



REGULATING OCCUPATIONAL  
THERAPISTS - MANAGING RISK  
TO THE PUBLIC

OCCUPATIONAL THERAPY  
REGULATION AT WORK IN  
AUSTRALIA, 2013/14

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Regulating occupational therapists in the National  
Registration and Accreditation Scheme



Occupational Therapy  
Board of Australia | AHPRA



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# About this report

For the first time this year, the Occupational Therapy Board of Australia is publishing this profile of its work in regulating occupational therapy in the National Registration and Accreditation Scheme during 2013/14.

The report aims to provide a profession-specific view of the Board's work to manage risk to the public and regulate the profession in the public interest.

As ever, this year the National Board has worked in close partnership with the Australian Health Practitioners Regulation Agency (AHPRA) to bring out the best of the National Scheme for all Australians.

The data in this report are drawn from data published in the 2013/14 annual report of AHPRA and the National Boards, reporting on the National Registration and Accreditation Scheme.

This report looks at these national data through a profession-specific lens. Wherever possible, historical data are provided to show trends over time, as well as comparisons between states and territories. In future years, we will provide more detailed analysis to deepen our understanding of trends.

For completeness and wider context about the National Scheme, as well as analysis across professions, this report should be read in conjunction with the [2013/14 annual report of AHPRA and the National Boards](#).

# Message from the Chair, Occupational Therapy Board of Australia

Since the transition of the profession to the National Registration and Accreditation Scheme on 1 July 2012, the Board has undertaken detailed strategic work and business planning to ensure delivery of the Board's functions under the National Law. The Board acknowledges the contribution of the profession, the Occupational Therapy Council (Australia & New Zealand) Ltd and Occupational Therapy Australia in ensuring the effective and optimal regulation of the profession.

The profession's involvement in the National Scheme over the last two financial years has enabled it to optimise its work and consider more reliable data to build better forecasts for the costs of national regulation. As a result, a fee reduction of \$70 for general registration and renewal, with lower fees across the Board's other registration types, came into effect on 1 August 2013. The Board remains committed to continuing to review the registration fees for the profession.

This year the Board continued to develop strong working relationships with stakeholders. Breakfast events around the country have helped to ensure practitioners are well informed of registration requirements and provide opportunities for practitioners and employers to communicate directly with the Board.

In addition to the practitioner breakfast forums, Board members attended the Occupational Therapy Australia national conference held in Adelaide. A breakfast meeting explored the national association's work in defining the scope of practice, and the Board's perspective on the regulatory considerations for emerging practice models and approaches to changing scope of practice.

During the next year, the Board will continue to focus on consolidating its regulatory functions and ensuring it effectively responds to developments in practice and the health workforce.



Dr Mary Russell (occupational therapist), Chair, Occupational Therapy Board of Australia

# Message from the AHPRA Chair and CEO

Patient safety lies at the heart of our health system. Maintaining standards and ensuring we have a safe, competent and patient-centred health workforce is a vital part of our work as a regulator. We can be proud of the quality and dedication of the health practitioners who provide our health services on a daily basis, and we have good systems in place to address the occasional few who do not meet expected standards. This is the work of the National Boards, with the support of AHPRA.

It has been a year of consolidation and improvement across the National Scheme. We have had three main areas of focus during the year: improving the experience of all involved in the notifications process; measuring and improving our performance; and participating in and preparing for the review of the National Registration and Accreditation Scheme.

Over the past four years there has been a consistent increase in the number of notifications we receive. This trend appears well established and consistent across Australia, and in line with the experience of overseas regulators. We need to make sure our people and our systems are well equipped to deal with current challenges while we plan for future demands.

We now set international benchmarks for online registration renewals, matched by high (96%) rates for submission of the workforce survey. The results of this survey, which is completed voluntarily at renewal by registered practitioners, provide invaluable health workforce data that can be used for planning purposes.

After four years, AHPRA is continuing to mature rapidly, but on any international and national regulatory comparison, it is still a relatively young organisation. We are not complacent and continue to identify and act on opportunities to improve the performance of the [2013/14 annual report of AHPRA](#) and the National Boards.



Michael Gorton AM, AHPRA Chair



Martin Fletcher, AHPRA CEO

# Major outcomes/achievements in 2013/14

## Committees

The Board has undertaken detailed strategic work and business planning to ensure the delivery of the Board's functions under the National Law. This has included the establishment of committees which exercise delegated functions under the National Law and ensure good governance and accountability of the Board's activities.

The Board's Registration and Notifications Committee (RNC) is an example of such ongoing work. The RNC has held 16 meetings during 2013/14 to assess and decide on complex registration applications and to consider notifications about occupational therapists.

Other committees of the Board meet only as needed, and include:

- Finance and Governance Committee (FGC)
- Communications Committee
- Registration Standards, Codes and Guidelines Committee
- Immediate Action Committee (IAC)
- Panel members and RNC Advisors

To assist the Board with its activities, the Board has also finalised a list of persons to provide a pool from which members may be selected for panel hearings for notifications in either health and performance, or professional conduct matters.

## Active engagement with the profession

Stakeholder breakfast forums have been successfully held in South Australia (July 2013), New South Wales (March 2014) and Victoria (May 2014) to engage with the profession and to provide an opportunity to discuss regulation and the integration of registration standards, codes and guidelines into daily practice. The forums are offered to all registered practitioners and those interested in the National Scheme.

In addition, the Board has participated in active engagement with stakeholders including:

- Occupational Therapy Australia
- Occupational Therapy Council (Australia & New Zealand) Ltd
- Australia and New Zealand Council on Occupational Therapy Education (ANZCOTE)
- Australian Health Ministers Advisory Council
- Health Workforce Australia
- Occupational Therapy Council of New South Wales
- Health Services Group (oversight for WorkSafe and the TAC).

In the coming year the Board will continue to look at opportunities to maximise its engagement with the profession and with its stakeholders.

## Codes and guidelines

Developed in collaboration with the other National Boards, a suite of new codes and guidelines came into effect from 17 March 2014, as well as a new social media policy.

These documents provide important guidance to occupational therapists to ensure that their practice is in accordance with expectations as guided by the National Law.

## International regulatory engagement

Members of the National Board held their second co-Board meeting with their New Zealand counterparts, the Occupational Therapy Board of New Zealand (OTBNA) in April 2014, in New Zealand.

Topics of mutual interest discussed included undergraduate education, new graduate practitioners, competencies, supervisor assessment tools, the OTBNZ's online continuing competence framework for recertification, and the process for how convictions are managed.

To harness the goodwill between the parties and to maintain a mutual understanding around shared projects over time, members agreed to develop a Memorandum of Understanding (MoU) between the Boards.

# Priorities for the coming year

## Policy

A number of significant projects are going to be managed by the Board in the coming financial year, including examining the pathways, challenges and barriers to re-entry into the profession; the development of a new set of professional competencies for occupational therapy practice in Australia; and examining notifications received about members of the profession to ensure that the Board's regulatory decision-making is proportionate to the risks posed by the practice of the profession. As we develop these projects, the Board will continue to engage with both the profession and its stakeholders.

## Stakeholder engagement

In the coming financial year, the Board will explore opportunities to strengthen its engagement with the profession. It will continue to assess how best to engage with the profession on its understanding of the requirements to comply with the Board's registration standards, which is particularly important given the auditing of occupational therapists which started in late 2013 and will continue throughout 2014.

The Board will be looking to run focus-group sessions with members of the profession and webinars to reach wider audiences, and find new ways to support practitioners to stay up to date about regulatory matters, for the Board to share understanding of how to manage risks to the public, and provide opportunities for the Board to hear from practitioners and employers about issues and developments relevant to our work.

## Occupational Therapy Board registration and notifications data 2013/14

On 30 June 2014, there were 16,223 occupational therapists registered in Australia, of which 50% were aged under 35. NSW is the state with the largest number of registered practitioners (4,592), followed by Victoria with 3,976 practitioners.

Nationally, a total of 43 notifications were received about occupational therapists, down from the 50 notifications received in the previous year. The notifications related to 0.3% of practitioners. Thirty-four of these notifications were lodged outside NSW and most (12) were lodged in Queensland, followed closely by Victoria (11).

There were 41 notifications closed during the year; 32 of these were notifications outside NSW. The majority (22) of the notifications outside NSW were closed after an assessment, and eight cases were closed after an investigation; one case was closed following a health or performance assessment, and the remaining case closed following a tribunal hearing.

In most cases the Board determined that no further action was required (26) or that the case should be retained and managed by the health complaints entity that had originally received the notification (4). For the remaining cases a caution was issued in one case and conditions were imposed in another.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

- because of their conduct, performance or health, the practitioner poses a 'serious risk to persons' and that it is necessary to take immediate action to protect public health or safety, or
- the practitioner's registration was improperly obtained, or
- the practitioner or student's registration was cancelled or suspended in another jurisdiction.

In relation to students, the Board must reasonably believe that they:

- have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more, or
- have or may have an impairment, or
- have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

Immediate action was initiated in relation to two practitioners during 2013/14; one in Queensland, one in Victoria. Integrated data for all professions including outcomes of immediate actions are published from page 138 in the 2013/14 annual report of AHPRA and the National Boards. More information about immediate action is published on our website under notifications.

Concerns raised about advertising during the year were managed by AHPRA's statutory compliance team and are reported on page 119 of the annual report of AHPRA and the National Boards for 2013/14.

Table 1: Registrant numbers at 30 June 2014

Occupational Therapist	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total	% change from prior year
2013/14	261	4,592	137	3,174	1,298	263	3,976	2,397	125	16,223	7.43%
2012/13	229	4,264	134	3,059	1,199	253	3,634	2,248	81	15,101	
Change from prior year	13.97%	7.69%	2.24%	3.76%	8.26%	3.95%	9.41%	6.63%	54.32%		

\*Principal place of practice

Table 2: Registered practitioners by age

Occupational Therapist	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Not available	Total
2013/14	1,261	3,687	3,242	2,332	1,820	1,362	1,076	846	411	156	26	4			16,223
2012/13	1,217	3,460	2,903	2,183	1,688	1,281	1,036	796	365	142	25	5			15,101

Table 3: Notifications received by state or territory

Occupational Therapist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	2	2	12	5		11	2	34	9	43
2012/13			12	23	1	5	1	42	8	50

Table 4: Immediate action cases by state or territory (excluding NSW)

Occupational Therapist	QLD	VIC	Total
2013/14	1	1	2

Table 5: Per cent of registrant base with notifications received by state or territory

Occupational Therapist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	0.8%	1.5%	0.4%	0.4%		0.3%	0.1%	0.3%	0.2%	0.3%
2012/13			0.3%	1.9%	0.4%	0.1%	0.1%	0.4%	0.2%	0.3%

Table 6: Notifications closed by state or territory

Occupational Therapist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	2014 Total	2013 Total
	2	1	8	7	1	11	2	32	9	41	35

Table 7: Stage at closure for notifications closed (excluding NSW)

Stage at closure	
Assessment	22
Health or performance assessment	1
Investigation	8
Panel hearing	
Tribunal hearing	1
<b>Total</b>	<b>32</b>

Table 8: Outcome at closure for notifications closed (excluding NSW)

Outcome at closure	
No further action	26
Health complaints entity to retain	4
Caution	1
Impose conditions	1
<b>Total</b>	<b>32</b>

## Keeping the public safe: monitoring

Health practitioners and students may have restrictions placed on their registration for a range of reasons including as a result of a notification, the assessment of an application for registration or a renewal of registration.

Types of restrictions being monitored include:

**Drug and alcohol screening** – requirements to provide biological samples for analysis for the presence of specified drugs and/or alcohol.

**Health** – requirements to attend treating health practitioner(s) for the management of identified health issues (including physical and psychological/psychiatric issues).

**Supervision** – restrictions that require a health practitioner to practise only if they are being supervised by another health practitioner (usually registered in the same profession). The restrictions detail the form of supervision.

**Mentoring** – requirements to engage a mentor to provide assistance, support and guidance in addressing issues, behaviours or deficiencies identified in skills, knowledge, performance or conduct.

**Chaperoning** – restrictions that allow patients generally, or specific groups of patients, to be treated or examined only when a suitable third party is present.

**Audit** – requirements for a health practitioner to submit to an audit of their practice, which may include auditing records and/or the premises from which they practise.

**Assessment** – requirements that a health practitioner or student submits to an assessment of their health, performance, knowledge, skill or competence to practise their profession.

**Practice and employment** – requirements that a practitioner or student does, or refrains from doing, something in connection with their practice of their profession (for example, restrictions on location, hours or scope of practice, or rights in respect of particular classes of medicines).

**Education and upskilling** – requirements to attend or complete a (defined) education, training or upskilling activity, including prescribed amounts of continuing professional development.

**Character** – requirements that a health practitioner or student remain of good character for a specified period of time (for example, that no further notifications are received regarding them).

A health practitioner or student may simultaneously have restrictions of more than one type and/or category in place on their registration at any time.

## Statutory offences: advertising, practice and title protection

Concerns raised about advertising, title and practice protection during the year were managed by AHPRA's statutory compliance team.

More detail about our approach to managing statutory offences is reported from page 119 of the 2013/14 annual report of AHPRA and the National Boards.

## Criminal history checks

Under the National Law, applicants for initial registration must undergo criminal record checks. National Boards may also require criminal record checks at other times. Applicants seeking registration must disclose any criminal history information when they apply for registration, and practitioners renewing their registration are required to disclose if there has been a change to their criminal history status within the preceding 12 months.

While a failure to disclose a criminal history by a registered health practitioner does not constitute an offence under the National Law, such a failure may constitute behaviour for which the Board may take health, conduct or performance action. The criminal record check is undertaken by an independent agency,

which provides a criminal history report. AHPRA may also seek a report from a police commissioner or an entity in a jurisdiction outside Australia that has access to records about the criminal history of people in that jurisdiction. The criminal history reports are used as one part of assessing an applicant's suitability to hold registration.

More detailed information about criminal record checks is published from page 115 2013/14 of the annual report of AHPRA and the National Boards.

## Working across the professions

A key strength of the National Scheme is the regular interaction between National Boards. This has facilitated cross-profession approaches to common regulatory issues and supported joint consultation and collaboration.

While the National Scheme is a multi-profession scheme operating within a single statutory framework and with one supporting organisation (AHPRA), a range of regulatory approaches – which are tailored to professions with different risk profiles and professional characteristics – are being explored with National Boards.

Policy development to address the objectives and guiding principles of the National Law is an important part of AHPRA's support for National Boards, including development and review of registration standards, codes and guidelines, and the coordination of cross-profession policy projects such as a revised approach to international criminal history checks.

## Standards, codes and guidelines

The core registration standards (English language skills, professional indemnity insurance, criminal history, recency of practice and continuing professional development (CPD)) required under the National Law, together with each Board's code of conduct or equivalent, are the main way National Boards define the minimum *national* standards they expect of practitioners, regardless of where they practise in Australia.

### Five core registration standards for all 14 health professions regulated under the National Scheme

- Continuing professional development
- Criminal history
- English language skills
- Professional indemnity insurance arrangements
- Recency of practice.

The standards bring consistency across geographic borders; make the Boards' expectations clear to the professions and the community; and inform Board decision-making when concerns are raised about practitioners' conduct, health or performance. National Boards hold practitioners to account against these standards in disciplinary processes.

National Boards have developed common guidelines for advertising regulated health services and for mandatory notifications. Most National Boards have a similar code of conduct. This commonality facilitates the National Law's guiding principles of efficiency, effectiveness and fairness. It also helps consumers to understand what they can expect from their health practitioners.

### Our work on professional standards in 2013/14

In 2013/14, the National Boards (supported by AHPRA) reviewed, finalised and implemented common guidelines (advertising and mandatory notifications), the common social media policy and the shared code of conduct. Revised documents came into effect in March 2014 and updates to the guidelines for advertising were published in May 2014.

This work has focused on continuing to build the evidence base for National Board policy and reviewing the structure and format of registration standards, guidelines and codes consistent with good practice.

These changes aimed to support clear communication and understanding of National Board requirements by practitioners, the public and other stakeholders. The common guidelines explain the requirements of the National Law. The wording was refined and clarified to assist practitioners to understand their obligations and to communicate more clearly with other stakeholders. A scheduled four-week lead-time in 2014 gave practitioners and stakeholders time to become familiar with the new content and structure before the revised standards took effect in March 2014.

The National Boards' codes of conduct set out the Boards' expectations of each registered health practitioner. Revisions published in 2014 to the shared code clarify to practitioners what is expected of them.

During the year, the National Boards coordinated the review of the common criminal history registration standard and the largely common English language skills registration standards. To prepare, AHPRA commissioned research about English language skills in the regulatory context to inform the review.<sup>1</sup>

The research was combined with National Boards' experience in administering their English language skills registration standards and was supplemented

with further information, including discussions with other regulators and language test providers. National Boards consulted stakeholders through a single consultation paper and proposals for largely common standards. This work ensured that final recommendations to National Boards would be based on the best available evidence and address the objectives and guiding principles of the National Law.

Similarly, the National Boards for the first 10 professions to be regulated under the National Scheme and the Medical Radiation Practice Board of Australia reviewed their registration standards for recency of practice, CPD and professional indemnity insurance arrangements. AHPRA coordinated these reviews across professions. This enabled multi-profession research to be commissioned, and facilitated National Boards considering issues of consistency and examples of good practice across the professions in the National Scheme.

Several Boards have developed, and the Ministerial Council has approved, additional registration standards beyond the five essential standards required by the National Law. See Appendix 3 of the 2013/14 annual report of AHPRA and the National Boards for a full list of registration standards approved by Ministerial Council during 2013/14.

### Common standards, codes and guidelines issued in 2013/14

- Revised *Guidelines for advertising* (March 2014, updated in May 2014)
- Revised *Guidelines for mandatory notifications* (March 2014)
- Revised *Code of conduct* shared by the Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Dental, Occupational Therapy, Osteopathy, Physiotherapy and Podiatry Boards of Australia, with profession-specific changes for the Chiropractic, Medical Radiation Practice and Pharmacy Boards of Australia.

### Common National Board consultations completed

- International criminal history checks (released 1 October 2013; closed 31 October 2013)
- Common registration standards (English language skills registration standards [except Aboriginal and Torres Strait Islander Health Practice Board] and criminal history) (released 25 October 2013; closed 23 December 2013).

### Stakeholder engagement

AHPRA and the National Boards engage daily with a large number and variety of stakeholders across the professions, community, government and statutory agencies, education providers and

<sup>1</sup> 2013 Occupational Therapy Board of Australia public consultation: Review of criminal history registration standard and English language skills registration standard. Available at: [www.occupationaltherapyboard.gov.au/News/Past-Consultations.aspx](http://www.occupationaltherapyboard.gov.au/News/Past-Consultations.aspx)

employers. The needs and interests of these groups sometimes overlap and sometimes are profession- or jurisdiction-specific.

National Boards and AHPRA continue to work closely with all our many stakeholders. AHPRA's state and territory managers play an important role in fostering relationships with local stakeholders.

Individually, each National Board works with the stakeholders specific to their profession, including practitioners, in a range of ways.

Across the scheme, we have developed a stakeholder engagement framework to help us engage more effectively with our stakeholders and members of the community, to build confidence in the National Scheme and make it more accessible. We want to make it easier to interact with and to understand. The framework maps the network of relationships and stakeholders in the National Scheme and identifies how these should take effect and who is responsible for making them work.

Our approach to stakeholder engagement is shaped by a commitment to being proactive, transparent, accessible and accountable.

### Proactive

- Actively engage, inform and educate stakeholders
- Encourage stakeholders to provide feedback
- Listen to how we can engage more effectively with our stakeholders
- Support greater awareness of the scheme and its benefits

### Transparent

- Be clear about what we do
- Look for ways to improve
- Take a 'no surprises' approach to how we engage

### Accessible

- Actively develop a public voice and face of the scheme
- Make it easy to engage with us
- Speak and write plainly
- Be clear

### Accountable

- Report on what we do
- Be transparent and up front

## Stakeholder engagement across the National Scheme

AHPRA's Community Reference Group (CRG) continues to advise AHPRA and the National Boards on ways in which community understanding and involvement in our work can be strengthened. The Professions Reference Group (PRG) is made up of members of professional associations for practitioners registered in the National Scheme. It provides feedback, information and advice on

strategies for building better knowledge from within the professions about health practitioner regulation, and advising AHPRA on operational issues affecting the professions. The group includes national professional associations. It does not discuss individual registration or notifications matters.

We continue to work closely with governments, education providers and other agencies interested in or involved with health practitioner regulation. We have established partnerships, consistent with privacy law and confidentiality requirements, with a range of data partners such as Medicare Australia, the National eHealth Transition Authority (NEHTA) and Health Workforce Australia

We have established services for employers who employ registered health practitioners so they have access to our online services for bulk registration checks, and can check the registration status of their employees in real time. We work with education providers on student enrolments and, in most cases, through accreditation authorities or committees, to ensure high-quality education.

Routinely, AHPRA keeps governments informed about the National Scheme, seeks feedback and provides briefs on jurisdiction-specific issues.

## National Registration and Accreditation Scheme Review

In May 2014, Health Ministers published the terms of reference for the independent review of the National Registration and Accreditation Scheme. Mandated initially by the inter-government agreement that underpins the scheme, the review is focused on:

- identifying the achievements of the National Scheme against its objectives and guiding principles
- assessing the extent to which National Scheme meets its aims and objectives
- the operational performance of the National Scheme
- the National Law, including the impact of mandatory reporting provisions; the role of the Australian Health Workforce Advisory Council, advertising, and mechanisms for new professions entering the scheme; and
- the future sustainability of the National Scheme, with a specific focus on the addition of other professions in the scheme and funding arrangements for smaller regulated professions.

AHPRA and the National Boards have engaged thoughtfully with the review, which is being led by Mr Kim Snowball. It provides both an important opportunity to identify what is working well and opportunities to improve and strengthen our work to protect the public and facilitate access to health services.

# Members of the Occupational Therapy Board of Australia

- Dr Mary Russell (Chair)
- Mrs Amanda Bladen
- Ms Julie Brayshaw
- Mr James (Jim) Carmichael (Deputy Chair)
- Mrs Louise Johnson
- Dr Katherine Moore
- Mrs Terina Saunders
- Mrs Louisa Scott
- Mr Andrew Taylor

During 2013/14, the Board was supported by Executive Officer Ms Jacqui Barry until May 2014, and by Ms Vathani Shivanandan for the remainder of the year.

More information about the work of the Board is available at: [www.occupationaltherapyboard.gov.au](http://www.occupationaltherapyboard.gov.au)



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