

# Occupational Therapy



Criteria	Occupational Therapist
<b>Definition</b>	The Occupational Therapist is an individual who holds a current valid license issued under a national authority or board that authorizes them to practice their profession and use the title Occupational Therapist.
<b>Practice Settings</b>	<p>Occupational therapy services are provided in a variety of settings throughout the lifespan. These settings include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Institutional settings/Inpatient facilities (e.g. Hospitals, acute rehabilitation, psychiatric hospitals, community and specialty focused hospitals, nursing facilities, prisons).</li> <li>• Outpatient settings (e.g., hospitals, clinics, medical and therapy offices, private practice clinics).</li> <li>• Home and community settings (e.g., home care, group homes, assisted living, schools, early intervention centres, day-care centres, industry and business, hospice, sheltered workshops, wellness and fitness centres, community mental health facilities, residential care &amp; community services.</li> <li>• Private organizations e.g. vocational rehabilitation, occupational health and safety settings.</li> <li>• Research facilities.</li> </ul> <p>(AOTA, 2010)</p>
<b>Education</b>	<p><u>Minimum educational requirement:</u></p> <ul style="list-style-type: none"> <li>• Bachelor's degree in occupational therapy from an accredited Occupational Therapy program by World Federation of Occupational Therapists (WFOT).</li> <li>• Or Three-year (3) Diploma in Occupational Therapy from an accredited Occupational Therapy program by World Federation of Occupational Therapists (WFOT).</li> <li>• Or entry level master's degree in occupational therapy from an accredited Occupational Therapy program by World Federation of Occupational Therapists (WFOT).</li> </ul> <p>Applicants with a bachelor's degree or Diploma in Occupational Therapy from a non-WFOT accredited program will be required to have 5 years post qualification experience as an Occupational Therapist.</p>



<b>Scope of Practice</b>	<p>An Occupational Therapist is a qualified health care professional who is responsible for assessment, intervention, program planning and implementation, discharge planning and carrying out related documentation using systematic clinical reasoning and decision making.</p> <p>Occupational therapists are experts in analysing the performance skills and patterns necessary for people to engage in their everyday activities in the context in which those activities and occupations occur. The occupational therapist assumes responsibility for the delivery of all occupational therapy services and for the safety and effectiveness of occupational therapy services provided. Occupational therapists may practice at different levels of practice based on their competencies and job profiles.</p> <p>Please refer to the <i>Occupational Therapy Scope of Practice</i> Document for further information.</p>
<b>Licensure</b>	<p>The Occupational Therapist must apply for certification through Department of Healthcare Professions (DHP).</p>
<b>Experience</b>	<ul style="list-style-type: none"> <li>• Overseas candidates with WFOT accredited qualifications: Two years (2) of Experience as an Occupational Therapist.</li> <li>• Overseas candidates with non-WFOT accredited qualifications: Five years (5) of Experience as an Occupational Therapist.</li> <li>• Newly graduates from a recognized academic program for Qatari Nationals and long-term residents as per <a href="#">QCHP Circular No.1/2016</a>.</li> </ul>
<b>Competency validation</b>	<p>Competency will be validated through the verification of higher education (degree) certificates and relevant clinical experience (clinical attachments as part of a WFOT accredited degree OR post graduate clinical experience).</p>
<b>Others Requirement for Evaluation &amp; Registration</b>	<p><b>(Refer to additional DHP requirement for license Registration/Evaluation)</b></p> <p><a href="https://dhp.moph.gov.qa/en/Pages/HowToRegisterToPracticeInQatar.aspx">https://dhp.moph.gov.qa/en/Pages/HowToRegisterToPracticeInQatar.aspx</a></p>
<b>Requirements for License renewal</b>	<p><b>(Refer to additional DHP requirement for license Registration/Evaluation)</b></p> <p><a href="http://dhp.moph.gov.qa/en/Pages/HowToRegisterToPracticeInQatar.aspx">http://dhp.moph.gov.qa/en/Pages/HowToRegisterToPracticeInQatar.aspx</a></p>
<p><b>Note: Applicant with break from practice please see DHP "Break from Practice Policy"</b></p>	



## Occupational Therapy Scope of Practice

### INTRODUCTION

The occupational therapy scope of practice is based on a competency framework that comprises **professional ethics, clinical practice, leadership and management, learning and management** and **research** domains intrinsic to the role of the occupational therapist. The scope also describes the professional roles and activities and practice settings for the occupational therapy profession. This document sets out the standards of proficiency required for safe and effective practice in the occupational therapy profession. They are the threshold standards necessary to protect members of the public. Once on the Department of Healthcare Professions registers the licensed professional must continue to meet the standards of proficiency which relate to the areas in, he/she works. Periodic updating of the scope of practice statement and standards of proficiency will be necessary as technology and perspective change.

Occupational therapists, as autonomous professionals, have the freedom to exercise their professional judgment and decision making, wherever they practice, so long as this is within the therapist's knowledge, competence and scope of practice. A licensed professional's scope of practice will change over time and the scope of a more experienced occupational therapist may become narrower and more focused with increased specialization. An occupational therapist's personal scope of practice may mean that she/he is unable to continue to practice safely across the whole scope of the occupational therapy profession. However, as long as the professional practices safely and effectively within his/her personal scope and does not practice in areas she/he is no longer proficient to do so, no problems will arise. If a licensed professional moves outside of the traditional scope of practice of the occupational therapy profession such as occurs in extended scope practice the licensed professional is responsible for ensuring that this is within their knowledge, skills and expertise so that they continue to work safely, lawfully and effectively. The licensed professional must have evidence of advanced competencies in order to address responsibilities that extend beyond traditional boundaries of occupational therapy advanced practice.

### STATEMENT OF PURPOSE:

The purpose of this document is to define occupational therapists' scope of practice in Qatar to:

- (a) Describe the services offered by qualified occupational therapists.
- (b) Define the professional accountability, required competencies, and scope of ethical and legal practice of the occupational therapist in relation to patients, families, other members of the multidisciplinary team, community and society.
- (c) Serve as a reference for license regulating authorities and professionals governing healthcare.



### **DEFINITION OF OCCUPATIONAL THERAPY:**

**Occupational therapy** is the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for the purpose of promoting health and wellness to those who have, or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life. (AOTA, 2004b)

### **PROFESSIONAL ROLES AND ACTIVITIES:**

An Occupational Therapist is a qualified health care professional who is responsible for assessment, intervention, program planning and implementation, regular review, discharge planning and carrying out related documentation using systematic clinical reasoning and decision making

Occupational therapists are experts in analyzing the performance skills and patterns necessary for people to engage in their everyday activities in the context in which those activities and occupations occur. The occupational therapist assumes responsibility for the delivery of all occupational therapy services and for the safety and effectiveness of occupational therapy services provided. Occupational therapists may practice at different levels of practice based on their competencies and job profiles.

### **Occupational therapist may work in the following and other specialty areas:**

- Pediatrics
- Hands/plastic surgery
- Burns
- Neurology.
- Geriatric/long term care
- Oncology and palliative care
- Mental health
- Cardiovascular
- Orthopedics
- Intensive care
- Neonates
- Community based rehabilitation
- School
- Seating and positioning
- Home care
- Long term facility



**Strategies/activities of occupational therapy practice include but are not limited to:**

- Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions and behavioral skills.
- Establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired.
- Compensation, modification, or adaptation of activity or environment to enhance performance.
- Maintenance and enhancement of performance capabilities in everyday life activities.
- Health and wellness promotion to enable or enhance performance.
- Prevention of barriers to performance, including disability prevention.
- Driver rehabilitation or community mobility.
- Management of feeding, eating, and swallowing to enable eating and feeding performance.
- Application of physical agent modalities and use of a range of specific therapeutic procedures (e.g., wound care management; techniques to enhance sensory, perceptual, and cognitive processing; manual therapy techniques) to enhance performance skills.
- Training in self-care, self-management, home management and community/work reintegration.
- Assessment, recommendation and training in techniques to enhance functional mobility including wheelchair management and other functional mobility devices as appropriate.
- Care coordination, case management, and transition services.
- Consultative services to groups, programs, organizations, or communities.
- Modification of environments (home, work, school or community) and adaptation of processes.
- Assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive devices and splinting/orthotics or bracing devices, and training in the use of prosthetic devices.

(AOTA, 2010)

**COMPETENCY FRAMEWORK**

**1 DOMAIN ONE: PROFESSIONAL AND ETHICAL PRACTICE**

This domain defines the professional accountability and scope of ethical and legal practice of the occupational therapist in relation to patients, families, other members of the multidisciplinary team, community and society.

**1.1 Competency Standard: Accountability**

Accepts accountability for own actions, and decision-making and for the related outcomes.

**Performance criteria:**

- 1.1.1 Works within the limits of own competence and the boundaries of personal and professional Scope of Practice.
- 1.1.2 Identifies opportunities for advocacy, health promotion and disease prevention.
- 1.1.3 Provides care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- 1.1.4 Encourages and promotes appropriate stewardship of resources.
- 1.1.5 Avoids any activity that creates a conflict of interest or violates any Qatari laws and regulations.
- 1.1.6 Promotes the growth of the profession and presents a positive image of Occupational therapy to the community.



## 1.2 Competency Standard : Ethical Practice

Demonstrates integrity, accountability, honors the rights and dignity of all individuals, and pursues a quest for excellence in all professional activities that serve the best interests of the patient, society, and the profession.

### Performance criteria:

- 1.2.1 Engages in ethical decision-making with respect to own professional responsibilities or where ethical issues affect healthcare delivery or clinical decision-making.
- 1.2.2 Acts as patient advocate protecting the person's rights in accordance with Qatari law and organization specific terms and conditions.
- 1.2.3 Maintains patient confidentiality and makes every reasonable effort to ensure the security of written, verbal and electronic patient information.
- 1.2.4 Respects the patient's (including children and young people and their parents') right to be fully informed, establishing a context for self- determination, assent (children) and informed consent.
- 1.2.5 Acts sensitively and fairly giving due consideration to diversity, including cultural and religious beliefs, race, age, gender, physical and mental state, and other relevant factors.
- 1.2.6 Questions when appropriate, healthcare practice where the safety of others is at risk and where the quality-of-care warrants improvement; acts where the safety of care is compromised and where necessary reports others who may be risking patient safety.
- 1.2.7 Demonstrates professional integrity and ethical conduct in matters where a conflict of interest could be construed, i.e., when advising on the use of drugs, products, devices or services (as per organizational approved policy and Code of Ethics and Professional Conduct for Occupational Therapists\*).

*\*(Code of Ethics and Professional Conduct for Occupational therapists In State of Qatar must be developed)*

## 1.3 Competency Standard : Legal Practice

Functions at all times in accordance with legislative, regulatory and policy guidelines relevant to occupational therapy practice in Qatar.

### Performance criteria:

- 1.3.1 Practices in accordance with agreed policies and procedures that guide occupational therapy practice.
- 1.3.2 Practices in accordance with relevant State of Qatar laws and regulations that impact Occupational therapy practice.
- 1.3.3 Maintains valid registration and licensure to practice in Qatar.
- 1.3.4 Recognizes and acts upon breaches of laws and regulations relating to the professional role and/or Code of Ethics and Professional Conduct for Occupational Therapists\*.
- 1.3.5 Maintains a professional portfolio including evidence of continued competence and improvement.



## 2 **DOMAIN TWO: CLINICAL PRACTICE**

As an autonomous healthcare profession, occupational therapy is practiced in partnership with members of the Inter professional team, service users, support staff and others in order to deliver collaborative care across the healthcare continuum. Critical thinking, patient and environment assessment skills and evidence-based clinical practice guidelines enable occupational therapists to autonomously develop and implement effective care plans, occupational therapy driven protocols, disease based clinical pathways and management programs.

### 2.1 **Competency Standard : Provision of Care**

Occupational therapists serve a diverse population and may function in one or more of a variety of activities. The practice of occupational therapy care includes but is not limited to assessment, program planning and intervention to allow service users to participate in everyday life activities and life roles.

#### **Performance criteria:**

- 2.1.1 Maintains the provision of occupational therapy care services that are safe, aseptic, preventative and restorative to the patient.
- 2.1.2 Keeps accurate, contemporaneous, comprehensive and legible records of patient care in accordance with applicable legislation, protocols and guidelines. This includes Department of Healthcare Professions' requirements, Code of Ethics and Professional Conduct for Occupational Therapists\* in Qatar and local guidance at a facility level.
- 2.1.3 Provides occupational therapy services including, but not limited to independent assessment and evaluation of patient needs and functional abilities using both standardized and non-standardized assessments.
- 2.1.4 Formulates and implements appropriate care plans based on assessment results, taking into account service users' values, beliefs and interests.
- 2.1.5 Implements appropriate action plans and interventions based on observed functional deficits, appropriate reporting or referral according to evidence based clinical care guidelines.
- 2.1.6 Evaluates intervention plans using recognized outcome measures and revise plans as necessary in conjunction with service users.
- 2.1.7 Provides health promotion and prevention activities as deemed clinically appropriate in order to remove barriers to independence, promote health and foster wellbeing.

### 2.2 **Competency Standard : Patient Centered Care**

The occupational therapist is responsible for ensuring that the service user is at the center of all decisions about care wherever possible.

#### **Performance criteria:**

- 2.2.1 Understands the need to adopt an approach which centers on the service user and establishes appropriate professional relationships in order to motivate and involve the service user in meaningful occupation.





- 2.2.2 Uses formal (structured interview) or informal (conversational, narrative building) strategies to establish a comprehensive occupational profile of the client. This should include an understanding of the values, beliefs and interests of the service user, their families and other appropriate parties.
- 2.2.3 Synthesizes information from the service users' occupational narrative/profile in order to plan for future interventions and services.
- 2.2.4 Understands the need to provide service users and/or people authorized to act on their behalf with the information necessary to enable them to make informed decisions.
- 2.2.5 Provides appropriate education and training for service users, families and caregivers.
- 2.2.6 Works collaboratively with service users to set meaningful goals and outcome measures.
- 2.2.7 Uses approaches to intervention including creating or promoting, establishing or restoring, maintaining and modifying the skills, abilities and contexts that influence occupational performance and engagement.
- 2.2.8 Understands the need to engage service users and caregivers in planning and assessing diagnostics, treatments and intervention in order to meet their occupational goals and needs.
- 2.2.9 Understands the therapeutic use of self, including one's personality, insights, perceptions, and judgments as part of the therapeutic process.

### **2.3 Competency Standard : Evidence-Based Practice**

Integrates best available evidence, clinical audit and research into practice to ensure quality of provision.

#### **Performance Criteria:**

- 2.3.1 Utilizes current evidence-base, including recent research findings, and best available evidence to guide occupational therapy practice.
- 2.3.2 Incorporates credible critically appraised evidence into occupational therapy practice and when initiating change in practice.
- 2.3.3 Participates in the formulation of evidence-based practice based on best available credible research and/or national and international professional consensus, guidance and audit.
- 2.3.4 Gathers and uses information, including qualitative and quantitative data in order to evaluate outcomes for services users engaged in occupational therapy care.
- 2.3.5 Is aware of the role of audit and review in quality improvement and quality assurance.
- 2.3.6 Evaluates the efficacy and effectiveness of both new and established interventions and technologies using recognized outcome measures.
- 2.3.7 Participates in generating new evidence to improve quality of care through research, clinical audit and quality improvement programs.

### **2.4 Competency Standard: Communication and Teamwork**

Uses communication skills to ensure that other members of the health care team, the patient and their family are and remain fully informed.

#### **Performance Criteria:**

- 2.4.1 Establishes relationships of trust, respect, honesty and empathy.



- 2.4.2 Gathers information about disease, but also about a patient's beliefs, concerns, expectations and illness experience.
- 2.4.3 Seeks out and synthesizes relevant information from other sources, such as patient's family, caregivers and other professionals.
- 2.4.4 Delivers information to patients and their families, colleagues, and other members of the healthcare team, in a way that is understandable, and that encourages discussion and participation in decision- making.
- 2.4.5 Demonstrates cultural competence across all patient groups.
- 2.4.6 Consistently and clearly communicates relevant, accurate and comprehensive information in verbal, written and electronic forms in a timely manner to ensure the delivery of safe, competent and ethical care.
- 2.4.7 Understands how communication affects engagement of service users.
- 2.4.8 Able to modify means of communication to take into account important variables such as age, capacity, learning and physical ability.
- 2.4.9 Shows awareness of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs.
- 2.4.10 Participates in building consensus and or resolving conflict in the context of patient care and the multi-professional team.
- 2.4.11 Engages proactively in teamwork and the team-building processes.
- 2.4.12 Works effectively with other professionals to prevent, negotiate and resolve inter-professional conflict.

### 3 **DOMAIN THREE: LEADERSHIP AND MANAGEMENT**

Exhibits leadership qualities required for the provision of safe, effective occupational therapy care. This domain includes concordance with the Code of Ethics and Professional Conduct and the healthcare organization's Code of Behavior as the operating frameworks.

#### **3.1 Competency Standard: Leadership**

Exhibits leadership qualities and manages occupational therapy care safely, efficiently and ethically.

##### ***Performance Criteria:***

- 3.1.1 Applies clinical reasoning, critical thinking and problem-solving skills in the provision, management and evaluation of care.
- 3.1.2 Manages self, and where appropriate assists others, to ensure effective workload prioritization and time management.
- 3.1.3 Provides feedback, offers suggestions for change and deals effectively with the impact of change on own practice, the team and/or on the organization.
- 3.1.4 Advocates for and contributes to the creation and maintenance of a positive working environment and team working.
- 3.1.5 Participates in the mentorship and coaching of others maximizing the effectiveness of occupational therapy interventions, the provision of quality health care and the profession.
- 3.1.6 Acts as a role model for colleagues, students and other members of the healthcare care team by treating all with respect, trust and dignity.
- 3.1.7 Fosters the advancement of occupational therapy autonomy and accountability.
- 3.1.8 Promotes and maintains a positive image of occupational therapy.
- 3.1.9 Assumes leadership responsibilities, as appropriate, in the delivery of occupational therapy care.



### **3.2 Competency Standard: Quality Improvement and Safety**

Ensures occupational therapy practice meets organizational quality and safety standards and guidelines and participates in continuous quality improvement.

#### **Performance criteria:**

- 3.2.1 Practices in accordance with approved quality standards and guidelines reflecting recognized evidence based best practice.
- 3.2.2 Seeks evidence from a wide range of credible sources to maintain, extend and evaluate the quality of occupational care.
- 3.2.3 Acts immediately and appropriately in accordance with the national and/or institutional disaster plan as needed participating in triage and coordination of care for patients.
- 3.2.4 Implements quality assurance and risk management strategies.
- 3.2.5 Ensures a safe environment by identifying actual and potential risks and takes timely action to meet national legislation and workplace health and safety principles.
- 3.2.6 Acknowledges limitations in knowledge, judgment and/or skills, and functions within those limitations.
- 3.2.7 Recognizes less than optimum or unsafe practice in self and others and intervenes, records and reports, and acts to access and/or provides support to ensure remediation of deficiencies.
- 3.2.8 Participates in ongoing quality improvement and risk management initiatives.
- 3.2.9 Adheres to and implements infection control policies and procedures.
- 3.2.10 Communicates and records safety concerns to the relevant authority and documents response.

### **3.3 Competency Standard : Delegation and Supervision**

Delegates and provides supervision to team members according to their competence and scope of practice.

#### **Performance Criteria:**

- 3.3.1 Delegates to others, activities commensurate with their abilities and scope of practice.
- 3.3.2 Uses a range of supportive strategies when supervising aspects of care delegated to others.
- 3.3.3 Maintains accountability and responsibility when delegating aspects of care to others.



#### **4 DOMAIN FOUR: EDUCATION, LEARNING AND DEVELOPMENT**

##### **4.1 Competency Standard : Education and Facilitation**

Demonstrates commitment to the development of other members in the healthcare team, as well as patients, families, community and society.

###### **Performance criteria:**

- 4.1.1 Shares and disseminates professional knowledge and research findings with others.
- 4.1.2 Acts as a resource person for others.
- 4.1.3 Contributes to the formal and informal education and professional development of students and colleagues facilitating and where appropriate coordinating learning opportunities.
- 4.1.4 Acts as an effective preceptor and/or mentor as assigned, undertaking appropriate preparation and updating to undertake the roles.
- 4.1.5 Takes opportunities to learn together with others in order to contribute to health care improvement.

##### **4.2 Competency Standard 4.2: Lifelong learning**

Assumes responsibility for own professional development through lifelong learning to ensure continued competence and performance improvement.

###### **Performance criteria:**

- 4.2.1 Undertakes regular self-assessment and reviews own practice through reflection, peer review, competency assessment, critical examination and evaluation.
- 4.2.2 Instigates planned updating knowledge and skills for safe, person-centered, evidence-based practice.
- 4.2.3 Actively engages in ongoing professional development and performance improvement of self and others.
- 4.2.4 Maintains a record of learning and professional development activities and accreditation commensurate with the DHP continuing professional development standards
- 4.2.5 Understands the value of case discussion, clinical supervision and other methods of reflecting and reviewing practice.

##### **4.3 Competency Standard : Promotion of health and patient education**

Enable and provide information on maintaining and optimizing health and maximizing self-care to service users as appropriate.

###### **Performance criteria:**

- 4.3.1 Takes part in health promotion, patient education and illness prevention initiatives and contributes to their evaluation.
- 4.3.2 Applies knowledge of resources available for health promotion and health education.
- 4.3.3 Acts to empower the individual, family and community to adopt healthy lifestyles and concord with self-management of ill-health to promote wellbeing.
- 4.3.4 Provides relevant health information and patient education to individuals, families and communities to assist in achieving optimal health and rehabilitation.



- 4.3.5 Demonstrates understanding of traditional healing practices within an individual's, family and/or community's health belief systems and incorporates appropriately and/or provides education if adversely effecting optimum health.
- 4.3.6 Recognizes the potential for patient education and teaching for health and wellbeing in occupational therapy interventions.
- 4.3.7 Applies knowledge of a variety of teaching and learning strategies with individuals, families and communities to effect and evaluate learning and concordance with treatment and advice.

## **5 DOMAIN FIVE: RESEARCH AND IMPROVEMENT**

This domain articulates the requirement that the occupational therapist should practice incorporating best available evidence to provide quality health care and contribute to the creation and/or implementation of knowledge through active participation.

### **5.1 Competency Standard : Using data and information systems**

Uses data systems to enhance the quality and delivery of patient care.

#### **Performance Criteria:**

- 5.1.1 Demonstrates information technology skills needed to inform and provide optimum healthcare and accurately document outcomes of interventions.
- 5.1.2 Understands how to use technology and data to assist in problem identification and identification of deficiencies that can be remediated to enable improvements in patient care.
- 5.1.3 Analyses data accurately and comprehensively leading to appropriate interpretation of findings and development of implementation plans.
- 5.1.4 Recognizes the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines.

### **5.2 Competency Standard : Research Participation**

Uses research, evaluation, service improvement and audit findings to enhance the quality of patient care and protect the rights of those participating.

#### **Performance Criteria:**

- 5.2.1 Participates in activities that disseminate research findings such as publications, journal clubs, grand rounds and presentations.
- 5.2.2 Promotes research, evaluation, service improvement initiatives and audit, designed to improve healthcare practice and disseminate findings to colleagues, patients, families, communities, and society.
- 5.2.3 Undertakes appropriate development to ensure competency to recruit, ensure informed consent is obtained, support involvement, facilitate, monitor and where appropriate advocate withdrawal of individuals participating in clinical research and evaluation.



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