

# Guidelines on continuing professional development

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## Introduction

These guidelines on continuing professional development (CPD) have been developed by the Occupational Therapy Board of Australia (the Board) to support the Board's CPD registration standard, pursuant to the *Health Practitioner Regulation National Law Act* (the National Law) as in force in each state and territory.

These guidelines explain the activities that qualify as CPD as well as providing advice on record keeping, an example of a CPD Record and information to assist occupational therapists to establish and maintain an appropriate CPD Portfolio.

The relevant sections of the National Law are also included (Appendix 3).

## Background

Consumers of occupational therapy services have the right to expect that occupational therapists will provide services in a competent and contemporary manner that meets best practice standards. CPD is an interactive process to maintain and extend the practitioner's knowledge, expertise and competence throughout his or her career. CPD is an important component in the provision of safe and effective services.

All practitioners must familiarise themselves with the requirements outlined in the mandatory CPD registration standard.

## Who needs to use these guidelines?

These guidelines should be used in conjunction with the mandatory registration standard for CPD that applies to all practitioners except those with non-practicing registration and students.

## Requirements

The CPD registration standard specifies the following:

1. All practicing occupational therapists must complete a minimum of 30 hours of CPD per year directed towards maintaining and improving competence in occupational therapy practice.
2. The CPD activity claimed must be directed towards maintaining and improving the practitioner's competence in occupational therapy practice. Continuing professional development activities should have clear goals and outcomes.

3. A CPD Record must be kept to document details of activities completed.
4. In addition to a written CPD Record, practitioners must keep evidence of completed CPD activities in a CPD Portfolio. This evidence must be retained for a five year period and must be available for audit by the Board.
5. Practitioners will be required to sign a declaration of compliance with the CPD registration standard when renewing their registration each year.
6. Periodic audits may be conducted to ensure that practitioners are compliant with this standard. If audited, a practitioner must produce their CPD Record and CPD Portfolio of evidence.

## Transition to national registration and CPD requirements

The Board recognises that not all occupational therapists have been subject to CPD requirements prior to 1 July 2012.

When making an application for registration, applicants make a declaration that they will meet the CPD requirements during the period of registration. There will be no requirement to have completed 30 hours of CPD prior to initial application for registration.

However, applicants who do not meet the recency of practice requirements for general registration may be required to undertake additional CPD.

Occupational therapists will have from 1 July 2012 until 30 November 2013 to meet the requirement of 30 hours of CPD (that is, an initial 17 months).

From 1 December 2013 all registered occupational therapists will need to comply with this standard every registration year (that is, every 12 months, thereon).

## Exemptions

A practitioner can apply for partial exemption from the CPD standard in special circumstances. This exemption allows for more flexible CPD arrangements but continues to ensure competence of practice to protect the public.

In applying the partial exemption from the CPD standard in special circumstances the Board has decided that a minimum of 12 hours of CPD would be expected for a practitioner, unless a compelling reason exists to accept fewer hours of CPD.

**A Guidance document and Form for practitioners to complete has been published to the Board's website (see [www.occupationaltherapyboard.gov.au/Codes-Guidelines.aspx](http://www.occupationaltherapyboard.gov.au/Codes-Guidelines.aspx)).**

Any request for partial exemption must be submitted in writing using the Guidance document and Form, prior to the end of the registration period (i.e. 30 November each year).

Special circumstances are ill health, maternity/paternity or parenting leave, travelling overseas, ongoing medical condition, carers leave or other extenuating circumstances.

Any request for an exemption must be submitted in writing, prior to the end of the registration period.

The submission must include the nature of the special circumstance and the period of time during the registration period for which an exemption is requested.

### **Significant ill health of the practitioner**

It is likely that most applications for an exemption due to significant ill health would occur in the context of a practitioner returning to practice after an absence.

An example of this particular special circumstance might be when a practitioner stopped practice due to a serious illness and was unable to undertake any professional development during the period of absence due to their illness.

### **Absence from practice due to parental (maternity/paternity/adoption) leave**

A partial exemption may be granted for a practitioner who takes parental leave.

### **Providing care or support to a member of their immediate family or household because of a significant personal illness or injury affecting the member of their immediate family or household**

A partial exemption may be granted in circumstances where practice has been significantly disrupted due to having to provide care or support to a member of their immediate family or household, because of a significant personal illness or injury to that person.

### **Bereavement**

A partial exemption may be granted in circumstances where practice has been significantly disrupted due to the death of a member of their immediate family or household and the occupational therapist was absent from their practice for an extended period of time.

### **Travel**

A partial exemption may be granted in circumstances where practice has been significantly disrupted due to travel by the practitioner for a minimum period of six months or more.

## **What counts as CPD?**

Every year (i.e. from 1 December 2013) when a practitioner renews registration they will be required to sign a declaration stating they have met the requirements of the standard to complete CPD directed towards maintaining and improving competence in occupational therapy practice.

The Board recognises that people learn in different ways. Accordingly, the CPD may include formal and informal learning activities. Engagement with the profession can enhance individual development and reflection as well as contributing to competence and quality within the wider profession and health sector. Accordingly, participation in certain professional activities can also contribute to meeting the CPD requirement.

Continuing professional development activities must have a clear focus on developing and extending competence in occupational therapy.

Under the National Registration and Accreditation Scheme an occupational therapist must undertake a minimum of 30 hours of CPD as a specified requirement in the CPD registration standard. A mixture of activities from up to three categories may be undertaken to make up the required 30 hours of CPD each year. The practitioner is not required to undertake CPD from all categories. The Board has limited the hours from each category to ensure a mix of learning experiences. An activity can only be applied to one category and cannot be counted more than once.

## **Supervision**

Receiving supervision to a maximum of 10 hours per year may be counted, provided that practitioners maintain a record of the supervision received, the discussion involved and documentation of the outcomes.

Providing supervision to a maximum of 10 hours per year may be counted, provided that practitioners maintain a written record of the supervision received, the discussion involved and documentation of the outcomes. Supervision for an occupational therapy practice audit or peer supervision may be counted.

## Rural and remote area practitioners

The Board recognises that those occupational therapists who reside and practice in rural or remote areas may have more limited access to formal learning opportunities. Continuing professional development opportunities involving distance learning and online participation may be especially relevant to rural and remote practitioners. Examples include distance education, online courses, web-based conferences or workshops, informal CPD activities undertaken online (e.g. journal clubs, case reviews, community of practice involvement), supervision by phone or internet and private study. Supervising a student placement also offers opportunities to accrue up to 10 CPD hours.

The three CPD categories are:

### Category 1: Formal learning activities

A maximum of 25 hours of CPD per registration year can be compiled by:

- completing tertiary courses leading to a post-graduate award
- completing training courses
- completing work-based learning contracts or other assessed activities
- attending conferences, forums, workshops and seminars
- undertaking research and presentation of work (this needs to be substantive, reference and evidencebased)
- having an article published in a peer-reviewed journal
- authoring a book chapter
- making health-related presentations of new or substantially reviewed material (e.g. poster presentations, lectures, seminars, workshops)
- completing in-service education programs
- attending journal clubs
- developing evidence-based practice resources (e.g. completing systematic reviews, developing evidencebased guidelines), and/or
- distance education or online learning that includes an examination, assessment or certificate evidencing learning outcomes.

### Category 2: Informal learning activities

A maximum of 25 hours of CPD per registration year can be compiled by:

- completing private study - reading books and journals with a clear relationship to development goals (this activity must be documented to count as CPD)

- completing case presentations and reviews with colleagues
- examining and reflecting on evidence-based resources (systematic review, evidence-based guidelines etc) and implementing changes in practice (this activity must be documented to count as CPD)
- participating in a community of practice, with a record of activities completed
- reflective journaling involving detailed reflection and writing with a focus on developing competence and quality of practice
- online learning involving discussion, chat rooms, contribution to list-serves, and/or
- receiving supervision or mentoring from an occupational therapist (to be recognised as CPD, supervision must include a record of the supervision received, the discussion involved and documentation of the outcomes).

### Category 3: Engagement with the profession

A maximum of 10 hours of CPD per registration year can be compiled by:

- completing accreditation activities (inspection teams, evaluation of accreditation reports)
- completing activities to improve quality or reduce risk in practice, involving evaluation and reporting
- participating in a clinical audit or similar review activity
- supervising undergraduate or post-graduate occupational therapy students
- supervising an occupational therapist undertaking a practice audit or program of supervised practice
- providing supervision or mentoring to an occupational therapist (to be recognised as CPD, supervision must include a record of the supervision provided, the discussion involved and documentation of the outcomes)
- participating in interest groups, committees, groups, boards etc, with a focus on health or professional issues, and/or
- presenting in-service or training to health professionals or carers.

## Keeping a CPD Portfolio

The CPD registration standard requires occupational therapists to keep a CPD Record detailing activities undertaken and evidence of their CPD activities (a CPD Portfolio) for a minimum of five years. These should contain sufficient evidence to support claims of CPD completed.

Practitioners should maintain the following:

1. A CPD Record for each year of activity, to include:
  - a) goals and outcomes for CPD
  - b) details of CPD activity (date, activity time, provider or participants/resources) for each of the three CPD categories, and
  - c) the contribution of that activity to your goal to enhancing your competence in occupational therapy.
2. A portfolio of evidence of CPD activity completed. Examples of evidence include certificates or awards for courses completed, certificates of attendance for conferences or workshops, descriptions or notes of self directed learning activities completed, copies of literature reviews, case studies, journal club notes, reflective journal entries etc.

To assist practitioners, the Board has developed a template which can be used to maintain a CPD Record (Appendix 1) and examples of a completed CPD Record (Appendix 2).

### Participating in a CPD program

Practitioners who participate in a CPD program offered by a professional association or other organisation can use evidence of completion of the requirements of that program to meet the requirements of the CPD standard. The evidence must be retained for five years and must be available for audit by the Board.

### Failure to comply

In the event that a registrant fails to meet the requirements of the CPD registration standard, the Board may for example:

- a) place a condition on the practitioner's registration, or
- b) impose a condition on registration requiring the practitioner to successfully complete additional CPD activities in order to maintain and improve professional knowledge within a specified period.

Knowingly making a false declaration will be considered by the Board to be a contravention of the National Law which does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken.

### Definitions

**Communities of practice** – Communities of individuals engaged in a common practice, with a shared repertoire and history that interact over a period of time on a regular basis to share ideas and strategies, determine solutions and build innovations. Practice may be developed through a variety of methods including sharing of information and assets,

discussion, networking and visiting, mapping knowledge and identifying knowledge gaps. (Lave, J. & Wenger, E. (1998) *Communities of practice: Learning, meaning, and identity*. Cambridge: Cambridge University Press).

**Continuing professional development (CPD)** is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

**CPD Portfolio** means a collection of documents which demonstrate professional development undertaken. The portfolio may include:

- evidence of formal learning activities undertaken or conferences attended
- certificates issued upon completion of CPD activities by a training or education provider
- records of any informal CPD learning activities
- records of activity in the category 'engagement with the profession', and/or
- descriptions of a learning experiences and examples of how the learning has been applied in practice

**Practice** means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, 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.

**Professional development activities** means participation in formal and informal learning activities, such as attendance at courses or conferences, learning reflection, supervision, mentoring or coaching, involvement in communities of practice; peer review and support activities and evidence-based practice activities, as well as informal learning gained through experience and interaction with colleagues.

**CPD Record** is the method by which the practitioner documents the CPD activity undertaken. The template provided with these guidelines is an example of how a CPD Record might be produced. CPD Records should contain sufficient evidence to support any claims and be produced as evidence should the practitioner be audited.

**Reflection** is the process of thinking critically about one's practice. This may involve consideration of assumptions and alternative approaches, comparison to the practice of colleagues, considering the potential relevance and application to practice of new knowledge, acquired through reading, formal learning or other CPD activity.

**Reflective practice journaling** involves detailed reflection and writing with a focus on developing competence and quality of practice. A reflective practice journal entry might include planning CPD, goal setting, a summary of a learning activity/new learning; interpretation of the strengths, weakness or relevance of the learning for practice; potential change to practice; action planned; additional learning or CPD required. A written record of reflection must be retained if reflective practice journaling is to be claimed as informal learning for CPD hours.

### References

Roberts, A (2002) Advancing practice through continuing professional education: The case for reflection, *British Journal of Occupational Therapy*, 65(5), 237-241.

### Review

These guidelines apply from 1 July 2012. The Board will review this guideline at least every three years and in conjunction with its approved mandatory CPD registration standard.

## Appendix 1

Template example of a continuing professional development record

Name:

Registration Number:

Registration Period:

### Development Plan

Goals	Outcomes

#### Category 1: Formal learning activities (maximum 25 hours per registration year)

Date	Activity	Participants / Resources	Implications for Practice	CPD Hours

#### Category 2: Informal learning activities (maximum 25 hours per registration year)

Date	Activity	Participants / Resources	Implications for Practice	CPD Hours

#### Category 3: Engagement with the profession (maximum 10 hours per registration year)

Date	Activity	Participants / Resources	Implications for Practice	CPD Hours

#### Total CPD for the year (12 month period)

CPD Category	CPD Hours
Category 1: Formal learning activities (maximum 25 hours per registration year)	
Category 2: Informal learning activities (maximum 25 hours per registration year)	
Category 3: Engagement with the profession (maximum 10 hours per registration year)	
<b>Total (minimum of 30 hours CPD per year)</b>	

Signature:

Date:

## Appendix 2

Example of a CPD Record

**Name:** Sarah Therapist

**Registration Period:** 1 December 2013 – 30 November 2014

### Development Plan **SAMPLE**

Goals	Outcomes
Improve knowledge and skills for complex home modifications	Competent to independently assess and document complex home modifications
Develop skills to locate and critically read relevant articles	Able to present article reviews at regional journal club meetings
Improve skills for assessment of accommodation needs	Confident to complete assessment and recommend services and options when a move to supported accommodation is being considered for older clients.

### Category 1: Formal learning activities (maximum 25 hours per registration year) **SAMPLE**

Date	Activity	Provider	Implications for Practice	CPD Hours
2 Feb 2014	Workshop on complex home modifications	Senior OT staff from Disability Modification Service	Will need to look over revised Aust Standards for ramps and review sample diagrams with supervisor.	6
April 2014	Online learning module: Reading for Evidence-based Practice	Centre for Evidence Based Healthcare	Will print copies of appraisal tools to use for private reading. Focus reading on using critical appraisal tools to critique strengths and limitations of studies.	4

### Category 2: Informal learning activities (maximum 25 hours per registration year) **SAMPLE**

Date	Activity	Participants / Resources	Implications for Practice	CPD Hours
19 Feb 2014	Practiced measuring for ramps and preparing drawings	Outreach supervisor and other junior staff	Need further practice with complex access issues. Ask supervisor to check next 5 drawings after home visits.	1.5
12 May 2014	Read article in preparation and attended regional journal club Article Roberts (2012) Occupational Therapy Documentation Practices, Journal of Health Quality Practices, 5(2) pp 174-9	Regional journal club led by Community Health Senior	Difficult to contribute to discussion of study design and method. For next session, will prepare some questions about these aspects.  My documentation practices were very similar to those in article, although I could consider using more occupational terminology.	3
19 June 2014	How to search Pubmed and the Cochrane database for free access articles and reviews	OT student presented workshop for staff	Identified possible search terms and will ask student to sit with me to practise searching next week for articles related to accommodation assessment.	2



## Guidelines on continuing professional development

Date	Activity	Participants / Resources	Implications for Practice	CPD Hours
30 June 2014	Read article : Jacobs (2009) Identifying capacity and preferences for supported community living, Oceanic Journal of Gerontology, 38(2) 72-81.	Independent reading	Community support options differ in the Islands region where this was written. The structured interview technique seemed a good way to establish client preferences and negotiate options. Could be applicable to our assessment service.	1
8 July 2014	Reflective Journaling: My documentation practices	Reflective journaling	Considered the approach I take to home visit reports. Emphasis on physical environment but less on how personal efficacy and routines will influence occupational performance at home. Will review the way I frame questions to better identify client's perceptions about occupational performance at home. Will discuss with senior at next supervision session.	1.5
1 October 2014	Read EBP Review: Effectiveness of short term activity programs for improving health indicators in older adults	Cochrane Systematic Review 2010/19	Programs that included exercise, environmental falls risk assessment and leisure activity planning were most effective. Will discuss this evidence at next interest group. Possibility of trailing program across sites.	1
22 October	Prepared and presented a case for OT Team review: Discussed circumstances of a client who recently returned to the unit shortly after discharge home.	OT in-service	Discussion of issues that may have contributed to return to hospital after discharge. Identified ways to improve assessment to better identify barriers and issues with supports.	1.5

### Category 3: Engagement with profession (maximum 10 hours per registration year) **SAMPLE**

Date	Activity	Participants / Resources	Implications for Practice	CPD Hours
5 March 2014	Aged care interest group considered new guidelines for activity programs.	WA South Aged Care Interest Group	Need to check that storage of materials complies with new standards and ensure electrical testing has been done.	3
7 April 2014	Supervised 2nd year OT students practising initial interview skills	3 x second year OT students from City University	Students critiqued use of a checklist of activities to guide initial interview. COPM and informal guide questions may help students and new staff to develop understanding of individual clients' goals and preferences.	2
22 May 2014	Presented in-service training for allied health assistants on the impact of loss of hearing and vision.	Allied health assistants – Northbridge Centre	Useful discussion about how health workers changing things in the environment can upset the routines and coping strategies of people who have vision or hearing loss.	1
8 November 2014	Aged care interest group discussed short term activity support programs	WA South Aged Care Interest Group	Discussed the implications of the Cochrane review on this topic for planning the pilot program. Offered to review draft program documentation.	3

## Total CPD for the year (12 month period) **SAMPLE**

CPD Category	CPD Hours
<b>Category 1: Formal learning activities (maximum 25 hours per registration year)</b>	10
<b>Category 2: Informal learning activities (maximum 25 hours per registration year)</b>	11.5
<b>Category 3: Engagement with the profession (maximum 10 hours per registration year)</b>	9
<b>Total (minimum of 30 hours CPD per year)</b>	<b>30.5</b>

**Signature:** Sarah Therapist

**Date:** 30 November 2014

Example of a CPD Record (rural and remote occupational therapist)

**Name:** John Smith

**Registration Period:** 1 December 2013 – 30 November 2014

### Development Plan

Goals	Outcomes
Develop knowledge in aged care practice, especially falls prevention.	Competent in providing a range of OT services to older clients, and providing falls risk assessments and interventions.
Maintain and expand knowledge and skills required for diversity of practice and clients in rural and remote setting. Link in with CPD opportunities as they arise throughout the year.	Implement strategies to improve practice in at least 3 different aspects of practice, with supervisor consultation and evaluation.
Develop awareness of occupational therapy services in community and health teams.	Improve targeted referrals and utilisation of OT expertise in community health and supported accommodation within the region.

### Category 1: Formal learning activities (Max 25 hours per registration year) **SAMPLE**

Date	Activity	Participants / Resources	Implications for Practice	CPD Hours
Start - Jan 2014	Participated in CBT program	Online learning	Plan to do further reading in 'Mindfulness' and 'Acceptance and Commitment Therapy'	10
August 2014	Attended Aboriginal Cultural Awareness Program	Internal Health Dept Induction course	To discuss further with mentor & incorporate into practice. Plan to link in with Aboriginal Health Workers prior to community visits	3

## Category 2: Informal learning activities (Max 25 hours per registration year) **SAMPLE**

Date	Activity	Participants / Resources	Implications for Practice	CPD Hours
Dec 2013 - Nov 2014	Monthly reading to update knowledge of relevant rural practice issues	Online literature search through e-library  Evidence - list of articles reviewed	Will refine reading and searches to my specific areas of interest. Local allied health in the district are thinking of having a monthly journal club in 2014. Practice preparing notes of readings that could be used for journal club discussion.	6
Feb 2013	Review of Falls prevention resource	Read 'Guidebook for preventing Falls and Harm from falls in Older People: Australian Residential Aged Care Facilities' 2009	Useful document.  Adapt home assessment checklist to reflect environmental falls risks.	2
March 2014	Review of Community Group Falls prevention program	Review 'Stepping out Falls Prevention Program' with view of running a community program	Plan to run program in April 2014. Gather resources for this.	4
Sept 2014	Attended orthopaedic specialist Mr Baxter's talk on Management of Low back Pain	Unexpected opportunity visiting specialist	Interesting talk especially pain management. Reinforced the benefit of CBT.	1.5
Sept 2014	Attended supplier equipment visiting workshop on wheelchairs and pressure care	Unplanned	Good to keep informed of new equipment options. Unfortunately we don't have pressure mapping resource in remote areas.	2

## Category 3: Engagement with the profession (Max 10 hours per registration year) **SAMPLE**

Date	Activity	Participants / Resources	Implications for Practice	CPD Hours
April 2014	Attended local Rotary group and presented session on Falls Prevention in the community and home modifications ideas.	Dinner meeting with 25 participants. Evidence: Letter of thanks from Rotary club	Session well received by audience with many questions.  Have been invited to speak again on Dementia.	2
June 2014	Prepared and conducted a staff in-service training session for staff at OUTBACK aged care home.	12 participants	Contribution to ongoing development of staff in this setting.	3
Dec 2013 - Nov 2014	Joined Home mods listserv <a href="http://www.homemods.info">www.homemods.info</a>	Online  Evidence = diary note	Great to have a forum where I know I can post questions with colleagues. Useful feedback about specific questions which I could apply to practice.	Review 1/2 hour a month = 6 hrs/yr

**Total CPD for the year (12 month period) SAMPLE**

CPD Category	CPD Hours
Category 1: Formal learning activities (maximum 25 hours per registration year)	13
Category 2: Informal learning activities (maximum 25 hours per registration year)	15.5
Category 3: Engagement with the profession (maximum 10 hours per registration year)	11
<b>Total (minimum of 30 hours CPD per year)</b>	<b>39.5</b>

**Signature:** John Smith

**Date:** 30 November 2014



### Appendix 3

Extract of relevant provisions from the *Health Practitioner Regulation National Law Act* (the National Law) as in force in each state and territory (<http://www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx>)

#### Division 3 Registration standards and codes and guidelines

##### 39 Codes and guidelines

A National Board may develop and approve codes and guidelines —

- (a) to provide guidance to the health practitioners it registers; and
- (b) about other matters relevant to the exercise of its functions.

**Example:** A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of section 133.

##### 40 Consultation about registration standards, codes and guidelines

- (1) If a National Board develops a registration standard or a code or guideline, it must ensure there is wide ranging consultation about its content.
- (2) A contravention of subsection (1) does not invalidate a registration standard, code or guideline.
- (3) The following must be published on a National Board's website —
  - (a) a registration standard developed by the Board and approved by the Ministerial Council;
  - (b) a code or guideline approved by the National Board.
- (4) An approved registration standard or a code or guideline takes effect —
  - (a) on the day it is published on the National Board's website; or
  - (b) if a later day is stated in the registration standard, code or guideline, on that day.

##### 41 Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under the National Law or a law of a co-regulatory jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.

#### 128 Continuing professional development

1. A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health professional in which the practitioner is registered.
2. A contravention of subsection (1) by a registered health practitioner does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken.
3. In this section – *Registered health practitioner* does not include a registered health practitioner who holds non-practising registration in the profession.

