

## **For Reference Only**

The [\*\*Competencies for Occupational Therapists in Canada\*\*](#) replaced the *Essential Competencies of Practice for Occupational Therapists in Canada* on November 1, 2022.

**This document should be used for reference only.**



College of Occupational  
Therapists of Ontario

**ESSENTIAL  
COMPETENCIES  
OF PRACTICE FOR  
OCCUPATIONAL  
THERAPISTS IN CANADA**

**THIRD EDITION**

## QUICK REFERENCE

Do you have questions about...	see page
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2. How the Essential Competencies relate to the <i>Profile of Occupational Therapy Practice in Canada</i> ?	4
3. Competencies for occupational therapists who do non-clinical work?	7

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<b>1st Edition</b>	<b>December 2000</b>
<b>2nd Edition</b>	<b>June 2003</b>
<b>3rd Edition</b>	<b>May 2011</b>

The Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) was formed in 1989 and is a national consortium of all occupational therapy regulatory bodies across Canada. Through this consortium ACOTRO members (a) advance quality occupational therapy regulation in Canada in the interest of the public, (b) promote interprovincial and international labour mobility and workforce planning for occupational therapy, and (c) promote national and international networking and information sharing of regulatory issues and positions.

Available in French under the title:

*Compétences essentielles à la pratique pour les ergothérapeutes au Canada - troisième édition*

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# ESSENTIAL COMPETENCIES OF PRACTICE FOR OCCUPATIONAL THERAPISTS IN CANADA

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## WHAT'S NEW IN THE THIRD EDITION?

The Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) undertook a project to develop the *Essential Competencies of Practice for Occupational Therapists in Canada*, 3<sup>rd</sup> ed. (ACOTRO, 2011). This document describes the knowledge, skills and attitudes required for occupational therapists to demonstrate they are competent for occupational therapy practice in Canada for both clinical and non-clinical work. It replaces the *Essential Competencies of Practice for Occupational Therapists in Canada*, 2<sup>nd</sup> ed. (ACOTRO, 2003)<sup>1</sup>.

### Building on the Work of the Past

The first edition of the Essential Competencies was published in 2000. The document proved to be a useful tool for its intended purposes, particularly for the development of continuing competence programs by occupational therapy regulators. For more information on the initial development of the Essential Competencies, the reader is referred to the *Essential Competencies of Practice for Occupational Therapists in Canada* (ACOTRO, 2000). In 2003, ACOTRO published the *Essential Competencies of Practice for Occupational Therapists in Canada*, 2<sup>nd</sup> ed. (ACOTRO, 2003), that included specific *performance indicators* for the Essential Competencies. The work on the *Essential Competencies of Practice for Occupational Therapists in Canada*, 3<sup>rd</sup> ed. (ACOTRO, 2011) began in 2008 and includes many additions, as outlined below, including competencies for occupational therapists doing non-clinical work.

	2000 First Edition	2003 Second Edition	2011 Third Edition
<b>Title</b>	<b>Essential Competencies of Practice for Occupational Therapists in Canada</b> (ACOTRO, 2000)	<b>Essential Competencies of Practice for Occupational Therapists in Canada</b> (ACOTRO, 2003)	<b>Essential Competencies of Practice for Occupational Therapists in Canada</b> (ACOTRO, 2011)
<b>Key content additions</b>	Knowledge, skills and abilities required for an occupational therapist to practise safely, effectively and ethically.	Performance indicators for the essential competencies.	Competencies for non-clinical work.

<sup>1</sup> ACOTRO, 2003

## The Need for Review and Revision

There were three primary reasons for ACOTRO to review and revise the second edition:

1. To ensure the validity of standards-related documents;
2. To be consistent with educational and assessment best practices which recommend the regular review and renewal of practice descriptions (e.g. essential competencies documents) should be conducted every five to seven years; and
3. To reflect ongoing developments and changes in areas internal and external to the profession including
  - expectations of public;
  - the health care environment;
  - occupational therapy practice; and
  - occupational therapist educational programs.

## New Features in the Third Edition

The following additions and revisions were completed:

- A definition of *competence* and a description of the elements of competence;
- A description of the competencies for occupational therapists with non-clinical work;
- An overview of the approach used for the *Essential Competencies of Practice for Occupational Therapists in Canada*, 3rd ed. (ACOTRO, 2011) and that used for the *Profile of Occupational Therapy Practice in Canada* (2007)<sup>2</sup>;
- Fine-tuning of areas which were duplicative or redundant in the previous edition;
- A more explicit description of the competencies related to interprofessional practice, teamwork, and collaboration in occupational therapy;
- A more explicit inclusion of the competencies related to client safety in occupational therapy practice; and
- Adjustments to reflect other changes in practice context, such as health human resources and culture.

A comprehensive methodology was used to develop the *Essential Competencies of Practice for Occupational Therapists in Canada*, 3<sup>rd</sup> ed. (ACOTRO, 2011). It began with a comprehensive environmental scan and document analysis, followed by consultations with key informants as the competencies were reviewed and revised. A field consultation using a national survey of occupational therapists was also done to validate the content and construct of this edition. Additionally, focus groups were used as needed. The project was guided by a diverse group of experts on the Steering Group and Advisory Group which included members from ACOTRO, the Association of Canadian Occupational Therapy University Programs (ACOTUP), and the Canadian Association of Occupational Therapists (CAOT) as well as other experts external to occupational therapy. A list of Steering Group and Advisory Group members can be found in Appendix B. For details regarding the methodology please refer to the companion document: *Essential Competencies of Practice for Occupational Therapists in Canada*, 3rd ed. (ACOTRO, 2011)—Methodology Supplement.

ACOTRO extends a sincere thank you to all of the occupational therapists that participated in providing guidance, direction or feedback for development of the document, which is intended to both support and guide occupational therapists in safe and effective occupational therapy practice across Canada.

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<sup>2</sup> CAOT, 2007

## 1.0 DOCUMENT BACKGROUND

### 1.1 PURPOSE AND USES

*Essential Competencies of Practice for Occupational Therapists in Canada*, 3<sup>rd</sup> ed. (ACOTRO, 2011) describes what is seen and heard in day-to-day occupational therapy practice when a competent occupational therapist demonstrates the appropriate knowledge, skills, and attitudes for the occupational therapy practice context in Canada.

There are many purposes for the *Essential Competencies of Practice for Occupational Therapists in Canada*, 3<sup>rd</sup> ed. (ACOTRO, 2011). Regulators can use the document for such activities as:

- Guiding and supporting occupational therapists;
- Developing quality assurance and continuing competence programs;
- Developing and monitoring guidelines for registration (entry-to-practice); and
- Developing and monitoring standards of practice.

Other partners and stakeholders, both internal and external to the profession, can also use the document as depicted in Table 1.

**TABLE 1**  
**Uses of the Essential Competencies for Stakeholders and Partners**

Stakeholders and partners internal to the profession	Potential uses of the Essential Competencies (3rd ed.)
<b>Occupational therapists</b>	To guide day-to-day practice of occupational therapy. To support self-reflection, evaluation, continuing competence and professional development To provide a foundation upon which advanced competencies may be developed
<b>Students, Canadian educated occupational therapists, internationally-educated occupational therapists and occupational therapists interested in re-entering the profession</b>	To provide information regarding requirements for occupational therapy practice.
<b>Occupational therapist support personnel</b>	To understand occupational therapists' roles and responsibilities.
<b>Professional associations</b>	To understand the regulatory expectation of occupational therapists.
<b>Occupational therapist educational programs, Occupational therapist support personnel educational programs</b>	To provide information regarding the requirements for occupational therapy practice.
<b>Clients / client advocacy groups</b>	To inform expectations regarding occupational therapy services for development of policy and education.
<b>Employers</b>	For planning related to health human resources on the roles and responsibilities of occupational therapists, and performance evaluation.
<b>Funders</b>	To inform policy development.
<b>Government</b>	To provide background information for health human resource planning and policy development.
<b>Other professional groups</b>	To understand occupational therapists' roles and competencies.
<b>Unions</b>	To understand the roles and responsibilities of occupational therapists.
<b>International agencies</b>	To provide information for credentialing of occupational therapists.

## 1.2 THE DIFFERENCE BETWEEN THE ESSENTIAL COMPETENCIES AND THE PROFILE OF OCCUPATIONAL THERAPY PRACTICE IN CANADA, 2007

The *Essential Competencies of Practice for Occupational Therapists in Canada*, 3<sup>rd</sup> ed. (ACOTRO, 2011) and the *CAOT Profile of Occupational Therapy Practice in Canada* (2007) are related and complementary documents. Each document was developed in collaboration with the other agency to ensure that there was a high level of agreement about the “picture” of occupational therapists’ practice. Organizations and individuals may use one or the other, or both, depending on their needs.

The *Essential Competencies of Practice for Occupational Therapists in Canada*, 3<sup>rd</sup> ed. (ACOTRO, 2011) guides day-to-day occupational therapist practice and informs the work of the provincial regulatory organizations. Functions are used to sort the competency statements. This approach is useful in such areas as communicating and evaluating standards and guidelines, i.e., it provides clarity to Registrants about what is essential performance in practice. With a shared description by regulators across Canada, the *Essential Competencies of Practice for Occupational Therapists in Canada*, 3<sup>rd</sup> ed. (ACOTRO, 2011) facilitates labour mobility, as it constitutes the platform for entry-to-practice requirements.

The *CAOT Profile of Occupational Therapy Practice in Canada* (2007) uses roles to sort the competency statements. This is broadly used by many different professions. The roles approach is useful in such areas as: (a) enhancing interprofessional collaboration, as many professions use “common roles language” to describe what they do; (b) communication external to the profession, as roles are broadly understood external to the profession); and (c) accreditation of occupational therapist educational programs.

## 1.3 THE FRAMEWORK FOR THE ESSENTIAL COMPETENCIES

There are several common approaches for the development of competency frameworks based on tasks, functional analysis, or descriptions of roles. Each has its place in describing competence. What is most important in any competency framework is the completeness and accuracy of the description it provides. A metaphor for competency frameworks is a deck of playing cards, where what is important is that one has all 52 cards of the deck.<sup>3</sup> The dealer orders the cards in a manner that makes sense. Similarly, how the competencies are described and ordered is influenced by the manner that is considered most useful.

The *Essential Competencies of Practice for Occupational Therapists in Canada*, 3<sup>rd</sup> ed. (ACOTRO, 2011) is based on a functional analysis methodology.<sup>4</sup> The functional analysis approach is “an integrated method to competency development whereby competence is inferred from performance, and the context sensitivity of diverse practice is recognized”.<sup>5</sup>

This framework appeals to regulatory agencies because it focuses directly on the profession-specific knowledge, skills and attitudes. This focus has facilitated the development of regulatory standards and also regulatory programs such as those for continuing competence and quality assurance.

Figure 1 depicts how the varying levels of the framework are interrelated and described. Contextual examples may also be used in a functional analysis framework, as necessary, to clarify the meaning and context of practice related to the performance indicators and therefore assist the occupational therapist in applying the criteria to actual practice situations.

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<sup>3</sup> Glover Takahashi, S. Competency Frameworks: A primer (in press).

<sup>4</sup> Assessment Strategies, 1998

<sup>5</sup> Assessment Strategies, 1998, p.6



FIGURE 1

Levels of a Functional Analysis Competency Framework<sup>6</sup>

**Level 1: Key Role Statement** - Describes purpose or goal of the professional.



**Level 2: Units of Competencies** - Describe the major functions for effective performance.



**Level 3: Competencies** - Describe the identifiable components of expected performance.



**Level 4: Performance Indicators & Cues** - Describe an inter-related set of factors that define the level of expected performance.

*Cues are examples included to illustrate day-to-day performance of the competency.*

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<sup>6</sup> Jones & Moore, 1993

## 2.0 ASSUMPTIONS ABOUT THE ESSENTIAL COMPETENCIES

A number of assumptions were made in developing the third edition. These are designed to describe how the *Essential Competencies of Practice for Occupational Therapists in Canada*, 3<sup>rd</sup> ed. (ACOTRO, 2011) will be interpreted and applied when considering competence of a registered occupational therapist.

The *Essential Competencies of Practice for Occupational Therapists in Canada*, 3<sup>rd</sup> ed. (ACOTRO, 2011):

- Represent the knowledge, skills, and attitudes required for practice of an occupational therapist in Canada;
- Are interpreted within the context of the authority of each provincial regulatory organization;
- Reflect the standards, regulations, guidelines, codes of ethics, and bylaws for practice in a given jurisdiction;
- Are all equally essential; and
- Are overarching to accommodate current and future public policy and trends.

The occupational therapist:

- Is competent to practise safely, effectively, and ethically in his or her practice domain;
- Is autonomous in decision-making and accountable for his or her professional judgment;
- Makes responsible decisions based on critical thinking, reasoning, and reflection related to current evidence;
- Uses these competencies in diverse practice contexts; and
- Addresses occupational performance issues using a client-centred approach.

Applicants for registration must demonstrate the competencies in this document. In addition, once registered, the occupational therapist is responsible for maintaining the essential competencies.

It is understood that it may not be possible or necessary for an individual occupational therapist to apply certain competencies in specific practice contexts or with certain types of clients. Thus, the *Essential Competencies of Practice for Occupational Therapists in Canada*, 3<sup>rd</sup> ed. (ACOTRO, 2011) must be applied and interpreted in light of the requirements of the practice context and the particular situation of the recipient of services. Nevertheless, it is expected that the vast majority of the essential competencies and performance indicators will be applicable to most situations and most clients. In the event that a competency or performance indicator is not applicable in a particular situation, a reasonable explanation should be available.

Competencies for occupational therapists with non-clinical work are also described in the third edition. The competencies are not mutually exclusive. Occupational therapists may need to draw from both sets of competencies in order to accurately reflect their daily work.

### 3.0 ADDRESSING THE NON-CLINICAL WORK OF OCCUPATIONAL THERAPISTS

The *Essential Competencies for Occupational Therapists with Non-clinical Work* describe the day-to-day essential knowledge, skills and abilities of registered occupational therapists whose work is exclusively non-clinical<sup>7</sup>. The process whereby these were developed can be found in companion document: *Essential Competencies of Practice for Occupational Therapists in Canada*, 3<sup>rd</sup> ed. (ACOTRO, 2011)—Methodology Supplement.

An occupational therapist’s work would be considered non-clinical and subject to meeting the Non-clinical Essential Competencies if there is NO direct contact and/or responsibilities with a client.

If a registered occupational therapist has ANY amount of direct contact with a client, he or she would be required to meet the *Essential Competencies of Practice for Occupational Therapists in Canada*, 3<sup>rd</sup> ed. (ACOTRO, 2011).

It is interpreted as CLINICAL in such situations as:

- The occupational therapist is providing unpaid client services.
- The occupational therapist is communicating the results of the assessment to the person or his or her substitute so he or she can make choices (including a decision to refuse occupational therapy services).
- The occupational therapist is expressing an opinion about the person’s condition that will assist in determining eligibility for benefits or funding for treatment/services.
- The occupational therapist is gathering information that will be used in the treatment/care of the person.
- Clients are involved in research by/with occupational therapists.
- Clients are involved in occupational therapist education.
- Researchers or managers provide client services on a part-time basis.

Although provincial and territorial governments may be most interested in the services provided by occupational therapists who provide direct care to clients, regulatory organizations are charged with the duty of supporting the quality of services provided by occupational therapists who wish to retain the title of “occupational therapist” and/or “OT”. Developing competencies that would be inclusive of all occupational therapists recognizes that public protection is dependent on a profession that supports and monitors the competence of all its members, regardless of their present roles.

#### 3.1 HOW DO THE COMPETENCIES COMPARE?

Both sets of competencies are outlined in Section 5. They are shown side-by-side to enable occupational therapists to select those competencies relevant to their work.

The most significant difference is the omission of the competence units specific to work knowledge and work processes for occupational therapists’ work that is exclusively non-clinical. The omitted units include:

- Demonstrates Practice Knowledge
- Utilizes an Occupational Therapy Process to Enable Occupation

This recognizes that occupational therapists with non-clinical work may also be responsible to others, for example employers and certifying organizations.

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<sup>7</sup> The term *clinical* and its derivatives are used in the general sense and are not meant to indicate that occupational therapists only work in medical environments where the term ‘clinical’ is the most common.

## 4.0 LOOKING AT THE COMPETENCE OF OCCUPATIONAL THERAPISTS

### 4.1 PRACTICE CONTEXT FOR OCCUPATIONAL THERAPISTS

One of the elements of competent practice is the context. The Essential Competencies are intended to be practised within the occupational therapy practice context, which describes details about the practice milieu including:

- **Who** (types of clients, groups, populations).
- **What** (see Table 2 for areas of practice).
- **Where** (see Tables 3 for practice settings).
- **How** (see Tables 4 & 5 for positions, funding sources).

The areas describing the context of practice are interrelated and impact on which Essential Competencies occupational therapists require for safe and effective practice. The following sections describe the various contexts of practice for occupational therapists in Canada.

#### 4.1.1 PRACTICE CONTEXT: TO WHOM OCCUPATIONAL THERAPISTS PROVIDE SERVICES

In the context of occupational therapist regulation, “client” means the person, group, community or organization receiving professional services, products, or information. The client is the direct recipient of occupational therapy service regarding an occupational performance issue. The “funder” is not the same as the client.

#### 4.1.2 PRACTICE CONTEXT: WHAT OCCUPATIONAL THERAPISTS DO

**Table 2**

**Areas of Practice for Primary Employment (2009)<sup>8</sup>**

Employer type	OTs practising in area (%)
General Physical Health	35.3
Other Areas of Direct Service	14.1
Mental Health	11.3
Neurological System	8.2
Musculoskeletal System	7.1
Other Areas of Practice	5.2
Client Service Management	3.9
Vocational Rehabilitation	3.2
Medical/Legal-Related Client Service	2.9
Service Administration	2.8
Teaching	2.0
Health Promotion and Wellness	1.6
Cardiovascular and Respiratory System	1.0
Research	0.7
Palliative Care	0.6
Digestive/Metabolic/Endocrine System	0.1
<b>TOTAL</b>	<b>100%</b>

<sup>8</sup> CIHI, 2010; Figure 17, p. 58, data excludes Quebec.

4.1.3 PRACTICE CONTEXT: WHERE OCCUPATIONAL THERAPISTS WORK

**Table 3**  
**Employer Type for Primary Employment (2009)<sup>9</sup>**

Employer type	OTs in employment area (%)
General Hospital	24.9
Rehabilitation Hospital/Facility	14.7
Visiting Agency/Business	11.5
Community Health Centre	9.8
School or School Board	6.3
Mental Health Hospital/Facility	6.0
Solo Professional Practice/Business	6.0
Group Professional Practice/Clinic	5.7
Other	5.3
Residential Care Facility	4.0
Association/Government/Para-Governmental	3.0
Postsecondary Educational Institution	2.2
Industry, Manufacturing and Commercial	0.6
Assisted Living Residence	0.3
<b>TOTAL</b>	<b>100%</b>

4.1.4 PRACTICE CONTEXT: HOW OCCUPATIONAL THERAPISTS PRACTICE

**Table 4**  
**Occupational Therapy Workforce by Position for Primary Employment (2009)<sup>10</sup>**

Position	OTs practising in role (%)
DIRECT SERVICE	85.0
OTHER:	16.0
Manager	6.1
Professional Leader/Coordinator	4.2
Educator	2.0
Researcher	0.7
Other	3.0
<b>TOTAL</b>	<b>100%</b>

<sup>9</sup> CIHI, 2010, Figure 15, p. 54; Quebec data not available

<sup>10</sup> CIHI, 2010, Figure 14, p. 51; Quebec data not available

**Table 5**

**Occupational Therapy Workforce by Funding Source for Primary Employment (2009)<sup>11</sup>**

Funding Source	OTs practising in sector (%)
Public / Government	80.9
Private Sector or Individual Clients	6.8
Public/Private Mix	9.6
Other	2.7
<b>TOTAL</b>	<b>100%</b>

#### 4.2 CAPABILITY OF OCCUPATIONAL THERAPISTS

One of the elements of competent practice is the capability of the occupational therapist. *Capability* refers to the physical, mental, emotional potential, and facility<sup>12</sup> of an individual required to fulfill his or her professional role. Generally, much of an occupational therapist's capability is the "raw materials" and the "take for granted" implicit aspects.

Often capability for an occupational therapist is demonstrated through the achievement of the educational credential (e.g., in achieving a university education a person demonstrates that he or she has the mental ability for their professional role). Other sources of information about an occupational therapist's capability may be required at the time of application and renewal for registration with a professional regulatory organization. For example, registration information gathered about an occupational therapist's capability for practice might include language tests, criminal record checks, verification of application of 'good standing', standards with respect to capacity, and undertakings with respect to mental and/or psychological fitness to practise.

<sup>11</sup> CIHI, 2010, Figure 16, p. 57; Quebec data not available.

<sup>12</sup> Synonyms for capability include talent, aptitude, and potential.

## 5.0 THE KEY ROLE AND UNITS OF COMPETENCE

The Essential Competencies are organized according to four distinct levels including Role, Units, Competencies, and Performance Indicators.

### 5.1 KEY ROLE OF OCCUPATIONAL THERAPISTS

**The KEY ROLE Statement describes the purpose or goal of the occupational therapist.**

As autonomous primary health professionals, occupational therapists work in partnership with clients<sup>13</sup> and relevant others to provide safe, effective, ethical, and client-centered occupational therapy.

Occupational therapists apply a collaborative and reasoned approach to enable occupation using a practice process, thinking critically, and communicating effectively while focusing on the physical, cognitive, affective, and spiritual components of performance as well as the physical, institutional, social, and cultural aspects of the environment.

Occupational therapists abide by ethical principles to act with integrity, accountability, and judgment in the best interests of the client, available services, and application of available evidence.

### 5.2 UNITS OF COMPETENCE OF OCCUPATIONAL THERAPISTS

**Units 1-7 describe the major functions for effective performance of occupational therapists.**

- 1 Assumes Professional Responsibility**
- 2 Thinks Critically**
- 3 Demonstrates Practice Knowledge**
- 4 Utilizes an Occupational Therapy Process to Enable Occupation**
- 5 Communicates and Collaborates Effectively**
- 6 Engages in Professional Development**
- 7 Manages Own Practice and Advocates Within Systems**

**Units A-E describe the major functions for effective performance of occupational therapists who do non-clinical work.**

- A Assumes Professional Responsibility**
- B Thinks Critically**
- C Communicates and Collaborates Effectively**
- D Engages in Professional Development**
- E Manages Own Work and Advocates Within Systems**

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<sup>13</sup> Clients are the direct recipient of occupational therapy service and may include the individual, family, caregiver, group or organization that accesses the services of an occupational therapist.

## 6.0 COMPETENCIES OF OCCUPATIONAL THERAPISTS

Competencies describe the identifiable components of expected performance by an occupational therapist. They appear under each unit and are numbered as 1.1, 1.2, etc. or A.1, A.2, etc. for competencies related to non-clinical work.

<p><b>Clinical Work</b></p> <p><b>Unit 1: Assumes Professional Responsibility</b> Occupational therapists assume professional responsibility for safe, ethical and effective practice.</p> <p><b>1.1</b> Demonstrates a commitment to their clients, public and profession. <b>1.2</b> Practises within scope of professional and personal limitations and abilities. <b>1.3</b> Adheres to the <i>Code of Ethics</i> recognized by the provincial regulatory organization. <b>1.4</b> Applies ethical frameworks to solve ethical situations. <b>1.5</b> Demonstrates professional integrity.</p>	<p><b>Non-clinical Work</b></p> <p><b>Unit A: Assumes Professional Responsibility</b> Occupational therapists assume professional responsibility for safe, ethical and effective development, delivery, oversight and/or improvement of systems and services.</p> <p><b>A.1</b> Demonstrates a commitment to their work, the public and the profession. <b>A.2</b> Works within scope of professional and personal limitations and abilities. <b>A.3</b> Adheres to the <i>Code of Ethics</i> recognized by the provincial regulatory organization. <b>A.4</b> Applies ethical frameworks to solve ethical situations. <b>A.5</b> Demonstrates professional integrity.</p>
<p><b>Clinical Work</b></p> <p><b>Unit 2: Thinks Critically</b> Occupational therapists use critical reasoning and reflection approaches for safe, ethical and effective practice.</p> <p><b>2.1</b> Demonstrates sound professional judgment and clinical reasoning in decision-making. <b>2.2</b> Engages in reflection and evaluation and integrates findings into practice.</p>	<p><b>Non-clinical Work</b></p> <p><b>Unit B: Thinks Critically</b> Occupational therapists use critical reasoning and reflection approaches for safe, ethical and effective development, delivery, oversight and/or improvement of systems and services.</p> <p><b>B.1</b> Demonstrates sound professional judgment and reasoning in decision-making. <b>B.2</b> Engages in reflection and evaluation and integrates findings into work.</p>
<p><b>Clinical Work</b></p> <p><b>Unit 3: Demonstrates Practice Knowledge</b> Occupational therapists demonstrate practice knowledge for safe, ethical and effective practice.</p> <p><b>3.1</b> Uses current occupational therapy foundational knowledge in day-to-day practice. <b>3.2</b> Demonstrates awareness of the physical, social, cultural, institutional and economic environment relevant to the jurisdiction of practice. <b>3.3</b> Demonstrates awareness of experiential knowledge of client and occupational therapist. <b>3.4</b> Demonstrates awareness of legislative and regulatory requirements relevant to the province and area of practice.</p>	



<p><b>Clinical Work</b></p> <p><b>Unit 4: Utilizes an Occupational Therapy Process to Enable Occupation</b> Occupational therapists use systematic approaches to enabling occupation for safe, ethical and effective practice.</p> <p><b>4.1</b> Clarifies role of occupation and enablement when initiating services.  <b>4.2</b> Demonstrates a systematic client-centred approach to enabling occupation.  <b>4.3</b> Ensures informed consent prior to and throughout service provision.  <b>4.4</b> Assesses occupational performance and enablement needs of client.  <b>4.5</b> Develops client-centred plan with client, interprofessional team members and other stakeholders.  <b>4.6</b> Implements plan for occupational therapy services.  <b>4.7</b> Monitors plan to modify in a timely and appropriate manner.</p>	
<p><b>Clinical Work</b></p> <p><b>Unit 5: Communicates and Collaborates Effectively</b> Occupational therapists use effective communication and collaborative approaches for safe, ethical and effective practice.</p> <p><b>5.1</b> Communicates effectively with client, interprofessional team and other stakeholders using client-centred principles that address physical, social, cultural or other barriers to communication.  <b>5.2</b> Communicates using a timely and effective approach.  <b>5.3</b> Maintains confidentiality and security in the sharing, transmission, storage and management of information.  <b>5.4</b> Collaborates with client, interprofessional team and other stakeholders.  <b>5.5</b> Works effectively with client, interprofessional team and other stakeholders to manage professional relationships.</p>	<p><b>Non-clinical Work</b></p> <p><b>Unit C: Communicates and Collaborates Effectively</b> Occupational therapists use effective communication and collaboration approaches for safe, ethical and effective development, delivery, oversight and/or improvement of systems and services.</p> <p><b>C.1</b> Communicates using a timely and effective approach.  <b>C.2</b> Maintains confidentiality and security in the sharing, transmission, storage and management of information.</p>
<p><b>Clinical Work</b></p> <p><b>Unit 6: Engages in Professional Development</b> Occupational therapists engage in professional development for safe, ethical and effective practice.</p> <p><b>6.1</b> Uses self-evaluation, new learning and evidence in professional development.  <b>6.2</b> Demonstrates commitment to continuing competence.  <b>6.3</b> Enhances personal competence through integration of ongoing learning into practice.</p>	<p><b>Non-clinical Work</b></p> <p><b>Unit D: Engages in Professional Development</b> Occupational therapists engage in professional development for safe, ethical and effective development, delivery, oversight and/or improvement of systems and services.</p> <p><b>D.1</b> Uses self-evaluation, new learning and evidence in professional development.  <b>D.2</b> Demonstrates commitment to continuing competence.  <b>D.3</b> Enhances personal competence through integration of ongoing learning.</p>

## Clinical Work

### Unit 7: Manages Own Practice and Advocates Within Systems

Occupational therapists manage the quality of practice and advocate within systems for safe, ethical and effective practice.

- 7.1 Manages day-to-day practice processes.
- 7.2 Manages assignment of service to support personnel, other staff, students and others under the occupational therapist's supervision.
- 7.3 Contributes to a practice environment that supports client-centered occupational therapy service, which is safe, ethical and effective.
- 7.4 Demonstrates commitment for client and provider safety.
- 7.5 Participates in quality improvement initiatives.
- 7.6 Advocates for the occupational potential, occupational performance and occupational engagement of clients.

## Non-clinical Work

### Unit E: Manages Own Work and Advocates Within Systems

Occupational therapists manage the quality of practice and advocate within systems for safe, ethical and effective development, delivery, oversight and/or improvement of systems and services.

- E.1 Demonstrates commitment for safety.
- E.2 Participates in quality improvement initiatives.

## 7.0 COMPETENCIES INCLUDING PERFORMANCE INDICATORS

*Performance Indicators* describe an inter-related set of factors that define the level of expected performance for occupational therapists. These appear under each competency.

*Cues* are examples of everyday practice which help to illustrate performance indicators.

### 1 - ASSUMES PROFESSIONAL RESPONSIBILITY

Occupational therapists assume professional responsibility for safe, ethical and effective practice.

Clinical Work	Non-clinical Work
<b>1.1 Demonstrates a commitment to clients, public, and the profession.</b>	<b>A.1 Demonstrates a commitment to their work, the public and the profession.</b>
1.1.1 Demonstrates knowledge of self-regulation. <i>Cues: accountability to the client, public interest, regulatory organization, profession, other statutes (e.g. privacy laws)</i>	A.1.1 Demonstrates knowledge of self-regulation. <i>Cues: accountability to the public interest, regulatory organization, profession, other statutes (e.g. privacy laws)</i>
1.1.2 Demonstrates professional behaviours. <i>Cues: accountability, confidentiality, transparency, disclosure, integrity, honesty, compassion, respect</i>	A.1.2 Demonstrates professional behaviours. <i>Cues: accountability, confidentiality, transparency, disclosure, integrity, honesty, compassion, respect</i>
1.1.3 Takes action to ensure that practice and setting support professional responsibilities. <i>Cues: monitors consistency with policies and regulations; checks that terms of agreement in a contract with payer are not in contravention of professional obligations to client; manages power issues</i>	A.1.3 Takes action to ensure that work setting support professional responsibilities. <i>Cues: monitors consistency with policies and regulations, checks terms of agreement in a contract with payer are not in contravention of professional obligations</i>
1.1.4 Supports others to practise professional responsibility. <i>Cues: education, resources, services, policies which are supportive to others</i>	A.1.4 Supports others towards professional responsibility. <i>Cues: education, resources, services, policies which are supportive to others</i>
1.1.5 Takes necessary actions to ensure client safety.	A.1.5 Takes necessary actions to ensure safety.
<b>1.2 Practises within scope of professional and personal limitations and abilities.</b>	<b>A.2 Works within scope of professional and personal limitations and abilities.</b>
1.2.1 Demonstrates an understanding of the scope of practice as defined by the relevant provincial jurisdiction or regulatory organization.	A.2.1 Demonstrates an understanding of the scope of work as defined by the relevant provincial jurisdiction or regulatory organization.

1.2.2	Demonstrates an understanding of the interconnections between scope of practice and practice setting.	A.2.2	Takes action to ensure that personal and professional limitations do not cause their competence to fall below a level considered acceptable in the jurisdiction. <i>Cues: Develop work skills, refer to other team members</i>
1.2.3	Takes action to ensure that personal and professional limitations do not cause competence to fall below a level considered acceptable in the jurisdiction. <i>Cues: develop technical skills, refer to other team members, ensure qualified for restricted acts</i>		
1.2.4	Manages overlaps in scope of practice with other professions.		
<b>1.3</b>	<b>Adheres to the <i>Code of Ethics</i> recognized by the provincial regulatory organization.</b>	<b>A.3</b>	<b>Adheres to the <i>Code of Ethics</i> recognized by the provincial regulatory organization.</b>
1.3.1	Communicates title and credentials accurately.	A.3.1	Communicates title and credentials accurately.
1.3.2	Complies with client confidentiality and privacy practice standards and legal requirements.	A.3.2	Complies with work confidentiality and privacy standards and legal requirements.
1.3.3	Responds appropriately to ethical issues encountered in practice. <i>Cues: autonomy, client well-being</i>	A.3.3	Responds appropriately to ethical issues encountered in work.
1.3.4	Maintains appropriate relationships and boundaries with clients.	A.3.4	Maintains appropriate relationships and boundaries with staff, team members and others working in the work environment. <i>Cues: Manage power relationships</i>
1.3.5	Manages conflict of interest.		
<b>1.4</b>	<b>Applies ethical frameworks to solve ethical situations.</b>	<b>A.4</b>	<b>Applies ethical frameworks to solve ethical situations.</b>
1.4.1	Recognizes situations which impact ethical behavior.	A.4.1	Recognizes situations which impact ethical behaviour.
1.4.2	Responds appropriately to observed unprofessional behaviours in practice.	A.4.2	Responds appropriately to observed unprofessional behaviours in work.

1.4.3	Complies with the obligation to and processes for reporting unsafe, unethical or incompetent practice by an occupational therapist. <i>Cues: ensures client safety, mandatory reporting requirements for jurisdiction</i>	A.4.3	Complies with the obligation to and processes for reporting unsafe, unethical or incompetent work by an occupational therapist. <i>Cues: mandatory reporting requirements for jurisdiction</i>
<b>1.5</b>	<b>Demonstrates professional integrity.</b>	<b>A.5</b>	<b>Demonstrates professional integrity.</b>
1.5.1	Accepts responsibility for actions and decisions.	A.5.1	Accepts responsibility for actions and decisions.
1.5.2	Shows respect for the dignity, privacy, and confidentiality of clients.	A.5.2	Shows respect for the dignity, privacy, and confidentiality with staff, team members and others within their work environment
1.5.3	Manages conflicts of interest (real or perceived). <i>Cues: disclosure, compliance with standards/policies about vendors</i>	A.5.3	Manages conflicts of interest (real or perceived). <i>Cues: disclosure, compliance with standards/policies about vendors</i>
1.5.4	Demonstrates sensitivity to power imbalance (real or perceived).	A.5.4	Demonstrates sensitivity to power imbalance (real or perceived).
1.5.5	Understands the impact of values and beliefs that may affect practice. <i>Cues: Values and beliefs of client, occupational therapist, interprofessional team, other stakeholders</i>	A.5.5	Understands the impact of values and beliefs that may affect work.
1.5.6	Demonstrates sensitivity to diversity. <i>Cues: Diversity includes, but not limited to age, gender, religion, sexual orientation, ethnicity, cultural beliefs, ability</i>	A.5.6	Demonstrates sensitivity to diversity. <i>Cues: Diversity includes, but not limited to age, gender, religion, sexual orientation, ethnicity, cultural beliefs, ability</i>

## 2 - THINKS CRITICALLY

Occupational therapists use critical reasoning and reflective approaches for safe, ethical and effective practice.

Occupational therapists use critical reasoning and reflective approaches for safe, ethical and effective development, delivery, oversight and/or improvement of systems and services.

Clinical Work		Non-clinical Work	
<b>2.1</b>	<b>Demonstrates sound professional judgment and clinical reasoning in decision-making.</b>	<b>B.1</b>	<b>Demonstrates sound professional judgment and reasoning in decision-making.</b>
2.1.1	Demonstrates effective and evidence based problem solving and judgment to address client needs. <i>Cues: literature search, best available evidence, research, consultation with experts and others</i>	B.1.1	Demonstrates effective and evidence based problem solving and judgment. <i>Cues: literature search, best available evidence, research, consultation with experts and others, etc.</i>
2.1.2	Negotiates common ground with clients, Interprofessional team members, and other stakeholders.	B.1.2	Negotiates common ground with team members, and other stakeholders. <i>Cues: Integrates complexity of issues, needs, goals.</i>
2.1.3	Integrates complexity of client issues, needs, and goals within occupational therapy service.	B.1.3	Integrates relevant information with previous learning, experience, professional knowledge, and current work practices.
2.1.4	Integrates relevant information with previous learning, experience, professional knowledge, and current practice models.	B.1.4	Synthesizes and analyzes the information to inform work. <i>Cues: sorting information, prioritizing information</i>
2.1.5	Synthesizes and analyzes the information to inform occupational therapy service. <i>Cues: sorting information, prioritizing information</i>		
<b>2.2</b>	<b>Engages in reflection and evaluation and integrates findings into practice.</b>	<b>B.2</b>	<b>Engages in reflection and evaluation and integrates findings into work.</b>
2.2.1	Demonstrates insight into personal expertise and limitations.	B.2.1	Demonstrates insight into personal expertise and limitations.
2.2.2	Demonstrates effective, appropriate, and timely consultation with other health professionals as needed for optimal client service.	B.2.2	Demonstrates effective, appropriate, and timely consultation with others as needed to optimize outcomes.
2.2.3	Investigates alternative explanations for deficits in occupational performance and engagement. <i>Cues: barriers, psychosocial components, financial resources</i>	B.2.3	Investigates alternative explanations for problems, issues and challenges.
2.2.4	Recognizes situations where services (i.e. client processes for occupation, occupational performance and/or engagement) should be adjusted, limited, modified or discontinued.	B.2.4	Recognizes situations where goals and/or work plans should be adjusted, limited, modified or discontinued.

### 3 - DEMONSTRATES PRACTICE KNOWLEDGE

Occupational therapists' demonstrate practice knowledge for safe, ethical and effective practice.

Clinical Work	
<b>3.1</b>	<b>Uses current occupational therapy theory in day-to-day practice.</b>
3.1.1	Applies relevant current knowledge of foundational biomedical and social sciences into practice. <i>Cues: anatomy / neuroanatomy, neurology / neurophysiology, development across the lifespan (i.e., children, adolescents, adults, older adults), social sciences (i.e. psychology, sociology, education), disease/conditions</i>
3.1.2	Uses current models and approaches that apply in occupational therapy practice. <i>Cues: models of practice, occupational therapy theories, health and disability, occupation &amp; occupational engagement, client-centered care, mental health</i>
3.1.3	Integrates appropriate current occupational therapy knowledge into practice. <i>Cues: assessment of person – physical, affective, cognitive, emotional and spiritual; analysis of occupations; environmental enablers and barriers; physical, cultural, economic, political, and institutional determinants; assessment of occupational performance; self-care, productivity, leisure, mobility, IADL; standardized assessment; occupational performance factors; intervention strategies, methods, and assistive technologies; environmental modification; technical skills, e.g., splinting and wheelchair positioning for function</i>
<b>3.2</b>	<b>Demonstrates awareness of the physical, social, cultural, institutional and economic environment relevant to the jurisdiction of practice.</b>
3.2.1	Understands the impact of physical, cultural, institutional, and economic factors relevant to practice. <i>Cues: determinants of health, funding for service; education, justice, health and social service systems; socio-economic basis of community, cultural influences</i>
3.2.2	Adjusts occupational therapy service to reflect a client-centred approach related to physical, social, cultural, institutional and economic environment.
<b>3.3</b>	<b>Demonstrates awareness of experiential knowledge of client and occupational therapist.</b>
3.3.1	Understands the impact of experiential knowledge of client and occupational therapist. <i>Cues: client biases, client values, self-awareness</i>
3.3.2	Adjusts occupational therapy services to reflect a client-centered approach related to the client's experiential knowledge as well as the occupational therapist's experiential knowledge.
<b>3.4</b>	<b>Demonstrates awareness of legislative and regulatory requirements relevant to the province and area of practice.</b>
3.4.1	Understands the impact of legislative and regulatory requirements relevant to the province and area of practice. <i>Cues: restricted activities, local policies, consent process, health information, protection of confidentiality and privacy, child protection, mental health, occupational health and safety requirements</i>
3.4.2	Ensures practice-setting policies are consistent with regulations and legislative requirements.

## 4 - UTILIZES AN OCCUPATIONAL THERAPY PRACTICE PROCESS TO ENABLE OCCUPATION

Occupational therapists use systematic approaches to enabling occupation for safe, ethical and effective practice.

Clinical Work	
<b>4.1</b>	<b>Clarifies the role of occupation and enablement when initiating services.</b>
4.1.1	Identifies the recipient(s) of occupational therapy service as the client(s). <i>Cues: screens referrals, determines appropriateness of referral</i>
4.1.2	Clarifies the expectations of stakeholders, third party payers, and relevant others <sup>14</sup> that impact or complement service. <i>Cues: family, advocates, teachers, caregivers, and other agencies regarding the service to be provided</i>
4.1.3	Identifies the knowledge, skills, and attitudes required to provide the appropriate service to the client.
4.1.4	Communicates scope and parameters of services to clients, referring agents, and relevant others. <i>Cues: frequency and duration of service, variance</i>
4.1.5	Identifies and communicates to client and relevant others the strengths and limitations of practice. <i>Cues: available funding, access to services, personal knowledge and skills</i>
4.1.6	Establishes with the client a shared understanding of occupation, occupational performance, engagement, and enablement issues.
<b>4.2</b>	<b>Demonstrates a systematic client-centred approach to enabling occupation.</b>
4.2.1	Uses strategies that engage the client in a collaborative approach. <i>Cues: interview techniques, therapeutic use of self</i>
4.2.2	Builds rapport and trust within the relationship.
4.2.3	Discusses client expectations with regard to occupational therapy services.
4.2.4	Enables client to identify issues and clarify client concerns, expectations, and priorities.
4.2.5	Enables client to examine risks and consequences of options. <i>Cues: provides information, allows time.</i>
4.2.6	Achieves mutual understanding and agreement concerning services to be provided.
<b>4.3</b>	<b>Ensures informed consent prior to and throughout service provision.</b>
4.3.1	Adheres to regulatory, legislative, and service requirements regarding informed consent.
4.3.2	Demonstrates the principles and practices for obtaining informed consent. <i>Cues: risk of harm, risk of doing nothing, capacity, range and benefits of services, release of information, etc.</i>
4.3.3	Obtains consent for involvement of support personnel, students, and other providers involved in the provision of occupational therapy service components.
4.3.4	Identifies situations where informed consent may be problematic and takes steps to rectify issues. <i>Cues: written explanation for non-verbal client, substitute decision-maker if client does not have capacity for consent</i>
<b>4.4</b>	<b>Assesses occupational performance, engagement, and enablement needs of client.</b>

<sup>14</sup> Others may include contractors, key individuals, organizations, and/or groups.



4.4.1	Assesses occupational performance and engagement <i>Cues: self-care, productivity, and leisure; roles, demands, expectations, goals, settings, spiritual values of the client</i>
4.4.2	Identifies the client's strengths and resources.
4.4.3	Assesses components related to the occupation and occupational performance and engagement issues identified. <i>Cues: cognitive, affective, meaning, values, and physical</i>
4.4.4	Gathers additional relevant information <i>Cues: reviews client record; consults family, caregivers, and other professionals; collects complete subjective and objective data</i>
4.4.5	Determines the appropriate service delivery approach for client-centred occupational therapy services <i>Cues: consulting, educating, direct intervention, assessment</i>
<b>4.5</b>	<b>Develops client-centred plan with client, interprofessional team members, and other stakeholders.</b>
4.5.1	Integrates client wants and needs into all aspects of planning.
4.5.2	Identifies client's priority occupational issues and possible occupational goals.
4.5.3	Analyzes physical, cultural, social, and institutional environmental impact on occupational performance and engagement issues.
4.5.4	Analyzes and proposes options to increase inclusion and accessibility in the client's environment. <i>Cues: cultural, institutional, physical, social</i>
4.5.5	Develops realistic, measurable, understandable, and targeted outcomes consistent with client's values and life goals.
4.5.6	Plans for needed service delivery, which considers limits or constraints on the various service delivery methods. <i>Cues: resources, support personnel, time, equipment, environment, frequency and duration of service</i>
4.5.7	Refers to additional services as appropriate. <i>Cues: funding, equipment, community services, other professional services, social agencies</i>
<b>4.6</b>	<b>Implements plan for occupational therapy services.</b>
4.6.1	Implements the client-specific plan with client, interprofessional team members and other stakeholders. <i>Cues: plans include recommendations, direct service, and consultation</i>
4.6.2	Monitors impact of plans on person, occupation and, environment.
4.6.3	Implements interventions in an effective and ethical manner.
<b>4.7</b>	<b>Monitors plan to modify in a timely and appropriate manner.</b>
4.7.1	Regularly re-assesses client's progress to compare with initial findings, occupational goals and plan.
4.7.2	Adapts or redesigns plan as needed. <i>Cues: modifies plan of care, revises occupational therapy services recommendations</i>
4.7.3	Documents conclusion/exit and disseminates information and recommendations for next steps such as discharge, coordinated transfer, or re-entry.
4.7.4	Discontinues service in situations when occupational therapy should not continue.

## 5 - COMMUNICATES & COLLABORATES EFFECTIVELY

Occupational therapists use effective communication and collaborative approaches for safe, ethical and effective practice.

Occupational therapists use effective communication and collaborative approaches for safe, ethical and effective development, delivery, oversight and/or improvement of systems and services.

Clinical Work	Non-clinical Work
<p><b>5.1</b> Communicates effectively with the client, interprofessional team members, and other stakeholders using client-centred principles that address physical, social, cultural or other barriers to communication</p>	<p><b>C.1</b> Communicates using an effective approach.</p>
<p>5.1.1 Fosters open, honest, and clear communication.</p>	<p>C.1.1 Fosters open, honest, and clear communication.</p>
<p>5.1.2 Delivers information in a respectful, thoughtful manner. <i>Cues: verbal, non-verbal, language, tone</i></p>	<p>C.1.2 Delivers information in a respectful, thoughtful manner. <i>Cues: verbal, non-verbal, language, tone</i></p>
<p>5.1.3 Uses strategies that empower communication. <i>Cues: active listening, clarifying statements, inviting questions, plain language, appropriate level explanation, educating, prompting, communication styles, appropriate use of technology</i></p>	<p>C.1.3 Uses strategies that empower communication. <i>Cues: active listening, clarifying statements, inviting questions, plain language, appropriate level explanation, educating, prompting, communication styles, appropriate use of technology.</i></p>
<p>5.1.4 Adapts communication approach to ensure that barriers to communication do not impact the client's ability to direct own care process. <i>Cues: language, hearing loss, vision loss, literacy level, inability to communicate verbally, cognitive loss, need for an interpreter</i></p>	
<p>5.1.5 Employs educational approach as appropriate. <i>Cues: teaching aids, written materials, learner needs, formal teaching, informal teaching, feedback, evaluation</i></p>	
<p><b>5.2</b> Communicates using a timely and effective approach.</p>	<p><b>C.2</b> Maintains confidentiality and security in the sharing, transmission, storage, and management of information.</p>
<p>5.2.1 Uses a systematic approach to record keeping of occupational therapy services. <i>Cues: client-centred, clinical reasoning, occupation-based</i></p>	<p>C.2.1 Adheres to legislation, regulatory requirements and facility/employer guidelines regarding protection of privacy, security of information.</p>

<p>5.2.2 Maintains clear, accurate, and appropriate records of client encounters and plans. <i>Cues: informed consent, results of assessment, interventions, client involvement, written, electronic</i></p>	<p>C.2.2 Establishes and/or adheres to provincial and facility policies and procedures related to the management of information. <i>Cues: acquiring, documenting, using, transmitting, storing, information access rights and disposing information.</i></p>
<p>5.2.3 Applies the various regulations that are specific to record keeping in occupational therapy. <i>Cues: provincial and federal regulations; institutional policies</i></p>	<p>C2.3 Takes action to anticipate and minimize foreseeable risks to privacy and confidentiality of information. <i>Cues: confidentiality and privacy of conversations, risks of disclosure in public or shared spaces, information technology, encryption, communication devices, etc.</i></p>
<p>5.2.4 Determines with client the right of others to client's information. <i>Cues: client right to have access, to clarify, and to comment on or modify the information.</i></p>	
<p>5.2.5 Discloses information in accordance with client consent.</p>	
<p><b>5.3 Maintains confidentiality and security in the sharing, transmission, storage, and management of information.</b></p>	
<p>5.3.1 Adheres to legislation, regulatory requirements and facility/employer guidelines regarding protection of privacy, security of information.</p>	
<p>5.3.2 Establishes and/or adheres to provincial and facility policies and procedures related to the management of information. <i>Cues: acquiring, documenting, using, transmitting, storing, and disposing information</i></p>	
<p>5.3.3 Takes action to anticipate and minimize foreseeable risks to privacy and confidentiality of information. <i>Cues: confidentiality and privacy of conversations, risks of disclosure in public or shared spaces, information technology, encryption, communication devices</i></p>	
<p><b>5.4 Collaborates with client, interprofessional team, and other stakeholders.</b></p>	
<p>5.4.1 Explains role in client services to team members and clients.</p>	

5.4.2	Demonstrates receptiveness to others' perspectives that serve the best interest of the client. <i>Cues: considers others opinions and perspectives</i>
5.4.3	Demonstrates flexibility within team. <i>Cues: consults with, listens to, tasks with, supportive of, responsive to, collaborates with</i>
5.4.4	Asks for support when appropriate.
5.4.5	Demonstrates leadership techniques appropriate to the situation.
<b>5.5</b>	<b>Works effectively with client, interprofessional team, and other stakeholders to manage positive professional relationships.</b>
5.5.1	Demonstrates sensitivity to issues related to diversity and difference. <i>Cues: Diversity includes but is not limited to, the impact of age, gender, religion, cultural beliefs, sexual orientation, ethnicity, ability</i>
5.5.2	Adapts approach to consider impact of diversity on occupational therapy service outcomes.
5.5.3	Demonstrates willingness to set team goals and priorities, measure progress, and learn from experience together as a team.
5.5.4	Enables parties to openly communicate and consider other opinions.
5.5.5	Manages differences, misunderstandings, and limitations that may contribute to interprofessional tensions in an effective and diplomatic manner.

**6 - ENGAGES IN PROFESSIONAL DEVELOPMENT**

Occupational therapists engage in professional development for safe, ethical and effective practice.

Occupational therapists engage in professional development for safe, ethical and effective development, delivery, oversight and/or improvement of systems and services.

Clinical Work	Non-clinical Work
<b>6.1</b> Uses self-evaluation, new learning, and evidence in professional development.	<b>D.1</b> Uses self-evaluation, new learning, and evidence in professional development.
6.1.1 Conducts a regular assessment of personal learning needs required to ensure ongoing competence. <i>Cues: monitor impact of change in practice, monitor changes in context, identify changes in responsibility areas requiring new learning; identify risks and supports to personal competence; identify personal and professional abilities and limitations that may impact on professional practice</i>	D.1.1 Conducts a regular assessment of personal learning needs required to ensure ongoing competence. <i>Cues: monitor changes in context, identify changes in responsibility areas requiring new learning; identify risks and supports to personal competence; identify personal and professional abilities and limitations that may impact on professional practice.</i>
6.1.2 Adjusts assessment of personal learning needs with external information. <i>Cues: performance review, client feedback, peer feedback, supervisor feedback</i>	D.1.2 Adjusts assessment of personal learning needs with external information. <i>Cues: performance review, peer/supervisor feedback.</i>
6.1.3 Reviews various sources of information and new knowledge and determines applicability to practice. <i>Cues: research articles, databases, guidelines, expert opinion, conferences, discussion groups, critical appraisal</i>	D.1.3 Reviews various sources of information and new knowledge and determines applicability to work. <i>Cues: research articles, databases, guidelines, expert opinion, conferences, discussion groups, critical appraisal.</i>
<b>6.2</b> Demonstrates commitment to continuing competence.	<b>D.2</b> Demonstrates commitment to continuing competence.
6.2.1 Maintains the knowledge, skills, and attitudes to provide safe, efficient, and effective service in areas of practice. <i>Cues: Essential Competencies, evidence informed practice</i>	D.2.1 Maintains the knowledge, skills, and attitudes to provide safe, efficient, and effective service in areas of work practice. <i>Cues: Essential Competencies, evidence informed practice</i>
6.2.2 Integrates new knowledge, skills, and attitudes into practice.	D.2.2 Integrates new knowledge, skills, and attitudes into work.
6.2.3 Implements a plan for continual professional improvement.	D.2.3 Implements a plan for continual professional improvement.

6.2.4	Takes action to address deficiencies to enhance practice. <i>Cues: acquiring needed knowledge and skills</i>	D.2.4	Takes action to address deficiencies to enhance work. <i>Cues: acquiring needed knowledge and skills.</i>
<b>6.3</b>	<b>Enhances personal competence through integration of ongoing learning into practice.</b>	<b>D.3</b>	<b>Enhances personal competence through integration of ongoing learning into work.</b>
6.3.1	Keeps abreast of changes in practice setting that affect scope of practice. <i>Cues: advances in technology, changes in scope of practice, new and revised standards of practice, evidence informed practice</i>	D.3.1	Keeps abreast of changes in work setting that affect scope of work. <i>Cues: advances in technology, changes in scope of practice, new and revised practice standards, evidence informed practice</i>
6.3.2	Adapts to changes in practice using evidence, practice standards, and best practices.	D.3.2	Adapts to changes in work using evidence, practice standards, and best practices.
6.3.3	Enhances knowledge, skills, and attitudes in needed areas of personal competence.	D.3.3	Enhances knowledge, skills, and attitudes in needed areas of personal competence.

WITHDRAWN  
FOR REFERENCE

**7 - MANAGES OWN PRACTICE AND ADVOCATES WITHIN SYSTEMS**

Occupational therapists manage the quality of practice and advocate within systems for safe, ethical and effective practice.

Occupational therapists manage the quality of practice and advocate within systems for safe, ethical and effective development, delivery, oversight and/or improvement of systems and services.

Clinical Work	Non-clinical Work
<b>7.1</b> Manages day-to-day practice processes.	<b>E.1</b> Demonstrates commitment for safety.
7.1.1 Prioritizes professional duties including when faced with multiple clients and competing needs.	E.1.1 Demonstrates knowledge of policies and procedures as they relate to work and work setting.
7.1.2 Allocates occupational therapy services balancing client needs and available resources.	E.1.2 Integrates safety practices into daily activities.
7.1.3 Balances work priorities and manages time with respect to client services, practice requirements, and professional responsibilities.	E.1.3 Demonstrates situational awareness by continually observing the whole environment, thinking ahead, and reviewing potential options and consequences. <i>Cues: work or work settings that might lead to high risk situations</i>
7.1.4 Manages professional responsibilities by recognizing personal and professional limits of functioning. <i>Cues: limits or stops work if physically or mentally unable to practise safely and effectively; monitors impact of work-life balance on professional responsibilities</i>	E.1.4 Recognizes safety problems in real-time and responds to correct them, preventing them where possible.
<b>7.2</b> Manages assignment of service to support personnel, other staff, students, and others under the occupational therapist’s supervision.	<b>E.2</b> Participates in quality improvement initiatives.
7.2.1 Adheres to regulatory requirements and/or guidelines relating to the assignment of tasks and supervision of support personnel, students of occupational therapy, and other students. <i>Cues: delegates and assigns per standards, guidelines and regulations; student supervision directives</i>	E.2.1 Demonstrates accountability for quality of own work. <i>Cues: improve outcomes, increase efficiency, mitigate errors, reduce waste, and minimize delays.</i>
7.2.2 Orients to role, duties, and responsibilities.	E.2.2 Shows awareness of health systems, error, and safety concepts. <i>Cues: human factors, patient safety, systems design, risk management, context specific safety solutions</i>

7.2.3	Supports effectiveness and safety through monitoring, preceptorship, supervision, mentoring, teaching, and coaching.	E.2.3	Works with others in quality improvement initiatives. <i>Cues: others can include staff, team members, clients, others in work environment</i>
7.2.4	Assigns appropriate work activities.	E.2.4	Takes action on identified risks to self, others or work setting. <i>Cues: disclosure</i>
7.2.5	Provides regular feedback and evaluation. <i>Cues: learning objectives, feedback, evaluation forms</i>	E.2.5	Advocates for change to ensure that recommended interventions are implemented and sustained.
<b>7.3</b>	<b>Contributes to a practice environment that supports client-centered occupational therapy service, which is safe, ethical and effective.</b>		
7.3.1	Participates in established organizational processes. <i>Cues: workload measurement, annual performance reviews.</i>		
7.3.2	Manages risk in practice to prevent and mitigate safety issues. <i>Cues: infection control, client safety, workplace safety, workplace hazards, harassment legislation, labour laws</i>		
7.3.3	Takes appropriate action to align consistency of practice environment requirements with regulatory requirements. <i>Cues: number of years to keep client records, requirements for blanket or client-specific consent, addresses differences with facility leaders</i>		
<b>7.4</b>	<b>Demonstrates commitment for client and provider safety.</b>		
7.4.1	Demonstrates knowledge of policies and procedures as they relate to client and provider safety.		
7.4.2	Integrates safety practices into daily activities. <i>Cues: hand hygiene; seeks assistance for transfers when needed</i>		
7.4.3	Demonstrates situational awareness by continually observing the whole environment, thinking ahead, and reviewing potential options and consequences. <i>Cues: settings or clinical areas that might lead to high-risk situations</i>		



7.4.4	Recognizes safety problems in real-time and responds to correct them, preventing them from impacting the client.
7.4.5	Employs safety techniques. <i>Cues: diligent information-gathering, cross-checking of information, using checklists, investigating mismatches between the current situation and the expected state</i>
<b>7.5</b>	<b>Participates in quality improvement initiatives.</b>
7.5.1	Demonstrates accountability for quality of own practice. <i>Cues: improve outcomes, increase efficiency, mitigate errors, reduce waste, and minimize delays</i>
7.5.2	Shows awareness of health systems, error, and client safety concepts. <i>Cues: human factors, systems design, risk management, context specific safety solutions</i>
7.5.3	Works with clients and others in quality improvement initiatives.
7.5.4	Takes action on identified risks to self, client or practice setting. <i>Cues: disclosure, improves practice</i>
7.5.5	Advocates for change to ensure that recommended interventions are implemented and sustained.
<b>7.6</b>	<b>Advocates for the occupational potential, occupational performance, and occupational engagement of clients.</b>
7.6.1	Balances the ethical and professional issues inherent in client advocacy including altruism, autonomy, integrity, and idealism.
7.6.2	Manages the conflict inherent between advocacy role for a client and manager of finite services and resources.
7.6.3	Advocates appropriately for the role of occupational therapy to clients and the interprofessional team.
7.6.4	Communicates the role and benefits of occupational therapy in occupational performance and occupational engagement.
7.6.5	Acts on identified advocacy, promotion and prevention opportunities for occupation and occupational performance with individuals for whom occupational therapy services are provided.

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## APPENDIX A: GLOSSARY OF TERMS

### Client

Is the direct recipient of occupational therapy service and may include the individual, family, caregiver, group or organization that accesses the services of an occupational therapist.

### Competent

Being competent refers to the practice at a skill level of an individual, which meets or exceeds the minimum and ongoing performance expectations. Competent practice depends on three elements:

1. context of practice,
2. capability of individual (e.g., physical, cognitive, affective), and
3. competencies demonstrated by an individual.

### Context of Practice

Context of practice is the environment where practice occurs. Context of practice describes the details about the practice milieu including the who (types of clients, groups, populations), what (areas of practice, types of service), where (practice settings), and how (professional roles, funding models) in which individuals may practise. The areas describing the context of practice are interrelated and impact on the essential competencies needed for safe and effective practice.

### Capability

Capability refers to the physical, mental, emotional potential, and facility of an individual that enables him or her to fulfill a professional role.<sup>15</sup>

### Competency/Competencies

A competency is a unit of or component part of the whole (i.e., competence). A competency is an outcome statement that reflects the knowledge, skills, and attitudes to achieve a major part of one's job (a role or responsibility). Each competency can be measured against well-accepted standards, and can be improved via training and development.

### Enabling occupation

Refers to enabling people to “choose, organize, and perform those occupations they find useful and meaningful in their environment”.<sup>16</sup>

### Engagement

Refers to actively involving clients in doing, participating.<sup>17</sup>

### Performance Indicators

The inter-related set of measurable behaviours related to the demonstration of a given competency (i.e., outcome). Performance indicators are often key ‘parts’ or ‘processes’ related to demonstrating the knowledge, skills, or attitudes related to the competency.

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<sup>15</sup> Synonyms for capability include talent, aptitude, and potential.

<sup>16</sup> CAOT, 1997a; 2002, p. 180

<sup>17</sup> Townsend & Polatajko, 2007

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