ALBERTA COLLEGE of OCCUPATIONAL THERAPISTS

Code of Ethics

Ethical responsibilities for registered occupational therapists in Alberta

NOT IN EFFECT

Refer to the 2005 version of the Code of Ethics and Ethical Scenarios which are in effect until this version of the Code of Ethics can be adopted by ACOT Council.

Effective _____ 2024

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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.

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

INTRODUCTION

Honouring Traditional Lands

The Alberta College of Occupational Therapists (ACOT) acknowledges that these Standards of Practice govern occupational therapists who live, travel through and practice on the traditional lands of the signatories of Treaties 6, 7, 8 and 10; the eight Metis Settlements in Alberta; and the Territories and Districts of the Métis Nation of Alberta.

ACOT commits to reconciliation by honouring the spirit and intent of the Treaties and Agreements made with the First Nations, Métis and Inuit Peoples of Canada – that of peace, friendship, respect and mutual understanding.

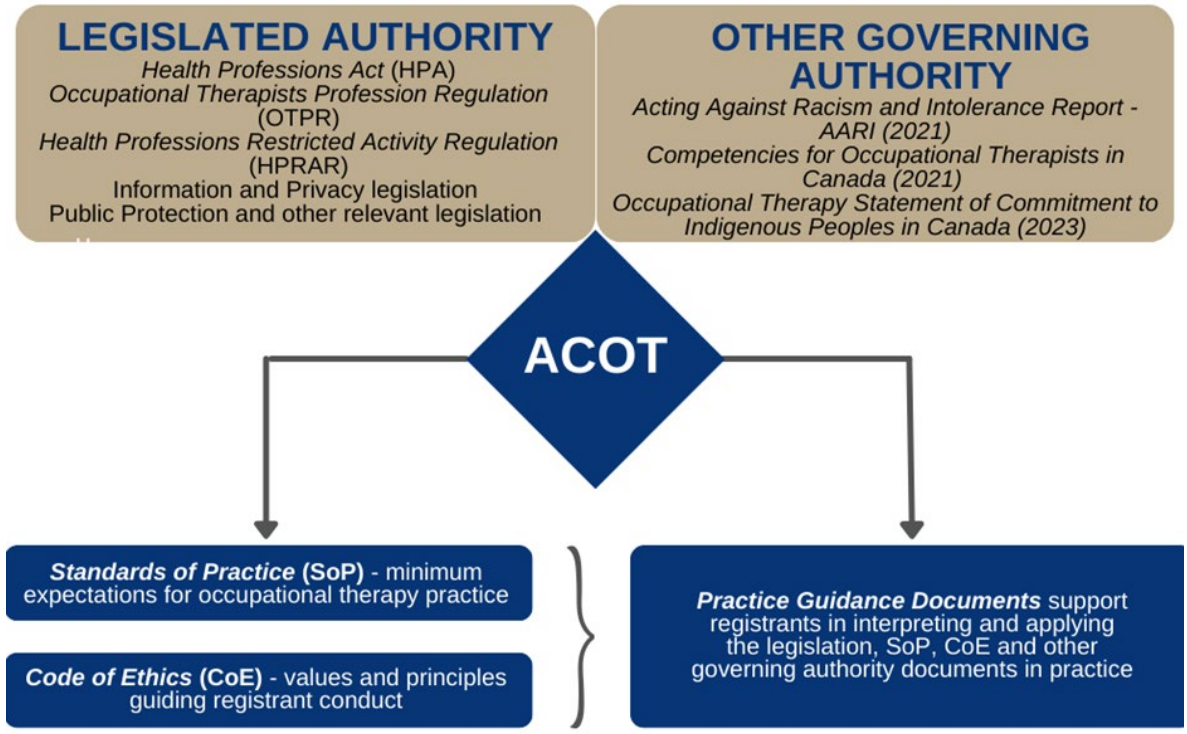
Background

Occupational therapists registered to practice in Alberta on the general, provisional or courtesy registers are regulated under the *Health Professions Act* (HPA),the *Occupational Therapists Profession Regulation* (OTPR) and the *Health Professions Restricted Activity Regulation* (HPRAR). The Alberta College of Occupational Therapists (ACOT) 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 the legislated and other governing authority for the practice of occupational therapy in Alberta.



Document	Description
Health Professions Act (HPA)	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.
Occupational Therapists Profession Regulation (OTPR)	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.
Health Professions Restricted Activity Regulation (HPRAR)	The regulation that authorizes the performance of restricted activities by regulated health professions governed under the HPA.
Acting Against Racism and Intolerance Report – AARI (2021)	The report prepared to summarize the recommended actions from the AARI project, which was established in response to, and in recognition of, the systemic racism embedded within Canadian society and its institutions.
Competencies for Occupational Therapists in Canada – ACOTRO, ACOTUP, CAOT (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.

Document	Description
Occupational Therapy Statement of Commitment to Indigenous Peoples in Canada – ACOTPA, ACOTRO, ACOTUP, CAOT, COTF, (2023)	The statement prepared to summarize the recommended actions each of the participating organizations has committed to undertake to address the articles in the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP, 2007); the Calls to Action from the *Truth and Reconciliation Commission of Canada Report* (TRC, 2015) and the Calls to Justice from the report on *Missing and Murdered Indigenous Women and Girls* (MMIWG, 2019).
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 effective services.
Code of Ethics (CoE)	The set of values and principles that guide the conduct of occupational therapists registered to practice in Alberta.
Practice Guidance Documents	Practice guidance documents include Practice Statements, 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).

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 to 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 legislated and governing authority, the ACOT Standards of Practice 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. The Code of Ethics is 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 themself.

- Employers or supervisors 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 public; their colleagues (including their employer, contracting organization, funding programs); those who they are responsible for supervising; the profession of occupational therapy; and themselves.

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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, ACOT staff, 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), *Promoting Occupational Participation: Collaborative Relationship-Focused Occupational Therapy* (2022) and the *Occupational Therapy Statement of Commitment to Indigenous Peoples in Canada* (2023).

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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 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 the responsibilities they have for themselves as well as attending to the ethical responsibilities they have 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 acquire, maintain, and enhance **competence**[G] in practice.

2. Provide services only in areas of competence and 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.

4. Exercise independent judgment.

B. RESPONSIBLITIES TO CLIENTS

Registrants have an ethical responsibility to

1. Provide **occupational therapy services**[G] that uphold the dignity of each **client**[G].

2. Provide services to all clients in a respectful, unbiased manner. This includes not discriminating or refusing to provide services based on grounds protected under the *Alberta Human Rights Act* (see **personal characteristics and attributes**[G] for the list of protected grounds).

3. Provide services that incorporate **equity-focused approaches**[G].

4. Respect and support a client's autonomy to choose whether to proceed with, decline or stop occupational therapy services, including in situations when a client does not have **capacity**[G] to provide **informed consent**[G].

5. Respect a client's autonomy to determine their own tolerance for **risk**[G] in service provision.

6. Incorporate **risk management**[G] approaches in service provision as appropriate for the client's priorities, needs and circumstances, and the practice situation.

7. Recognize the power imbalance inherent in the therapist-client relationship and determine and communicate **boundaries**[G] appropriate for the practice situation.

8. 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 maintain practice environments that are free from discrimination or oppression.

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 does not

    (a) exploit or cause harm to others; or

    (b) diminish the public's trust in the profession.

2. Recognize systems of inequity in their practice context and act within their professional sphere of influence to address and prevent **racism**[G] and other forms of discrimination or oppression.

3. Act transparently and with integrity in all professional and business activities (e.g., fees and billing, contracts or terms of agreement with clients or contracting organizations, advertising of professional services, use of social media or other online platforms, response to any real or perceived conflicts of interest, etc.)

4. Work effectively within the systems where occupational therapy services are provided (i.e., education, health, social, justice) and the policies, procedures or processes of any funding programs accessed in the provision of services.

5. 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.

6. Engage in quality improvement activities that support the provision of quality occupational therapy services.

7. Carefully consider the social, ecological and economic implications of occupational therapy services within their professional sphere of influence.

SUPPLEMENTAL RESOURCES

Alberta Human Rights Act [L]
Competencies for Occupational Therapists in Canada (2021)
Ethical Decision-Making Guide (to be developed)

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.[1]

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 partner, group, organization, community, population, system or combination of these) who uses **occupational therapy services**.

Collaborative (or collaborate/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, open exchange of information 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." [2(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."[3(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

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[1] Adapted from the College of Psychologists of Ontario. Professional Boundaries in Health-Care Relationships.
[2] Egan, M. and Restall, G. (2022) *Promoting Occupational Participation: Collaborative Relationship-Focused Occupational Therapy.* Ottawa: Canadian Association of Occupational Therapists.
[3] Epstein, R.M. & Hundert E.M. (2002). Defining and Assessing Professional Competence. *Journal of the American Medical Association*, *287*(2) p.226-235.

and rules, social and cultural norms and expectations, social identities, secular and religious beliefs, prevailing societal attitudes and behaviours, networks and power relations within and among collectives (families, groups, communities and populations)." [2(p. 306)]

Equity-focused approaches, as used in the Standards of Practice and Code of Ethics, incorporate concepts of cultural safety [4(p.3),] culturally safer practice[5(p.20)] and collaborative relationship-focused practice.[2(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).[4(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 and the strengths of their community. 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 influence [5(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."[4(p.3)]

Informed Consent is an agreement or permission to proceed with a service following a process of information exchange and confirmation of mutual understanding, leading to an informed choice. In order to be valid, the client or substitute decision-maker must have the capacity to give consent; the consent must also be given voluntarily and be specific to the proposed service and service provider. The consent provided may be **explicit** or **implied** from the circumstances and should be sought on an **ongoing** basis.

> **Explicit consent** (sometimes referred to as express consent) is the direct, expressed agreement for a specific service.
>
> **Implied consent** is agreement for a specific service that is inferred from the behaviours, actions or inactions, and/or surrounding circumstances which demonstrate a client's 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; if there is a change in the client's personal or health status, service plan or mode of service delivery; or if

[4] Alberta College of Occupational Therapists – ACOT (2021). Acting Against Racism and Intolerance Final Report.
[5] ACOTRO, ACOTUP, CAOT (2021) Competencies for Occupational Therapists in Canada.

the services involve touch, disrobing, or potential physical or psychological discomfort.

Occupational therapy service(s) includes 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 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."[5(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 group.[1(p.311)] Differences in social position and power shape personal identity and status 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.[6]

Racism "is a belief that one group is superior to others performed through any individual action, or institutional practice which treats people differently because of their colour or ethnicity. This distinction is often used to justify discrimination. There are three types of racism:[7]

> **Institutional racism** exists in organizations or institutions where the established rules, policies, and regulations are both informed by, and inform, the norms, values, and principles of institutions. These in turn, systematically produce differential treatment of, or discriminatory practices towards various groups based on race. It is enacted by individuals within organizations, who because of their socialization, training and allegiance to the organization abide by and enforce these rules, policies and regulations. It essentially maintains a system of social control that favours the dominant groups in society (status quo).[7]
>
> **Systemic racism** is an interlocking and reciprocal relationship between the individual, institutional and structural levels which function as a system of racism. These various levels of racism operate together in a lockstep model and function together as a whole system.[7]
>
> **Individual racism** is structured by an ideology (set of ideas, values and beliefs) that frames one's negative attitudes towards others; and is reflected in the willful, conscious/unconscious, direct/indirect, or intentional/unintentional words or actions of individuals."[7]

Reflective practice is the structured and purposeful examination of a registrant's own 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 contribute to competence and the delivery of ethical, accountable and effective services.[2,8]

> **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.[8]
>
> **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.[8]
>
> **Critical reflection** goes beyond reflecting in and on practice. It requires the registrant to examine and challenge the ways in which their personal,

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[6] Nixon, S.A (2019). The Coin Model of Privilege and Critical Allyship: Implications for Health. *BMC Public Health 19*:1637.
[7] Canadian Race Relations Foundation – Glossary of Terms.
[8] Schön, D. (1983). *The Reflective Practitioner: How Professionals Think in Action*. London: Temple Smith.

professional and societal assumptions along with existing social systems and structures of power, keep inequities and injustices in place.[2(p.307)]

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.

REFERENCES

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

Alliance of Canadian Occupational Therapy Professional Associations – ACOTPA Association of Occupational Therapy Regulatory Organizations – ACOTRO; Association of Canadian Occupational Therapy University Programs – ACOTUP; Canadian Association of Occupational Therapists – CAOT; Canadian Occupational Therapy Foundation – COTF (2023). *Occupational Therapy Statement of Commitment to Indigenous Peoples in Canada*.

Association of Occupational Therapy Regulatory Organizations – ACOTRO; Association of Canadian Occupational Therapy University Programs – ACOTUP; Canadian Association of Occupational Therapists – CAOT. (2021). *Competencies for Occupational Therapists in Canada*. (French version https://acot.ca/wp-content/uploads/2021/12/Competencies-for-Occupational-Therapists-in-Canada-2021-Final-FR-web.pdf).

Canadian Race Relations Foundation – Glossary of Terms.

College of Psychologists of Ontario. Professional Boundaries in Health Care Relationships.

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

Epstein, R.M & Hundert E.M (2002). Defining and Assessing Professional Competence. *Journal of the American Medical Association*, *287*(2) p.226-235. Retrieved Sep 2022 from https://www.researchgate.net/publication/298348201_Defining_and_Assessing_Professional_Competence

Nixon, S.A (2019). The Coin Model of Privilege and Critical Allyship: Implications for Health. *BMC Public Health 19*:1637. Retrieved August 2022 from https://bmcpublichealth.biomedcentral.com/counter/pdf/10.1186/s12889-019-7884-9.pdf.

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