apart from personal values and beliefs the worth allotted to the different principles is also influenced by the roles one has in the organisation and/or society. Cultural differences strongly influence the ranking of the principles. In some societies the interests of the family or group is far more important than the interests of the individual.

**It is highly recommended to describe the cultural influences on the ethical principles in a National Code of Ethics.**

➤ **Respect for Autonomy**

to respect the right of an individual to be self-determined, being self-sufficient in making and carrying out decisions about one's own life. (Hansen, W&S)

➤ **Non-maleficence**

to take reasonable precaution to avoid imposing or inflicting harm or creating a circumstance in which harm could occur (Hansen, W&S)

➤ **Justice**

to treat all fairly, to share resources e.g. distributive justice, compensatory justice, procedural justice,

➤ **Beneficence**

holding the primary concern of doing good for others; the duty to try to bring about what is best for another person

➤ **Utility**

to provide the best available and acceptable solution for the largest population, serve common purpose

➤ **Veracity**

to tell the truth

➤ **Confidentiality**

to respect the privacy of information and action

➤ **Fidelity**

to keep promises

} **Integrity**

➤ **Integrity** enfolds Veracity, Confidentiality and Fidelity

The Table below shows how the qualities and obligations on different levels interrelate with the universal principles.

**Table 1.** Qualities and obligations linked to universal principles

Qualities and Obligations		Universal Principles	
First level <b>The person towards him-/herself</b>	Veracity, Confidentiality Fidelity	} Integrity	Respect for Autonomy
Second level <b>The person towards a second person</b>	Benificence Non Maleficence Justice Integrity		
Third level <b>The person towards groups and society</b>	Justice Utility		

Adapted from: R.S. Downie and K.C. Calman (1997)

## B 2.3 MODEL FOR ETHICAL PROBLEM SOLVING

### Introduction

A lot of problem solving models exist, which cover the same issues. The following model was adapted from the model cited in Clinical and Professional Reasoning in Occupational Therapy B.A. Boyt Schell, J.W. Schell 2008, page 198 as it was adapted from Purtill 2005 and Morris 2003.

**To facilitate occupational therapists to cope with ethical problems in their daily practice it is strongly recommended to include a problem-solving model in the National Code of Ethics.**

Having a Code of Ethics and a problem-solving model does not mean that all problems will be solved nor that there is one way to solve them. It does not provide answers but offers procedures to handle the problem consciously. When the model is used in a group session it is recommended to appoint a facilitator.

### Ethical Problem Solving

1. Identify the Ethical Dilemma
2. Analyse the situation / problem
3. Explore options / scenarios of solutions
4. Consider in depth the proposed course of action
5. Specify and implement
6. Reflect and evaluate

### **1. Identify the ethical dilemma**

---

Who are the key people/parties involved?  
Whose problem is it?  
Identify the level of accountability/obligation  
What are your duties/responsibilities involved in this case?

### **2. Analyse the situation / problem**

---

Do you need other facts or information?  
Which duties, obligations or rules are not being met?  
What are the occupational, medical, legal or economical consequences? (without taking action)  
Which ethical principles apply? (in all levels)

### **3. Explore options/ scenarios of solutions**

---

What are the possible courses of action? (brainstorm)  
What are the advantages and disadvantages of every act? (visualization)  
What are the conflicts that could arise from each action? (visualization)

### **4. Consider in depth the proposed course of action 1**

---

How does action impact social roles and self-interests of people involved?  
How well is the action supported by all parties involved?  
Is it the best solution under the given situation? (conscious compromise )

### **5. Consider in depth the proposed course of action 2**

---

Does action address relevant ethical principles?  
Is action consistent with the local regulation, policies and legislation?  
Is action consistent with the profession's Code of Ethics?

### **6. Specify & Implement**

---

Work out the steps in details (*Who, When, What, Where and How*)  
Inform people involved (*Who, When, What, Where and How*)  
Act

### **7. Reflect & Evaluate**

---

What action was taken?  
What are the outcomes? (*expected en unexpected*)  
How well did the action address the moral dilemma?  
Lesson learned for avoiding future ethical dilemmas

## **B 1.2.4 Case studies**

**To facilitate the occupational therapist in identifying and solving ethical dilemmas in daily practice it is highly recommended to include several case studies, which represent the different occupational therapy areas in the National Code of Ethics.**

An example of a case study is included in the Table below:

**Table 2.** Example of a case study

---

*Over the past few weeks, you have provided occupational therapy to Mr Jones, who has been a patient on the rehabilitation unit since suffering a stroke. He has*

*progressed well and will be discharged home within the next week. His wife will provide assistance and you have done education and training with her. Several days before the actual discharge, Mr Jones discloses that his wife may not consistently be able to help him as she has a problem with alcohol and periodically gets violent when she drinks. She has physically abused him in the past yet he insists on going home. He has asked you not to disclose the situation to anyone.*

***What should you as occupational therapist do?***

*Taken and adapted from:* Schell-Boyt, B.A. and Schell, J.W. (2008) *Clinical and Professional Reasoning in Occupational Therapy*, Lippincott Williams & Wilkins, Philadelphia, p.p. 190 (2008)

## **B 3: Guidelines for the development of a Code Of Ethics Procedure**

This guideline provides an ideal scenario that can be followed by the NA's in order to create their National Code of Ethics.

### **Folowing the four phases process it is recommended to:**

- *Adapt the suggested procedure according the financial, organisational and human resources of your NA*
- *Keep your project groups small but representing a cross section of occupational therapists working in different areas*
- *Be clear to your members that the procedure will go on – and that if members do not engage with the process, it will go on for them, but without them*
- *Set firm deadlines for feedback and group work*
- *Ask for advice when necessary*
- *Use the principles of project management*
- *Celebrate successes*

#### **a. PREPARATION PHASE**

---

- (1) Publicize and report in journals, website and assemblies about the intention to create a CoE and find opportunities to ask members to contribute.
- (2) Form a project group with people from the NA: from the Board, education institution, from those experienced in the field of ethical issues (3-7 persons)
- (3) Consult professionals of ethics from your country
- (4) Prepare a project and present it to the Board and General Assembly for approval or as appropriate in your association (time, money, steps, working groups, methodology, specify members' involvement and democratic decision-making, )

#### **b. DEVELOPMENT PHASE**

---

- (1) Establish the working groups for specific tasks (legislation, history, case studies, etc) or make use of existing groups
- (2) Collect information about relevant issues.e.g. Review the national literature in the country and consider legislative documents regarding health delivery, social welfare and others to related settings, to services, clients' rights, future development, labour laws, health and social insurance. etc constitution – European legislation Competence 21, 35  
Be conscious of historical perspective & cultural context – to highlight ethical issues in their country that is met in our practice. How this influences their work with their countries or their ethical reasoning. (multicultural societies, religious differences, family issues) Competence 19

- (3) Put the core values of OT in your cultural context- to explain it or give examples and decide on the terms used –e.g. clients / user / patient / recipient ....
- (4) Follow the COTEC guidelines and discuss with the members in groups (regional, areas of practice, general assembly). Methods could be internet survey, questionnaires, focus groups, brainstorming, workshops in national conferences
- (5) Write- up a first draft
- (6) Ask for feedback (Table 1) from a selected group (e.g. experts in certain OT fields and professional expert in ethics)

**Table 1. Questions for feedback**

<i>Do you think you can use this?</i>
<i>Is it understandable?</i>
<i>Is there too much emphasis on certain points?</i>
<i>Is there something missing?</i>
<i>Ranking of importance?</i>
<i>Can you use it in your own practice?</i>

- (7) Revise if necessary and create a second draft
- (8) Send out to members/website survey/other means
- (9) Revise if necessary and create a third draft and ask for a last check from professional expert in ethics
- (10) Ask for feedback from stakeholders (client organizations, employers, ethical committees, experts on ethical issues)
- (11) Revise if necessary and create a final document
- (12) Publish it to the members in time for considering approval/ and send to regulatory bodies for approval if necessary
- (13) Take it to a General Assembly if appropriate for presentation, discussion and voting
- (14) Send to COTEC with report of the procedure followed (for information)

### **c. IMPLEMENTATION PHASE**

---

- (1) Disseminate to members and get it signed by every new member/as many members as possible, other suggestions: – give out at graduation/or by start by OT educational institutes –taught in the curriculum - ethical reasoning competence for teaching in the school- workshops held in congresses, CPD programmes, copies available for download, hardcopies available on request etc.
- (2) Inform ministries – regulating bodies – other disciplines associations – services – employers – clients’ organization

- (3) Establish an Ethical committee if possible ( formulate (roles and responsibilities)
- (4) Establish a monitoring system – penalties within the law and the custom of the countries/self monitoring guide/connect to CPD system

#### **d. FOLLOW-UP / EVALUATION PHASE**

---

- (1) Decide who is responsible for follow up - ethical committee or a new project group or board
- (2) Decide on revision.date. The proposed term is every five years
- (3) Create a data base for case studies/ Column on website about case studies/form discussion groups/ blogs
- (4) Organize an ongoing process of feedback e.g. through the website,
- (5) Prepare an evaluation and revision procedure (using a similar procedure & taking into account the existing Code

# APPENDIX

---

## Attachment I

### Subject Specific Competences

#### Knowledge of Occupational Therapy

The occupational therapist is able to:

1. Explain the theoretical concepts underpinning occupational therapy, specifically the occupational nature of human beings and their performance of occupations
2. Explain the relationship between occupational performance, health and well-being
3. Synthesise and apply relevant knowledge from biological, medical, human, psychological, social, technological and occupational sciences, together with theories of occupation and participation
4. Analyse the complexities of applying theories and research evidence related to occupation in the context of a changing society
5. Engage in rational and reasoned debate in relation to occupation and occupational therapy

#### Occupational Therapy Process and Professional Reasoning

The occupational therapist is able to:

6. Work in partnership with individuals and groups, using occupation in prevention, re/habilitation, and treatment in order to promote participation, health and well-being
7. Select, modify and apply appropriate theories, models of practice and methods to meet the occupational and health needs of individuals/populations
8. Use professional and ethical reasoning effectively throughout the occupational therapy process.
9. Utilise the therapeutic potential of occupation through the use of activity and occupational analysis and synthesis
10. Adapt and apply the occupational therapy process in close collaboration with individuals/ populations
11. Work to facilitate accessible and adaptable environments and to promote occupational justice
12. Collaborate with communities to promote and develop the health and well-being of their members through their participation in occupation
13. Actively seek, critically evaluate and apply a range of information and evidence to ensure that occupational therapy practice is up-to-date and relevant to the client
14. Critically appraise occupational therapy practice to ensure that the focus is on occupation and occupational performance

#### Professional Relationships and Partnerships

The occupational therapist is able to:

15. Work according to the principles of client centred practice
16. Build a therapeutic relationship/partnership as the foundation of the occupational therapy process

17. Establish and maintain collaborative partnerships, consult and advise with clients, carers, team members and other stakeholders on enabling occupation and participation in a wide range of contexts
18. Collaborate with clients to advocate for the right to have their occupational needs met
19. Appreciate and respect diversity, individual differences, cultural beliefs, customs and their influence on occupation and participation

### **Professional Autonomy and Accountability**

#### **The occupational therapist is able to:**

20. Prepare, maintain and review documentation of the occupational therapy process
21. Comply with local/regional/national/European policies and procedures, professional standards and employers' regulations
22. Demonstrate continuing lifelong learning to enhance occupational therapy
23. Practice in an ethical manner, respecting clients and taking account of professional codes of conduct for occupational therapists
24. Demonstrate confidence in self-management, self-awareness and knowledge of own limitations as an occupational therapist

### **Research and Development in Occupational Therapy/Science**

#### **The occupational therapist is able to:**

25. Identify the need for research on issues related to occupation, occupational therapy and/or occupational science and formulate relevant research questions
26. Search independently, critically examine and synthesise scientific literature and other information relevant to occupational therapy
27. Understand, select and defend designs and methods appropriate to research in occupation and occupational therapy, considering ethical aspects
28. Interpret, analyse, synthesise and critique research findings relevant to occupational therapy
29. Develop new knowledge of occupation and occupational therapy practice, particularly in relation to local and/ or emerging health and social challenges
30. Disseminate research findings to relevant stakeholders

### **Management and Promotion of Occupational Therapy**

#### **The occupational therapist is able to:**

31. Determine and prioritise occupational therapy services
32. Understand and apply principles of management to occupational therapy services, including cost-effectiveness, administration of resources and equipment, and establishing occupational therapy protocols
33. Engage in a continuous process of evaluation and improvement of the quality of occupational therapy services, involve clients where appropriate and communicate the results to relevant stakeholders
34. Take a pro-active role in the development, improvement and promotion of occupational therapy
35. Consider developments and influence policies in health and social care, society and legislation at international, national and local levels that affect occupational therapy services

## **Attachment II**

Reference list