

Practice Boundaries for Occupational Therapists: A Guide for Practitioners

Introduction

This document is intended as a guide for practitioners undertaking or being requested to carry out a task or range of tasks that may not have conventionally fallen within the scope of practice for occupational therapy. It is recommended that this guide is read in conjunction with the OTBNZ Position Statement: Practice Boundaries for Occupational Therapists

The range of practice queries raised by practitioners is broad with some of the more common questions related to:

1. Using aromatherapy
2. Specialising patients
3. Hand therapists using ultrasound
4. Hand therapists using mobilisation techniques
5. Observation of blood pressure, pulse and blood sugar
6. Administering medications
7. Issuing crutches and walking frames
8. Leading antenatal yoga classes
9. Providing counselling
10. Applying nicotine patches to clients.

Many factors have a bearing on the increasingly diverse range of activities undertaken by occupational therapists. Practitioners in the course of their career may have obtained additional qualifications and experience and may choose to utilise these to augment their current practice. Managers of health services may be faced with competing economic and/or geographic factors which force them to look at all the options in regard to provision of services. Asking a profession to provide services which are not typically undertaken may make sound economic and logistical sense, and may also prove beneficial to the client if this approach ensures continuity of care.

The Health Practitioners Competence Assurance Act 2003 (the HPCAA)

*This guide is not intended to replace the advice of employers/employment advocates, supervisors, professional peers, and/or legal advisors. The Board encourages practitioners to seek the appropriate independent advice concerning matters addressed in this document as required.

The main function of the Act is to protect the health and safety of the public. Section 8 of the Act provides for the following:

8 Health practitioners must not practise outside scope of practice

- (1) Every health practitioner who practises the profession in respect of which he or she is registered must have a current practising certificate issued by the responsible authority.
- (2) No health practitioner may perform a health service that forms part of a scope of practice of the profession in respect of which he or she is registered unless he or she—
 - (a) is permitted to perform that service by his or her scope of practice; and
 - (b) performs that service in accordance with any conditions stated in his or her scope of practice.
- (3) Nothing in subsection (1) or subsection (2) applies to a health practitioner who performs health services—
 - (a) in an emergency; or
 - (b) as part of a course of training or instruction; or
 - (c) in the course of an examination, assessment, or competence review required or ordered by the responsible authority.

General Scope of Practice: Occupational Therapist

The OTBNZ has prescribed one scope of practice which does not preclude the use of a range of practice activities that enable occupation. This provides a degree of interpretive freedom for practitioners; however this freedom may pose a dilemma when practitioners are exposed to new practice opportunities, or when service delivery models require additional skills and specific competencies.

The scope of practice for occupational therapists states:

“Occupational therapists are registered health professionals, who use processes of **enabling occupation** to optimise human activity and participation in all **life domains** across the lifespan, and thus promote the health and well-being of individuals, groups, and communities.

These **life domains** include: learning and applying knowledge; general tasks and demands; communication; mobility; self-care; domestic life; interpersonal interaction and relationships; major life areas; and community, social and civic life.

Enabling occupation incorporates the application of knowledge, principles, methods and procedures related to understanding, predicting, ameliorating or influencing peoples' participation in occupations within these life domains. Such practice is evidence-based*, undertaken in accordance with the Occupational Therapy Board's prescribed Competencies and Code of Ethics, and within the individual therapist's area and level of expertise.

*Evidence based practice utilises clients' knowledge of their occupational concerns and circumstances, insights drawn from experience and reflection, and critical appraisal of best available evidence drawn from research, experts and theory to inform practice decisions”.

The OTBNZ, after consulting on the scope of practice for occupational therapy, developed a more detailed description of practice to assist interpretation for persons in non-traditional roles. This forms the basis of the OTBNZ definition of the 'practice of occupational therapy'.

Definition of the Practice of Occupational Therapy

1. Using process/es of enabling occupation to promote health and well-being by working with individuals, groups, organisations, communities and society to optimise activity and participation across the lifespan and in all life domains.
2. Establishing relationships with clients/ tangata whāiora and people associated with clients, based on an understanding of their occupational history, participation preferences, and the personal, spiritual, family, whānau, social, and cultural meanings of what they do.
3. Using interactive, observational and interpretive methods of enquiry to explore and understand the subjective meanings of occupation.
4. Assessing aspects of people, occupations and places relevant to the things people want, need and are expected to do, including:
 - a. Personal factors, body structures and functions, activity limitations and occupational performance skills relative to the requirements for participation and developmental stage.
 - b. Past and present participation in occupation including the effectiveness of and satisfaction with that participation.
 - c. Routines and patterns of participation, and their consequences for health and well-being.
 - d. The components of occupation, and the capacities, skills and resources required to participate in them.

- e. Contexts of participation in occupation, including facilitators and barriers to participation, and culturally defined roles and meanings.
5. Working collaboratively with clients to:
- a. Identify and prioritise activity and participation goals at an occupational performance level, in current and/or future environments.
 - b. Develop, preserve and restore capacity for participation, including body structures and functions, and personal factors as these relate to skilful, effective and satisfying occupational performance.
 - c. Prevent or decrease retard predictable deformity of body structures and/or disruption of body functions that might affect participation, through educational approaches and by recommending and educating people in the use and care of assistive devices, garments and technologies and strategies.
 - d. Review participation choices, in relation to enabling occupational performance.
 - e. Modify how, when, where and with whom activities and occupations are performed.
 - f. Modify physical, social and attitudinal environments to remove barriers to participation in occupation and strengthen facilitators of participation in occupation.
 - g. Develop a group, organisation, or community's purpose, resources, structure, functioning and/or skills to enable participation in occupation.
6. Engaging in processes to ensure continued competence in the above¹
7. "Practice" goes wider than direct clinical care and intervention to include teaching/tutoring, professional and/or team leadership or health management where the person influences the practice of occupational therapy, in hospitals, clinics, private practices and community and institutional contexts, whether paid or voluntary.

Competencies for Registration and Continuing Practice as an Occupational Therapist

The OTBNZ's five competencies are set out in the document *Competencies for Registration and continuing Practice (2015)*. Each of the competencies consists of an outcome statement and a number of performance indicators. The competencies, their outcome statements and performance indicators describe the expectations required of all occupational therapists in Aotearoa New Zealand.

Code of Ethics for Occupational Therapists

The OTBNZ's *Code of Ethics for Occupational Therapists (2015)*, outlines standards of ethical conduct expected of all occupational therapists in their practice. It includes guidelines which describe ethical concepts which must be considered by practitioners.

¹ Refer ePortfolio

Determining alignment between Practice and Scope

When considering whether to provide an activity/service that may be considered beyond usual occupational therapy practice, practitioners should reflect on how the proposed activity fits with:

1. the *Health Practitioners Competence Assurance Act (2003)*
2. the General Scope of Practice: Occupational Therapist
3. the *Competencies for Registration and Continuing Practice (2015)*
4. the *Code of Ethics for Occupational Therapists (2015)*
5. their competence to provide the service and other relevant contextual factors
6. the availability of appropriate advice, support and supervision.

The OTBNZ position statement states that practitioners working beyond the occupational therapy scope of practice must ensure they have the appropriate qualifications/education, experience, authority, and supervision to do so.

Supervision

The OTBNZ requires all practicing occupational therapists to be actively engaged in supervision. Supervision is an important component in developing awareness of self and abilities, and critical reflection. Because of the opportunity it affords to receive feedback and guidance, supervision is considered a critical component of continuing competence. If occupational therapists are considering working beyond the occupational therapy scope of practice, they may need to seek advice and supervision from appropriate individuals.

The OTBNZ's Supervision Requirements for Occupational Therapists (2016) is available on the OTBNZ's website.

The Practice Boundaries Framework: Aligning Practice and Scope

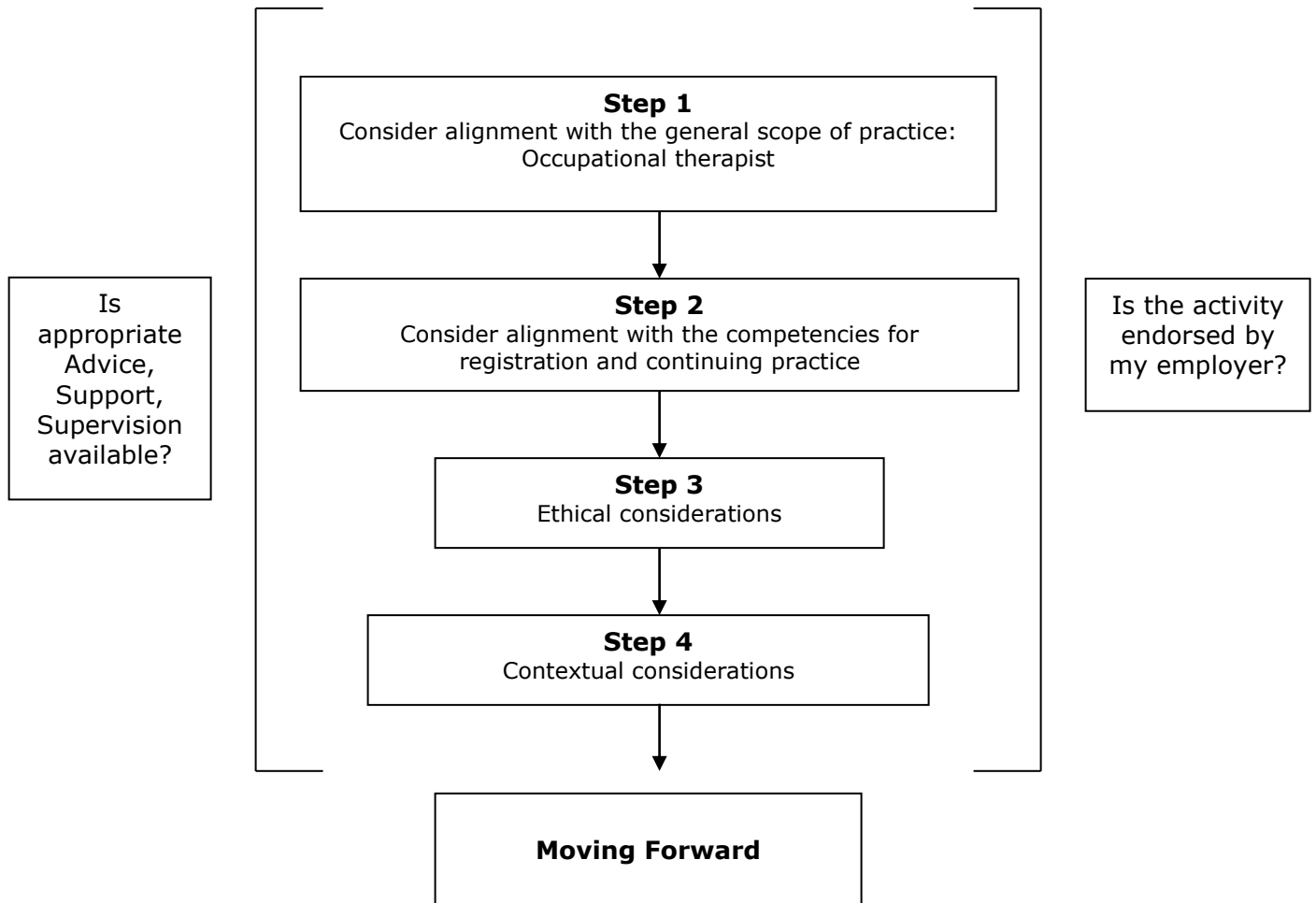
The OTBNZ has developed a framework which provides a process to support practitioners in determining the appropriateness for occupational therapists to provide additional activities/services.

When considering whether or not to provide additional services, practitioners must consider the activity in relation to the scope of practice for occupational therapists, the *Competencies for Registration and Continuing Practice*, the *Code of Ethics*, their individual competence (and other relevant contextual factors), and the availability of appropriate advice, support and supervision.

The framework facilitates practitioners to constructively reflect on issues related to practice boundaries, to enable an informed occupation focused outcome.

The framework is not a definitive OTBNZ policy document, and is not meant to replace enquiries from practitioners to the OTBNZ for advice and support. Each case must be considered on its own merits and the OTBNZ welcomes enquires from practitioners.

Practice Boundaries Framework



Step One: Consider alignment of the proposed activity/service with the General Scope of Practice: Occupational Therapist

The guiding principle when considering practice activities beyond usual occupational therapy practice is the scope of practice and definition of the practice of occupational therapy.

Reflection: How does the proposed activity align with the scope of practice for occupational therapists, and the definition of the practice of occupational therapy?

1. How will I justify that the proposed activity **enables participation in occupation?**

Step Two: Consider alignment of the proposed activity/service with the competencies for registration and continuing practice

There are a total of 5 competencies areas with 67 performance indicators. The Competencies require practitioners to work within the scope of practice and identify the boundaries of what they can provide. Practitioners are also required to look out for legitimate, evidenced based developments in the field of occupational therapy that could be applied to practice.

Reflection: How does the proposed activity align with my competency as an occupational therapist?

1. Have I completed the recognised training/qualification for the activity that is being considered?
2. Am I competent to use the techniques, skills, and knowledge associated with the proposed activity?
3. How do I demonstrate, and continue to demonstrate being competent at this proposed activity?
4. Have I critically reviewed the evidence informing the proposed activity?
5. Am I using the activity in practice, and reflecting on my practice, often enough to maintain my skill and competence?

Step Three: Ethical Considerations

The OTBNZ *Code of Ethics for Occupational Therapists (2015)* contains guidance on the standard of conduct expected of occupational therapists. The purpose of the code is to inform and protect current and potential consumers of occupational therapy services; and to protect the integrity of the occupational therapy profession. There is also a duty of care (a 'common law' concept) describing the responsibility a person or

organisation has to another. It is therefore a reasonable expectation that a health professional will act in the best interests of the client/s, and provide care commensurate with their level of skill and knowledge.

Excerpts from Principles 2 and 3 of the Code, and discussions around consent, are particularly relevant in guiding reflection around the provision of services beyond the scope of practice:

Principle 2: Relationship with society and potential clients

2.1 Occupational therapists shall accurately represent their skills and competencies.

2.1.1 Occupational therapists shall accurately represent their skills and areas of competence to potential clients, including employers, whether those services are to be provided directly or indirectly. An area of competence will be supported by demonstrable training, knowledge, experience and skill.

2.1.2 Occupational therapists shall only provide services and use techniques in which they are qualified and competent.

Principle 3: Relationship with colleagues and the profession

3.1 Occupational therapists shall practise within the boundaries of their experience, training and competence.

3.1.1 Occupational therapists shall accurately represent their experience, training, and competence to colleagues.

3.1.2 Occupational therapists shall identify when client needs fall outside their scope of competence, and take appropriate action. For example consult with other persons/access other resources when additional knowledge and expertise are required, refer clients to other team members or to other services available.

Informed consent

Clients have a right to be fully informed about healthcare provision. The philosophical approach to occupational therapy practice is one of partnership and autonomy. Informed consent is an important concept when considering changes to practice boundaries. It is of paramount importance that the consent of the client is always obtained prior to occupational therapy intervention, including interventions which may be perceived as beyond conventional practice.

Implied consent

Implied consent is a form of consent which is not expressly granted by a person, but rather inferred from a person's actions and the facts and circumstances of a particular situation (or in some cases, by a person's silence or inaction). Within typical practice activities, implied consent by the client is often demonstrated.

Explicit consent

Explicit consent means specific consent to carry out a specific action.

In some instances and with some services, it may be necessary to obtain explicit consent from clients. In obtaining explicit consent you are formally confirming to the client/s that you have the prerequisite competence, skill and knowledge to deliver the service.

There is no defence in undertaking an activity because you were directed to do so by another health practitioner. Accountability and responsibility for your own professional practice rests with you as a registered health practitioner.

Reflection: How does the proposed activity align with the standards of ethical conduct for occupational therapists?

1. Do I have the employer's authority to undertake the proposed activity in my practice?
2. Have I been honest with my employer about my competence and my learning needs in undertaking the proposed activity?
3. How will I ensure client's give their informed and explicit consent?
4. Do I have the necessary skills, competence and knowledge in the proposed activity?
5. Am I engaging in the proposed activity frequently enough to maintain my competence?

Step Four: Contextual Considerations

Contextual considerations relate to the practitioner's authority to act, the practice context, and the practitioner's skill and knowledge base.

1. Authority to Act

In this document "authority to act" relates to permission from your employer to carry out the duties and responsibilities described in your contract of employment and/or position description. Your employer has employed you to carry out duties commensurate with the position description, your scope of practice, and your competence. It is important that these agreements are observed. Acting outside your contractual obligations, and potentially your scope of practice and competencies, would need to be endorsed by your employer.

2. The Practice Context

Given that occupational therapists generally practice as part of a `team`, the practice context affords opportunities to extend practice, while also requiring practitioners to work together with others for best client outcomes. The `team` includes the client/clients, multidisciplinary and interdisciplinary team members, other services/agencies, and families/whanau.

The practice context also includes access to, or constraints regarding, financial, physical and human resources.

Environmental considerations relevant to practice context include geographic location of the service and ease of access to the service for clients. A practitioner working in a rural/isolated area may require a different and diverse skill and knowledge base to someone working within an urban DHB. The employer has responsibility to address any deficiencies in the level of skill, knowledge and supervision of the practitioner when additional tasks are required. This should be seen as a partnership, with the practitioner conveying to the employer any areas that require further training and education. Maintaining sound appraisal systems will work towards identifying and mitigating deficits.

3. Skills and Knowledge

As mentioned previously, if new skills and knowledge are proposed or required in the provision of an identified activity/service, occupational therapists should always consider their individual competence, expertise and learning needs with regard to the proposed service/activity.

NOTE: Emergencies and the HPCAA

Section 8 (3) of the HPCAA identifies that practitioners can act outside their scope and perform ONE OFF health services:

- a) In an emergency; or***
- b) As part of a course of training or instruction; or***
- c) In the course of an examination, assessment, or competence review required or ordered by the responsible authority.***

Reflection: What are the contextual considerations which inform and influence the provision of the proposed service/activity in my practice?

Moving Forward

Following completion of the Practice Boundaries Framework, you will have considered a range of factors that will influence decisions about your occupational therapy practice. As such, you will be able to clearly articulate justification and reasoning for inclusion of the proposed activity within your practice based on:

- 1.** How the proposed activity aligns with the current scope of practice and **enabling participation in occupation;**
- 2.** How the proposed activity aligns with competences for registration and continuing practice as an occupational therapist;
- 3.** How the proposed activity aligns with the code of ethics and ethical practice;
- 4.** Employer endorsement;
- 5.** Your competence (skills, knowledge, and qualifications) in undertaking the proposed activity, and recognition of the evidence informing the proposed activity; and
- 6.** Accessing appropriate advice, support and supervision related to all aspects of your occupational therapy practice.

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