



Establishing Standards of Practice for OT

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Background

- The Standards of Practice documents by the HPCSA OCP board outline the entry-level requirements for new graduates in occupational therapy, but have not been reviewed in over a decade.
- Stakeholders have raised concerns about whether current training adequately prepares graduates for the realities of the workforce, especially given the challenges posed by the COVID-19 pandemic and the shortage of clinical placements.
- To address these issues, the board has embedded a research project into its 2021-2025 strategic plan to investigate and potentially revise these standards to ensure they are relevant and effective



Research question and objectives

- What competencies do the Occupational Therapy graduates/practitioners require when they graduate to meet the demands of the working world?
- What are the Standards of Practice required for Occupational Therapy graduates/practitioners?



Methodology

- Scoping review of literature pertaining to occupational therapy competencies and standards of practice.
- Survey of clinicians, academics to determine priorities for 1000 hours and standards of practice
- Focus group interviews across the country about 1000 hours and standards of practice.



Scoping review: practice standards

Category	# of bodies	Example of standards
Professionalism, professional autonomy, accountability	9	<ul style="list-style-type: none"> • Registration with a regulatory body • Adherence to public protection legislation, regulatory and professional legislation, policy and codes of ethics • Accountability for employees/subordinates.
Occupational therapy-specific knowledge	9	<ul style="list-style-type: none"> • You apply your knowledge, skills and values as a kaiwhakaora ngangahau occupational therapist by engaging with and supporting people and wha- nau to have a life they value, through enabling occupation and inclusion in communities
Evidence-based practice	6	<ul style="list-style-type: none"> • You ensure your practice is professional, current, responsive and evidence informed. • Support evidence-informed team decision making • An occupational therapist has overall responsibility for the development, documentation, and implementation of the occupational therapy intervention plan based on the evaluation, client goals, best available evidence, and professional and clinical reasoning.
Application of the Occupational Therapy Process	9	<ul style="list-style-type: none"> • Identify the roles and responsibilities of the individuals involved in the request for service (client, referral source, and the therapist). • Discuss and document the terms of agreement for the services to be provided. • Document the occupational performance issues arising from the process of identifying, validating, & prioritizing these issues with the client. • Ensure screening methods are appropriate for the service request and the factors known about the client, including the client's stated needs and functional ability, age, education, cultural background, and health status.



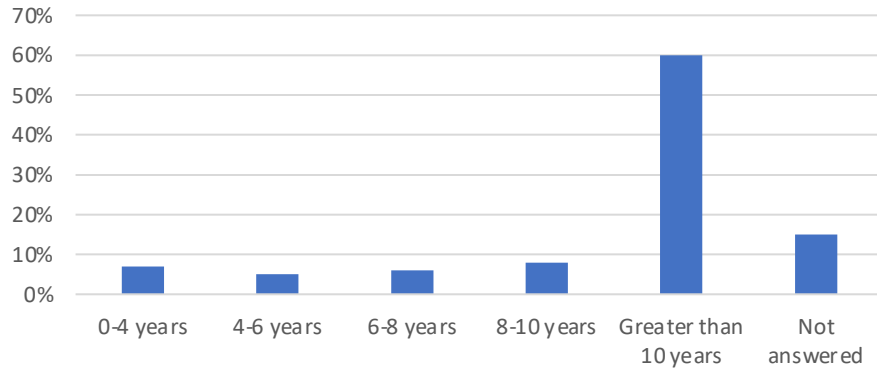
Scoping review: practice standards

Cultural awareness, sensitivity	5	<ul style="list-style-type: none"> • An occupational therapy practitioner providing client centered services demonstrates cultural humility, recognizes gaps in cultural knowledge and maintains a constant process of learning, understands differentiations between and within cultures, acknowledges implicit and explicit bias, and recognizes power dynamics in the delivery of services (AOTA)
Human rights, equity & justice	2	<ul style="list-style-type: none"> • Work to reduce the effects of the unequal distribution of power and resources on the delivery of occupational therapy services (CAOT) • Contribute to a practice environment that is culturally safer, anti-racist, anti-ableist, and inclusive (CAOT)
Advocacy and leadership	3	<ul style="list-style-type: none"> • (occupational therapists) show leadership in all practice contexts and career stages (CAOT) • Advocate for environments and policies that support sustainable occupational participation (CAOT) • Advocate for sustainable resources & services to be available or developed to meet the needs of different communities & people (NZBOT) • uses culturally responsive, safe and relevant communication tools and strategies (Australia)
Communication	9	<ul style="list-style-type: none"> • Occupational therapists practise with open, responsive and appropriate communication to maximise the occupational performance and engagement of clients and relevant others ; You communicate effectively within your line management structure (Royal College)
Digital competence	5	<ul style="list-style-type: none"> • You keep up to date with digital skills, understanding the scope, benefits and potential impact of emerging digital technologies to ensure that you can make best use of what is available (Royal College) • Maintains digital literacy for practice (Australia) • Use devices, apps and other digital tools to benefit your networks, teams, practice and people receiving your service

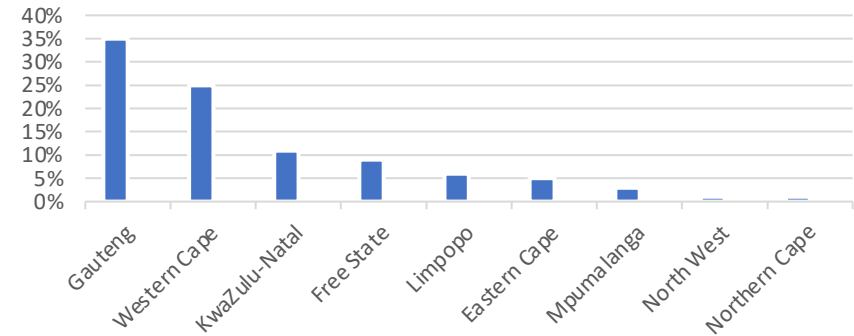


Survey Demographics n=350

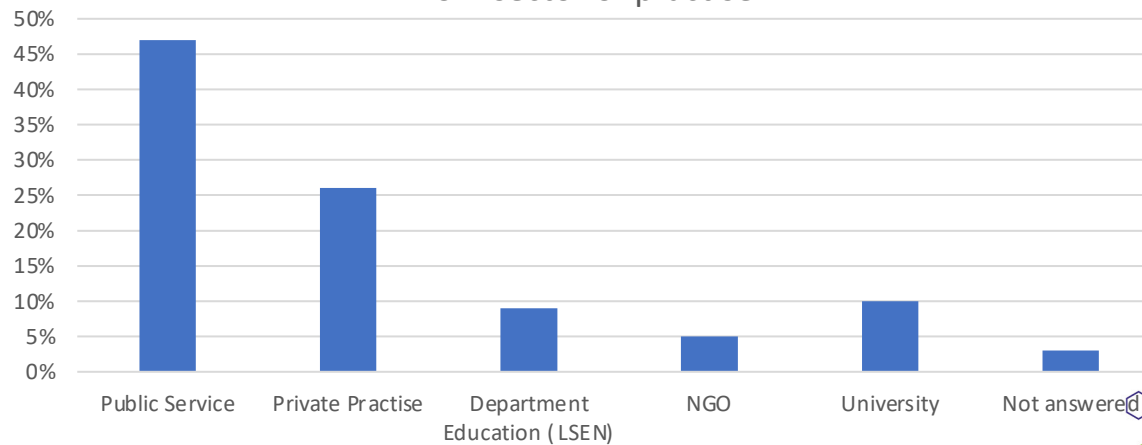
Length of time as a practicing OT



Province mainly Practising in

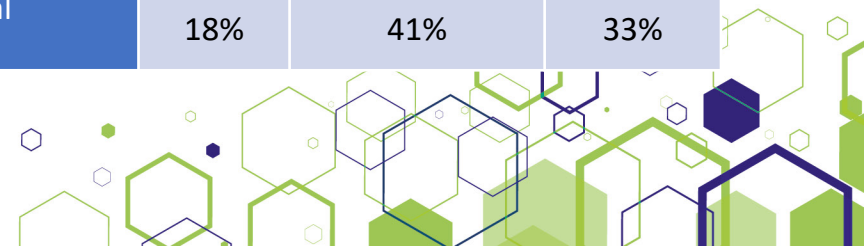


Work sector of practise

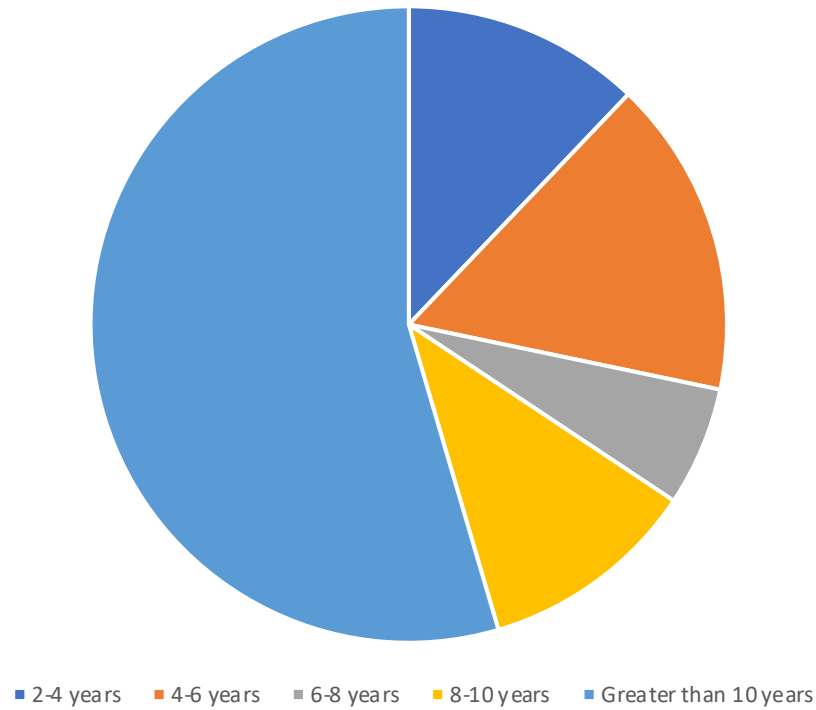


Capabilities of graduates

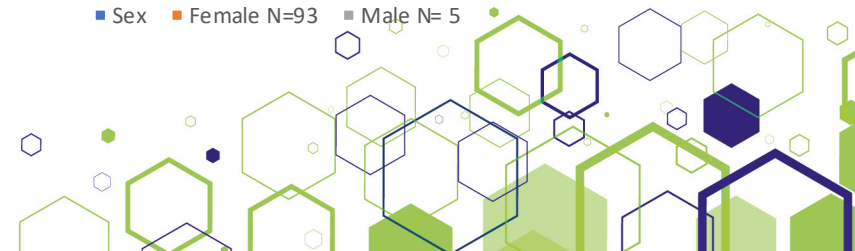
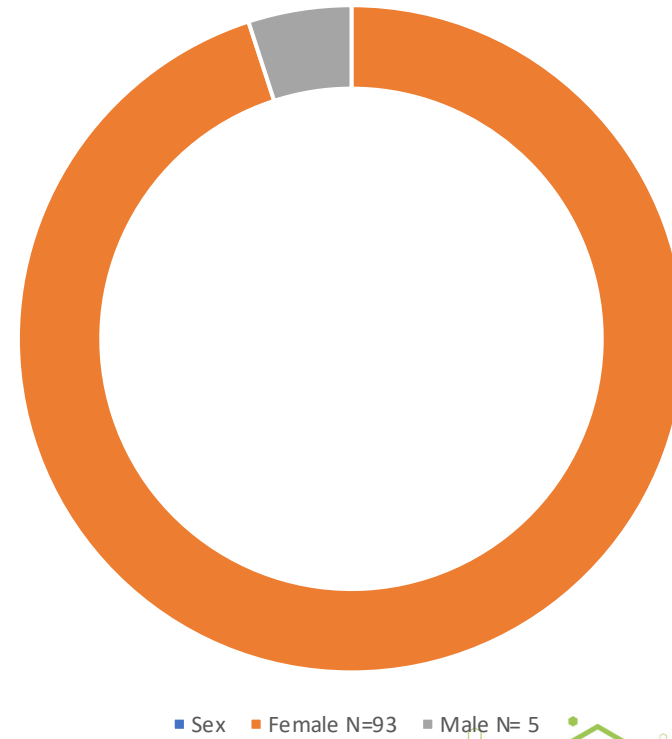
	Poor	Adequate	Good
Implementation of occupational therapy	12%	44%	36%
Acting and justifying actions, in compliance with ethical and professional requirements	14%	43%	36%
Acting and justifying actions, in compliance with legal requirements	19%	41%	33%
Acting and justifying actions, in compliance with safety requirements	12%	43%	37%
Providing a service that takes into account the socio-cultural values of the client	16%	35%	42%
Using a range of communication skills to establish and maintain effectual therapeutic and working relationships	17%	37%	39%
Management of self and people	17%	47%	28%
Management of environment and resources	13%	48%	30%
Seeking and using opportunities to continually develop professional knowledge and practice	15%	37%	40%
Integrating assessment findings with treatment interventions using sound clinical/professional reasoning	23%	41%	28%
Using reflectivity to enhance own clinical/professional reasoning and practice	24%	40%	28%
Apply appropriate occupation-based intervention for contextually relevant occupational therapy services.	18%	42%	32%
Apply sound record-keeping practices, aligned to contextual, regulatory and legal provisions.	18%	41%	33%



Focus groups



Demographics: Sex



What should new graduates be able to do?

Category	Key Points
Problem-Solving and Clinical Reasoning	<ul style="list-style-type: none"> - Importance of clinical competency and problem-solving skills. - Effective application of the occupational therapy process. - Integration of theory and practice. - Emphasis on communication and adaptability.
Adaptability and Collaboration	<ul style="list-style-type: none"> - Significance of adaptability, resilience, and collaboration in diverse teams. - Quick adaptation to changing circumstances and collaboration with varied backgrounds.
Leadership Development	<ul style="list-style-type: none"> - Need for training programs for clinical leadership roles. - Importance of practical experience and mentorship. - Discussion on management skills, cultural competence, and sensitivity.
Empowerment and Understanding	<ul style="list-style-type: none"> - Empowering graduates to understand and position themselves in occupational therapy. - Equipping graduates with knowledge and confidence for healthcare team roles.
Skill Enhancement	<ul style="list-style-type: none"> - Essential practical application of skills. - Gap between theoretical knowledge and practical implementation. - Importance of assessment skills and specialized knowledge in areas like splinting and neuro treatments. - Emphasis on practical experience in areas like spinal cord and hand injuries. - Implementation of techniques like splinting and sensory integration.



What should new graduates be able to do

Theoretical Knowledge and Competency in Occupational Therapy Process	<ul style="list-style-type: none">- Broad theoretical knowledge in fourth-year students.- Importance of good assessment skills and understanding standardized testing.- Emphasis on assessing context and environment during home visits.- Integration of assessment findings and clinical reasoning.- Adapting treatment plans for effective care.- Optimism about expanding occupational therapy into new areas.- Strong foundation in the occupational therapy process.- Proficiency in planning, conducting assessments, and implementing interventions.- Adherence to practice standards.
Professionalism, Passion, and Communication	<ul style="list-style-type: none">- Passion, dedication, enthusiasm, and commitment as strengths.- Weakness in verbalizing and explaining actions.- Concerns about competence in legal practice and communication.
Practice Education and Promoting Independent Practice	<ul style="list-style-type: none">- Early exposure to different contexts and situations.- Value of independence and effective supervision.- Hands-on learning fosters independence.- Disparities between university training and real-world practice.- Importance of adapting theoretical knowledge to practical settings.- Examination of structure and support provided to students.- Early exposure to hands and upper limbs.- Focus on competencies and necessary skills.- Conducting thorough interviews and involving caregivers.- Issuing home programs for continued care.
Confidence and Independence	<ul style="list-style-type: none">- Development of confidence in handling patients and taking on responsibilities independently.- Importance within the first six months of practice.
Collaboration and Teamwork	<ul style="list-style-type: none">- Essential skills for new graduates in multidisciplinary teams.- Clear communication and understanding of team roles.



What can new graduates not do?

Category	Key Points
Lack of Clarity on Role Expectations	<ul style="list-style-type: none"> - New graduates may lack clarity on role expectations. - Feelings of incompetence and lack of confidence in executing tasks.
Integration of Theory into Practice	<ul style="list-style-type: none"> - Struggle with integrating theoretical knowledge into practice. - Challenges in applying clinical and professional reasoning in real-world settings.
Understanding Contextual Needs	<ul style="list-style-type: none"> - Lack of consideration for patients' contextual needs. - Need for a holistic approach in occupational therapy.
Therapeutic and Functional Understanding	<ul style="list-style-type: none"> - Need to understand therapeutic and functional aspects of OT. - Emphasis on core principles for effective patient care.
Cultural Sensitivity	<ul style="list-style-type: none"> - Importance of cultural sensitivity in practice. - Debate on focusing on cultural sensitivity versus cultural safety.
Lack of Practical Application Skills	<ul style="list-style-type: none"> - Highlighted lack of practical skills among new graduates. - Need to bridge the gap between theory and practice for better readiness.
Communication and Collaboration Challenges	<ul style="list-style-type: none"> - Concerns about communication and collaboration abilities. - Need for improved skills for enhanced patient care.
Educational Gaps and Advocacy	<ul style="list-style-type: none"> - Educational gaps in understanding allied health professions and self-advocacy. - Emphasis on comprehensive education and clear understanding of OT roles.



What can new graduates not do

Skill Development and Adaptability	<ul style="list-style-type: none"> - Resilience - Deficiencies in technical skills and adaptability need addressing.
Professional Autonomy, Leadership, and Management Skills	<ul style="list-style-type: none"> - Emphasis on autonomy, leadership, and advocacy. - Need for demonstrating autonomy in decision-making and leadership.
Theory vs. Practice Discrepancy	<ul style="list-style-type: none"> - New graduates excel in theory but struggle with practical application. - Disparity between theoretical understanding and practical implementation.
Challenges in Providing Equal Care	<ul style="list-style-type: none"> - Difficulty in providing equal care due to hospital constraints. - Impact on quality of care.
Billing and Coding Skills	<ul style="list-style-type: none"> - Lack of proficiency in billing and coding practices. - Essential understanding of billing procedures and national price lists.
Confidence in Paediatric Evaluations	<ul style="list-style-type: none"> - Concerns about confidence in paediatric evaluations. - Lack of confidence may hinder effective assessment.
Transitioning from Basic to Advanced Skills	<ul style="list-style-type: none"> - Struggle with transitioning from basic to advanced skills. - Importance of understanding and progressing intervention.
Identifying Red Flags and At-Risk Factors	<ul style="list-style-type: none"> - Proficiency in identifying red flags and at-risk factors is crucial. - Essential for comprehensive patient care.



What can new graduates not do?

Lack of Specialized Training	<ul style="list-style-type: none"> - Lack of specialized training in areas like hand rehab. - Challenges due to lack of hands-on experience, especially during COVID.
Professional Reasoning	<ul style="list-style-type: none"> - Struggle with professional reasoning and articulating rationale. - Need for improvement in communication and integration of theory and practice.
Challenges in Report Writing	<ul style="list-style-type: none"> - Importance of adapting report writing to different audiences. - Transition from lengthy reports to concise, reader-focused content.
Lack of Understanding the Health System	<ul style="list-style-type: none"> - Lack of systematic understanding of the healthcare system. - Necessary for navigating healthcare complexities effectively.
Holistic Patient Care	<ul style="list-style-type: none"> - Focus on direct patient care often overlooks holistic care. - Importance of understanding indirect patient care for optimal outcomes.
Gap in Splinting and Hand Treatment	<ul style="list-style-type: none"> - Challenges in practical application of skills like splinting. - Gap between theoretical knowledge and practical application affects confidence and competence.
Clinical Skills and Competencies	<ul style="list-style-type: none"> - Importance of conducting thorough interviews with patients and caregivers. - Issuing home programs and creative ability highlighted.
Professional Challenges	<ul style="list-style-type: none"> - Challenges in adapting to workplace dynamics and handling high-pressure situations. - Need for enhanced training and support in professional settings.



Feedback on 1000 hours

- A need for a holistic and competency-based approach that integrates theory with practical application, focuses on skill refinement, and prepares students adequately for real-world practice. The data highlights the complexity of training entry-level therapists, emphasising the need for a balanced approach that integrates theory and practice effectively to ensure competency and readiness for real-world practice.

Suggestions on improving fieldwork in Occupational Therapy Education:

- **Focused Learning Outcomes and Exposure**
 - Emphasise clear learning outcomes.
 - Increase exposure to practical, non-traditional sites.
 - Encourage integrative practice without restricting interventions.
- **Better Training of Clinical Educators/Supervisors**
 - Provide better training for clinical supervisors.
 - Encourage active involvement of clinicians in student supervision.
 - Offer support and debriefing sessions by clinical educators.
 - Start supervision from year one for consistent guidance.
 - Require clinical experience before becoming supervisors.
- **Alignment of Learning Outcomes and Expectation**
 - Standardize expectations and outcomes across placements.
 - Align theory, clinical practice, and occupational therapy scope.



1000 hours contd

- **Improving Placement Experiences**

- Provide more placement opportunities at diverse sites to provide exposure to a wide range of settings and specialities.
- Offer a wide variety of cases and responsibilities for students.
- Increase patient exposure through longer placement blocks.
- Offer more vocational rehabilitation, teamwork, and group work experiences.
- Increase exposure in the initial years of studies.
- Place students with passionate and experienced OTs for effective learning.
- Ensure clear agreements, learning objectives, and realistic expectations before placements.
- Guide students effectively without overwhelming expectations.
- Provide opportunities for overseas placements.

- **Quality Control and Support during Placement**

- Offer increased support and manageable workloads for students.
- Reduce personal criticism and focus on constructive feedback.
- Ensure quality control of clinical fieldwork facilitators.
- Provide full-time presence of academics for practical skills guidance.
- Provide support for newly qualified OTs entering practice.

- **Matching Diagnoses and Treatment**

- Match diagnoses to assessments and treatments for effective learning.
- Develop diagnostic skills alongside treatment planning.



- **Placement Preferences and Passion**
 - Allow students to choose and rank placement preferences to foster passion and learning.
- **Learning Approaches, Skills Development and Hands-On Supervision**
 - Emphasise observation and group interventions during fieldwork.
 - Integrate theory and practical learning effectively.
 - Update theoretical content to remain relevant and practical.
 - Include technical skills training and ensure OT relevance.
 - Teach concise report writing and time management skills.
 - Provide hands-on supervision with experienced OTs.
- These suggestions aim to enhance learning outcomes, provide diverse clinical experiences, improve supervision and guidance, and ensure quality control to develop competent and confident occupational therapists.



Minimum standards of Practice



Purpose

- Sets the minimum benchmark to which practitioners must adhere
 - Must be attainable by novices and experienced practitioners
 - Potentially sets the standard for inquiries into poor performance
- Was sent for consultation with the profession, but received few comments
- Comments mostly related to preferred terminology and a few editing issues.



2025 Standards of Practice

- 8 broad standards:
 - Occupational Therapy Knowledge and Application of the Occupational Therapy Process
 - Occupational Therapy Clinical Skills
 - Communication and cultural sensitivity
 - Digital competence
 - Professionalism, Ethics and Human Rights
 - Research and Evidence-based Practice
 - Advocacy
 - Management, leadership and followership



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

- Assessment and evaluation of occupational performance
- Assessment and analysis of the contexts and environments in which the individuals or groups of persons live work, learn and play and interact socially
- Assessment and analysis of occupations and activities;
- Identification of, and intervention to address occupational risk factors;
- Designing and implementing intervention plans in collaboration with the client and/or the family that will address their occupational priorities and ensure optimal participation in the roles and occupations that are important, relevant and meaningful to them.
- Selecting and implementing culturally responsive and safe practice strategies to suit the client's occupational therapy goals, environment and belief system.



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

- The use of any occupational therapy method, technique or procedure to:
 - Promote health, prevent disease, and improve quality of life;
 - Prevent occupational dysfunction and/ or promote, develop/habilitate ability to participate in occupation by means of active participation in meaningful and purposeful occupations and activities that enhance quality of life;
 - Improve, remediate, rehabilitate, and/or maintain participation in occupational or compensate for occupational dysfunction by means of active participation in meaningful and purposeful occupations and activities;
 - Adjust the environment to ensure accessibility and to facilitate active participation in all areas of occupation, including but not limited to the use of ergonomic principles; and/or
 - Adjust and adapt activities/occupations or prescribe assistive technology to facilitate active participation in all areas of occupational participation (e.g. work, driving, play, etc.).
- The use and application of appropriate methods and techniques preceding or during activity participation to facilitate such participation, including but not limited Bobath and/or Brunnstrom principles, use of assistive technology, basic sensory input to promote an optimal response/engagement, Yalom's groupwork principles and curative factors, basic psychosocial techniques and/or basic cognitive-behavioural or dialectic-behavioural techniques/principles; and/or
- The control, development, management, and quality assurance of occupational therapy programmes.
- Establishing plans for and the process of discharge with the client, their family or other relevant role players, using a community-oriented primary care (COPC) approach or community-based rehabilitation (CBR) principles, to promote health and wellbeing and (re-)integration into the community. Using a COPC approach and/or CBR principles ensures that the client will receive appropriate support/intervention at the next level of care.
- Facilitating handover processes for successful transition, seeking support to identify and respond to service gaps.



Standard 2: OT Clinical skills

- Occupational therapists enable participation and enhance performance in the following categories of occupation:
 - Personal and Community Living Skills: All occupations necessary for the care of self, dependents and the lived environment. They include those occupations that facilitate community and civic participation, and community mobility. Activities related to rest and sleep are also included.
 - Leisure: Discretionary occupations to meet recreational and social needs.
 - Work: Contracted and uncontracted occupations for formal and informal income generation, self-entrepreneurship, volunteerism and retirement planning and engagement.
 - Play: That which is done in structured and unstructured ludic engagements, that may or may not involve playfulness; which refers to player disposition or attitude.
 - Education and learning: Committed occupations for the advancement of human skills and potential.
 - Social participation: Occupations that constitute interactions with family, peers, friends and community members.
- Occupational therapists operate in the following pre-occupational categories by addressing engagement and or performance through activities that are meaningful, goal-directed and purposeful in addressing:
 - Biomechanical and Neurological factors;
 - Psycho-social factors (including cognition, volition and affect);
 - Sensory and Perceptual factors; and/or
 - Interpersonal factors

Standard 2: OT Clinical skills

- Occupational therapists use the following technical knowledge and skills to underpin activity participation and compensate for or improve pre-occupational categories. Below are some examples, but this is not intended to be an exhaustive list:
 - Activity analysis, including job analysis.
 - Splinting.
 - Measuring, manufacturing, and adjusting pressure garments.
 - Sensory integration and/or modulation.
 - Measuring, manufacturing, and adjusting physical and digital assistive technology and
 - Training or educating clients in the use of assistive technology, which incorporates wheelchair mobility, wheelchair seating, wheelchair repairs.
 - Ergonomics assessment and intervention.
 - Psychosocial techniques, including relaxation, psychodrama, and role-play.
 - Neurodevelopmental techniques across the life span.
 - Assessment, intervention, prevention and promotion of clients' work ability, including entrepreneurship and retirement preparation and planning.



Standard 3: Communication and cultural sensitivity

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



Standard 4: Digital Competence

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



Standard 5: Professionalism, Ethics, and Human Rights

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

Standard 5: Professionalism, Ethics and Human Rights

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

Standard 5: Professionalism, Ethics and Human Rights

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



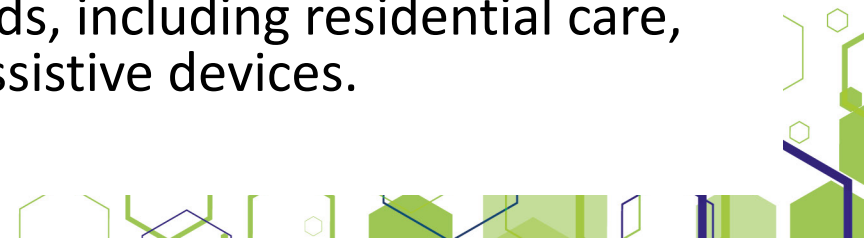
Standard 6: Research and EBP

- Occupational therapy practitioners:
 - Can apply evidence to practice by using guidelines, protocols, and other sources of evidence in decision-making such as outcomes measures.
 - Have a working level of research-related knowledge that enables them to
 - Appraise evidence for best practice, and
 - Participate in research activities to develop further evidence for occupational therapy practice under guidance.
 - Demonstrate awareness of the opportunities for further evidence development by standardising the collection of patient and intervention data, including outcomes of occupational therapy, to facilitate research such as retrospective record reviews.
 - Evaluate progress towards desired outcomes, which includes the use of methods to monitor the progress of the client or community toward the desired goal. This could include standardised tests, outcome measures, and screening tools.
 - Participate in introductory level research on occupation, social participation, health, wellness, human rights, inclusion and the 'enablement' of populations, communities and individuals through professional engagement.



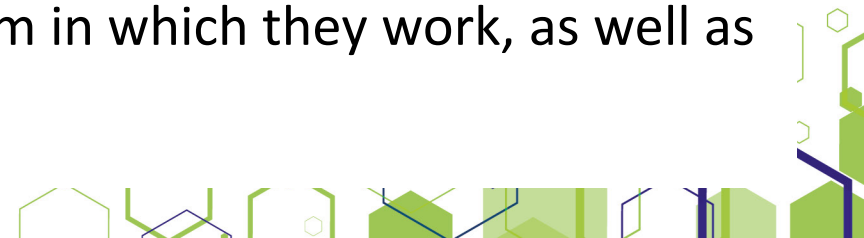
Standard 7: Advocacy,

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



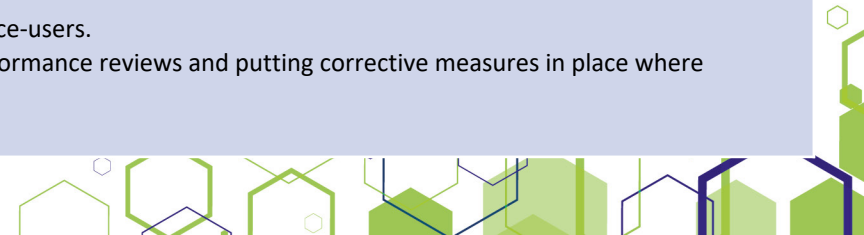
Standard 8 Management, leadership and followership

- Management, leadership and followership relate to **teamwork, development and maintenance of services, resource management, and strategic thinking** about the role of occupational therapy in the organisation and the community. Occupational therapy leaders, managers and followers use their working knowledge and skills in their allocated leadership responsibilities among their peers. They also ensure that there is interprofessional collaboration.
- Followership is not passive, rather it is a set of behaviours that demonstrates collaboration, influence and action with the leader. Followers:
 - contribute to the operation and development of the team,
 - contribute to resource procurement and allocation,
 - have an introductory level of relevant knowledge and skills that are applied to informal leadership among their peers,
 - contribute to the development of the team in which they work, as well as
 - advocate for the team



Standard 8 Traditional roles of Mx

Planning	<p>The process of deciding what to do by setting performance goals and identifying the specific objectives and activities that need to be carried out to accomplish these objectives</p> <p>For occupational therapy this means that the occupational therapy manager:</p> <ul style="list-style-type: none">• Develops a vision for service-delivery that mitigates the impact of systemic and structural inequality in collaboration with the team.• Establishing and prioritising service goals and objectives in accordance with the vision of the unit and the organisation as a whole.• Plans a service according to the specific objectives and goals flowing from the vision.• Ensures that the procurement plan is sufficient to accomplish the objectives of the department, including staffing, financial and material resources.• Identifying and reporting staffing needs and ensuring that staff are recruited and appointed.• In an established unit, a new manager should evaluate existing/current services to familiarise themselves with the needs of the service users and the priorities of the unit prior to implementing new services.
Organising	<p>Designing workable units, determining lines of authority and communication, and developing and managing patterns of coordination. For occupational therapy this means that the occupational therapy manager:</p> <ul style="list-style-type: none">• Providing input to support team communication• Allocates tasks and responsibilities to team members, including occupational therapy technicians/assistants and students, in accordance with their level of training and scope.• Procures the necessary financial and material resources to enable staff to deliver the services• Establishing and reviewing policies and procedures for safe and inclusive service delivery.• Cultivates the roles and contributions of team members.• Establishing lines of accountability and support structures for team members.
Controlling	<p>Providing guidance and leadership so that the work that is performed is congruent with goals</p> <ul style="list-style-type: none">• Quality assurance• Prepare for, implement and manage internal and external service audits to the various standard-setting norms and documents, including but not limited to the National Core Standards, Ideal clinic toolkit and standards from regulators such as the HPCSA and the Office of Health Standards Compliance.• Monitoring the use of human and financial resources to minimise wastage and ensuring that staff are continuously able to develop their knowledge and skill.
Directing	<p>Establishing performance standards, measuring, evaluating and correcting performance</p> <ul style="list-style-type: none">• Evaluate current services to ensure that they continue to meet the needs of the service-users.• Ensuring that staff are rendering services at an appropriate level through regular performance reviews and putting corrective measures in place where necessary.



Questions



The End

Thank you for your attention!

