COUNCIL FOR THE PROFESSIONS COMPLEMENTARY TO MEDICINE

Code of Practice

Occupational Therapy

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Code of Practice – Occupational Therapy

Introduction

The code of ethics is designed to offer broad guidelines for the practice of occupational therapy. The local Code of Ethics was designed to set out such standards. The standards of practice are intended to refine ethics to more specific and detailed principles. This document shall follow the structure provided by the Council of Occupational Therapists for the European Communities (COTEC). The Standards of Practice and the Code of Ethics of our profession are very closely linked. This document is a general document related to the standard of practice. Future documents can be designed to be more specific to the different fields of occupational therapy such as paediatrics, elderly, psychiatry etc.

1.0 Aim of document

The aim of this document is to provide occupational therapists with guidelines related to the provision of services. This document serves a minimum standard for occupational therapy practice and is applicable to all individual populations and the programs in which these individuals are served.

Responsibility towards the individual receiving occupational therapy services

Referrals

- 1.1 Clients can be referred to the occupational therapist by a doctor, any other relevant professionals / agencies including self-referrals, or as stated by the agency where the occupational therapist is giving his/her service.
- 1.2 The occupational therapist should decide on accepting referrals considered appropriate and for which they have the therapeutic resources.
- 1.3 Referrals awaiting acceptance should be placed on a waiting list or referred elsewhere. The client and referrer should be informed of the action taken.
- 1.4 The occupational therapist must give consideration to the need to refer the client elsewhere if it is of benefit for the client. The occupational therapist should, inform the consumer of appropriate services and facilities.

Assessment

- 1.5 The occupational therapist shall be responsible for assessing the client who has been accepted for treatment. Each episode of treatment must be planned, carried out and completed with the client's and / or careers involvement.
- 1.6 The occupational therapist may be required to evaluate, and review treatment aims and goals in order to modify the programme accordingly.

Treatment

- 1.7 The occupational therapist must maintain professional integrity and discretion throughout the intervention process.
- 1.8 The occupational therapist decides on the type of programme the patient requires and should ensure that their interventions are client centred.
- 1.9 The occupational therapist must ensure that discrimination against the client does not occur on the basis of race, colour, handicap disability, nationality origin, age, gender, sexual preference, religion, political belief or status in society or any other grounds.
- 1.10 The occupational therapist must, with the informed consent of the client, strive to establish realistic goals for intervention based on therapeutic cooperation. The client and / or career should be informed of the possible outcomes of treatment.

A Quality Programme

- 1.11 When developing an effective quality assurance programme the occupational therapist should consider the five components of quality assurance, namely: professional behaviour, effectiveness, resource use / current research, risk management, client satisfaction with the services provided.
- 1.12 The occupational therapist should maintain goal-directed and objective relationships with all clients served.

Discharge

- 1.13 The occupational therapist should determine when to terminate services to a client who has achieved the goal or when maximum benefit has been derived from occupational therapy services.
- 1.14 The reason for terminating treatment should be explained clearly to the client and / or carer and / or team.
- 1.15 The occupational therapist should make arrangements for the follow-up or reassessment of the client and document this, if relevant.

2.0 Records and Reports

- 2.1 With regard to reporting and recording information related to the client and access to the client's records, the provisions of Health and other Acts and / or the guidelines of the employing authority should be observed.
- 2.2 The Data Protection Act imposes certain obligations on the occupational therapist when keeping personal information on computer or in written format regarding the client and confers rights to persons on whom such information is kept.
- 2.3 At all times occupational therapists should protect and respect confidential material and ensure that it is only disclosed where appropriate for the benefit of the client.
- 2.4 The consent of the client should normally be sought before information concerning them is disclosed outside the therapeutic context and be informed in the case of legal compulsion.

- 2.5 Reports and records should be securely stored according to the laws of the country. They should provide factual data, record information related to professional activity and be without emotional bias. They should provide information for professional colleagues and for legal purposes.
- 2.6 Records should be kept to facilitate review and analysis of procedures and to measure the effectiveness of treatment. The occupational therapist should document the clients' abilities and treatment outcome. Reports should be made.
- 2.7 Computer / written information should not be misused and only be used for a designated purpose.
- 2.8 In occupational therapy service all computer held information should be kept safe.
 Only authorized staff should have access to it and all wastepaper and printouts should be disposed carefully.
- 2.9 Information procedures in the occupational therapy service should be in place to ensure that information is accurate and up to date.

3.0 Safety

- 3.0 The occupational therapist should not cause or do anything to endanger the health and safety of the client and others attending the same premises.
- 3.1 It is important that appropriate and safe equipment is used by the occupational therapist in treatment.

- 3.2 It is at the occupational therapist's discretion to limit her performance if adequate safety is not available for the occupational therapist and the client.
- 3.3 The occupational therapist should take all reasonable precautions and must wear appropriate clothing and footwear, where provided.
- 3.4 The occupational therapist should be acquainted with and observe provisions in Health and Safety Acts.
- 3.5 Inappropriate behaviour that causes distress to the client should be reported to the appropriate authorities.
- 3.6 Inappropriate behaviour from client towards therapists should be reported to the appropriate authorities.

4.0 Employers

- 4.1 Where employers have different standards of conduct than those in this code the occupational therapist must be clear on these and their implications. However, it is preferable that the employer recognises the Code in all areas.
- 4.2 The occupational therapist shall comply with guidelines established by the employer in so far as these are compatible with professional ethics and standards of practice.

5.0Promotion of the Profession

- 5.1 Occupational therapists should offer / or provide a service only within their level of expertise. Occupational therapists should recogise skills, knowledge and expertise needed for a competent service.
- 5.2 Occupational therapists should assume personal responsibility for their competency. In situations where additional knowledge and expertise are required, they should refer the client to another therapist and / or consult with colleagues.
- 5.3 The occupational therapist should keep up to date with knowledge / on going education relating to legislation, politics, social and cultural matters which effect the profession.

6.0 Professional Relationships

6.0

- 6.1 The need and/or responsibilities of colleagues should be respected by the occupational therapists.
- 6.2 The occupational therapist should consult, co-operate and collaborate with professional colleagues regarding professional duties.
- 6.3 The occupational therapist should understand the scope of practice of support staff in the occupational therapy service.
- 6.4 The occupational therapist should be loyal to fellow occupational therapists but, where necessary report and / or appeal unprofessional behaviour.

- 6.5 In cases of a breach of the Code of Ethics a confidential report should be made to the Professional Regulatory Body or appropriate person in the service management.
- 6.6 Non-nationals should respect the habits and culture of the host country.

7.0 Research and Development

7.0

- 7.1 The occupational therapist should give credit for published material when used.
- 7.2 The occupational therapist should respect the ethical implications involved when doing research.
- 7.3 Researchers should observe the provisions of Health Acts, Data Protection Act and / or regulations of the employing authority.
- 7.4 Occupational therapists should base their professional practice on established research.
- 7.5 The occupational therapist has the duty to update and review professional knowledge and be aware of current legal issues affecting their practice. Wherever possible time and resources should be allocated to continuing professional development. It is the responsibility of the Malta Association of Occupational Therapists and the Occupational Therapy Education committee to provide learning opportunities to all staff.

8.0 Representing the Profession **8.0**

- 8.1 The profession should be accurately represented to the client, professional colleagues, student and public. Only fully qualified occupational therapists i.e. in possession of a recognised qualification and those registered with the Profession's Regulatory Body can claim to be an Occupational Therapist and work in an Occupational Therapy Department or provide an Occupational therapy service.
- 8.2 The occupational therapist should endeavor to establish and develop the quality of the profession. The Malta Association of Occupational Therapists will be responsible for the promotion and development of the profession.
- 8.3 The occupational therapist should be committed to the education of society, the client, as well as the education of health professionals on matters of health that are within the scope of the occupational therapy.
- 8.4 The occupational therapist should refrain from excessive behaviour that adversely affects performance as an occupational therapist or reflects on the profession. This might include substance abuse or criminal or unlawful activity in the course of the practice of the profession.

9.0 Commercial

9.0

- 9.1 The occupational therapist may advertise in accordance with accepted health care practice.
- 9.2 The occupational therapist in promoting a private service may do so in accordance with health care practice.

- 9.3 The occupational therapist in private practice should establish fees based on cost analysis that is related to the services rendered.
- 9.4 The occupational therapist should use professional judgment when providing and/or recommending commercial products or technical appliances.
- 9.5 The occupational therapist must not request or accept commission from any commercial firm as a reward / payment for recommending the products of that firm to consumers.

10.0 Occupational Therapy Education

10.0

- 10.1 Educators of occupational therapy should ensure that the Minimum Education Standards of the World Federation of Occupational Therapist are met.
- 10.2 Educators should ensure that students obtain an acceptable standard of professional competency.
- 10.3 Educational standards should be validated by the Malta Association of Occupational Therapists together with related institutions.
- 10.4 The Code of Ethics and Standards of Practice should be promoted in the education of occupational therapists.

It is highly recommended that every Occupational Therapist carries out Continuing Professional Development.

Reference

Council of Occupational Therapists for European Communities Code of Ethics and Standard of Practice, Revised September 1998.

