



Code of Ethics

Ethical responsibilities for
registered occupational therapists
in Alberta

Prepared March 2023



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NOTE: The use of superscript **L** and **G** is an accessibility feature for persons using screen readers.

- Items which are hyperlinked are underlined in [blue](#) and labelled with an “**L**”.
- Glossary terms are indicated in **bold** with a “**G**” the first time they appear in each standard.

INTRODUCTION

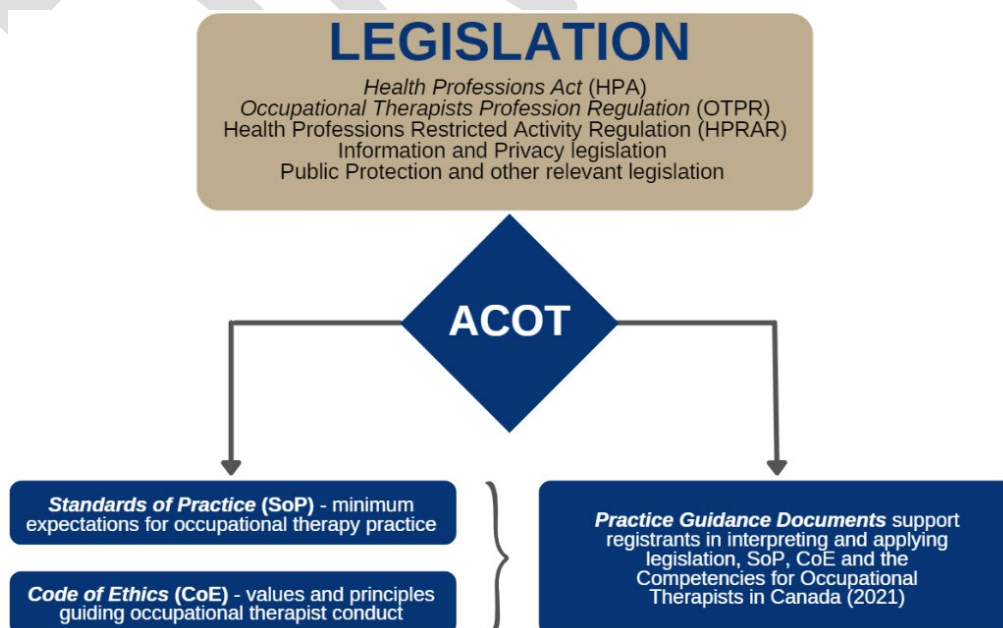
Background

Occupational therapists registered to practice in Alberta on the general, provisional or courtesy registers are regulated under the [Health Professions Act](#)^L (HPA) and the [Occupational Therapists Profession Regulation](#)^L (OTPR). The Alberta College of Occupational Therapists (ACOT) Council is required to establish, maintain and enforce a Code of Ethics.

This Code of Ethics document outlines the ethical responsibilities and expectations for registrant conduct. It is one of the ways that ACOT fulfills its mandated obligation to promote and protect the public interest. Registrants are required to comply with the Code of Ethics and failure to do so may constitute unprofessional conduct.

This iteration of ACOT's Code of Ethics emphasizes expectations for how registrants demonstrate their commitment to culturally safer practice, as required and outlined in the Competencies for Occupational Therapists in Canada (2021). This is consistent with ACOT's commitment to examine and address the ways in which systemic racism and other forms of oppression may manifest within the profession of occupational therapy. Racism and other forms of oppression affect clients, registrants of ACOT and the colleagues with whom occupational therapists' work. Racism and oppression are perpetuated within and by the systems where occupational therapy services are provided (i.e., health, education, social, justice).

The following graphic and table illustrate where the Code of Ethics are situated within the overall structure of legislated, regulatory and other guiding authorities for the practice of occupational therapy in Alberta:



<i>Health Professions Act (HPA)</i>	The act that governs the practice of the health professions currently regulated in Alberta. It sets out standard processes for colleges relating to registration, continuing competence, and complaints and discipline.
<i>Occupational Therapists Profession Regulation (OTPR)</i>	The regulation that governs the profession of occupational therapy in Alberta. It outlines more detailed provisions regarding register categories, requirements for registration application and renewal, and protected title.
Standards of Practice (SoP)	The set of regulatory requirements that define the minimum expectations for the practice of occupational therapy in Alberta that result in the provision of ethical, accountable and quality services.
Code of Ethics (CoE)	The set of values and principles that guide the conduct of occupational therapists in Alberta.
Practice Guidance Documents	Practice guidance documents include Practice Guidelines, Practice FAQs and the Continuing Competence Program Manual. They are developed by ACOT to support registrants in the interpretation and application of relevant legislation, the Standards of Practice, Code of Ethics and the Competencies for Occupational Therapists in Canada (2021).
Competencies for Occupational Therapists in Canada - CAOT, ACOTRO, ACOTUP (2021)	A nationally adopted document that outlines the broad range of skills and abilities required of all occupational therapists at all stages of their career. Occupational therapists registered to practice in Canada are expected to use the competencies document to inform their practice and competence needs.

Purpose of the Code of Ethics

The purpose of the Code of Ethics is to set out the ethical principles and values governing the conduct of occupational therapists registered to practice in Alberta regardless of role, responsibilities, job title, practice area or practice setting, client population, years in practice or level of experience.

The Code of Ethics is not intended to tell registrants exactly how to act in every situation but rather be used to guide registrants on how to conduct themselves and how to navigate the wide range of ethical scenarios and dilemmas that can arise in practice.

The Code of Ethics is a resource for registrants and others with whom they interact. For example:

- Registrants use the Code of Ethics to guide ethical conduct and decision making. When resolving ethical issues, registrants consider applicable legislation, regulation,

ACOT Standards of Practice, the Competencies for Occupational Therapists in Canada (2021) and other ACOT guidance documents together with what they know about their own practice context (e.g., organization policies and resources, geographic location, client population, etc.) and their clients' context. A registrant is responsible for their decision making and actions and must, when requested by ACOT, be able to articulate their rationale for ethical decisions made. Failure to follow the Code of Ethics may be found to constitute unprofessional conduct.

- ACOT, within its legislated mandate of serving and protecting the public interest, uses the Code of Ethics to inform registrants of their ethical responsibilities in daily practice. They are used in the Continuing Competence Program and for Competence Assessments. They are also used to frame responses to registrant questions or concerns about practice and in addressing complaints of unprofessional conduct.
- Occupational therapy clients and the public may refer to the Code of Ethics to gain understanding of how their occupational therapist should be conducting themselves.
- Employers/managers of occupational therapists can use the Code of Ethics to support or assist the evaluation of employee conduct.
- Educators and students use the Code of Ethics to inform curriculum content and student placement or entry-to-practice expectations.
- Other health professionals/service providers may use the Code of Ethics to provide insight into how they can expect an occupational therapy colleague to conduct themselves.

How the Code of Ethics is Organized

The document first outlines and provides commentary on the core values and principles ACOT has adopted to guide the ethical practice of occupational therapy in Alberta. It lists the ethical responsibilities registrants need to consider in daily practice according to whom they have an ethical responsibility: their clients; the general public; their colleagues (including their employer, contracting organization, funding programs); those who they are responsible for supervising; the profession of occupational therapy; and themselves.

Acknowledgments

The Code of Ethics were coproduced in consultation and collaboration with registrants, members of the Standards of Practice and Code of Ethics Refresh Project working groups and steering committee, colleagues from other Alberta and national regulators and other key partners.

ACOT respectfully acknowledges the content taken and adapted from the Codes of

Ethics of other regulatory organizations in Alberta, Canada and worldwide.

Some of the wording and content used in the Code of Ethics has been adapted from the *Competencies for Occupational Therapists in Canada* (2021) and *Promoting Occupational Participation: Collaborative Relationship-Focused Occupational Therapy* (2022).

Questions regarding ACOT's Code of Ethics and occupational therapy practice can be directed to info@acot.ca or by calling 780.436.8381.

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GUIDING PRINCIPLES AND VALUES

Ethical principles and values form the foundation of ethical conduct and provide guidance for ethical decision making. To be most meaningful in practice, they should reflect the value systems of the profession, and also reflect and capture the current broader societal context.

Overarching principles of *knowing better and doing better, minimizing harm, respecting autonomy, and fairness and equity*, together with values of *accountability, collaboration, humility, integrity, respect and transparency* form the basis for ACOT's Code of Ethics. These are the fundamental reference points for registrants to serve the best interests of their clients and act in a way that garners and sustains the public trust and maintains the integrity of the profession.

How these principles and values are to be demonstrated in the practice of occupational therapy, are listed in this document and are also woven throughout the performance expectations in ACOT's Standards of Practice. Registrants are expected to start with themselves and take personal accountability for career-long self-reflection and reflective practice in addition to attending to their ethical responsibilities to their clients, the public, their colleagues and the profession.

The responsibilities listed in this document have been selected for their relevance to current occupational therapy practice in Alberta. They are not exhaustive and are of equal importance.

A. RESPONSIBILITIES FOR SELF

Registrants^G have an ethical responsibility to

1. Engage in **reflective practice^G** and continuous learning throughout their career to maintain and enhance **competence^G** in practice.
2. Seek support and additional education, training, mentorship or supervision when a gap in competence is identified.
3. Be aware of one's own degree of **privilege^G** and/or experiences of **oppression^G** and how they influence the therapist-client relationship.

B. RESPONSIBILITIES TO CLIENTS

Registrants have an ethical responsibility to

1. Inform **clients**^G that they are a member of a regulated health profession and provide means on contacting ACOT on request.
2. Provide **occupational therapy services**^G that uphold the dignity of the client and are in the client's best interest.
3. Provide services to all clients in a respectful, unbiased manner. This includes not refusing service or discriminating based on grounds protected under the *Alberta's Human Rights Act* (see **personal characteristics and attributes**^G for the list of protected grounds).
4. Provide services that incorporate **equity-focused**^G approaches.
5. Provide clients with the information they need to make informed choices and decisions relevant to occupational therapy service provision.
6. Respect and support a client's autonomy and agency to choose and decide, including in situations when a client does not have **capacity**^G to provide **informed consent**^G.
7. Respect a client's autonomy to determine their own tolerance for **risk**^G in service provision.
8. Incorporate **risk management**^G approaches in service provision as appropriate for the client's preferences and the practice situation.
9. Recognize the power imbalance inherent in the therapist-client relationship and maintain appropriate **boundaries**^G.
10. Manage conflicts of interest that cannot be avoided.

C. RESPONSIBILITIES TO COLLEAGUES

Registrants have an ethical responsibility to

1. Practice **collaboratively**^G with colleagues and other key partners to promote coordination and alignment of client services.
2. Create and sustain practice environments that are free from discrimination or oppression of colleagues and any other persons they employ and/or are responsible for supervising.

3. Provide mentorship and guidance as needed to colleagues, students and/or persons they are responsible for supervising.
4. Seek, receive and act upon feedback given by colleagues or others regarding the provision of occupational therapy services and/or the registrant's conduct.

D. RESPONSIBILITIES TO THE PUBLIC and THE PROFESSION

Registrants have an ethical responsibility to

1. Maintain a level of professional conduct that promotes the respect and integrity of the profession and sustains public confidence.
2. Show leadership throughout their career through one or more of the following:
 - (a) contributing to the education of occupational therapy students;
 - (b) mentoring or educating occupational therapists;
 - (c) engaging with professional networks or communities of practice; OR
 - (d) otherwise contributing to the occupational therapy body of knowledge.
3. Recognize any systems of inequity in their practice context and act within their professional sphere of influence when possible.
4. Work effectively within the systems where occupational therapy services are provided (i.e., education, health, social, justice) and any funding programs accessed in the provision of services.
5. Act transparently and with integrity in all professional and business activities including but not limited to fees and billing, advertising of professional services, use of social media, response to any real or perceived conflicts of interest, etc.
6. Engage in quality improvement activities that support the provision of quality occupational therapy services.

SUPPLEMENTAL RESOURCES

[Alberta Human Rights Act](#)^L

Competencies for Occupational Therapists in Canada (2021)

Ethical Decision-Making Guide (to be developed; could also be an appendix to the CoE)

Promoting Occupational Participation: Collaborative Relationship-focused Occupational Therapy (2022)

GLOSSARY of TERMS

Boundaries are the framework within which the therapist-client relationship takes place. Each person's boundaries will be unique to their own experiences. Appropriate boundaries set the parameters within which occupational therapy services are delivered and contribute to a client's and registrant's experience of safety throughout service provision. Boundaries make clear the difference between therapeutic and personal relationships and help avoid potential misunderstanding of words and actions.

Capacity is an individual's ability to understand the information that is relevant to the making of a personal decision and to appreciate the reasonably foreseeable consequences of the decision or lack of decision.

Client is an individual or collective (i.e., family/care partners, group, organization, community, population, system or combination of these) who uses occupational therapy services.

Collaborative (or collaboratively/collaboration) is the process of developing and maintaining effective relationships with clients and interprofessional colleagues through clear communication to enable optimal health, education or social outcomes. Elements of collaborative practice include respect, trust and shared decision making.¹ Through partnership and role clarification between members of an interprofessional team, collaborative practice helps ensure that the various providers' service plans coordinate and align rather than duplicate or conflict. In occupational therapy, "collaborative relationship-focused practice" is an approach that attends to the aspects and identities of both the therapist and the client(s) who use occupational therapy services while taking into consideration the multi-layered **contexts** in which people live and **occupational therapy services** occur."¹(p.100)

Competence - HPA section 1(1)(f) defines competence as "the combined knowledge, skills, attitudes and judgment required to provide professional services." For the purpose of the Standards of Practice, the following more comprehensive definition of competence is used: "the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served"; it is "developmental, impermanent and context specific."² (p. 226)

Context(s) refers to the wide variety of factors that can influence occupational therapy services. Context includes a registrant's or client's immediate environment and resources but also includes "history, geographic location, the natural and built environment, social and economic laws, legislation and policies, organizational policies and rules, social and cultural norms and expectations, social identities, secular and religious beliefs, prevailing societal attitudes and behaviours, networks and power

¹ Egan, M. and Restall, G. (2022) *Promoting Occupational Participation: Collaborative Relationship-Focused Occupational Therapy*. Ottawa: Canadian Association of Occupational Therapists.

² Epstein, R.M. & Hundert E.M. (2002). Defining and Assessing Professional Competence. *Journal of the American Medical Association*, 287(2) p.226-235.

relations within and among collectives (families, groups, communities and populations).”¹ (p. 306)

Equity-focused approaches, as used in the Standards of Practice and Code of Ethics, incorporate concepts of cultural safety³ (p.3), culturally safer⁴ practice (p.20) and collaborative relationship-focused practice¹ (Ch.5, pp-97-111). Equity is both a process (fair, inclusive and respectful treatment of all people) and a goal (equitable outcomes for all groups)³ (p.3). As the effects of historical and current inequities based on a person’s **personal characteristics and attributes** and **context(s)** continue to influence health outcomes, offering more or different types of/approaches to service may be necessary to achieve equitable outcomes.

Equity-focused approaches require occupational therapists to **critically reflect** and make conscious efforts to build trusting relationships with clients, address power imbalances within the therapist-client relationship and draw on each client’s strengths. The aim of equity-focused approaches to occupational therapy service provision is to acknowledge and address systems of inequity within a registrant’s sphere of influence⁴ (p.13-14) and create spaces for occupational therapy service provision where clients feel respected; “where there is no assault, challenge or denial of any aspect of [a client’s] identity, of who they are and what they need.”³ (p.3)

Informed Consent is an agreement or permission to proceed with a service following a process of discussion and decision making leading to an informed choice. Consent provided may be **explicit** or **implied** from the circumstances and should be sought on an **ongoing** basis.

Explicit consent is the direct, expressed agreement for a specific service. The term ‘explicit consent’ is often used interchangeably with ‘express consent’.

Implied consent is agreement for a specific service that is inferred from the words, behaviour, and/or surrounding circumstances which show willingness to receive services.

Ongoing consent confirms consent to proceed or continue with services even if informed consent to services has been previously provided. It acknowledges a client’s right to withdraw consent at any time. Ongoing consent is particularly important if a registrant has doubts about a client’s wishes; there is a change in the client’s personal or health status, service plan or mode of service delivery; or, the services involve touch, disrobing, or potential physical or psychological discomfort.

Occupational therapy service(s) include the activities and actions undertaken by an occupational therapist or person(s) they are responsible for supervising, throughout the process of service provision. As set out in section 3 of Schedule 15 of the HPA, in their

³ Alberta College of Occupational Therapists – ACOT (2021). Acting Against Racism and Intolerance Final Report.

⁴ ACOTRO, ACOTUP, CAOT (2021) *Competencies for Occupational Therapists in Canada*.

practice, occupational therapists do one or more of the following:

- “(a) in collaboration with their clients, develop and implement programs to meet everyday needs in self care, leisure and productivity,
- (b) assess, analyze, modify and adapt the activities in which their clients engage to optimize health and functional independence,
- (c) interact with individuals and groups as clinicians, consultants, researchers, educators and administrators, and
- (d) provide restricted activities authorized by the regulations.”

The Occupational Therapy Expertise domain in the Competencies for Occupational Therapists in Canada (2021) also offers description of what occupational therapists do in practice - “the unique expertise of occupational therapists is to analyze what people do and what they want to or need to do, and help them do it. Occupational therapists co-create approaches to service with their clients. They are mindful of people’s rights, needs, preferences, values, abilities and environments. They work with clients to support their health and well-being.”⁴ (p. 10)

Oppression refers to the obvious and subtle ways that systems, dominant groups or individuals unjustly discriminate against others to maintain status, **privilege** and power. Forms of oppression include but are not limited to ableism, ageism, anti-fat bias, cis-genderism, classism, colourism, ethnocentrism, faithism, heterosexism, racism, sanism, sexism, sizeism, etc. Individuals can experience more than one form of oppression which can create interconnected barriers and compounding forms of discrimination.³

Personal characteristics and attributes refer to the aspects of a person’s identity including but not limited to the protected grounds listed in Alberta’s *Human Rights Act*. Personal characteristics and attributes include race, ethnicity, skin colour, language spoken, religion or spirituality, gender identity or expression, sexual orientation, variabilities in physical and mental health, ability or disability, age, marital status, family status, education, socioeconomic status, etc.

Privilege is the unquestioned or unearned economic, political, social, material or cultural advantages that people enjoy when they are members of more dominant groups in a society; often at the expense of members of an oppressed group¹ (p.311). Differences in social position and power shape personal identity and privilege in society. Awareness of one’s degree of privilege and/or experiences of **oppression** based on **personal characteristics and attributes** and **context(s)** (also known as positionality) is a crucial first step in the provision of equity-focused services.⁴ See the *Coin Model of Privilege and Critical Allyship* to learn more about examining identity, privilege and positionality, **oppression** and systems of inequality.⁵

Reflective practice is the structured and purposeful examination of a registrant’s own

⁵ Nixon, S.A (2019). The Coin Model of Privilege and Critical Allyship: Implications for Health. *BMC Public Health* 19:1637. ⁶ Schön, D. (1983). *The Reflective Practitioner: How Professionals Think in Action*. London: Temple Smith.

knowledge, skills and practice and personal experience throughout one's career. Reflection is part of practice reasoning – the critical thinking and decision-making processes that guide quality and ethical practice.⁶

Reflection on practice is a retrospective analysis of a practice situation as a means of determining what went well and/or what could have gone better. It is a way of generating ideas for alternate approaches and strategies to incorporate when facing similar practice situations in the future.

Reflection in practice is the analysis of a practice situation while it is occurring. It involves analysis and determination of an alternate approach or strategy in the moment.

Critical reflection goes beyond reflecting in and on practice. It requires the registrant to examine and challenge the ways in which their personal and societal assumptions and existing social systems and structures of power keep inequities and injustices in place.¹

Risk(s) is the possibility (actual or perceived) of something unwanted happening that can cause physical or psychological harm. A registrant's or client's perceptions or experiences of risk in the workplace or in the service provision process are dynamic and can be influenced by their **personal characteristics and attributes, context, past/current experiences of trauma, racism** or other forms of **oppression**, and/or their **capacity** to perceive or understand the harm that risks could pose.

Risk management refers to the strategies used to avoid or minimize the harm that a risk can pose. Risk identification and mitigation approaches help to prevent harm. In situations when harm cannot be avoided, managed risk or harm reduction approaches may be appropriate.

⁶ Schön, D. (1983). *The Reflective Practitioner: How Professionals Think in Action*. London: Temple Smith.

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