

# THERAPY PROJECT OFFICE

Occupational Therapy Competencies

2008



Feidhmeannacht na Seirbhíse Sláinte  
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# Therapy Project Office

The Therapy Project Office was established in January 2007 to progress and initiate project activities on behalf of the National Implementation Group (NIG) for Clinical Placement Provision for Occupational Therapy, Physiotherapy and Speech & Language Therapy. The projects related to a number of key actions identified by the 'The Report of the National Planning Group on Clinical Placement Provision for Occupational Therapy, Physiotherapy and Speech and Language Therapy' (2004), under the three broad areas of:

- Practice Education
- Continuing Professional Development
- Quality Information for the Public

The Therapy Project Office was funded by the HSE and staffed by three project managers, representing the professional bodies of the Association of Occupational Therapists of Ireland (AOTI), the Irish Society of Chartered Physiotherapists (ISCP) and the Irish Association of Speech & Language Therapists (IASLT). A collaborative, project management model was applied throughout the process. The Project Managers also worked in partnership with the Higher Education Institutes, Therapy Services, the Department of Health & Children and the Health Service Executive to build on existing work and to drive the projects forward.

# Introduction

This document outlines a set of competencies that have been developed for Occupational Therapists in Ireland, at each of the three grades of:

- Graduate/Entry Level Therapist
- Senior Therapist
- Clinical Specialist Therapist.

The competencies are the outcome of one of the projects undertaken by the Therapy Project Office with the following stated **aim**:

to develop a framework identifying professional competencies of therapists across the three professions of Occupational Therapy, Physiotherapy and Speech and Language Therapy.

## Project Process

The project was carried out with each of the three professions to produce three separate overall frameworks which best met the needs of each professional group. Collaborative working groups were established with service managers, therapists and members of the practice education teams, as applicable to devise the competencies at each of the three grades. Details of the project process are documented in Appendix 1 and the members of each of the working parties are listed in Appendix 2.

## Competence

Bossers et al (2002:11) describe professional competency as “the behavioural definition of the knowledge, skills, values and personal qualities that underlie the adequate performance of professional activities”. *The Professional Competencies for Occupational Therapists in Ireland* outlines both the professional and generic competencies at each of the three grades. The entry level competencies represent the knowledge, skills and abilities that a graduate Occupational Therapist will have attained on completion of an educational programme and on entry

to the workforce. The competencies for Senior and Clinical Specialist therapists are presented as a continuum from the entry level competencies with an expectation of greater depth and complexity of responsibility at each of the grades. Taken together, the overall sets of competencies offer Occupational Therapists a developmental framework which can be built on through learning and experience after graduation as it is acknowledged that ‘initial competence does not assure continuing competence’ (Youngstrom, 1998:717). Competence taken as the overall integration of knowledge, skills and abilities into professional practice is not static but dynamic and demands that therapists ‘keep abreast with change’ in order to maintain and continually develop competencies (Alsop & Ryan, 1996:187). In this respect, the framework offers guidance and structure for continuing professional development over the varied stages and changing demands of one’s career.

## Purpose

The competencies identified in this document outline a common framework which can have national application, regardless of one’s area of work/speciality.

- The overall purpose of this framework is to provide therapists with a reference to aid in:
  - Identifying learning and development needs
  - Guiding continuing professional development
  - Assisting in career progression and personal development
- At each professional grade there may be additional competencies specific to the context of individual work settings. These should be identified by individual therapists in conjunction with their line managers and considered in addition to these competencies.

- While there are commonalities across the three grades in areas of competence expected, it is accepted that the balance between the different elements of a therapist's workload will vary considerably from one grade to another.
  - Evidence of the development and achievement of competence should be recorded within a personal portfolio such as the AOTI Continuing Professional Development Portfolio.
  - The purpose of the **graduate/ entry level** competencies includes the following:
    - To present a common set of competencies for all Occupational Therapy graduates across the four university courses
    - To clarify for service providers and students what are the common areas of competence of an Irish graduate Occupational Therapist.
  - Although competencies at Senior and Clinical Specialist level have broadly the same headings, it is accepted that at a Clinical Specialist level there would be a greater level of proficiency and there would be greater depth and complexity as to how these competencies are demonstrated.
  - The senior and clinical specialist competencies within this framework are developmental competencies and are **NOT** considered to be baseline competencies
  - The Health and Social Care Professional Management Competency User Pack as devised by the Office of Health Management<sup>1</sup> offers a useful tool for therapists at Senior and Clinical Specialist level to develop their managerial competencies. It is recommended that these therapists refer to the operational level competencies and behaviour indicators within this framework to develop their competencies in each corresponding area.
  - **NB:** This competency framework was **NOT** devised as an audit or appraisal tool.
- Further work, outside the scope of this project would need to be done to develop these competencies for other developmental purposes.

## Navigation of Framework

In order to unify the three projects and to propose a developmental framework for therapists to progress along, throughout their career, the competencies for each of the grades have been clustered under three broad categories:

- Professional Practice
- Providing a Quality Service
- Education & Development

- Therapists may use this framework to develop their skills at the appropriate grade
- The progression of the competencies across the three grades is outlined and structured in Chart 1 on the following page.
- Competencies at Senior and Clinical Specialist grade are divided into two groups;
  - **Core competencies** which are considered essential for therapists at senior/clinical specialist grade and which can be applied, regardless of the area of work/speciality.
  - **Additional competencies** which a Senior/Clinical Specialist therapist may need time and support to develop to a proficient level or Competencies which may not apply to all senior/clinical therapists depending on their work context

<sup>1</sup> www.hseland.ie

**Chart 1:** Framework of Competencies for Occupational Therapists in Ireland

	Entry Level Therapist	Senior Therapist	Clinical Specialist
Professional Practice	<ul style="list-style-type: none"> <li>● Occupation</li> <li>● Therapeutic &amp; Professional Relationships</li> <li>● Communication</li> <li>● Teamwork</li> <li>● Occupational Therapy Process</li> <li>● Managing a Caseload</li> <li>● Professional Reasoning</li> <li>● Professional Behaviour</li> </ul>	<ul style="list-style-type: none"> <li>● Occupation</li> <li>● Therapeutic &amp; Professional Relationships</li> <li>● Communication</li> <li>● Teamwork</li> <li>● Occupational Therapy Process</li> <li>● Managing a Caseload</li> <li>● Professional Reasoning</li> <li>● Professional Behaviour</li> </ul>	<ul style="list-style-type: none"> <li>● Occupation</li> <li>● Therapeutic &amp; Professional Relationships</li> <li>● Communication</li> <li>● Teamwork</li> <li>● Occupational Therapy Process</li> <li>● Managing a Caseload</li> <li>● Professional Reasoning</li> <li>● Professional Behaviour</li> </ul>
Providing a Quality Service	<ul style="list-style-type: none"> <li>● A Quality Service</li> <li>● Evidence Based Practice &amp; Research</li> <li>● The Context of Practice</li> </ul>	<ul style="list-style-type: none"> <li>● A Quality Service</li> <li>● Evidence Based Practice &amp; Research</li> <li>● The Context of Practice</li> <li>● <b>Managing People<sup>2</sup></b></li> </ul>	<ul style="list-style-type: none"> <li>● A Quality Service</li> <li>● Evidence Based Practice &amp; Research</li> <li>● The Context of Practice</li> <li>● <b>Clinical Leadership</b></li> </ul>
Education and Development	<ul style="list-style-type: none"> <li>● Continuous Professional Development</li> </ul>	<ul style="list-style-type: none"> <li>● <b>Act as a Clinical Resource</b></li> <li>● Continuous Professional Development (CPD)</li> <li>● <b>Education &amp; Development of Others</b></li> </ul>	<ul style="list-style-type: none"> <li>● <b>Act as a Clinical Resource</b></li> <li>● Continuous Professional Development (CPD)</li> <li>● <b>Education &amp; Development of Others</b></li> </ul>

<sup>2</sup> The areas highlighted in both the senior and Clinical Specialist levels are competencies that are particular to these respective grades in addition to the common areas across the grades. Although there are commonalities across the three grades in areas of competence expected, it is accepted that the balance between the different elements of a therapist's workload will vary considerably from one grade to another.

# Occupational Therapy Graduate/ Entry Level Competencies

## A. Professional Practice

### 1. Occupation

On graduation an entry level therapist will be able to:

- 1.1. Describe the meaning of occupation for each service user, group or community
- 1.2. Describe the person-occupation-environment relationship.
- 1.3. Analyse the use and adaptation of occupations related to self care, productivity and leisure.
- 1.4. Apply the therapeutic use of occupation to positively influence health and well being.
- 1.5. Demonstrate an understanding of the concepts of occupational deprivation and occupational justice.

### 2. Therapeutic & Professional Relationships

On graduation an entry level therapist will be able to:

- 2.1. Engage in therapeutic and professional relationships with service users, carers, colleagues and other services.
- 2.2. Treat individuals in a fair, equitable and inclusive manner, in all therapeutic and professional relationships.

### 3. Communication

On graduation an entry level therapist will be able to:

- 3.1. Use effective listening, verbal & non-verbal communication skills, both informally and formally.
- 3.2. Give and receive feedback in an open and honest manner.
- 3.3. Modify language and/or education for the listener, which is accessible and appropriate.
- 3.4. Present oral and written information in a clear, concise and well structured manner.

### 4. Teamwork

On graduation an entry level therapist will be able to:

- 4.1. Communicate effectively as a member of a team.
- 4.2. Facilitate the inclusion of the service user in the team.
- 4.3. Form collaborate working relationships within multidisciplinary and inter-professional teams.
- 4.4. Demonstrate an understanding of roles and responsibilities within group and team structures.
- 4.5. Respect diversity within the team
- 4.6. Demonstrate a working knowledge of group dynamics as appropriate to therapeutic and professional level of responsibility.
- 4.7. Deal constructively with obstacles and conflict within teams to ensure service user focused interventions.
- 4.8. Contribute to the creation and maintenance of a positive team spirit.

### 5. The Occupational Therapy Process

On graduation an entry level therapist will be able to:

- 5.1. Integrate Occupational Therapy skills with current Occupational Therapy theory and relevant supporting evidence based knowledge.
- 5.2. Facilitate a client centred approach
- 5.3. Apply the principle of informed consent prior to and throughout interventions
- 5.4. Facilitate the service user (or person(s) acting on his/her behalf) to make informed decisions re Occupational Therapy interventions.
- 5.5. Use observation and interviewing to gather information
- 5.6. Select appropriate standardised and non-standardised assessment tools to identify occupational and functional needs in the areas of self care, productivity and leisure.



- 5.7. Collaboratively identify goals for intervention with the service user (or people acting on his/her behalf)
- 5.8. Plan, grade, implement and modify interventions that are outcome based and relevant to person's goals.
- 5.9. Facilitate effective individual and group work interventions.
- 5.10. Evaluate outcomes in collaboration with all parties.
- 5.11. Make onward referrals to other agencies or professionals to optimise responses to service user needs
- 5.12. Plan and implement discharge and follow-up with all parties.

## 6. Manage a Caseload

On graduation an entry level therapist will be able to:

- 6.1. Prioritise and manage a caseload under supervision in accordance with local policy.
- 6.2. Demonstrate effective team working as a component of efficient case management.
- 6.3. Assess and recommend for assistive technology/equipment in accordance with service user's needs.

## 7. Professional Reasoning

On graduation an entry level therapist will be able to:

- 7.1. Engage in reflection and evaluation on practice.
- 7.2. Demonstrate a logical and systematic approach to problem solving and decision making.
- 7.3. Engage in clinical reasoning based on Occupational Therapy practice and supporting evidence.

## 8. Professional Behaviour

On graduation an entry level therapist will be able to:

- 8.1. Adhere to the ethical, legal and professional requirements that inform safe and ethical Occupational Therapy practice.
- 8.2. Respect confidentiality
- 8.3. Exercise a professional duty of care to service users.
- 8.4. Recognise own limitations and when it is appropriate to refer decisions to a higher level of authority.
- 8.5. Recognise when it is appropriate to make decisions in collaboration with others.
- 8.6. Write accurate, clear, contemporaneous records in accordance with legal and professional requirements.
- 8.7. Represent self and the profession at a local level, in a competent and confident manner.
- 8.8. Act as an advocate for the profession.

## B. Providing a Quality Service

### 9. Quality

On graduation an entry level therapist will be able to:

- 9.1. Provide flexible interventions to meet the varied needs of individual service users.
- 9.2. Demonstrate effective time management.
- 9.3. Utilize resources effectively.
- 9.4. Review and evaluate service delivery in response to changing need and opportunities in collaboration with team.
- 9.5. Identify and address potential risk factors in practice for self and others.
- 9.6. Advocate for the promotion of Occupational Therapy to the benefit of the service user.

## 10. Evidence Based Practice & Research

On graduation an entry level therapist will be able to:

- 10.1. Demonstrate and apply contemporary evidence based practice principles to Occupational Therapy.
- 10.2. Integrate evidence based practice principles into occupational therapy to ensure quality standards of practice.

### Research

- 10.3. Source, analyse and critique literature and research findings relating to practice.
- 10.4. Understand principles and methodology of research applicable to Occupational Therapy practice.
- 10.5. Apply research skills as applicable to Occupational Therapy practice.

## 11. The Context of Professional Practice

On graduation an entry level therapist will be able to:

- 11.1. Practice within professional boundaries as defined in current job specifications in Ireland.
- 11.2. Acknowledge and respect the specific local context of practice, including the socio-cultural diversity.
- 11.3. Demonstrate understanding and application of relevant legislation and policies.
- 11.4. Recognise the impact of inequality, poverty, exclusion and diversity on occupational performance.
- 11.5. Analyse and adapt environments to increase function, social participation and quality of life.

## C. Education and Development

### 12. Continuing Professional Development

On graduation an entry level therapist will be able to:

- 12.1. Take responsibility for personal and professional development.
- 12.2. Actively engage in supervision and utilise professional support.
- 12.3. Demonstrate awareness of own personal and professional strengths and limitations.
- 12.4. Maintain and develop personal and professional competencies through ongoing learning.
- 12.5. Maintain a record of professional development.
- 12.6. Contribute to the learning and education of others including students.

# Occupational Therapy Senior Competencies

## A. Professional Practice

### 1. Occupation

A Senior Therapist is able to:

#### Core

- 1.1. Articulate the meaning of occupation for each service user, group or community.
- 1.2. Apply an understanding of the relationship between the person, occupation and the environment into Occupational Therapy practice.
- 1.3. Skilfully analyse the use and adaptation of occupations related to self care, productivity and leisure.
- 1.4. Apply at an in-depth level, the therapeutic use of occupation to positively influence health and well being.
- 1.5. Demonstrate an understanding of the concepts of occupational deprivation and occupational justice.

### 2. Therapeutic & Professional Relationships

A Senior Therapist is able to:

#### Core

- 2.1. Actively engage in effective therapeutic and professional relationships with service users, carers, colleagues and other services.
- 2.2. Treat individuals in a fair, equitable and inclusive manner, in all therapeutic and professional relationships.

### 3. Communication

A Senior Therapist is able to:

#### Core

- 3.1. Actively engage in effective listening, verbal & non-verbal communication, both informally and formally.

- 3.2. Give and receive feedback in an open, honest and constructive manner.
- 3.3. Modify language and/or education for the listener, which is accessible and appropriate.
- 3.4. Present oral and written information in a clear, concise and well structured manner
- 3.5. Communicate complex information in terms that meet the needs of the target audience.

#### Additional

- 3.6. Use skills and ability to put structures in place to promote and improve communications.
- 3.7. Negotiate effectively with others.

### 4. Teamwork

A Senior Therapist is able to:

#### Core

- 4.1. Communicate effectively as a member of a team.
- 4.2. Facilitate the inclusion of the service user in the team.
- 4.3. Actively promote collaborative working relationships within multidisciplinary and inter-professional teams.
- 4.4. Take on active roles and responsibilities within group and team structures.
- 4.5. Respect diversity within the team.
- 4.6. Apply a working knowledge of group dynamics as appropriate to therapeutic and professional level of responsibility.
- 4.7. Deal constructively with obstacles and conflict within teams to ensure service user focused interventions.
- 4.8. Contribute to the creation and maintenance of a positive team spirit.
- 4.9. Demonstrate leadership within a team, keeping the rights and needs of the service user central to the leadership of integrated services.

## 5. The Occupational Therapy Process

A Senior Therapist is able to:

### Core

- 5.1. Skilfully integrate Occupational Therapy skills with current Occupational Therapy theory and relevant supporting evidence based knowledge.
- 5.2. Facilitate a user centred approach
- 5.3. Adhere to the principle of informed consent prior to and throughout interventions.
- 5.4. Facilitate the service user (or person(s) acting on his/her behalf) to make informed decisions re Occupational Therapy interventions.
- 5.5. Use skilled observation and interviewing, including in complex situations.
- 5.6. Select, implement and analyse the outcomes of standardised and non-standardised assessments that identify occupational and functional needs in the areas of self care, productivity and leisure, including in complex situations.
- 5.7. Collaborate skilfully with the service user (or person(s) acting on his/her behalf) to identify goals, including in complex situations.
- 5.8. Apply skilled clinical reasoning to plan, grade, implement and modify interventions that are outcome based and relevant to person's goals.
- 5.9. Facilitate individual and group interventions in a skilled manner.
- 5.10. Evaluate and apply outcomes of intervention in collaboration with all parties.
- 5.11. Make onward referrals to other agencies or professionals to optimise responses to user focused needs.
- 5.12. Plan and implement discharge and follow-up with all parties, including in complex situations.

## 6. Manage a Caseload

A Senior Therapist is able to:

### Core

- 6.1. Apply and develop caseload management procedures including prioritization.
- 6.2. Allocate caseload responsibilities to therapy staff, support personnel and students.
- 6.3. Recognise the personal and professional competencies of assigned staff and students when allocating caseload responsibilities.
- 6.4. Co-ordinate interventions with other members of the team and with other agencies to ensure an optimum service is provided for all service users.
- 6.5. Manage the evaluation of the service user's assistive technology/equipment needs, as appropriate.
- 6.6. Evaluate effectiveness of current caseload management procedures in collaboration with manager and team.

### Additional

- 6.7. Identify current and future development needs for Occupational Therapy to meet the needs of the service user, community or population, including those in complex situations

## 7. Professional Reasoning

A Senior Therapist is able to:

### Core

- 7.1. Engage in and articulate reflection and evaluation on practice.
- 7.2. Demonstrate a logical and systematic approach to problem solving and decision making.
- 7.3. Engage in clinical reasoning based on Occupational Therapy practice and supporting evidence.
- 7.4. Critically evaluate the impact of contemporary issues relating to the Profession.

## 8. Professional Behaviour

A Senior Therapist is able to:

### Core

- 8.1. Adhere to the ethical, legal and professional requirements that inform safe and ethical Occupational Therapy practice.
- 8.2. Respect confidentiality.
- 8.3. Exercise a professional duty of care to clients.
- 8.4. Recognise own scope of practice, knowledge and competencies.
- 8.5. Balance clinical work with other responsibilities.
- 8.6. Recognise when it is appropriate to refer decisions to a higher level of authority.
- 8.7. Recognise when it is appropriate to make decisions in collaboration with others.
- 8.8. Recognise the relevance of one's work/life balance needs.
- 8.9. Demonstrate awareness of personal strengths and limitations.
- 8.10. Write and maintain accurate, clear, contemporaneous records in accordance with legal and professional requirements.
- 8.11. Represent self and the profession at a local level, in a competent and confident manner.
- 8.12. Act as an advocate for the profession.

### Additional

- 8.13. Represent the profession at a national level in a competent and confident manner.

## B. Providing a Quality Service

### 9. A Quality Service

A Senior Therapist is able to:

#### Core

- 9.1. Be accountable for standards of practice in service area.
- 9.2. Provide flexible interventions to meet the varied needs of individual service users.
- 9.3. Demonstrate effective time management.
- 9.4. Optimize the use of available resources to achieve effective outcomes.
- 9.5. Implement quality improvement mechanisms at service level.
- 9.6. Identify and address potential risk factors in practice for self and others.
- 9.7. Value and include service users as active participants in the monitoring, evaluation and systematic development of service delivery.
- 9.8. Apply an awareness of the need for equality, value for money and accountability to all areas of practice.
- 9.9. Review and evaluate service delivery in response to changing needs and opportunities in collaboration with team and line management.
- 9.10. Identify and prioritise the requirements of change within service area.
- 9.11. Advocate for the promotion of Occupational Therapy to the benefit of the service user and the organisation.

#### Additional

- 9.12. Design and develop new and non-traditional service delivery models which aim to promote a comprehensive and integrated service within evolving healthcare structures.
- 9.13. Lead or support activities that contribute to the improved effectiveness of the service and the organisation.

## 10. Manage People\*

A Senior Therapist is able to:

### Core

- 10.1. Provide support, mentoring and supervision for assigned staff and students.
- 10.2. Identify performance issues for self and assigned others and deal with same in collaboration with manager.
- 10.3. Use adaptable and flexible approaches in managing assigned staff and students.
- 10.4. Delegate responsibility to assigned staff and students.
- 10.5. Provide clinical leadership within own service and organisation.
- 10.6. Recognise and respond to workplace stressors for self and others.

\* For reference see *Management Competency User Pack for Managers of Health & Social Care Professions*, Office of Health Management. [www.hseland.ie](http://www.hseland.ie)

### Additional

- 10.7. Develop and operate systems to support the supervision of assigned staff in collaboration with service manager.

## 11. Evidence Based Practice & Research

A Senior Therapist is able to:

### Core

- 11.1. Demonstrate a working knowledge of contemporary Occupational Therapy evidence based practice.
- 11.2. Integrate evidence based practice into the service to ensure quality and improve standards.

### Research

- 11.3. Source, appraise and apply relevant literature and research findings to practice.

- 11.4. Understand principles and methodology of research applicable to Occupational Therapy practice.

- 11.5. Demonstrate research skills as applicable to Occupational Therapy practice.

### Additional

- 11.6. Engage in and/or collaborate in research to inform evidence based Occupational Therapy practice.

- 11.7. Collaborate with all relevant stakeholders in respect of research issues, e.g. Ethics, Funding.

- 11.8. Disseminate research e.g. presentations, publication.

- 11.9. Participate in interdisciplinary research.

## 12. The Context of Professional Practice

A Senior Therapist is able to:

### Core

- 12.1. Practice within the professional boundaries of practice in Ireland.

- 12.2. Apply knowledge of relevant legislation and policies and implement legislation as it applies to practice.

- 12.3. Understand the role of the therapy service within the context of the larger organisation.

- 12.4. Recognise the specific local context of practice, including the socio-cultural diversity.

- 12.5. Recognise and respond to the impact of inequality, poverty, exclusion and diversity on occupational performance.

- 12.6. Analyse and adapt the environment to increase function, social participation and quality of life.

### Additional

- 12.7. Demonstrate knowledge of contemporary developments within the Irish Health Care System.

## C. Education and Development

### 13. Acting as a Clinical Resource to Colleagues, Service Users and Carers

A Senior Therapist is able to:

#### Core

- 13.1. Provide professional advice to service users, carers, colleagues, and students.
- 13.2. Facilitate collaborative consultations with service users, carers, colleagues and students.

#### Additional

- 13.3. Demonstrate advanced knowledge and skills in area of practice.
- 13.4. Act as an advanced clinical resource in own organisation and respond to queries from internal and external resources.

### 14. Continuing Professional Development

A Senior Therapist is able to:

#### Core

- 14.1. Maintain and develop personal and professional competencies through ongoing learning.
- 14.2. Engage in supervision and utilise professional support.
- 14.3. Maintain a record of professional development.
- 14.4. Appraise and learn from experience gained through participation in practice education with students.

#### Additional

- 14.5. Develop and/or implement systems to support and to record continuing professional development within the service.

### 15. Education and Development of Others

A Senior Therapist is able to:

#### Core

- 15.1. Contribute to the learning and education of others including students and Occupational Therapy assistants, as applicable.
- 15.2. Enable staff and students to identify future learning needs and development goals.
- 15.3. Collaborate with service manager, the Higher Education Institute, practice tutors and regional facilitators to provide practice education opportunities for students.

#### Additional

- 15.4. Use creative and flexible teaching and learning approaches.
- 15.5. Present at conferences and courses relevant to practice in competent and confident manner.

# Occupational Therapy Clinical Specialist Competencies

## A. Professional Practice

### 1. Occupation

A Clinical Specialist is able to:

#### Core

- 1.1. Analyse and articulate the meaning of occupation for each service user, group or community.
- 1.2. Articulate the relationship between the person, occupation and the environment.
- 1.3. Skilfully analyse the use and adaptation of occupations related to self care, productivity and leisure.
- 1.4. Apply and articulate an in-depth understanding of the therapeutic use of occupation to positively influence health and well being.
- 1.5. Demonstrate an understanding of the concepts of occupational deprivation and occupational justice.

### 2. Therapeutic & Professional Relationships

A Clinical Specialist is able to:

#### Core

- 2.1. Actively engage in effective therapeutic and professional relationships with the service user, carer, colleagues and other services
- 2.2. Treat individuals in a fair, equitable and inclusive manner, in all therapeutic and professional relationships.

### 3. Communication

A Clinical Specialist is able to:

#### Core

- 3.1. Actively engage in effective listening, verbal & non-verbal communication, both informally and formally.
- 3.2. Give and receive feedback in an honest, open and constructive manner.

- 3.3. Modify language and/or education for the listener, which is accessible and appropriate.
- 3.4. Present oral and written information in a clear, concise and well structured manner.
- 3.5. Communicate complex information in terms that meet the needs of the target audience.
- 3.6. Use skills and ability to put structures in place to promote and improve communication in all areas of service.
- 3.7. Negotiate effectively at individual, team and organisational level.

### 4. Teamwork

A Clinical Specialist is able to:

#### Core

- 4.1. Communicate effectively as a member of a team.
- 4.2. Facilitate the inclusion of the service user in the team.
- 4.3. Demonstrate and promote collaborate working relationships within multidisciplinary and inter-professional teams in the delivery of integrated, service user centred services.
- 4.4. Take on active roles and responsibilities within group and team structures.
- 4.5. Respect diversity within the team.
- 4.6. Apply a working knowledge of group dynamics as appropriate to therapeutic and professional level of responsibility.
- 4.7. Deal positively and constructively with obstacles and conflict within teams to ensure service user focused interventions.
- 4.8. Contribute to the creation and maintenance of a positive team spirit.
- 4.9. Demonstrate team leadership, in both single and interdisciplinary settings, keeping the rights and needs of the service user central to the leadership of integrated services.



## 5. The Occupational Therapy Process

A Clinical Specialist is able to

### Core

- 5.1. Integration of Occupational Therapy skills with current Occupational Therapy theory and relevant supporting evidence based knowledge.
- 5.2. Facilitate a client centred approach
- 5.3. Adhere to the principle of informed consent prior to and throughout interventions.
- 5.4. Facilitate the service user (or person(s) acting on his/her behalf) to make informed decisions re Occupational Therapy interventions.
- 5.5. Use skilled observation and interviewing in complex situations.
- 5.6. Select, implement and synthesise the outcomes of standardised and non-standardised assessments that identify occupational and functional needs in the areas of self care, productivity and leisure, in complex situations.
- 5.7. Collaborate skilfully with the service user (or person(s) acting on his/her behalf) to identify goals, in complex situations.
- 5.8. Apply advanced clinical reasoning to plan, grade, implement and modify interventions that are outcome based and relevant to person's goals.
- 5.9. Facilitate both individual and group work interventions in a skilled manner.
- 5.10. Evaluate and apply outcomes in skilful collaboration with all parties.
- 5.11. Make onward referrals to other agencies or professionals to optimize responses to service user needs.
- 5.12. Plan and implement discharge and follow-up with all parties, in complex situations.

## 6. Manage a Caseload

A Clinical Specialist is able to:

### Core

- 6.1. Apply advanced knowledge, skills and experience within area of practice.
- 6.2. Apply and develop caseload management procedures, including the management of complex cases.
- 6.3. Exercise a high degree of professional autonomy, in the analysis of highly complex facts or situations that contribute to the implementation of a treatment or management strategy for the service user.
- 6.4. Co-ordinate interventions with other members of the team and with other agencies to ensure an optimum service is provided for all service users.
- 6.5. Design patient care pathways with the aim of providing best practice examples.
- 6.6. Create and develop protocols of care.
- 6.7. Identify current and future development needs for Occupational Therapy to meet the needs of the service user, community or population, including those in complex situations.

## 7. Professional Reasoning

A Clinical Specialist is able to:

### Core

- 7.1. Engage in and articulate reflection and evaluation on practice.
- 7.2. Process complex, sensitive or contentious information.
- 7.3. Demonstrate a high level of clinical reasoning and analytical skills.
- 7.4. Critically evaluate the impact of the contemporary issues relating to the Profession.
- 7.5. Plan strategically to drive change both within the profession and the broader health care context.

## 8. Professional Behaviour

A Clinical Specialist is able to:

### Core

- 8.1. Adhere to the ethical, legal and professional requirements that inform safe and ethical Occupational Therapy practice.
- 8.2. Respect confidentiality.
- 8.3. Exercise a professional duty of care to service users.
- 8.4. Recognise own scope of practice, knowledge and competencies.
- 8.5. Recognise when it is appropriate to refer decisions to a higher level of authority.
- 8.6. Recognise when it is appropriate to make decisions in collaboration with others.
- 8.7. Recognise the relevance of one's work/life balance needs.
- 8.8. Demonstrate awareness of personal strengths and limitations.
- 8.9. Write accurate, clear, contemporaneous records in accordance with legal and professional requirements.
- 8.10. Represent self and the profession in a competent and confident manner at a local, national and international level.

## B. Providing a Quality Service

### 9. A Quality Service

A Clinical Specialist is able to:

#### Core

- 9.1. Balance clinical work with other research and educational responsibilities.
- 9.2. Demonstrate effective time management.
- 9.3. Provide flexible interventions to meet the varied needs of individual service users.

- 9.4. Optimize the use of available resources to achieve effective outcomes.
- 9.5. Contribute to the design and implementation of quality improvement mechanisms at both a practice and organisational level.
- 9.6. Identify and address potential risk factors in practice for self and others.
- 9.7. Value and include service users as active participants in the monitoring, evaluation and systematic development of service delivery.
- 9.8. Apply an awareness of the need for equality, value for money and accountability to all areas of practice.
- 9.9. Promote quality by evaluating the overall effectiveness of day to day clinical practice and recommend changes as appropriate.
- 9.10. Review and evaluate service delivery in response to changing needs and opportunities in collaboration with team and line management.

#### Additional

- 9.11. Contribute to strategic planning within the profession and organisation.

## 10. Clinical Leadership

A Clinical Specialist is able to:

### Core

- 10.1. Provide clinical leadership skills that can influence quality improvements within own clinical service and organisation.
- 10.2. Promote the delivery of a holistic, user-focused approach, which encompasses a multi-professional and inter-professional perspective.
- 10.3. Monitor and develop local standards of practice that reflect current evidence based, good practice.
- 10.4. Lead and collaborate on the development of standards of practice and protocols.

- 10.5. Challenge current structures and identify organisational and professional barriers that inhibit service development.
- 10.6. Design and develop new and non-traditional service delivery models which aim to promote a comprehensive and integrated service within evolving healthcare structures.
- 10.7. Act as an advocate for the profession.

## 11. Evidence Based Practice

A Clinical Specialist is able to:

### Core

- 11.1. Demonstrate advanced knowledge of contemporary OT evidence based practice in clinical area.
- 11.2. Integrate evidence based practice into the service to ensure quality and improve standards.
- 11.3. Critique and validate current evidence based practice in specialist area.
- 11.4. Identify potential for future development of evidence based practice.

## 12. Research

A Clinical Specialist is able to:

### Core

- 12.1. Play a pivotal role in the integration of research evidence into practice.
- 12.2. Acquire and develop research skills applicable to practice.
- 12.3. Engage in and/or collaborate in research to inform evidence based Occupational Therapy practice.
- 12.4. Engage with all relevant stakeholders in respect of research issues, e.g. Ethics, funding.
- 12.5. Disseminate research e.g. presentations, publication.
- 12.6. Use research outcome in planning and providing future services.

### Additional

- 12.7. Participate in collaborative interdisciplinary research.

## 13. The Context of Professional Practice

A Clinical Specialist is able to:

### Core

- 13.1. Practice within the professional boundaries of practice in Ireland.
- 13.2. Implement relevant legislation and policies as applicable to practice.
- 13.3. Understand the role of the therapy service within the context of the larger organisation.
- 13.4. Recognise the specific local context of practice, including the socio-cultural diversity.
- 13.5. Recognise and respond to the impact of inequality, poverty, exclusion and diversity on occupational performance.

### Additional

- 13.6. Identify the need for change in practice within the context of changing demographic, economic and legislative needs.

## C. Education and Development

### 14. Act as a Clinical Resource

A Clinical Specialist is able to:

### Core

- 14.1. Provide and manage an expert clinical advice service to service users, carers, colleagues and students at a local, regional and national level.
- 14.2. Facilitate collaborative consultations with service users, carers and colleagues.

- 14.3. Be an acknowledged source of expertise within the service and organisation.
- 14.4. Be recognized as a national and/or international expert within field of speciality.

### 15. Continuing Professional Development

A Clinical Specialist is able to:

#### Core

- 15.1. Maintain and develop personal and professional competencies through ongoing learning.
- 15.2. Engage in supervision and utilise professional support.
- 15.3. Maintain a record of professional development.
- 15.4. Appraise and learn from experience gained through educating others, including students.
- 15.5. Develop specialist knowledge and skills in a defined clinical area.
- 15.6. Be involved in professional activities both within the Occupational Therapy profession and beyond the profession.
- 15.7. Engage in postgraduate education.

#### Additional

- 15.8. Demonstrate academic achievement to Master's degree level or higher in relevant area of study.

### 16. Education and Development of Others

A Clinical Specialist is able to:

#### Core

- 16.1. Develop and/or implement systems to support a continuing professional development culture within the service.
- 16.2. Facilitate the learning and development of others.
- 16.3. Acts as a supervisor or mentor for staff and students.
- 16.4. Collaborate with service manager, the Higher Education Institute, practice tutors and regional facilitators to provide practice education opportunities for students.
- 16.5. Demonstrate skilled delivery and development of teaching and learning programmes relevant to area of speciality.
- 16.6. Deliver effective training and support to ensure the successful implementation of new initiatives.
- 16.7. Present at conferences and courses relevant to practice in competent and confident manner.
- 16.8. Contribute to under graduate and post graduate education within area of speciality.

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# Appendices

## Appendix 1:

### Project Process for Entry Level Competencies

#### Methodology

The project goal of *identifying the competencies of an Occupational Therapist on graduation* was the first part of the overall competencies project to be carried out. These have been defined as the competencies that a new graduate should have on completion of a professional education programme in Occupational Therapy.

The project process involved establishing a collaborative working group in May 2007 to focus on practice education projects. The graduate competencies project was one of these projects. Membership of the group included representatives from the four Occupational Therapy Practice Education Teams for the four Universities. The group met on three occasions and kept in regular communication via email over the life of the project.

The following points are noted in guiding the entry level competencies project process:

- The five areas of competence as laid out in the World Federation of Occupational Therapists (WFOT) document, namely *the Revised Minimum Standards for the Education of Occupational Therapists, 2002* have been used as a working framework for these graduate/entry level competencies. The five areas are as follows:
  - Relationship of Occupation to Health & Welfare.
  - Therapeutic & Professional Relationships.

- The Occupational Therapy Process.
- Professional Reasoning & Behaviour.
- The Context of Professional Practice.

The rationale for choosing the WFOT framework is that the revised minimum standards are used to accredit all four University courses in Ireland by the Association of Occupational Therapists in Ireland (AOTI) on behalf of WFOT and as such are a unifying aspect of the four courses.

- The process has been informed by the areas of competencies drawn from the two national competency based assessment forms and the overall learning outcomes of the academic curriculum for each school.
- The working group also consulted and took into consideration a number of other international documents relating to competencies and made particular use of *The Essential Competencies of Practice for Occupational Therapists in Canada* (ACOTRO 2003) and *Standards of Proficiency, Occupational Therapists* (Health Professions Council, UK, 2004).
- The process has included feedback and input from the Heads of the four Occupational Therapy courses and also from a representative sample of Occupational Therapy managers and senior grade therapists.
- External screening, input and feedback was obtained from an occupational psychologist, which further refined the project outcome.

Following on, work was begun on identifying competencies for the Senior and Clinical Specialist Grades.

## Project Process for Senior Grade and Clinical Specialist Competencies

### Methodology

The process of identifying the competencies of Senior and Clinical Specialist Therapists began by identifying and analysing the following resources:

- Local, National and International competencies available across the three professions of Occupational Therapy, Physiotherapy and Speech and Language Therapy.
- Job descriptions for Senior and Clinical Specialist grades.
- 'The Management Competency User Pack' for Managers of Health and Social Care Professions as devised by Pearn Kandola for the Office for Health Management.

For Clinical Specialist Competencies, the following resources were also used:

- Briefing paper on the role of 'the Occupational Therapy Clinical Specialist' from COT/BAOT 2003 and Briefing paper on the role of 'Consultant Occupational Therapist', COT/BAOT 2007.

### Senior Competencies Working Group

For senior competencies, the next stage in the process involved the establishment of a collaborative working group comprising of representatives from manager and senior grade therapists. Five managers and two seniors participated in a one day, structured workshop facilitated by the project managers of the Therapy Project Office with the purpose of developing competencies at the senior grade. A draft set of senior competencies generated by the Therapy Project Office were circulated in advance

of the workshop to facilitate the process. These draft competencies were used as a starting point within the workshop to guide the development of the senior competencies. The group members made the decision to distinguish between core competencies which are considered essential for therapists at senior level and those competencies which are considered to be **additional**, i.e., areas that a senior therapist may need time to develop to a proficient or expert level, or which may not apply to all senior therapists depending on their work context. The outcomes of the workshop were compiled and circulated to the group for feedback. A number of other managers expressed an interest in participating but were unable to attend the workshop. They made a valuable contribution by also contributing to the feedback process. All feedback was collated and incorporated into the final document.

### Clinical Specialist Competencies

#### Background to Clinical Specialist Grade

The grade of Clinical Specialist within the therapy professions was introduced following the publication of the Report of the Expert Group on Various Health Professional in 2000. The development of these competencies for Occupational Therapists at Clinical Specialist grade by the Therapy Project Office has been done within the overall context of continuing professional development for the profession.

#### Clinical Specialist Working Group

Clinical Specialist Competencies have been developed by a representative working group for the profession. Membership of this working party was open to all Clinical Specialists in Occupational Therapy and six Clinical Specialists participated in the workshop. The one day, structured workshop was facilitated by the Therapy Project Office at which the group came together to develop competencies at Clinical Specialist level.



The senior competencies which had been generated previously by a separate working group of managers and senior therapists were circulated in advance as was a briefing on the role of the Occupational Therapy Clinical Specialist (COT/BAOT Briefing, 2003). These documents informed the work done at the workshop as did consideration of the responsibilities attached to an 'Occupational Therapy Consultant role' as specified in COT/BAOT briefing (2007).

### External input

All of the competencies sets for the three grades were sent to an Occupational Psychologist for screening, input and feedback. A subsequent full day review meeting was carried out with the Therapy Project Office and the Occupational Psychologist. All documents were revised on foot of the advice given. The revised versions were then re-circulated to the working groups for final group sign off.

### Validation

As part of the validation process, the competency framework was circulated to all of the Occupational Therapy Managers and the Occupational Therapy Heads of Disciplines in the Higher Education Institutes. They were asked to circulate it to staff to ensure that responses from all grades were represented. The following responses were collated via an online survey. Of the 63 respondents from across the grades:

- 92% found the document user friendly
- 93% found the purpose of the competencies to be clear
- 88% felt it was clear how the competencies would be used in the workplace
- 98% felt the competencies would be of benefit to them in the workplace

Specific suggestions and amendments made by respondents were incorporated into the document where appropriate.

## Appendix 2:

### Membership of Professional Competencies Working Groups

#### Occupational Therapy Graduate/Entry Level competencies working group

Rosaleen Kiely  
Sinead Vine  
Annette Burke  
Mary Majella O'Dowd  
Olivia Wall  
Helen O'Sullivan  
Sherrie Buckley

#### Occupational Therapy Senior competencies working group

Clare Gallagher  
Tracey Swanton  
Ciara Breen  
Rachel Glennane  
Eilin De Paor  
Ann Quirke  
Jane Flynn  
Cliona Culhane

#### Occupational Therapy Clinical Specialist competencies working group

Mary Naughton  
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