



Revised Registration Standards and Guidelines

Webinar and Q&A

24 August 2020 7:00-8:30pm AEST



ABORIGINAL AUSTRALIA

Names and regions as used in The Encyclopedia of Aboriginal Australia (D Horton, General Editor, published in 1984 by the Australian Institute of Aboriginal and Torres Strait Islander Studies (Aboriginal Studies Press), GPO Box 963 Canberra, ACT 2601)

 	Tribe/Language group name
 	Region name
 	No published information available

SCALE 1 : 4 700 000

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Acknowledgement
 Aboriginal Australia Wall Map, D R Horton, Aboriginal Studies Press, AIATSIS, 1996

Disclaimer and Warning
 Not suitable for use in native title and other land claims
 This map indicates only the general location of large groupings of people which may include smaller groups such as clans, dialects or individual languages in a group. Boundaries are not intended to be exact. For more information about the groups of people in a particular region contact the relevant land councils.



Tasmania

Our presenters



Julie Brayshaw
Chair and Practitioner member from WA



Justin Scanlan
Practitioner member from NSW

Today's presentation

1. Introduction – the work of the Board and stakeholders
2. Overview registration standards
3. Continuing professional development
4. Professional indemnity insurance
5. Recency of practice

Occupational Therapy Board of Australia

- Registers suitably qualified and competent persons
- Develops standards, codes and guidelines
- Approves accredited programs of study
- Oversees the assessment of overseas trained applicants for registration via their accreditation authority
- Oversees the receipt, assessment and investigation of notifications (complaints) on health, performance and conduct – except for events in NSW and certain events in Queensland

Ahpra

- Maintains the public register of practitioners
- Administers the National Scheme and supports the Board in fulfilling our functions – including registration, renewal, audit

Key stakeholders

Occupational Therapy Board of Australia (OTBA)

Regulates the occupational therapy profession in order to protect the public:

- Registers occupational therapists and students
- Develops registration standards, codes and guidelines for occupational therapists
- Considers and makes decisions on notifications (complaints)¹ about occupational therapists
- Approves accreditation standards
- Approves programs of study for registration purposes

Australian Health Practitioner Regulation Agency (AHPRA)

Supports the OTBA and 14 other National Boards in administering the National Registration and Accreditation Scheme:

- Is the first point of contact for all enquiries including those about registration and notifications (complaints)¹
- Manages the registration and renewal processes for health practitioners
- Publishes and maintains the national register of health practitioners
- On behalf of National Boards, manages investigations into the professional conduct, performance or health of registered health practitioners¹

Occupational Therapy Council of Australia Ltd (OTC)

Is assigned the accreditation functions for the occupational therapy profession by the OTBA:

- Develops accreditation standards
- Accredits and monitors occupational therapy programs of study and education providers
- Provides the Board with accreditation reports on programs of study and education providers
- Assesses internationally-qualified occupational therapists who want to practise in Australia

Occupational Therapy Australia (OTA)

Is the peak body representing occupational therapists²:

- Supports and represents the interests of occupational therapy members
- Advocates for occupational therapists regionally and nationally
- Provides Continuing Professional Development courses/programs for occupational therapists
- Approves programs of study on behalf of the World Federation of Occupational Therapists (WFOT)

Standards, codes and guidelines

Five mandatory registration standards:

- Continuing professional development (standard and guideline)
- Criminal history
- English language skills
- Professional indemnity insurance
- Recency of practice

Additional Standards, Codes and Guidelines:

- Further codes and guidelines determined, as needed (e.g. Code of conduct, advertising, mandatory notifications)

Continuing professional development

Registration standard: Continuing professional development

- Requires minimum **20 hours** of CPD annually to maintain and improve competence in area of practice
- CPD activities undertaken must:
 - seek to improve client outcomes and experiences
 - draw on best available evidence to inform good practice and decision-making
 - contribute to improving competency and keeping you up to date in your current setting/scope of practice
 - build on your existing knowledge
 - minimum of **5 hours** that is undertaken in an interactive setting.
- Maintain portfolio that records activities undertaken and reflections on how activities will improve/have improved practice.

Guidelines: Continuing Professional Development

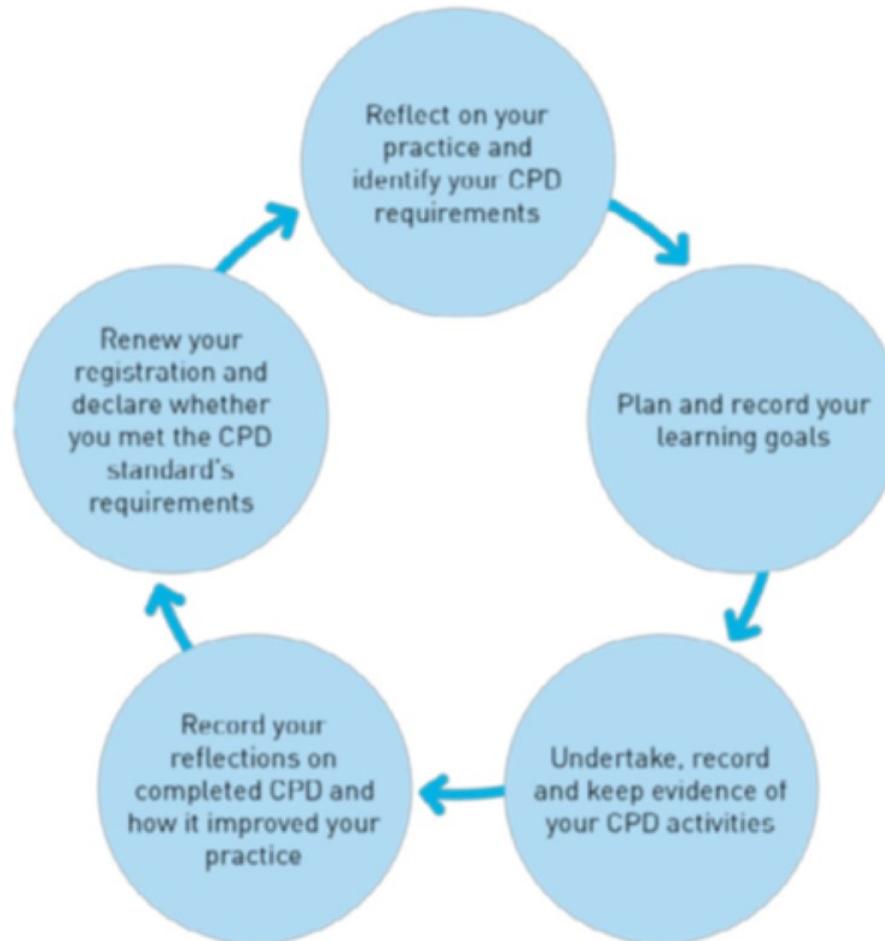
The revised CPD guidelines provide further information on:

- the importance of undertaking effective CPD
- the benefits of interactive and interprofessional CPD
- examples of activities that qualify as CPD
- how to plan and reflect on your learning goals and CPD activities
- record keeping
- partial/ full exemptions in exceptional circumstances.

CPD activities

- All CPD which helps you maintain competence, stay up to date and is relevant to your scope of practice will meet the standard
- Learning occurs through a wide variety of CPD activities
- Examples may include:
 - Higher education / accredited course
 - Conferences / forums / seminars
 - Research / quality improvement or quality assurance activities
 - Cultural safety activities
 - Online learning e.g. MOOCs, webinars
 - Work-based learning contracts

CPD cycle



Template CPD portfolio

Your CPD portfolio should include information about:

1. your CPD plan - the learning goals that you have identified and how you plan to meet them
2. CPD activities – each activity that you complete
3. your reflection on each completed CPD activity and how it affected your practice, and
4. evidence that you have completed each activity.

Exemptions

- Exceptional circumstance
- Examples of exceptional circumstances may include:
 - significant illness or injury
 - bereavement
 - carers leave
- Full or partial exemption

Resources on the Board's website

- Registration standards
- CPD guidelines
- Factsheets
- FAQs
- Checklist
- Application form for an exemption from CPD
- CPD template

www.occupationaltherapyboard.gov.au/Registration-Standards/Continuing-professional-development.aspx

Questions

Recency of practice

Registration standard: Recency of practice

- At least:
 - 750 hours of practice in the previous five years
 - 450 hours of practice in the previous three years, or
 - 150 hours of practice in the previous 12 months.
- Declaration at initial application and renewal
- What happens if you don't meet the standard?

What happens if I am changing my scope of practice?

- Scope of practice
- Narrowing scope of practice
- Extending/changing scope of practice
- Substantial change in scope of practice

Examples of extending/changing scope of practice

- Since graduation, Sue has worked for 12 months in a general hospital in a rotational position and is now planning to move to an entry-level position in a rehabilitation setting where she will receive supervision and mentoring.
- George is moving from a burns unit to a mental health unit as part of a new graduate rotational position in a large tertiary hospital.
- Philomena has worked in an adolescent health service for 7 years and has worked with a lot of young people with emotional challenges. She is now moving into a youth mental health service where she will work alongside three other occupational therapists, including a senior occupational therapist.
- Jordan has worked in a home modification service for 15 years and is now planning to set up a consultancy company providing advice on access issues for public buildings.

Examples of substantial change in practice

- Jamie has worked for 20 years in mental health services but now wants to set up a private practice specialising in medico-legal assessments for people with physical injuries.
- Simon has worked in paediatrics for 7 years. He now wants to set up a business providing mental health services for adults.
- Alex has worked as the director of clinical governance for a health service for 10 years and is now planning to work in a specialist lymphoedema service without occupational therapy supervision.
- Denise has worked in an academic position for 6 years following 10 years of practice in adult general hospital settings. She is now considering setting up a paediatric private practice.

Resources on the Board's website

- Registration standards
- Factsheets
- FAQs
- Template professional development plan
- Supplementary information form

www.occupationaltherapyboard.gov.au/Registration-Standards/Recency-of-practice.aspx

Questions

Professional indemnity insurance

Registration standard: Professional indemnity insurance

- National Law requires that a registered health practitioner must not practise their profession unless they have appropriate PII arrangements in place
- Ensure cover in place for any practice (incl. unpaid)
- Onus on practitioner to ensure cover is adequate and complies with the standard
- Declaration at application and renewal
- PII does not apply to a person granted 'non-practising' registration

Resources on the Board's website

- Registration standards
- FAQs

www.occupationaltherapyboard.gov.au/Registration-Standards/Professional-indemnity-insurance.aspx

Questions

Thank you for participating

OTBA website: www.occupationaltherapyboard.gov.au

AHPRA website: www.ahpra.gov.au

AHPRA: Call 1300 419 495 or make a web enquiry.

A recording of this webinar will be published on the Board's website in the coming weeks.

Definition of practice

The definition of practice is broad:

“Any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.”