

PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS AND PROSTHETICS AND ARTS THERAPY

STANDARDS OF PRACTICE FOR OCCUPATIONAL THERAPISTS

Introduction

The Minimum Standards for Practice are needed for two main reasons. The first is to set Minimum Standards as part of Clinical Governance whereby practitioners will be guided in all areas where services are delivered to patients/clients. Setting boundaries will allow practitioners the freedom to act within these boundaries and thus fulfilling the motto of the Health Professions Council – “To Guide the Professions”.

Secondly the Standards of Practice will provide a yardstick against which services can be measured to ensure that best practice is delivered to patients/clients and therefore “Protecting the Public.”

It is important to note that these are minimum standards/generic standards that all practitioners should comply with at any time during their practice. Specific guidelines for service delivery in an area remains the full responsibility of the supervisors and should be compiled in relation to each service delivery area. The Minimum Standards of Practice do not replace area specific guidelines, protocols, or standards. It remains the responsibility of each area to compile guidelines, protocols and/or standards appropriate to specific service delivery areas, to set, improve and maintain quality of service delivery.

This document aims to be as neutral as possible from a taxonomic perspective. Therefore, it does not strictly adhere to frameworks such as the Occupational Therapy Practice Framework, nor the International Classification of Functioning Disability and Health.

This document was informed by the following:

WHO Rehabilitation Competency Framework¹

HPCSA Occupational Therapy Scope of profession

HPCSA research project, including the scoping review and qualitative study (unpublished report).

¹ World Health Organisation. Rehabilitation Competency Framework. 2020. Available at: <https://iris.who.int/bitstream/handle/10665/338782/9789240008281-eng.pdf> cited 19/09/2024

DEFINITIONS

When applied to the acts of the profession outlined below, the following definitions will apply:

- 1.1. "Act" refers to the Health Professions Act unless explicitly stated otherwise.
- 1.2. "activities of daily living" is used to refer to both instrumental and personal activities of daily living from the Occupational Therapy Practice Framework and means occupations which are necessary for the care and protection of a person, his/her dependents and lived environment. This also includes rest and sleep;
- 1.3. "activity limitation" means the degree of difficulty in performing an activity due to developmental delay, an impairment or an environmental restriction;
- 1.4. "activity" means a productive action required for development, maturation and used for sensory, motor, psychological, social and cognitive functions. Activity may be productive without yielding an object. It is also a valuable vehicle to acquire, maintain or redevelop skills necessary to fulfil occupational roles and provide satisfaction;
- 1.5. "activity analysis" means consciously matching the characteristics of an activity with the abilities of a patient. It is an organised and structured process in which an activity is broken down into its component parts (characteristics) in order to understand its inherent demands and properties, thus identifying its therapeutic potential;
- 1.6. "appropriate occupational therapy methods and techniques" are those that are scientifically valid, individually tailored, professionally sanctioned and in the scope of profession, safely delivered, practically feasible, goal-directed, and ethically responsible, thus are based in complex clinical/professional reasoning.
- 1.7. "client" refers to a person using occupational therapy services, and must be interpreted to mean individuals, groups and populations where appropriate.
- 1.8. "clinician" means a person who engages directly or indirectly in a client(s) health care, by applying the occupational therapy process in relation to the occupational function and activity participation of individual or groups of people;
- 1.9. "digital therapy" refers to the use of information and communication technologies (ICT) to deliver health and care-related services when the occupational therapist and service user are in different physical locations
- 1.10. "disability" means the umbrella term covering impairments, activity limitations and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations;
- 1.11. "health sector" refers to both public and private healthcare settings
- 1.12. "novice" is used as an encompassing term, referring both to newly qualified practitioners as well as practitioners who have been qualified for a number of years and are embarking on an area of practice in which they have not been practicing for a number of years, e.g. an occupational therapist who has been working in psychiatry for a number of years moving into neurorehabilitation.
- 1.13. "occupation" means the ordinary, everyday things that individuals and communities do to meet daily and human development needs across the life span; is culturally determined and unfolds within the contexts in which people live, learn, work and play;

- 1.14. "occupational performance" means Engagement and participation in one's chosen occupations to the full extent of one's capacity, so as to facilitate a sense of self-efficacy, satisfaction and enjoyment;
- 1.15. "occupational risk factors" means occupational deprivation, -imbalance, -alienation and/or -restriction;
- 1.16. "occupational science" means is a basic science devoted to the study of the human as an occupational being, including the need for and capacity to orchestrate daily occupations over the lifespan. It deals with the substrates, form, function context and meaning of occupation;
- 1.17. "occupational therapy" means a client-centred health professional activity concerned with promoting health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement.
- 1.18. "outcomes measure" refers to a tool or method used to assess the results, effects, or consequences of an intervention, program, treatment, or process. It's designed to evaluate whether intended goals have been achieved and to what degree. In occupational therapy, outcomes measures might track symptom reduction, community reintegration or improvements in occupational participation.
- 1.19. "prioritised Occupational Therapy services" refers to rendering services in keeping with the principle of distributive justice in a resource-constrained context adhering to austerity measures.
- 1.20. "SOGIESC" refers to Sexual Orientation, Gender Identity, Gender Expression, and Sex Characteristics. It is a framework used to recognize and protect the rights of individuals whose SOGIESC differs from societal norms.

This document describes eight standards of practice for the profession of occupational therapy in the South African context.

Standard 1: Occupational Therapy Knowledge and Application of the Occupational Therapy Process

Occupational therapists are registered in the independent category of practice with the HPCSA. This means that they are able to autonomously perform all aspects of the occupational therapy process, and are able to determine from independent observation and referrals whether a client needs occupational therapy. Thus, occupational therapists perform their profession as **first line and/or primary care practitioners** and/or as **experts** to whom other practitioners refer persons they deem would benefit from occupational therapy. A referral is not a prerequisite for occupational therapy intervention.

Occupational therapy serves people of all ages who are facing (or are at risk of) occupation-related restrictions that impact negatively on their health, functioning, development and quality

of life. This includes persons with disability or impairments, who experience resultant participation restrictions, and those whose environmental restrictions limit or prevent their essential functioning, leading to disability. These services are rendered at individual, group and population levels. The occupational therapist must take on an appropriate role in relation to the context, whether as clinician, educator, advocate, etc.

Occupational therapists work, subject to the rules of the HPCSA and the Professional Board regarding business models and rules of employment set in terms of the Health Professions Act, amongst others, in:

- All levels of the health sector, including community-based settings, primary levels of care, district-level, secondary, tertiary and quaternary levels of care.
- Education; including public, private, at all levels of schooling, inclusive of early childhood development centres and all levels of special-needs schools and care centres.
- Labour, whether public, corporate, industrial, sheltered or informal;
- Agriculture;
- Traditional affairs;
- Correctional services;
- Transport;
- Housing;
- Mining;
- Non-governmental and non-profit organisations;
- Organisations of people living with disabilities;
- Retirement homes and frail care facilities, including residential care facilities for chronic mental healthcare users;
- Rehabilitation facilities; and/or
- Private homes.

Novice occupational therapists have a working knowledge of foundational and occupational conceptual frameworks of occupational therapy and occupational science which they can apply to analyse a client's, group's or population's occupational participation.

Occupational therapists are able to work autonomously to perform the following activities as part of the occupational therapy process for clients across the life span, inclusive of all stages of development and should ask for assistance when required:

- (1) Assessment and evaluation of occupational performance and the factors affecting it in all established and emerging fields/areas of practice, through:
 - (a) observation,
 - (b) the use and/or interpretation of various standardised and non standardised tests,
 - (c) activities,
 - (d) interviews,
 - (e) questionnaires (self-administered or practitioner-administered),
 - (f) instruments,
 - (g) apparatus,
 - (h) devices,
 - (i) contribution to diagnosing, or
 - (j) similar method

The purpose of assessment is to determine impairments in body structures and functions, activity limitations and participation restrictions in categories of occupation of individuals or groups of persons in whom these are impaired or at risk;

- (2) Assessment and analysis of the contexts and environments in which the individuals or groups of persons live work, learn and play and interact socially;
- (3) Assessment and analysis of occupations and activities;
- (4) Identification of, and intervention to address occupational risk factors;
- (5) Designing and implementing intervention plans in collaboration with the client and/or the family that will address their occupational priorities and ensure optimal participation in the roles and occupations that are important, relevant and meaningful to them.
- (6) Selecting and implementing culturally responsive and safe practice strategies to suit the client's occupational therapy goals, environment and belief system.
- (7) The use of any occupational therapy method, technique or procedure in all established and emerging fields/areas of practice to:
 - (a) Promote health, prevent disease and improve quality of life;
 - (b) Prevent occupational dysfunction and/ or to promote, or develop/habilitate ability to participate in occupation by means of active participation in meaningful and purposeful occupations and activities that enhances quality of life;
 - (c) Improve, remediate, rehabilitate and/or maintain participation in occupational or compensate for occupational dysfunction by means of active participation in meaningful and purposeful occupations and activities;
 - (d) Adjust the environment to ensure accessibility and to facilitate active participation in all areas of occupation, including but not limited to use of ergonomic principles; and/or
 - (e) Adjust and adapt activities/occupations or prescribe assistive technology to facilitate active participation in all areas of occupational participation (e.g. work, driving, play, etc.).
- (8) The use and application of appropriate methods and techniques preceding or during activity participation to facilitate such participation, including but not limited to:
 - (a) Applying Bobath and/or motor relearning, and/or Brunnstrom principles,
 - (b) Prescription, adaptation and use of assistive technology,
 - (c) Applying basic sensory input principles, such as sensory modulation principles or desensitisation, to promote an optimal response/engagement,
 - (d) Using Yalom's groupwork principles and curative factors, and/or

- (e) Applying basic psychosocial techniques and/or basic cognitive-behavioural or dialectic-behavioural techniques/principles.
- (9) The control, development, management and quality assurance of occupational therapy programmes.
- (10) Establishing plans for and the process of discharge with the client, their family or other relevant role players, using a community oriented primary care (COPC) approach or community-based rehabilitation (CBR) principles, to promote health and wellbeing and (re-)integration into the community. Using a COPC approach and/or CBR principles ensures that the client will receive appropriate support/intervention at the next level of care.
- (11) Facilitating handover processes for successful transition, seeking support to identify and respond to service gaps.

Standard 2: Occupational Therapy Clinical skills

These standards of practice will describe the competencies in participation (i.e. categories of occupation) and medical/population fields of practice.

It is expected that occupational therapists will develop from a novice practitioner to an expert, through experience and advanced training which includes specialist courses including but not limited to skills pertaining to neurodevelopment, sensory integration, psychodrama, medicolegal practice, vocational rehabilitation and driving rehabilitation, as well as formal higher degrees.

1. Occupational therapists enable participation and enhance performance in the following categories of occupation:
 - (1) Personal and Community Living Skills: All occupations necessary for the care of self, dependents and the lived environment. They include those occupations that facilitate community and civic participation, and community mobility. Activities related to rest and sleep are also included.
 - (2) Leisure: Discretionary occupations to meet recreational and social needs.
 - (3) Work: Contracted and uncontracted occupations for formal and informal income generation, self-entrepreneurship, volunteerism and retirement planning and engagement.
 - (4) Play: That which is done in structured and unstructured ludic engagements, that may or may not involve playfulness; which refers to player disposition or attitude.

(5) Education and learning: Committed occupations for the advancement of human skills and potential.

(6) Social participation: Occupations that constitute interactions with family, peers, friends and community members.

2. Occupational therapists operate in the following pre-occupational categories by addressing engagement and or performance through activities that are meaningful, goal-directed and purposeful in addressing:

(1) Biomechanical and Neurological factors;

(2) Psycho-social factors (including cognition, volition and affect);

(3) Sensory and Perceptual factors; and/or

(4) Interpersonal factors

3. Occupational therapists use the following technical knowledge and skills to underpin activity participation and compensate for or improve pre-occupational categories. Below are some examples, but this is not intended to be an exhaustive list:

1. Activity analysis, including job analysis.

2. Splinting.

3. Measuring, manufacturing, and adjusting pressure garments.

4. Sensory integration and/or modulation.

5. Measuring, manufacturing, and adjusting physical and digital assistive technology and

6. Training or educating clients in the use of assistive technology, which incorporates wheelchair mobility, wheelchair seating, wheelchair repairs.

7. Ergonomics assessment and intervention.

8. Psychosocial techniques, including relaxation, psychodrama, and role-play.

9. Neurodevelopmental techniques across the life span.

10. Assessment, intervention, prevention and promotion of clients' work ability,

including entrepreneurship and retirement preparation and planning.

Standard 3: Communication and cultural sensitivity

Occupational therapists must use open, responsive and appropriate communication during service delivery to maximise the occupational participation and engagement of service users and relevant others such as caregivers, family members, other support systems and the multi-/interdisciplinary team.

Occupational therapists should:

- Use culturally responsive, safe and relevant communication tools and strategies
- Communicate openly, respectfully and effectively with the client, caregivers, family members, other support systems and the multi-/interdisciplinary team
- Recognise the communication needs and practices of the person and their family, such as those related to age, education, culture, health condition or language
- Adapt communication to a range of needs and practices, including communicating through the use of interpreters, assistive technology, and relevant accommodations where relevant.
- Adapt written, verbal and non-verbal communication appropriate to the client and practice context
- Be able to write reports in relation to the requirements of the instructing party.
- Use effective communication skills to initiate and end relationships with clients and relevant others, seek and respond to feedback, modify communication and/or practice accordingly
- Identify and articulate the rationale for practice to service users and relevant others.
- Be an active listener to ensure that the service users' occupational narrative is heard and used to plan for collaborative goals.
- Adapt one's practice to meet the occupational needs and well-being of the service users, respecting differences in cultures, identity, ethnicity and how people relate to their natural environment
- Work collaboratively with others to identify and address any limitations or cultural assumptions that affect the quality of service
- Regularly evaluate and address any risks in one's own level of safety and in one's cultural sensitivity.
- Recognise and respect diversity, including people's values, beliefs, attitudes, gender, SOGIESC, cultural identity and language.

Standard 4: Digital Competence

Digital competence includes possessing the digital literacy skills necessary to stay current with the occupational therapy profession and use digital technologies relevant to occupational therapy practice. Digital literacy is the ability to search, navigate, evaluate, create and communicate information effectively using various digital media (including social media and artificial intelligence). This includes the knowledge of basic computing principles and the ability to engage appropriately and ethically with online communities and social networks.

Occupational Therapists need to:

- Keep up to date with digital skills, understanding the scope, benefits and potential impact of emerging digital technologies to ensure they make the best use of technological resources for service delivery.
- Use devices, apps, and other digital tools responsibly to benefit one's networks, teams, practice, and service users receiving occupational therapy services within the South African context.
- Be able to deliver occupational therapy via telehealth, telemedicine, digital and virtual therapy.
- Participate in developing digital systems, tools and services relevant to the profession and service users in South Africa.
- Make visible the opportunities and risks of digitisation for the service users' active participation at individual, group and community levels.
- Evaluate when digital technologies are legal, ethically and culturally appropriate and use them responsibly to facilitate equitable and sustainable health outcomes.

Standard 5: Professionalism, Ethics and Human Rights

In addition to a sound understanding of the HPCSA's booklets on ethics and professionalism, an occupational therapist must be attentive to ethical practices, injustice, human rights and social determinants of health. Human Rights advocacy needs to be a core principle across all areas of practice concerning disability issues and equitable access to all services. Occupational Therapists need to work in an ethical, safe, lawful, and accountable manner, to enhance client health and well-being by focusing on their activities and the interaction between the person and their environment.

An Occupational therapist practising ethically should:

- Have a sound knowledge of ethical theories, including bioethics and environmental ethics.
- Respect and uphold service users' rights, privacy, confidentiality, dignity, values and autonomy, including their role in the assessment, diagnostic, intervention and/or therapeutic process.
- Recognise and manage actual or potential conflicts of interest and work to mitigate potentially harmful impacts of personal biases and beliefs
- recognise the power imbalance that comes with being a healthcare professional, and ensure they do not abuse this for personal gain
- understand the importance of obtaining valid consent, which is voluntary, informed and has due regard for capacity and is appropriately documented. Informed consent is proportionate to the circumstances and, therefore, cannot always be obtained from the service users themselves. In these circumstances, the occupational therapist must clearly document their reasoning or the circumstances affecting the ability to obtain consent.
- Promote and comply with HPCSA ethics and professional guidelines

Professionalism in occupational therapy refers to:

- Promoting and complying with professional standards, organisational procedures and guidelines
- Presenting self in a manner that instils confidence in others

- developing and adopting clear strategies for physical and mental self-care and self-awareness to maintain a high standard of professional effectiveness and a safe working environment
- understanding how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary
- Prioritising and managing workload in the context of multiple and competing demands
- Keeping full, clear, and accurate records in accordance with applicable legislation and protocols.
- Managing records in accordance with applicable legislation and protocols.
- Maintain confidentiality, security, and data integrity in the collecting, sharing, transmission, storage, and management of information.
- Demonstrating flexibility and resilience in the context of uncertainty and changing circumstances, seeking support when needed
- Managing professional boundaries with colleagues and stakeholders
- Sharing and seeking information with/from relevant colleagues and external stakeholders
- Cooperating with others across disciplines, roles, cultures and organisational hierarchies
- Managing complex relationships constructively, seeking support when necessary to prevent and resolve conflict
- Formally and comprehensive assessments to analyse hazards and risk
- Responding proactively to actual or potential hazards, incidents and errors
- Initiating quality improvement activities

Occupational therapists who are attentive to human rights issues and advocacy should:

- Understand and apply the principles of social and occupational justice.
- Understand the climate of human rights protection for persons with disability, those disadvantaged by socioeconomic conditions and marginalised by their health or social circumstances
- Work towards mitigating the effects of social and human rights barriers, such as stigma on occupational participation.
- Facilitate participation in occupation and social participation, promote health and wellness, human rights, inclusion and the 'enablement' of populations, communities and individuals through professional engagement.
- Work toward ensuring Equitable access to services and protection of human rights.

Standard 6: Research and Evidence-based Practice.

Research and evidence-based practice form the foundation of rendering contextually relevant, prioritised Occupational Therapy services for the South African population.

Occupational therapy practitioners:

1. Can apply evidence to practice by using guidelines, protocols, and other sources of evidence in decision-making such as outcomes measures.
2. Have a working level of research-related knowledge that enables them to
 - a. Appraise evidence for best practice, and
 - b. Participate in research activities to develop further evidence for occupational therapy practice under guidance.

- c. Demonstrate awareness of the opportunities for further evidence-development, by standardising collecting patient and intervention data including outcomes of occupational therapy, to facilitate research such as retrospective record reviews.
- d. Evaluate progress towards desired outcomes which includes the use of methods to monitor the progress of the client or community toward the desired goal. This could include standardised tests, outcome measures, and screening tools.
- e. Participate in introductory level research on occupation, social participation, health, wellness, human rights, inclusion and the 'enablement' of populations, communities and individuals through professional engagement.

Standard 7: Advocacy,

Occupational therapists must advocate for the profession and for the rights and needs of service users at individual, group and population level. Every occupational therapist:

- Encourages efforts to strengthen and integrate occupational therapy rehabilitation in the health system. For the purpose of this document, the health system is seen in its entirety. It includes services rendered at NGO and non-profit organisations, the community level, all types of private practice, the educational system as a whole and all other government departments.
- Promotes the role and value of occupational therapy at organisational, community and political levels.
- Leads and evaluates initiatives to promote the role and value of Occupational therapy and its provision for all who need it.
- Educates service users on their rights and facilitates/creates opportunities for service users to advocate for their needs.
- Advocates for service users and vulnerable populations to access appropriate services that meet their needs, including residential care, school placement, return to work, and assistive devices.

Standard 8 Management, leadership and followership

Management, leadership and followership relate to teamwork, development and maintenance of services, resource management, and strategic thinking about the role of occupational therapy in the organisation and the community. Occupational therapy leaders, managers and followers use their working knowledge and skills in their allocated leadership responsibilities among their peers. They also ensure that there is interprofessional collaboration.

Followership is not passive, rather it is a set of behaviours that demonstrates collaboration, influence and action with the leader. Followers:

- Contribute to the operation and development of the team,
- Contribute to resource procurement and allocation,
- Have an introductory level of relevant knowledge and skills that are applied to informal leadership among their peers,

- Contribute to the development of the team in which they work, as well as
- Advocate for the team.

The traditional areas of management² are:

Planning	The process of deciding what to do by setting performance goals and identifying the specific objectives and activities that need to be carried out to accomplish these objectives For occupational therapy this means that the occupational therapy manager: • Develops a vision for service-delivery that mitigates the impact of systemic and structural inequality in collaboration with the team. • Establishing and prioritising service goals and objectives in accordance with the vision of the unit and the organisation as a whole. • Plans a service according to the specific objectives and goals flowing from the vision. • Ensures that the procurement plan is sufficient to accomplish the objectives of the department, including staffing, financial and material resources. • Identifying and reporting staffing needs and ensuring that staff are recruited and appointed. • In an established unit, a new manager should evaluate existing/current services to familiarise themselves with the needs of the service users and the priorities of the unit prior to implementing new services.
Organising	Designing workable units, determining lines of authority and communication, and developing and managing patterns of coordination For occupational therapy this means that the occupational therapy manager: • Providing input to support team communication • Allocates tasks and responsibilities to team members, including occupational therapy technicians/assistants and students, in accordance with their level of training and scope. • Procures the necessary financial and material resources to enable staff to deliver the services • Establishing and reviewing policies and procedures for safe and inclusive service delivery. • Cultivates the roles and contributions of team members.

² See for example: Braveman, B. 2014. Management of Occupational Therapy Services. In: Boyt Schell, B.A. Gillen, G. Scaffa, M.E. and Cohn, E.S. (Editors) Willard and Spackman's Occupational Therapy 12th Edition. Philadelphia: Lippencott Williams and Wilkens pp 1016-1030.

	Establishing lines of accountability and support structures for team members.
Controlling	Providing guidance and leadership so that the work that is performed is congruent with goals - Quality assurance - Prepare for, implement and manage internal and external service audits to the various standard-setting norms and documents, including but not limited to the National Core Standards, Ideal clinic toolkit and standards from regulators such as the HPCSA and the Office of Health Standards Compliance. - Monitoring the use of human and financial resources to minimise wastage, and ensuring that staff are continuously able to develop their knowledge and skill.
Directing	Establishing performance standards, measuring, evaluating and correcting performance - Evaluate current services to ensure that they continue to meet the needs of the service-users. - Ensuring that staff are rendering services at an appropriate level through regular performance reviews and putting corrective measures in place where necessary.