



Occupational Therapy
Board of New Zealand

TE POARI WHAKAORA NGANGAHAU O AOTEAROA

FOSTERING FAITH AND CONFIDENCE IN THE PROFESSION

Code of Ethics for Occupational Therapists



APRIL 2015



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Introduction

The Occupational Therapy Board of New Zealand (the Board) is required as one of the functions set by the *Health Practitioners Competence Assurance Act 2003* to set standards of ethical conduct to be observed by the profession (Section 118(i)). Other responsibilities include defining the scope of practice of occupational therapists and the minimum expected standards of competence. Overarching all documents is a preliminary statement related to the occupational therapy practice in Aotearoa New Zealand. This statement should be read before the Code of Ethics (the Code) as it sets the context for the standards of ethical conduct expected of all occupational therapists registered to practise in Aotearoa New Zealand. The purposes of the Code are:

- to inform and protect current and potential clients* of occupational therapy services; and,
- to protect the integrity of the occupational therapy profession.

The Code exemplifies core professional values and behaviours underpinning the most commonly encountered ethical considerations in practice, but is not intended to address every ethical issue. Occupational therapists are expected to guide and reconcile such issues with a sound process of ethical reasoning, making careful and considered judgments about the primacy of ethical principles.

The Code should be read in conjunction with other relevant legislation, policies, procedures, and standards defining professional practice and conduct, including the Board's *Competencies for Registration and Continuing Practice as an Occupational Therapist* (October 2014).

*The term 'client' refers to any individuals, families, whānau, communities, organisations or populations who may receive a service.



Preliminary statement

The role of occupational therapists in Aotearoa New Zealand

Occupational therapists in Aotearoa New Zealand work with individuals, families, whānau, communities, organisations, and populations. The role of an occupational therapist is to increase and transform people's participation in occupation. This helps to promote and improve wellbeing, health, and social outcomes. Occupational therapists aim to enhance tino rangatiratanga (self-determination), ensure equity, and enable occupational justice.

Occupational therapists practice professionally, with a commitment to addressing both individual and systemic barriers to people's participation in occupation. These barriers can be cultural, educational, environmental, social, or related to health, disability, or spirituality.

Te Tiriti o Waitangi is the founding document of Aotearoa New Zealand. It shapes the diverse historical and sociopolitical realities of Māori and all other settlers and their descendants. Understanding how Te Tiriti affects all our lives is essential for helping people participate in their desired occupation. Such understanding helps occupational therapists see how systemic and individual issues can breach people's rights and limit their opportunities to participate in their chosen occupations.



Principles

1. RELATIONSHIP WITH THOSE RECEIVING OCCUPATIONAL THERAPY SERVICES

Occupational therapists shall:

- 1.1** respect the autonomy of clients receiving their service, acknowledging the clients' roles in family, whanau and society, and enabling power and decision-making
- 1.2** ensure that people receiving their services feel safe, accepted, and are not threatened by actions or attitudes of the therapist
- 1.3** demonstrate that the dignity, privacy, safety, health and concerns of people receiving their services are important and respected
- 1.4** provide services in a fair and equitable manner

2. RELATIONSHIP WITH SOCIETY AND POTENTIAL CLIENTS

Occupational therapists shall:

- 2.1** accurately represent their skills and competencies
- 2.2** ensure their fee structure is clearly described, communicated, fair, and reasonable

3. RELATIONSHIP WITH COLLEAGUES AND THE PROFESSION

Occupational therapists shall:

- 3.1** practise within the boundaries of their experience, training, and competence
- 3.2** support the maintenance of occupational therapy standards of practice
- 3.3** not bring the profession or other health practitioners into disrepute
- 3.4** acknowledge and respect other colleagues, professionals and peers.



1. Relationship with those receiving occupational therapy Services

1.1 Occupational therapists shall respect the autonomy of clients receiving their service, acknowledging the clients' roles in family, whanau and society, and enabling power and decision-making.

Occupational therapists shall:

- 1.1.1 focus their practice on the needs of the client.
- 1.1.2 work with clients to determine their goals and priorities, involving family, whanau, and significant others if this is the client's choice. Situations where client choice is overridden, e.g., for reasons of safety, should be clearly documented, including a transparent reasoning process.
- 1.1.3 work in ways that are compatible with clients' cultures to assist them to achieve desired outcomes.

1.2 Occupational therapists shall ensure that people receiving their services feel safe, accepted, and are not threatened by actions, omissions or attitudes of the therapist.

Occupational therapists shall:

- 1.2.1 accurately represent their experience, knowledge, and competence.
- 1.2.2 accept referrals for which they have the professional skills and resources to meet the clients' needs. The reason for non-acceptance of any referral will be explained.
- 1.2.3 not enter into or continue with any personal or professional relationships with clients or their carers that will, or have the potential to, exploit or harm the client and/or others. (Please also refer to *Guideline on Professional Boundaries for Occupational Therapists, 2014*).

1.2.4 respect clients' right of refusal for services, involvement in research, or educational activities.

1.2.5 protect the confidential nature of client information gained through professional contact. Act within the limits prescribed by the *Privacy Act 1993*, and in accordance with local policies and procedures.

1.3 Occupational therapists shall demonstrate that the dignity, privacy, safety, health and concerns of people receiving their services are important and respected.

Occupational therapists shall:

- 1.3.1 acknowledge the holistic nature of each individual and practise with due care and respect for diverse culture, needs, values and beliefs.
- 1.3.2 ensure clients are able to make informed choices, and give informed consent in writing before commencement of any occupational therapy service, or client participation in studies or research. Exceptions apply where the *HDC Code of Health and Disability Services Consumers' Rights Regulation 1996*, or where the law provides otherwise. In situations where clients have diminished competence, the occupational therapist shall be guided by the *HDC Code of Health and Disability Services Consumers' Rights Regulation 1996*.
- 1.3.3 base practise on the best available information.
- 1.3.4 accurately record/report client information and interventions to facilitate the care, treatment and support of clients, relevant to the context.



1. Relationship with those receiving occupational therapy Services (continued)

1.3.5 ensure all care is taken to maintain confidentiality of all records (please also refer to *Guidelines for Social Media and Electronic Communication, 2014*).

1.3.6 protect clients by ensuring that duties assigned or delegated to other occupational therapy personnel are commensurate with their qualifications, training and experience.

1.3.7 ensure professional supervision is provided for other occupational therapy personnel (including registered occupational therapists occupational therapy assistants and students) for whom they are responsible.

1.3.8 receive effective professional supervision.

1.4 Occupational therapists shall provide services in a fair and equitable manner.

Occupational therapists shall:

1.4.1 use a coherent, robust, and transparent rationale to prioritise the allocation of service.

1.4.2 strive for equitable service outcome.

1.4.3 advise key personnel (e.g., managers, other service providers, clients and their family, whanau or support people) when resources are insufficient to allow for safe, adequate, equitable service provision.

1.4.4 advocate for occupational justice for clients

1.4.5 document unmet needs, and the actions taken to address these.



2. Relationship with society and potential clients

2.1 **Occupational therapists shall accurately represent their skills and competencies.**

Occupational therapists shall:

2.1.1 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 only provide services and use techniques in which they are competent.

2.2 **Occupational therapists shall ensure their fee structure is clearly described, is fair, and reasonable.**

Occupational therapists shall:

2.2.1 charge fees which are an appropriate reflection of services delivered both to individuals and organisations with whom they have contracts for services.



3. Relationship with colleagues and the profession

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

Occupational therapists shall:

- 3.1.1 accurately represent their experience, training, and competence to colleagues.
- 3.1.2 identify when clients' needs fall outside their scope of practice and 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/available services.

3.2 Occupational therapists shall support the maintenance of occupational therapy standards of practice.

Occupational therapists shall:

- 3.2.1 be responsible for actively maintaining and developing their own professional competence.
- 3.2.2 recognise when personal health may compromise their service to clients, and take appropriate action.

3.3 Occupational therapists shall not bring the profession or other health practitioners into disrepute.

Occupational therapists shall:

- 3.3.1 uphold and foster the values, integrity, and ethics of the profession.
- 3.3.2 take due care, and act with integrity not to undermine or defame another health practitioner's professional reputation.
- 3.3.3 disclose any affiliation that may pose a conflict of interest or interfere with good practice. In a situation where a conflict of interest is identified, the occupational therapist will ensure the conflict is satisfactorily addressed.

3.3.4 refrain from using or participating in the use of, any form of communication that contains false, fraudulent, deceptive or unfair statements or claims.

3.3.5 if offered tokens such as favours, gifts or hospitality from clients, their families or commercial organisations, always respond in a manner commensurate with contextual guidelines. (Please also refer to the *Guideline on Professional Boundaries for Occupational Therapists, 2014*).

3.3.6 identify and report any breach of this Code of Ethics to the Occupational Therapy Board of New Zealand for further consideration.

3.4 Occupational therapists shall acknowledge and respect other colleagues, professionals and peers.

Occupational therapists shall:

- 3.4.1 acknowledge and support other colleagues whose culture, values, and beliefs, may be different from their own.
- 3.4.2 respect the needs, practices, special competencies, and responsibilities of their own and other professions, institutions, statutory and voluntary agencies that constitute their working environment.
- 3.4.3 use a collaborative approach to practice when working within (or referring to) a multi-professional team.
- 3.4.4 ensure continuity of care when referring clients to other parties or organisations.



Glossary

belief: a principle or idea which is accepted as true or real by a person, possibly in the absence of proof.

client: refers to any individual, family, whānau, community, organisation or population who receive a service.

informed consent: consent given by the client after intended practices, procedures and possible outcomes are explained and understood by them. This must also be obtained to collect and release information relevant to the client's involvement in the service to others.

good practice: practice in which the knowledge, skills, and competencies of the therapist are used to support clients in the achievement of their goals.

occupational therapist: a person who, having completed a recognised course of training, is registered under the Health Practitioners Competence Assurance Act 2003.

professional supervision: a structured intentional relationship within which a practitioner reflects critically on their work, and receives feedback and guidance from a supervisor, in order to deliver the best possible service to consumers. Professional supervision may incorporate any aspect of professional role e.g., clinical, managerial, or cultural, and be one to one, or one to group.

supervisor: a person who has sufficient self-awareness, interpersonal competence, and knowledge of supervision methods and processes relevant to the area of practice of the supervisee to facilitate that person's professional development.



Relevant legislation

Acts of Parliament and Regulations that directly or indirectly affect the professional practice of occupational therapy at present include the:

- Accident Compensation Act 2001
- Children, Young Persons, and Their Families Act 1989
- Consumer Guarantees Act 1993
- Fair Trading Act 1986
- Health and Disability Commissioner Act 1994
- Health and Disability Services (Safety) Act 2001
- Health and Safety in Employment Act 1992
- Health Information Privacy Code 1994
- Health Practitioners Competence Assurance Act 2003
- Health (Retention of Health Information) Regulations 1996
- New Zealand Public Health and Disability Act 2000
- Privacy Act 1993
- Te Tiriti o Waitangi The Treaty of Waitangi
- The HDC Code of Health and Disability Services Consumers' Rights Regulation 1996

This Code of Ethics is to be read in conjunction with the following:

- Competencies for Registration and Continuing Practice as an Occupational Therapist (3rd edition October 2014)
- Guidelines for Social Media and Electronic Communication
- Guideline on Professional Boundaries for Occupational Therapists
- Supervision requirements for Occupational Therapists
- Relevant national and local standards
- Local policies and procedures



Reporting obligations

Occupational Therapist:

COMPETENCE

If an occupational therapist has reason to believe that another occupational therapist or health professional may pose a risk of harm to the public by practising below the required standard of competence, the therapist may give the registering authority written notice of the reasons on which that belief is based (Section 34(1)).

MENTAL AND PHYSICAL FITNESS

If an occupational therapist has reason to believe that another occupational therapist or health practitioner is unable to perform the functions required for the practice of his or her profession because of some mental or physical consideration, the person must promptly give the Registrar of the responsible authority written notice of all the circumstances (Section 45).

Convictions

COURTS

It is an applicant's for registration responsibility to declare to the Board any convictions recorded against their name upon registration (Section 16). The Registrar of courts must notify the Board if an occupational therapist is convicted of an offence which is punishable by imprisonment of three months or more (Section 67). It is also an occupational therapist's professional responsibility to notify the Registrar of any convictions on an on-going basis.

Employer

COMPETENCE

If an employee resigns or is dismissed for reasons related to competence, the employer is required to notify the Board (Section 34(3)).

MENTAL AND PHYSICAL FITNESS

If an employer of an occupational therapist or other health professional has reason to believe that the occupational therapist is unable to perform the functions required for the practice of his or her profession because of some mental or physical condition, the person must promptly give the Registrar of the Board written notice of all the circumstances (Section 45).

Occupational Therapy Schools:

The person in charge of the occupational therapy programme must promptly notify the Board by way of written notice if they have reason to believe that a student who is completing a course would be unable to perform the functions required for the practice of occupational therapy because of some mental or physical condition (Section 45(5)).

NOTE: No civil or disciplinary proceedings lie against any person in respect of the above notifications, provided that person has acted in good faith.

Occupational Therapy Board:

If the Board has reason to believe that the practice of an occupational therapist may pose a risk of harm to the public, the Board must promptly notify the Accident Compensation Corporation, the Director-General of Health, the Health and Disability Commissioner, and the employer of the therapist (Section 35).



ANY PERSON WHO IS CONCERNED ABOUT AN OCCUPATIONAL THERAPIST'S PRACTICE SHOULD CONTACT EITHER:

THE REGISTRAR

OTBNZ
PO BOX 10-202
The Terrace
Wellington 6143
enquiries@otbnz.org.nz
Telephone: 0800 99 77 55
www.otboard.org.nz

THE HEALTH AND DISABILITY COMMISSIONER

PO Box 1791
Auckland 1140
hdc@hdc.org.nz
Telephone: 0800 11 22 33





