



Promoting higher quality

**The Quality Assurance Agency
for Higher Education**

**Benchmark statement:
Health care programmes**

Phase 1

Occupational therapy

Subject benchmark statements: Health care programmes

Subject benchmark statements provide a means of describing the nature and characteristics of programmes of study and training in health care. They also represent general expectations about standards for the award of qualifications at a given level and articulate the attributes and capabilities that those possessing such qualifications should be able to demonstrate.

Subject benchmark statements are used for a variety of purposes. Primarily, they are an important external source of reference when new programmes are being designed and developed. They provide general guidance for articulating the learning outcomes associated with the programme but are not a specification of a detailed curriculum. Benchmark statements provide for variety and flexibility in the design of programmes and encourage innovation within an agreed overall conceptual framework.

Subject benchmark statements also provide support in the pursuit of internal quality assurance. They enable the learning outcomes specified for a particular programme to be reviewed and evaluated against agreed general expectations about standards.

Finally, subject benchmark statements are one of a number of external sources of information that are drawn upon for the purposes of academic review* and for making judgements about threshold standards being met. Reviewers do not use subject benchmark statements as a crude checklist for these purposes however. Rather, they are used in conjunction with the relevant programme specifications, the associated documentation of the relevant professional and statutory regulatory bodies, the institution's own self evaluation documentation, together with primary data in order to enable reviewers to come to a rounded judgement based on a broad range of evidence.

The benchmarking of standards in health care subjects is undertaken by groups of appropriate specialists drawn from higher education institutions, service providers and the professional and statutory regulatory bodies. The statements represent the first attempt to make explicit in published form the general academic characteristics and standards of awards in these subjects in the UK. In due course, the statements will be revised to reflect developments in the subjects and the experiences of institutions, academic review and others that are working with it.

* academic review in this context refers to the Agency's arrangements for external assurance of quality and standards. Further information regarding these may be found in the *Handbook for academic review*, which can be found on the Agency's web site.

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Foreword

This benchmark statement describes the nature and standards of programmes of study in occupational therapy, that leads to awards made by higher education institutions in the United Kingdom (UK) in the subject.

It has been developed in collaboration with a number of other health care professions and these are listed below. Although initial work was undertaken in subject specific groups, the analysis of these early drafts identified a number of features which all the subject groups shared. It was, therefore, agreed by each of the specialist benchmark groups that their respective statements could be cast using a common structure. As work progressed it became increasingly apparent that there was considerable overlap within the details of the subject-specific statements and a common health professions framework was emerging. This emerging framework is, accordingly, displayed in each of the subject statements in order to illustrate on the one hand, the shared context upon which the education and training of health care professionals rests and, on the other, the uniquely profession-specific context within which programmes are organised. It is important to emphasise that benchmark statements are not cast in tablets of stone and will need to be revisited in the light of experience and further developments in health care. Moreover, we are confident that the emerging framework has the potential to embrace other health related professions such as social work, dentistry, medicine and other therapies. It is anticipated that further work in a second phase of the project could lead to an overarching health professions framework.

The initial section of this statement sets out the health professions framework under three main headings:

- A Expectations of the health professional in providing patient/client services;
- B The application of practice in securing, maintaining or improving health and well-being;
- C The knowledge, understanding and skills that underpin the education and training of health care professionals.

The main section of this statement, in addition to describing the nature and extent of programmes leading to awards in occupational therapy, describes the profession-specific expectations and requirements under the same three categories.

The key feature in this statement, as in the associated statements, is the explicit articulation of the academic and practitioner standards associated with the award in occupational therapy. This duality reflects the significance of the academic award as the route to registration for professional practice and formal recognition by the professional and statutory regulatory bodies. The threshold standards set out the expectations of health professionals entering their first post immediately on qualification.

The section on standards accords with the relevant level descriptor for awards in the qualifications frameworks published by the Quality Assurance Agency for Higher Education.

The section on teaching, learning and assessment draws attention to the central role of practice in the design of learning opportunities for students and the importance of ensuring that professional competence developed through practice is adequately assessed and rewarded. It also notes how essential it is that the integration of theory and practice is a planned process within the overall arrangements made for teaching and learning.

The statement acknowledges the need to put the prospective client/patient at the centre of the student's learning experience and to promote within that experience the importance of team-working and cross-professional collaboration and communication. Implicit in the statement are the opportunities that exist for shared learning across professional boundaries, particularly in the latter stages of training when inter-professional matters can be addressed most productively. It is essential that the opportunities that exist for shared learning in practice are optimised, as well as best use being made of similar opportunities that prevail more obviously in classroom-based activities.

This statement and the associated statements will therefore allow higher education institutions, in partnership with service providers (where appropriate), to make informed curriculum choices about the construction of shared learning experiences. In this context, shared learning is seen as one of a number of means of promoting improved collaborative practice and addressing a range of issues which span professional accountability and professional relationships.

Finally, the statement does not set a national curriculum for programmes leading to awards in occupational therapy. It acknowledges that the requirements of the professional and statutory regulatory bodies need to be incorporated into the design of programmes. It seeks to encourage higher education institutions and service providers to work collaboratively in the design and delivery of their curricula. Its essential feature is the specification of threshold standards, incorporating academic and practitioner elements, against which higher education institutions are expected, as a minimum, to set their standards for the award.

¹ *Dietetics, Health Visiting, Midwifery, Nursing, Occupational Therapy, Orthoptics, Physiotherapy, Podiatry (Chiropody), Prosthetics and Orthotics, Radiography, and Speech & Language Therapy.*

An emerging health professions framework

The subject specific statements for occupational therapy have been set within the emerging health professions framework outlined below. As indicated in the foreword, this framework developed as a result of the benchmarking work undertaken collaboratively by 11 different health professional groups. Further evolution of the framework is anticipated through a second phase of the project which will address its goodness of fit with a range of other health and social care professions benchmark statements.

A Expectations of the health professional in providing patient/client services

This section articulates the expectations of a registered professional within health and social care services. It describes what is regarded as a minimum range of expectations of a professional that will provide safe and competent practice for patients/clients in a variety of health and social care contexts.

A1 Professional autonomy and accountability

The award holder should be able to:

- maintain the standards and requirements of professional and statutory regulatory bodies;
- adhere to relevant codes of conduct;
- understand the legal and ethical responsibilities of professional practice;
- maintain the principles and practice of patient/client confidentiality;
- practise in accordance with current legislation applicable to health care professionals;
- exercise a professional duty of care to patients/clients/carers;
- recognise the obligation to maintain fitness for practice and the need for continuing professional development;
- contribute to the development and dissemination of evidence-based practice within professional contexts;
- uphold the principles and practice of clinical governance.

A2 Professional relationships

The award holder should be able to:

- participate effectively in inter-professional and multi-agency approaches to health and social care where appropriate;
- recognise professional scope of practice and make referrals where appropriate;
- work, where appropriate, with other health and social care professionals and support staff and patients/clients/carers to maximise health outcomes;
- maintain relationships with patients/clients/carers that are culturally sensitive and respect their rights and special needs.

A3 Personal and professional skills

The award holder should be able to:

- demonstrate the ability to deliver quality patient/client-centred care;
- practise in an anti-discriminatory, anti-oppressive manner;
- draw upon appropriate knowledge and skills in order to make professional judgements, recognising the limits of his/her practice;
- communicate effectively with patients/clients/carers and other relevant parties when providing care;
- assist other health care professionals, support staff and patients/clients/carers in maximising health outcomes;
- prioritise workload and manage time effectively;
- engage in self-directed learning that promotes professional development;
- practise with an appropriate degree of self-protection;
- contribute to the well-being and safety of all people in the work place.

A4 Profession and employer context

The award holder should be able to:

- show an understanding of his/her role within health and social care services;
- demonstrate an understanding of government policies for the provision of health and social care;
- take responsibility for his/her own professional development;
- recognise the value of research and other scholarly activity in relation to the development of the profession and of patient/client care.

B The application of practice in securing, maintaining or improving health and well-being

All health care professionals draw from the knowledge and understanding associated with their particular profession. This knowledge and understanding is acquired from theory and practice. It forms the basis for making professional decisions and judgements about the deployment in practice of a range of appropriate skills and behaviours, with the aim of meeting the health and social care needs both of individual clients/patients and of groups, communities and populations. These decisions and judgements are made in the context of considerable variation in the presentation, the setting and in the characteristics of the client/patient health and social care needs. They often take place against a backdrop of uncertainty and change in the structures and mechanisms of health and social care delivery.

Sound professional practice is essentially a process of problem solving. It is characterised by four major phases:

- the identification and analytical assessment of health and social care needs;
- the formulation of plans and strategies for meeting health and social care needs;
- the performance of appropriate, prioritised health promoting/health educating/caring/diagnostic/therapeutic activities;
- the critical evaluation of the impact of, or response to, these activities.

B1 Identification and assessment of health and social care needs

The award holder should be able to:

- gather relevant information from a wide range of sources including electronic data;
- adopt systematic approaches to analysing and evaluating the information collected;
- communicate effectively with the client/patient, (and his/her relatives/carers), group/community/population, about their health and social care needs;
- use a range of assessment techniques appropriate to the situation and make provisional identification of relevant determinants of health and physical, psychological, social and cultural needs/problems;
- recognise the place and contribution of his/her assessment within the total health care profile/package, through effective communication with other members of the health and social care team.

B2 Formulation of plans and strategies for meeting health and social care needs

The award holder should be able to:

- work with the client/patient, (and his/her relatives/carers), group/community/population, to consider the range of activities that are appropriate/feasible/acceptable, including the possibility of referral to other members of the health and social care team and agencies;
- plan care within the context of holistic health management and the contributions of others;
- use reasoning and problem solving skills to make judgements/decisions in prioritising actions;
- formulate specific management plans for meeting needs/problems, setting these within a timescale and taking account of finite resources;
- record professional judgements and decisions taken;
- synthesise theory and practice.

B3 Practice

The award holder should be able to:

- conduct appropriate activities skilfully and in accordance with best/evidence-based practice;
- contribute to the promotion of social inclusion;
- monitor and review the ongoing effectiveness of the planned activity;
- involve client/patient/members of group/community/population appropriately in ongoing effectiveness of plan;
- maintain records appropriately;
- educate others to enable them to influence the health behaviour of individuals and groups;
- motivate individuals or groups in order to improve awareness, learning and behaviour that contribute to healthy living;
- recognise opportunities to influence health and social policy and practices.

B4 Evaluation

The award holder should be able to:

- measure and evaluate critically the outcomes of professional activities;
- reflect on and review practice;
- participate in audit and other quality assurance procedures;
- contribute to risk management activities.

C Knowledge, understanding and skills that underpin the education and training of health care professionals

The education and training of health care professionals draws from a range of well-established scientific disciplines that provide the underpinning knowledge and understanding for sound practice. Each health care profession will draw from these disciplines differently and to varying extents to meet the requirements of their specialty. It is this contextualisation of knowledge, understanding and skills that is characteristic of the learning in specific health care programmes. Consequently, in this introductory section, the attributes and capabilities expected of the student are expressed at a generalised level.

C1 Knowledge and understanding

The award holder should be able to demonstrate:

- understanding of the key concepts of the disciplines that underpin the education and training of all health care professionals, and detailed knowledge of some of these. The latter would include a broad understanding of:
 - the structure and function of the human body, together with a knowledge of dysfunction and pathology;
 - health and social care philosophy and policy, and its translation into ethical and evidenced based practice;
 - the relevance of the social and psychological sciences to health and healthcare;
 - the role of health care practitioners in the promotion of health and health education;
 - the legislation and professional and statutory codes of conduct that affect health and social care practice.

C2 Skills

Information gathering

The award holder should be able to demonstrate:

- an ability to gather and evaluate evidence and information from a wide range of sources;
- an ability to use methods of enquiry to collect and interpret data in order to provide information that would inform or benefit practice.

Problem solving

The award holder should be able to demonstrate:

- logical and systematic thinking;
- an ability to draw reasoned conclusions and sustainable judgements.

Communication

The award holder should be able to demonstrate:

- effective skills in communicating information, advice, instruction and professional opinion to colleagues, patients, clients, their relatives and carers; and, when necessary, to groups of colleagues or clients.

Numeracy

The award holder should be able to demonstrate:

- ability in understanding, manipulating, interpreting and presenting numerical data.

Information technology

The award holder should be able to demonstrate:

- an ability to engage with technology, particularly the effective and efficient use of information and communication technology.

Benchmark statement for occupational therapy

Introduction

Occupational therapists value occupation in its widest sense. It encompasses all the activities that contribute to a person's identity. It acknowledges the dynamic integration of physical, cognitive, psychological, social, environmental, economic, creative and spiritual aspects, as well as past experience and future aspirations, as components of that sense of identity. Occupational therapists believe in people as autonomous individuals with the potential for change and for whom engagement in meaningful occupation is essential for health and well-being.

Occupational therapy is one of the few professions which span the health and social continuum. It is one of the fastest growing health care professions with over 21,000 state registered occupational therapists registered in July 2000.

It is one of the Professions Supplementary to Medicine (PSM) as established by the PSM Act 1960. Its education and training has been regulated since 1960, by the statutory regulatory body and the College of Occupational Therapists (COT) in collaboration with higher education institutions (HEIs).

All programmes in occupational therapy education follow the curriculum framework as developed by the Curriculum Framework Steering Group, College of Occupational Therapists (1998). This guideline allows a diversity of emphasis and delivery but programmes are required to meet the minimum standards for state registration and the minimum requirements of the World Federation of Occupational Therapists. All professional programmes, irrespective of the named award, are subject to rigorous tripartite validation by the professional body (COT), the statutory regulatory body and the respective higher education institution.

The range of awards allowing eligibility for state registration extends from four years in-service undergraduate programmes for students employed as occupational therapy support workers to two years graduate entry, postgraduate qualifications. The majority of students follow three or four years BSc/BSc (Hons), or BHSc (Hons) in Occupational Therapy. There are currently 38 validated programmes being delivered in 27 HEIs in the UK with a total of 1,500 students enrolling each year. In 2000, 1,325 new graduates entered practice as state registered occupational therapists.

Mode of delivery may be either full time or part time. An essential component of all courses is the integration of academic and fieldwork studies. All students must successfully complete a number of fieldwork placements in a range of supervised settings in order to be eligible for award and to apply for state registration.

The range of awards reflects the entry attributes, both academic and relevant experience, of students as well as the country-specific legal and educational contexts. A minimum base line is taken to be a three-year/90 week equivalent. A distinction has to be made between the competencies for 'fit for purpose' and 'fit for award'.

The purpose of occupational therapy is to bring about change in order to improve an individual's quality of life through the use of graded occupation. It is a health and social care profession which is concerned with enhancing the daily life skills of individuals with physical or mental health problems, or social needs. Occupation is used to acquire, restore, or maintain balanced life roles through the development of skills in the spheres of self care, productivity and leisure. Where illness, disability or loss are experienced and lifestyles are disrupted, occupational dysfunction may occur.

In order to be fit for practice, occupational therapists need to be competent in the following:

- ability to assess individuals' abilities and difficulties in relation to their desired goals in everyday activities;
- application of an understanding of biopsychosocial sciences including pathology, in order to achieve realistic outcomes associated with occupation in its widest sense for individuals and groups;
- interpersonal skills which enable individuals to take control of their everyday activities of productivity, leisure or self care;
- ability to work with and through others to achieve environmental modifications that empower individuals to achieve independence;
- integration of theory and practice and development of creative problem-solving processes;
- critical reflection and use of evidence in order to develop best practice.

Nature and extent of programmes in occupational therapy

Occupational therapists work with people of all ages, with individuals and in groups, and are essential members of interdisciplinary and inter-agency teams. They work with and through others, including carers and planners of social opportunity and change. They work in a range of different health and community settings including hospitals, primary health care, social services, schools, industry, prisons, individual homes and private practice. They are unique amongst the health and social care professions in their established employment in this variety of settings.

The distinctive character of occupational therapy is revealed in the principles of practice, which convey the relationship between the goals to which the individual client aspires and the means of intervention as planned between the therapist and the individual. Occupation is the profession's unique means of intervention and is selected with the client, following an analysis of his or her functional abilities and the requirements of the task to be achieved. Rather than focusing upon limitations caused by pathology, occupational therapists engage their clients in the wish to change or adapt to dysfunction and to attain goals which the clients have set.

The application of theoretical underpinning comes from a unique blend of biopsychosocial knowledge drawn from occupational science, ergonomics, psychology, sociology, social policy, physiology, anatomy, and pathology. In different programmes, these are often integrated to varying degrees. The benchmarking statement indicates the variations but it is for individual institutions to determine their own balance within the parameters set by the requirements for state registration and the guidelines given by the professional body.

There is an art and science in the delivery of occupational therapy which requires a breadth of scholarship. Biological and medical sciences offer complementary attributes of systematic observation and precision of thought, with attention to the more abstract and contextual thinking coming from the social sciences. In addition, occupational therapists draw on and contribute to the more recent discipline of occupational science in order to understand 'man' as an occupational being within a range of environments, fulfilling different roles at different stages in life.

Given the complex range of problems which individuals may present, from medical to social and environmental, there are not always easy solutions. Occupational therapists need to be problem solvers, working with individuals in order to find practical solutions. They need to be able to analyse and evaluate the effects of different actions, or of non-intervention, and thereby be able to make informed professional judgements. Theory and practice come together in fieldwork education, which provides a staged development towards competence to practise.

Increasingly, occupational therapists are working in non-traditional settings and with varying degrees of autonomy. These non-traditional settings are used as fieldwork placements with appropriate supervision strategies. Occupational therapists need to be self-reliant as well as constructive contributors within multidisciplinary teams. Many work with and through occupational therapy assistants and therefore need to have skills in delegation and supervision. A significant number are working in the community and in social services as well as in more traditional health settings, and hence a broad knowledge of social policy and legislation is essential.

Current socio-economic and political trends as well as demographic changes require future practitioners to respond positively to challenges and to see opportunities in change. The ability to be proactive grows from questioning, critical thinking and imagination. The fostering of divergent thinking and creativity is equally as important as disciplined enquiry and scholarship. Self-evaluation and the ability to use evidence are critical to effective practice. While on the one hand these are generic skills, their effectiveness comes from their specific application to understanding individual differences and potential interventions associated with occupational performance. The development of the reflective practitioner with a commitment to continuing professional development is fostered by pre-registration literature reviews drawing on research.

A Expectations of the occupational therapist in providing client services

A1 Professional identity of the occupational therapist

The graduate occupational therapist should be able to:

- work to COT's Code of Ethics and Professional Conduct, and to the Statement of Conduct of the Health Professions Council;
- appreciate the significance of professional regulation and the different roles of the Health Professions Council, College of Occupational Therapists, the British Association of Occupational Therapists and the World Federation of Occupational Therapists.

A2 Professional relationships of the occupational therapist

The graduate occupational therapist should be able to:

- articulate and work to the value base and principles which underpin occupational therapists' practice;
- work with clients and colleagues from diverse cultural and ethnic groups;
- share acquired knowledge and skills with others using various teaching and presentational skills and methods;
- draw on the principles of supervision in relation to self and to others;
- maintain appropriate records and report accurately to others;
- build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team;
- participate in the management of staff and students according to organisational policy and accepted standards.

A3 Personal and professional skills of the occupational therapist

The graduate occupational therapist should be able to:

- demonstrate confidence in delivering a high quality service;
- communicate clearly with clients and their carers, with peers and other health care professionals and other agencies;
- identify the limits of personal competence and obtain and use advice and guidance as appropriate;
- demonstrate self-management skills and independence of thought and action;
- use supervision and/or consultation in order to promote personal effectiveness;
- recognise factors which can affect the health of the practising professional and develop a strategy to minimise risk of harm to self and to others.

A4 Profession employer and context

The graduate occupational therapist should be able to:

- demonstrate at all times, personal behaviour congruent with professional status;
- take personal responsibility for professional performance and actions;
- demonstrate attitudes that ensure that clients' and carers' expressed needs and choices become the focus of the care management process;
- prioritise referrals, manage own time and work to deadlines;
- develop a credible and professional contribution to the organisation, through maintaining professional status by engaging in continuing professional development;
- use experience, research and professional knowledge and skills to enhance the contribution of occupational therapy to clients.

B The application of occupational therapy in securing, maintaining or improving health and well-being

Occupational therapists draw from their knowledge and understanding of established concepts, frameworks, models and theories in health and social care.

B1 Identification and assessment of health and social care needs of clients

The graduate occupational therapist graduate should be able to:

- gather information from a wide range of sources;
- use observation to gather information about the functional abilities of clients;
- through interview and individual discussion, understand the values, beliefs and interests of clients and their families and carers;
- obtain information from clients' records, care plans, referral information, members of the multi-disciplinary teams, other agencies and clients' family/carers;
- use standardised and non standardised assessments to gather information in relation to dysfunction and environmental barriers;
- utilise literature to inform current and evolving research and evidence based practice.
- adopt systematic approaches to analysing and evaluating information, and be able to:
- use the established theories, models, frameworks and concepts of occupational therapy to analyse occupational performance, occupational deprivation and dysfunction;
- utilise occupational therapy clinical reasoning skills to guide analysis of data;
- analyse the information in the environmental and social context of the client and in accordance with the client's choice and goals;
- use information to prioritise problems with clients, families and carers;
- use skills of evaluation and analysis in relation to therapeutic media and its application to self care, productivity and leisure;
- utilise graded occupations as a framework for evaluation and analysis.

B2 Formulation of plans and strategies for meeting health and social needs

The graduate occupational therapist should be able to:

- make provision for identification and assessment of occupational, physical, psychological, cultural and environmental needs/problems:
- select relevant assessment tools to identify occupational and functional needs in the areas of self-care, productivity and leisure;
- consider the assessment of both health and social care needs of the client/carer;
- accurately record the professional judgements and decisions taken;
- from the results of the preliminary assessments and in consultation with the client, identify the need for further assessment, appropriate intervention or referral to other services or agencies;
- synthesise new theory and practice in health and social care.
- consider the range of interventions that are appropriate/feasible including the possibility for referrals to others:
- select individual occupational therapy interventions which could be utilised taking into account the unique specific therapeutic needs of clients and carers;
- consider the identified goals of the client in relation to the choice of intervention;
- use graded occupations as an essential aspect of the assessment.
- make judgements/decisions and formulate specific management plans for meeting needs/problems:
- based on the assessment results and in partnership with the client, agree the goals and priorities of intervention and the methods to be adopted in relation to self-care, productivity and leisure;

- consider the clients' specific needs and interaction with their environment;
- accurately and concisely record assessment methods and results;
- justify the decisions about interventions especially in relation to clients' wishes;
- demonstrate evidence of clinical reasoning and problem solving skills and techniques;
- keep contemporaneous records of plans in occupational therapy and multidisciplinary notes.

B3 Practice of occupational therapy

The graduate occupational therapist should be able to:

- conduct appropriate interventions in accord with agreed standards;
- develop occupational therapy intervention to accommodate the specific needs of clients, families and carers;
- organise information and/or perform therapeutic interventions using meaningful occupation as a basis for intervention;
- formulate occupational therapy intervention within agreed national, European, local, departmental and professional protocols and with regard to the current evidence underpinning practice:
 - national/European - take consideration of appropriate legislation affecting health and social care;
 - local - understand specific local policies and protocols including cultural diversity of the community;
 - departmental - understand specific protocols and policies as agreed within the uni- and interprofessional departments and teams;
 - professional - understand and adhere to COT's Code of Ethics and Professional Conduct.
- ensure the health and safety of all individuals in the work environment including:
 - occupational therapy intervention;
 - environmental adaptations;
 - risk assessment and management;
 - legislation;
- professional boundaries including ensuring that clients/carers are empowered to make informed decisions about their own care plans;
- professional indemnity insurance aspects;
- the impact of clinical governance.
- monitor and review ongoing effectiveness of the occupational therapy intervention plan:
 - review the effectiveness and progress of occupational therapy intervention in negotiation with clients, families and carers;
 - select and use appropriate methods of uni- and inter-professional monitoring;
 - use nationally recognised outcome measures where possible;
 - utilise information gathered to determine the effectiveness of occupational therapy intervention.
- adapt intervention plans if necessary and/or make referrals appropriately:
 - based on the evaluation results and in consultation with the client, adapt the intervention plan as required;
 - where appropriate refer to other disciplines or agencies.
- inform the client of effectiveness of plan and maintain records appropriately:
 - in the spirit of partnership working, engage clients/carers in planning and evaluating occupational therapy intervention;
 - encourage a climate of dialogue between the occupational therapist, client and carers to ensure that intervention meets the clients/carer goals;
 - empower clients and carers to make informed decisions about development and progress of the occupational therapy intervention plan;
 - ensure that accurate and up to date records are maintained and reviewed.

B4 Evaluation of professional practice

The graduate occupational therapist should be able to:

- monitor and evaluate the effects of occupational therapy interventions;
- demonstrate critical evaluation of evidence from a wide range of sources, including systematic reviews and evidence based practice relating to specific outcomes;
- use a variety of measurement tools to determine the effectiveness of intervention;
- participate in clinical effectiveness and clinical audit procedures, interpret the outcomes and relate to the practice of occupational therapy as part of the uni- and interprofessional evaluative process;
- through dialogue with other members of the multi disciplinary teams, agencies and carers, use information to review overall client progress;
- identify and effectively use statistical and other data derived from systematic collection and research publications.

C Subject knowledge, understanding and associated skills that are essential to underpin informed, safe and effective practice in occupational therapy

Graduates of occupational therapy courses, irrespective of the named award, must be able to demonstrate knowledge and understanding of the following areas:

C1 A systematic understanding of the key aspects underpinning occupational therapy and a detailed knowledge of some aspects as follows:

Philosophy and theory

- Knowledge and understanding of occupation as it relates to health and well being.
- The origins and development of occupational therapy in order to appreciate the evolution of the profession towards the current emphasis on autonomy and empowerment of individuals, groups and communities.
- The current philosophical framework which focuses on client-centredness and environmental issues that influence the context within which people live and work.
- The informing foundation sciences, all of which are interpreted in relation to human functioning and dysfunction, are fundamental to everyday practice. They include occupational science, biological sciences, psychology, sociology, and medical sciences including pathology and psychopathology.
- Theoretical concepts underpinning occupational therapy, specifically the occupational nature of human beings and how they function in everyday activities. Frameworks and models of practice have drawn on other disciplines, as well as occupational therapists establishing a range of their own. In exploring models, students are encouraged to critique and judge their potential impact on practice.

Occupational therapy process

- Analysis of human occupation from a holistic perspective and hence the demands made on individuals.
- The needs of individuals from physical, psychological, environmental, social, emotional and spiritual perspectives in order to value the diversity and complexity of human behaviour.
- The impact of occupational dysfunction/deprivation on individuals, families, groups and communities and the importance of restoring opportunities.
- The occupational therapy process in relation to occupational performance and enhancement of well-being.

Social policy and legislative framework

- Social, housing and environmental policies and services and their impact on human needs within a diverse society.
- Legislation.
- The impact of inequality, poverty, exclusion, identity, social difference and diversity on occupational performance.
- An understanding of the wider economic and socio-political issues that impinge on the context in which services can be delivered.

C2 Skills

Professional skills

- Competence in an appropriate range of skills and procedures essential for the practice of occupational therapy including:
- effective interpersonal skills which gain active participation from clients during intervention;
- planning interventions relating to occupational performance and/or environmental modifications based on appropriate assessment batteries;
- selecting, developing or modifying creative and discrete occupations that enable clients to build on abilities and to limit dysfunction;
- capitalising on the dynamics within groups in order to harness motivation and active involvement of participants;
- working and negotiating with individuals, their carers and colleagues to ensure common purpose and goal directed behaviours;
- teaching others safe moving and handling skills;
- acting as an advocate when necessary;
- finding original creative solutions to complex one-off problems that will enable the potential of individuals to be achieved and aspirations met.
- The appropriate selection, adaptation, use and evaluation of therapeutic media. The range of occupations used in intervention is vast and reflects individuals' unique needs. Occupations are used both as the means of intervention and as its required outcome. Occupations used as means include creative and discrete practical occupations and environmental adaptations. Occupations used as outcomes include addressing individuals' needs within self care, productivity and leisure.
- The complex skills required to work effectively with individuals, groups and communities by:
- drawing out and listening to a client's story, relating empathetically to this situation, and using this rapport to work optimally with him/her;
- facilitating group work through understanding group dynamics and roles within groups and teams in order to maximise the support, learning and change that can be transacted between the members;
- negotiating with and influencing civil planners and local politicians in order to enhance access and opportunities for people with disabilities.
- Self reflection on the extent and limitations of the role of the occupational therapist in a variety of settings and the requirements for state registration and competence to practise:
- demonstrate ability to reflect critically on the overall personal performance, and take responsibility under supervision for varying action in light of this;
- demonstrate understanding of the importance of keeping up to date;
- evaluative judgements about the efficacy of professional practice on the quality of individuals' lives.
- Research methods in occupational therapy:
- understanding of the principles of scientific enquiry including a knowledge of the research process, quantitative and qualitative paradigms with increasing focus on phenomenological approaches which are of particular relevance to occupational therapy;
- contribute to research in order to base practice on available evidence recognising controversy;
- reflexivity in the formulation of problems and identification of solutions.

Information skills

- An ability to collect and interpret data, including the ability to:
- listen to a client's story in order to plan for the future;
- carry out occupational analysis;
- monitor the efficacy of interventions through satisfaction surveys and other performance indicators;

- contribute to decisions about future services on the basis of data collected and the performance of individual practitioners;
- provide regular reports that contribute to effective client management;
- contribute to observation, systematic and logical debate in order to draw conclusions based on critical analysis of data and existing knowledge.

Problem solving skills

- An ability to gather and evaluate evidence and information from a wide range of sources and draw reasoned conclusions or reach sustainable judgements with particular regard to:
- an accurate analysis and processing of information from a range of sources to ensure sound professional judgements are made;
- a synthesis of knowledge and subsequent application to practice with regard to individuals and to groups.

Communication skills

- Communication skills and other interpersonal skills necessary for effective performance in occupational therapy, including:
- establishing rapport and harnessing motivation that leads towards involvement by the client in meaningful occupation;
- listening and passing on relevant information and advice to clients, carers and colleagues;
- active participation in formal and informal reporting;
- maintaining accurate and relevant reports that are meaningful to others;
- contributing through education and students' fieldwork experience, to the next generation of therapists;
- managing time and resources to maximum effect and knowing when to terminate intervention;
- identifying ways to overcome barriers to communication and developing personal strategies to maximise the benefits of team work and cope with inter-professional tensions;
- effective use of verbal, written and electronic forms of communication.

Numeracy skills

- Confidence in understanding, manipulating and interpreting numerical data including:
- scores resulting from standardised test and their normative comparisons;
- performance indicators associated with management of the service, client numbers and characteristics;
- understanding statistics and tables as found in research particularly associated with the chosen area of work;
- financial accounting and budgetary planning within the requirements of a particular setting.

Information technology skills

- Confidence in engaging with technology in the pursuit of effective occupational therapy, including:
- familiarity with information technology with regard to presentation and statistical analysis of data including electronic and specialist databases.

Teaching, learning and assessment

Decisions about the strategies and methods for teaching, learning and assessment are for institutions to determine, but should complement the learning outcomes associated with health profession programmes. It is not for benchmark statements to promulgate any one, or combination of, approaches over others.

However, this benchmark statement promotes an integrative approach to the application of theory and practice. It underlines the significance attached to the design of learning opportunities that facilitate the acquisition of professional capabilities and to assessment regimes that ensure these are being both delivered and rewarded to an appropriate standard. Fundamental to the basis upon which students are prepared for their professional career, is the provision of programmes of academic study and practice-based learning which lay the foundation for career-long professional development and lifelong learning to support best professional practice and the maintenance of professional standards.

Academic and practitioner standards

Students at the point of entry to the profession must demonstrate minimum competencies and safe practice as occupational therapists. The threshold standard expected equates to a degree award in occupational therapy and must encompass passes in both academic and fieldwork components.

A Expectations of the occupational therapist when providing client services

The graduate occupational therapist must be able to:

- demonstrate personal conduct in a manner congruent with professional status and codes of conduct;
- treat individuals with respect and draw on ethical principles in the process of reasoning;
- develop and sustain professional working relationships with colleagues in the interests of efficacy, quality assurance and the most effective interventions for clients;
- communicate clearly and sensitively;
- demonstrate sense of responsibility, personal accountability and commitment to the profession of occupational therapy;
- defend reasoned argument based on sound evidence, logical and systematic thinking;
- recognise and work within the limitations of professional development and skill acquisition;
- use supervision and/or consultation to promote personal effectiveness and competence;
- reflect on and critique own performance;
- take responsibility for continuing professional development;
- draw on profession-specific literature and research for the enhancement of practice;
- work within legal, ethical and professional parameters.

B Application of occupational therapy in securing, maintaining or improving health and well-being

The graduate occupational therapist must be able to:

- demonstrate effective interpersonal skills with clients, carers and colleagues;
- assess, as relevant to occupational therapy, the mental, physical and environmental state of referred clients;
- carry out occupation analysis;
- select and use appropriate therapeutic media to meet specific occupational needs of clients;
- assess risk and take decisions related to the ability of a client to function in his/her own community environment;
- apply the logical consideration of information to the identification and resolution of problems;
- develop creative and imaginative approaches to problem solving;
- work collaboratively with carers and other agencies involved with the client or group;
- analyse and evaluate the effectiveness of assessment and intervention;
- show professional judgement in decision making;
- prioritise referrals and manage a case load.

C Subject knowledge, understanding and skills

The graduate occupational therapist must be able to:

- explain the philosophical framework within which occupational therapists practise, focusing on client-centred practice, occupation analysis and environmental issues that influence the context within which people live and work;
- describe how to communicate and interact effectively with clients and their carers;
- demonstrate systematic and integrated knowledge and concepts from a range of underpinning disciplines, including occupational science, basic sciences, pathology and ethics;

- explain how meaningful occupation can contribute to a client's sense of well-being;
- assimilate and apply new knowledge, recognising the need for innovation in practice;
- describe a range of assessment techniques, and how and when they would be appropriate;
- discuss a range of interventions that reflect clients' needs and their environments;
- demonstrate clinical reasoning and professional judgement in evaluating the effectiveness of specific interventions;
- demonstrate knowledge of group dynamics and the effective use of oneself;
- recognise the particular and shared functions of colleagues across health and social care settings, including the roles of occupational therapy assistants;
- know the limits of one's own competence and when to seek guidance;
- demonstrate knowledge of health and social policies and legislation, and their impact on human needs and the delivery of services;
- understand the principles of management of people and resources as they apply to the organisation of occupational therapy services and within a broader context;
- draw on evidence from literature and other sources in order to develop best practice;
- evaluate critically new concepts, theories and research in order to determine their relevance to occupational therapy.

Appendix 1

Occupational therapy benchmark group membership

Mrs Christine Craik	Brunel University
Mrs Pauline Gacal	College of Ripon & York St John
Mr Gwilym Roberts (facilitator)	College of Occupational Therapists
Ms Margaret Robinson	University of Northumbria at Newcastle
Professor Averil Stewart (facilitator)	Queen Margaret University College, Edinburgh
Mrs Ann Turner	University College Northampton
Mrs Mala Vacara	University of Teesside
Mrs Bernadette Waters	University of Southampton

Appendix 2

Benchmark steering group membership

Mrs Margaret Andrews	North East Wales Institute of Higher Education
Mr David Ashcroft	Society of Chiropodists & Podiatrists
Mrs Linda Auty	Leeds Metropolitan University
Miss Lesley Barrowman	National Board for Nursing, Midwifery & Health Visiting for Northern Ireland
Mrs Valerie Beale	Somerset Health Authority
Ms Mary Boyle	National Board for Nursing, Midwifery & Health Visiting for Scotland
Mrs Ann Clarke	Bedford Hospital NHS Trust
Ms Helen Davis	Royal Hallamshire Hospital, Sheffield
Professor Anne de Looy	Queen Margaret University College, Edinburgh
Miss Faye Doris	University of Plymouth
Mr Martin Duckworth	College of St Mark & St John, Plymouth
Mr Brian Ellis	Queen Margaret University College, Edinburgh
Miss Anne Fagan (deceased)	Hospital of St John & St Elizabeth, London
Mrs Janice Gosby	UK Central Council for Nursing, Midwifery & Health Visiting
Ms Valerie Hall	University of Brighton
Mrs Julia Henderson	University of Hertfordshire
Ms Anne Hopkins	University of Wales Swansea
Mr Stephen Hutchins	University of Salford
Mr Tom Langlands	English National Board for Nursing, Midwifery and Health Visiting
Ms June Leishman	University of Abertay, Dundee
Professor Jeffrey Lucas	University of Bradford
Professor Dame Jill Macleod-Clark (co-chair)	University of Southampton
Ms Diane Marks-Maran	Thames Valley University
Mrs Susan Montague	University of Hertfordshire
Mrs Christine Mullen	South Manchester University Hospital NHS Trust
Mr Luke O'Byrne	East Berkshire NHS Trust
Mrs Audrey Paterson	Canterbury Christ Church University College
Ms Robyn Phillips	Welsh National Board for Nursing, Midwifery & Health Visiting
Professor Mike Pittilo (co-chair)	Kingston University & St George's Medical Hospital
Ms Lorna Povey	Wolverhampton Health Care NHS Trust
Mrs Jarina Rashid-Porter	Coventry Healthcare NHS Trust
Mr Gwilym Roberts	College of Occupational Therapists
Ms Jenny Routledge	University of East Anglia
Mr Ian Rutherford	University of Nottingham
Mrs Sandra Sexton	University of Strathclyde
Ms Gail Stephenson	University of Liverpool
Professor Averil Stewart	Queen Margaret University College, Edinburgh
Professor Mary Watkins	University of Plymouth