



# Competence Descriptions for Occupational Therapists



SWEDISH ASSOCIATION OF  
**OCCUPATIONAL THERAPISTS**

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Translated by Michael Eyre

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# Preface

In The Swedish Association of Occupational Therapists' vision, knowledge based occupational therapy, is recognized as leading to a society characterized by equality and sustainability.

It is of great importance in the Association's efforts towards achieving this vision that we are able to describe and communicate expertise held in the profession.

Descriptions of occupational therapists' competence were published by the Swedish National Board of Health and Welfare in 2001, but since 2013, maintaining and developing competence is no longer the responsibility of the Authority. As a consequence, the Association has decided to take responsibility for the continued use and development of competence descriptions,

Thus, in 2014, the Board of the Swedish Association of Occupational Therapists set up a reference group made up of occupational therapists practicing in various fields and with differing educational backgrounds with the commission of producing descriptions that correspond to the current competencies of the profession. This group, lead by Lena Haglund, Associate Professor at Linköping University and former President of the Association, has consisted of Karolina Behrnsten, Head of department, Karolinska University Hospital, Karin Granbom, medically responsible for rehabilitation in Luleå Municipality, Linda Gustafsson, medically responsible for rehabilitation in Malmö City and Margareta Lindberg, Lecturer and program director at Umeå University. In its work the reference group has sought broad support both within the Association and among external bodies such as educational institutions for occupational therapists and representatives for other professions.

The purpose of competence descriptions is to clarify for employers, politicians and the general public what demands they can place on occupational therapists practicing their profession. They should be

regarded as dynamic documents that need to be updated and revised continuously.

Competence descriptions have great importance for the Association's strategic work in clarifying occupational therapists' expertise in various contexts.

**Ida Kåhlin**

*President of the Swedish Association of Occupational Therapists*

## Why competence descriptions?

Occupational therapy is a profession that requires registration in Sweden. When practicing their profession occupational therapists are under the supervision of the Swedish Health and Social Care Inspectorate (IVO).

The purpose of supervision is to monitor quality, ensure safety in health and medical care and prevent risks for injuries during care of persons who partake in input by various professions involved in health and medical care, including service by occupational therapists.

This description of competence aims to clarify to employers, politicians and the general public what demands can be placed on occupational therapists practicing their profession. This applies irrespective of the organizational form in which an occupational therapy activity is conducted.

Regardless of the type of activity or organizational form in which work is carried out, or the titles given to posts they hold, occupational therapists work within their registered field of competence whenever a post involves an individual relationship in offering a person assessment and /or intervention. This means that occupational therapists carry out work within health and medical care, thus having the obligation, among others, to work in accordance with scientific methods and proven experience as well as documenting their assessments and interventions.

Developments in society lead to new and higher demands being placed on professional practice. In order to ensure that occupational therapists provide knowledge-based and safe occupational therapy they must have special competence. So there is a need to ascertain what occupational therapists' competence consists of by stating the knowledge and skills occupational therapists are assumed to master.

The production of knowledge in the field of Occupational

Therapy has increased in both theory and practice, causing the current competence of occupational therapists to embrace a greater breadth and depth than ever before and with a greater amount of evidence on which to base occupational therapy services. Nowadays, occupational therapy knowledge concerning the interplay of person – environment – occupation and health is extensive and work is carried out at individual, group and community levels. Expertise is also expanding in relation to increasing knowledge in other fields such as medical, social and behavioural sciences and technology. All this growing knowledge, together with various changes in society, has an effect on professional practice in occupational therapy. An occupational therapist's professional practice includes lifelong learning in which acquired knowledge and skills, based on proven experience and the best available knowledge, are implemented in professional practice. Therefore, a competence descriptions must be kept up-to-date and revised when necessary.

It is also important to describe the increased competence of registered occupational therapists resulting from supplementary education. Hence, in the descriptions of competencies found below, both the competences of registered occupational therapists and those of occupational therapists with supplementary education are covered.

## Education of Occupational Therapists

The equivalent of three years tertiary education, 180 ECTS credits, is required in order to become a registered occupational therapist. Thereafter opportunities are available for continued studies for one or two years at an advanced level towards a Master's Degree. Five years of professional practice, together with a one year Master's Degree are required to be eligible to take part in a one-year specialist training

course in Occupational Therapy. Continued study at research level provides opportunity to take a doctorate (PhD).

## Occupational Therapists' Activities

Occupational therapy is based on the assumption that people learn and develop through occupation. The objective of occupational therapy is to provide possibilities for people to conduct everyday activities such as personal care, living, work/study/school and play/ leisure activities in a manner that is meaningful for to the persons involved therein.

Occupational therapists' interventions are often at individual level but may take place at group or community levels. In interventions at individual level occupational therapists assess a person's needs and prerequisites for an activity and participation therein in relation with the individual's circumstances in life. In addition analysis is used to identify needs for interventions that can be carried out and evaluated in collaboration with the person. Occupational therapists give people possibilities to be active and participate in everyday and community life by means of prevention, health promoting input, training and adaptation of both housing and public spaces, sometimes using technical aids. By so doing occupational therapists interventions contribute towards preventing ill-health and promoting health and well-being. Occupational therapists utilize working methods centered on persons, which means that the starting point for each and every intervention is the person's understanding of his/her circumstances and needs.

At group and community levels, occupational therapists work, for example, with assessment, consultation, supervision, community planning and other activities, promoting increased accessibility and participation.

## Statutes and other documents

Professional practice is governed by various statutes as well as other documents. One important fundamental document is the UN Convention on the Rights of Persons with Disabilities. Depending on where professional activities are conducted, and given that occupational therapists work within the framework of their registered competence with investigating, assessing and instigating interventions for a person or working with overall social issues, professional practice is governed by various laws, ordinances, regulations and guidelines.

Laws, ordinances and regulations state rules that are binding. Guidelines are recommendations as to how a law or regulation can be applied. Examples of laws that are important when practicing occupational therapy in Sweden are:

- The Swedish Healthcare and Medical Services Act
- Patient Data Act
- Public Access and Secrecy Act
- The Patient Safety Act
- Patient Act
- Social Services Act
- Act Concerning Support and Service for Persons with Certain Functional Impairments
- The Discrimination Act
- The Medical Devices Act

In addition to regulations, local routines also apply to the professional activities of occupational therapists.

In practicing their profession, occupational therapists also utilize *The Code of ethics for occupational therapists* and *Quality Policy – the basis for continuous improvement in occupational therapy* both of which have been produced by The Swedish Association of Occupational Therapists.

# Competencies for registered occupational therapists

## **INVESTIGATE NEEDS AND PREREQUISITES FOR ACTIVITY AND PARTICIPATION**

*Registered occupational therapists are to have competence to:*

- gather anamneses of occupations,
- by observation and interviewing using validated, reliable and/or well-proven methods for investigation and measuring assess persons' abilities to perform activities in personal care, daily living, work/ study/school as well as play and leisure.
- assess people's' physical, mental and social skills with respect to their effect on carrying out occupations,
- assess the effect of the surrounding physical, socio-cultural and/or digital environments on individual or group activities and participation,
- analyze people's resources and problems and identify needs for preventative, improved and/or compensatory occupational therapy intervention. If required consult with fellow occupational therapist or other professionals,
- following investigation, issue certificates/ provide opinions regarding possibilities to carry out activities and participate at individual or group level.

## **SELECT OCCUPATIONAL THERAPY INTERVENTIONS**

*Registered occupational therapists are to have competence to:*

- inform persons and their relatives or others about possible occupational therapy interventions,
- in consultation with persons, and in some cases relatives or others, set goals and plans for occupational therapy interventions as well as collaborating with other professionals as required.

## **CARRY OUT OCCUPATIONAL THERAPY INTERVENTIONS**

*Registered occupational therapists are to have competence to:*

- prevent risk for reduced ability to perform activity and participate
- improve or maintain ability to perform activity and participate
- compensate for impaired ability to perform activity and participate
- initiate and suggest interventions for increased accessibility and usability in physical, socio-cultural and/or digital environments,
- motivate and support persons to achieve activity balance via awareness strategies and adapting activity patterns, habits, routines and roles that influence how they carry out activities,
- inform and provide advice on other aids /products that are on the market but which are not subject to prescription,
- follow prescription processes when prescribing technical aids or consumer products,
- as required, collaborate with colleagues, other professional groups as well as other agencies in order to enable persons' possibilities to take part in activities and/or facilitate participation,
- initiate and partake in health-promoting activities
- issue certificates/ opinions about needs for interventions, interventions carried out and outcome thereof.

## **EVALUATE OCCUPATIONAL THERAPY INTERVENTIONS**

*Registered occupational therapists are to have competence to:*

- evaluate inventions,
- terminate interventions that are not benefitting persons' possibilities towards activity and participation.

## **QUALITY AND PATIENT SAFETY**

*Registered occupational therapists are to have competence to:*

- document matters in accordance with current laws, regulations, ordinances and local routines,
- participate in systematic work on quality assurance and quality improvements
- contribute to, and/or take part in research and development within registered fields of competence,
- be responsible for ensuring that all suggestions for interventions are safe for persons and, as necessary, inform about possible risks,
- be responsible for equipment used in occupational therapy interventions as well as the surroundings being safe for persons, their relatives and others,
- discover and report risks and incidences in healthcare and welfare environments and take steps to ensure persons' safety and security.

## **LEADERSHIP AND ORGANIZATION**

*Registered occupational therapists are to have competence to:*

- plan and prioritize their own work,
- supervise departments and/or personnel,
- act as supervisors and/or consultants for occupational therapists and other professional groups,
- supervise students undergoing occupational therapy training,
- act as consultants for private and non-profit or non-governmental organizations as well as public authorities.

## **DIGITAL COMPETENCE**

*Registered occupational therapists are to have competence to:*

- search for information, communicate and interact digitally in relation to the profession.
- use digital systems, tools and services of relevance to the profession.
- adapt activities with respect to the transformation that digitization entails in society.

- make visible the opportunities and risks that digitalization entails for people's activity and participation at individual, group and community levels.
- participate in the development of digital systems, tools and services of relevance to the profession

## **SUSTAINABLE DEVELOPMENT**

*Registered occupational therapists are to have competence to:*

- ensure that resources available are utilized in a sustainable manner: economically, socially and ecologically.

## **CRISES AND DISASTERS**

*Registered occupational therapists are to have competence to:*

- work in activities carried out by special organizations set up in connection with major accidents and disasters,
- adjust their activities to special conditions occurring in crises and catastrophic situations,
- assess risks for how vulnerable persons can deal with possible crises and disasters and, if needs exist, take steps to minimize impact on possibilities for activity and participation.

# Competences for registered occupational therapists with supplementary education

## **ADVANCED LEVEL**

Through studies at advanced level (Master's) occupational therapists gain increased and deeper expertise for practicing their profession with respect to scientific methods and occupational therapy theories as well as models for investigations, interventions and/or evaluations. Such studies give competence to independently lead developmental work to ensure monitoring and quality assurance. As expertise in finding and critically evaluating scientific literature is considerably increased, competence is also provided to support colleagues working in a knowledge-based manner. Studies at Master's level (one or two years) differ insofar as they are partly based on individual study programs. This means that the fields of competence of occupational therapists who have studied at advanced level vary.

## **SPECIALIST EDUCATION AND TRAINING**

Eligibility to commence a specialist course in Occupational Therapy requires at least five years part – time professional practice in addition to a one year Master's Degree. The course provides expertise to meet the increasing demands that today's society places on specialist knowledge and professional specialization.

Occupational therapists with specialist training have acquired the in-depth competence required to integrate, synthesize and apply knowledge in occupational therapy in relation to evidence within their fields of specialization. They also have competence to identify needs for, and supervise developments in their specialist fields. Supervising colleagues and handling situations and issues with a high degree of complexity is also a core competence held by occupational

therapists with specialist training. Following specialist training occupational therapists are well equipped to act as supervisors for students undergoing Occupational Therapy education.

## **RESEARCH**

Occupational therapists with a PhD have the competence required to identify research issues, initiate and conduct research as well as for supervising implementation of research findings in practice. They also have competence to stimulate utilization of research findings and support further education of colleagues at an academic level.





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Box 760 • 131 24 Nacka • Sweden  
+46 8 507 488 00  
kansli@arbetsterapeuterna.se  
[www.arbetsterapeuterna.se](http://www.arbetsterapeuterna.se)