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|  | TRANSCRIPT: Graduating soon? |

28 September 2016

# Webinar hosted by the Occupational Therapy Board of Australia

**Slide 1**

MODERATOR: Welcome everyone to today’s webinar hosted by the Occupational Therapy Board of Australia for final year OT students.

My name’s Louise Conroy, and I’m Policy Engagement Coordinator with AHPRA.

Today I am joined with the Board’s Executive Officer Vathani Shivanandan and my colleague Tess Humann who will be fielding your questions as they come in.

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MODERATOR:

Today’s presenter is Ms Julie Brayshaw, Chair of the Occupational Board of Australia.

Julie is an academic staff member at the Curtin University School of Occupational Therapy and Social Work in Western Australia and has been a member of the Occupational Therapy Board of Australia since July 2011.

Ms Brayshaw has worked for more than 25 years as an occupational therapist in the health and disability sectors in rural and remote, overseas (UK and Canada) and metropolitan settings including the Pilbara region of north Western Australia and in Perth tertiary teaching hospitals. Previously, Julie held the position as Deputy Head of Department (Occupational Therapy) at Royal Perth Hospital.

Welcome, Julie.

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JULIE BRAYSHAW: Thank you and hello everyone. We’ve had a great turn out for today’s webinar, so welcome and I hope that the topics covered today will help prepare you in your journey to becoming an occupational therapists.

The Board is keen to engage with new and soon to be graduates as they start their occupational therapy careers. The Board knows that the process for becoming registered, and all the obligations and responsibilities that come with this, can be daunting and I hope that our conversation today will help with understanding what you need to do.

We’ve built in plenty of opportunities for questions, as we go through the material.

Before I talk about the registration requirements, I thought it would be useful to highlight some background about the profession and the Board.

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Thanks to the National Scheme we now have a clear picture of the number of occupational therapists practising in Australia. As at March this year, there were 18,159 registered occupational therapists.

This slide shows the breakdown of OTs by where we are based (our ‘principal place of practice’).

Just a reminder that ‘occupational therapist’ is now a protected title under the National Law, and to use the title ‘occupational therapist’ you must be registered to practice.

**Slide 5**

The powers and functions of the Board are defined in the National Law – this defines what the Board can and must do.

The fundamental principle underpinning registration is the protection of the public. This is done by regulating practice, ensuring practitioners are suitably trained, defining standards to ensure competence and responding to notifications about practitioners conduct and competence.

AHPRA is the agency which administers the national scheme and supports the work of the Board.

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I’ll now move on to talking about graduate registration and the process for becoming a registered occupational therapist.

As a new graduate, that is someone who is thinking about starting practice within 2 years of graduating from their occupational therapy studies, you need to apply to submit a registration application form to the Board in order to begin your practice within the profession.

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There are two ways in which you show that you are qualified to begin practice within the profession.

The first will allow your application to be processed, once the Board has received notification from your University that you have completed your studies.

The second will require you to attach a certified copy of transcript to indicate that you have completed your studies.

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When applying for registration you are required to pay an application and a registration fee. The national registration fee is $110. For practitioners whose principal place of business will be NSW, a component of the registration fee is determined by NSW, the NSW registration fee is also $110.

The registration fee is an annual fee and not a fee for service. Everyone must pay the full fee every year. If you choose to withdraw your application you will be refunded the registration fee.

The application fee principally covers the cost of processing an application. Your application fee will not be refunded if you withdraw your application.

It may be helpful to note that you are not required to be registered if you are planning on travelling overseas. If you planning on travelling you may wish to consider applying for non-practising registration. If you hold non-practising registration you cannot treat or refer here in Australia. There is a reduced fee should you wish to hold non-practising registration and you will be exempt from complying with some of the Board’s Registration Standards.

**Slide 9**

Because processing applications takes time, the Board encourages you to apply for registration four to six weeks before you complete your course. .

As part of the registration process you are required to submit supporting documents.

It may be helpful to note that the main cause for delay in processing applications is when the information provided by an applicant is incomplete. To facilitate the quick processing of applications, I’d strongly encourage you to to lodge your application early and to thoroughly check your application to ensure that you have provided full and complete information. Submitting your application early may also facilitate a smooth transition to your employment as an occupational therapist.

The standard timeframe for the assessment of a complete application is up to 10 days for graduate applications. This may be longer during peak periods - for example during the annual renewal period.

Once your education provider confirms that you have successfully completed your course, AHPRA will finalise your registration, send you an email confirming that you are registered. Your name will be published on the register of practitioners and you will receive a hard copy Certificate of Registration in the post. Once your name appears on the national register you can begin to work as an occupational therapist.

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I often get asked about supporting documentation required to be submitted with registration applications. So I think it might be useful to provide some further details about this.

You have 60 calendar days from the day you lodge your application to provide AHPRA with certified copies of all required documents. AHPRA cannot start processing your application until it receives your supporting documentation. If you do not supply your supporting documents within 60 days, your application may be withdrawn and you will be required to resubmit your application again.

If you applied online you will receive a Next Steps Checklist email within two working days to confirm your application. This checklist must be printed out and attached to your application.

All new applicants for registration must provide sufficient evidence of their identity.

If you have provided one or more previous names in your online application, AHPRA will need to see certified copies of your name change documentation. The name on your application for registration must match the student name provided to AHPRA by your education provider. If your name has changed after enrolling in an approved program of study you must contact the education provider to update these details.

To be eligible for registration you must provide evidence of English language skills that meet the Board’s *English Language Skills Registration Standard.* I will provide some further details during this webinar about the different pathways that the Board has established for you to demonstrate your English language skills.

If you disclosed a criminal history in Australia and/or overseas in your online application you must provide details of the circumstances in a signed and dated written statement with your supporting documentation. I will provide some further details about what considerations the Board will taken into account when deciding whether your criminal history is relevant to your ability to practise your profession.

When submitting your application you are required to declare whether you have an impairment. Impairment means a physical or mental impairment, disability, condition, or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect your capacity to practise occupational therapy. If you disclosed an impairment in your online application you must provide a signed and dated written statement with details of that impairment and how it is managed with your supporting documentation. The Board will then view this information to decide whether your impairment is relevant to your ability to practise occupational therapy.

**Slide 11**

I thought it might be helpful to outline why you are required to register.

The National Law requires that a person be registered if

* she or he uses the title “occupational therapist”,
* claims to be qualified to practice as an occupational therapist or
* claims to be registered as an occupational therapist

It is important to note that practising as an occupational therapist is not limited to providing direct clinical services to clients. Typically the Board will require someone to be registered if they hold qualifications as an occupational therapists and if they are using their skills and knowledge as an occupational therapists, regardless of whether or not they are treating persons.

Additional guidance is provided on the Board’s website.

**Slide 12**

I’ll talk about some examples to help illustrate when registration may be required.

* If you or your employer refer to your position as “occupational therapists”, for example “Mary is our return to work coordinator and a trained occupational therapist” – then the Board will require you to be registered.
* If clients or service users are given the impression that you are an occupational therapist, for example “John our Disability Coordinator will be able to sort out your wheelchair as he has worked as an occupational therapist” – then the Board will require you to be registered.
* If you describe yourself as an occupational therapists on social media such as facebook and LinkedIn– then the Board will require you to be registered.
* If a job requires a person to have an occupational therapy qualification, although the job title may not be “occupational therapist”, but the work involves direct clinical practice as an occupational therapist, then you may need to be registered. For example, Peter works in the mental health team as a “mental health xx” and requires qualifications as an occupational therapist or a mental health nurse to hold this position. Then despite the generic title of the position the Board will require you to be registered.

However, you may not need to be registered if you are:

- in a role with a generic title such as a Disability Support Worker or Policy Officer, and

- which involves generic non-clinical tasks that could be undertaken by someone who is not an occupational therapist or where the individual is not held out to clients or colleagues as an occupational therapist.

If the role has the above characteristics, then the practitioner may not need to be registered even if the role specifies or accepts occupational therapy qualifications.

**Slide 13**

The Board has developed five registration standards that you will need to comply with as a registered occupational therapists. These standards relate to continuing professional development, criminal history, English language skills, professional indemnity insurance and recency of practice.

For each one, you will need to make a declaration as to whether you meet it. i.e. to respond yes or no for each one and provide the necessary supporting documents. Further through the webinar – I will talk through the importance of the declarations that you make when you apply for registration with the Board.

The Board is currently reviewing three of its registration standards. Further details about this review can be found on the Board’s website.

I’m going to start by discussing the CPD registration standard and I’ll give you some tips and ideas for how you can meet the Board’s requirements in relation to continuing professional development.

**Slide 14**

As a registered occupational therapist (except those who hold non-practising registration) you will need to meet the Board’s requirements for CPD – a minimum of 30 hours per year. The requirement is the same whether you are working full-time or part-time.

When you renew your registration, you don’t need to provide evidence of the CPD you’ve done, but you do make a statement and sign a declaration about the number of CPD hours you have completed. These declarations are relevant as a random audit of occupational therapists is undertaken every year. I will touch on the audit process later in the presentation.

The maximum hours which can be recorded in both the formal and informal CPD categories from 20 hours to 25 hours each year.

**Slide 15**

The Board’s CPD guidelines, provide some more guidelines about how you can meet the Board’s CPD registration standard:

* CPD during work hours is acceptable a range of day to day work activities can contribute - where these activities are specifically directed to developing, extending or maintaining occupational therapy practice knowledge, skills or competence.
* It is the nature of the activity that determines whether it can be counted as CPD, not the site or time at which it is undertaken.
* Receiving or providing supervision can contribute to CPD, up to a maximum of 10 hours each year, provided that written records are maintained for each session, summarising the development outcomes and actions planned.
* To assist rural and remote practitioners additional CPD options provided – the Board recognises that distance education, online courses, web-based conferences or workshops may be useful opportunities to be considered by rural and remote practitioners

**Slide 16**

The Board has identified three categories of activities which can be counted towards CPD. It’s important to have a working knowledge of the three categories of CPD, and the maximum hours, because you will always need to be doing activities that cover at least two of the categories.

A feature of the Board’s CPD standard is that you have the flexibility to define the areas of development most relevant to you and to select activities that are accessible and will contribute to your currency and competency.

We’ve taken a lot of care to make sure that there are a range of CPD activities you can do at no cost, and that don’t require you to travel.

The activities you claim must have a clear focus on maintaining currency in occupational therapy and should be relevant to your scope of practice.

**Slide 17**

It’s important that you maintain a good record of the CPD that you have undertaken.

There are two types of records we need to keep – a record of activities and hours of CPD undertaken, and a portfolio of evidence which supports the hours claims.

For audit purposes you need to retain your records for five years.

Get into good CPD habits – make planning and recording your CPD a habit in your practice!

**Slide 18**

Here’s an example of a CPD record we have on the Board’s website.

In the first table you can see the two columns are titled ‘goals’ and ‘outcomes’.

In the second table, you see the record that’s been kept of CPD activities in Category one – Formal learning activities.

This table is also available as a template on the Board’s website, so you might find it helpful to download the Word document.

**Slide 19**

On the Board’s website there is a template example of how a CPD record might be produced. You might find it helpful to download the Word document.

**Slide 20**

Your portfolio can be any type of folder where you can store evidence.

You can be as high or low tech as you like in organising your CPD evidence.

Some people prefer to scan all their CPD records and store them electronically.

**Slide 21**

So let’s just run through some of the things OTs most commonly claim.

The Board specifies that a maximum of 25 hours can be claimed as Category 1 CPD – formal learning.

Some examples include:

* Tertiary courses leading to a post-graduate award
* Training courses
* Distance education and online learning
* Work-based learning contracts and other assessed activities
* Attending conferences, forums, workshops and seminars
* Having an article published in a peer-reviewed journal

**Slide 22**

Category 2 – informal learning - is a great example as it includes lots of low or no-cost activities. The Board specifies that a maximum of 25 hours can be claimed as category 2 CPD

Reading is an easily accessible activity here – as long as it’s relevant to your goals and scope of practice and you keep notes and reflections on its relevance, it can count towards your CPD hours.

Other examples include:

* Completing case presentations and reviews with colleagues
* Reflective journaling, which helps to translate learning into practice
* Online learning involving discussion, chat rooms
* Lastly, receiving supervision is a very valuable CPD activity. For supervision to be recognised as CPD, it must include a record of the supervision received, the discussion involved and the outcomes.

**Slide 23**

Here are some common examples of informal learning that can claimed as CPD.

**Slide 24**

A maximum of 10 hours of CPD per registration year can be claimed as category 3 CPD – engaging with the profession.

Examples can include:

* Participating in a clinical audit or similar review activity
* Supervising OT students
* Supervising an OT undertaking a practice audit or program of supervised practice
* Providing supervision or mentoring to an OT
* 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

**Slide 25**

Here are some examples of engaging with the profession examples that can be claimed as CPD.

Query: Talk through an example - briefly

**Slide 26**

In summary, planning is the key. Try and plan your goals at the start of each registration year in December.

It’s a good idea to set aside time each month to plan and track your CPD. I set calendar reminders for myself so I don’t forget to do this.

The important thing is that you find a way of staying on top of CPD. There’s more guidance and a template CPD record on our website.

**Slide 27**

This flyer is one example of the guidance material on CPD that’s available on our website. It has a quick-reference list of what counts in each of the three CPD categories.

**Slide 28**

I will now spend some time talking through the Board’s other registration standards.

**Slide 29**

When you commence practise as an occupational therapist you will need to hold professional indemnity insurance, in accordance with the Board’s *Professional Indemnity Insurance Arrangements Registration* Standard. This type of insurance covers losses or harms which might be suffered by a member of the public in the course of OT intervention.

Some OTs will pay for PII from an insurance provider. Public hospitals and other public sector employers often provide PII cover for their employees or are self insured.

The key thing to note is that it is your responsibility as a registered OT to check that you have appropriate PII arrangements in place for any practice you undertake.

There’s some guidance in the registration standard about the things you will need to think about to ensure that you have adequate cover for the risks that arise within your scope of practice.

A failure to comply is a breach of the National Law and may lead to disciplinary action.

**Slide 30**

The Board’s standard requires that when you are a registered occupational therapist you must have six months full time equivalent practice in the five years before the renewal date. The standard does not apply to those with non-practising or student registration.

We understand that many people are working part-time, so it’s helpful to break this down into hours.

The Board considers full time equivalent as more than 30 hours of work per week.

Converting the six months of practice into full-time equivalent hours, means you need more than 720 hours of practice in the past five years.

It may be helpful to note that practising while overseas can count for recency of practice purposes, provided you keep detailed records. This includes getting certificates of service from employers that record details of hours of part-time or full-time work.

If you are planning a period of absence it may be beneficial for you to consider switching to non-practising registration. Shifting from non-practising to general registration is faster than if you were to let your general registration lapse, as a full application with all supporting documents does not need to be submitted. And when you hold non-practising registration you are not required to comply with the Board’s CPD, Recency of practice and professional indemnity insurance arrangements standards.

**Slide 31**

In order to be registered as an occupational therapist in Australia, you must be able to demonstrate that your English language skills will enable you to safely practice your profession.

The standard applies to all applicants for initial registration, except for students or those applying for non-practising registration. It is a requirement of the standard that you be able to demonstrate your competency in speaking and communicating in English when you seek registration with the Board.

The standard refers to 4 pathways to demonstrate English language competency.

* English is primary language and you have completed all primary, tertiary and relevant tertiary qualification in English
* Combination of secondary education and tertiary qualifications that have been taught and assessed in English
* Satisfactorily completed at least 6 years (FTE) continuous education taught and assessed solely in English
* Achieved minimum scores in one of the recognised English language tests set out in the standard

The tests referred to in the standard are the International English Language Testing System (IELTS), or Occupational English Test (OET), Pearson Test of English Academic (PTE Academic), or the Test of English as a Foreign Language internet-based test (TOEFL iBT). The standard sets out certain minimum scored that will be accepted by the Board as demonstrating that you English language competency. The standard ensures that the Board is having consistent English language requirements with other national boards for internationally qualified applicants, or for those who have not completed their secondary education in English.

**Slide 32**

When a practitioner first applies for registration, the Board requires the applicant to declare their criminal history in all countries, including Australia. Once you are registered, you must inform the Board if you have been:

- charged with an offence punishable by 12 months imprisonment or more; or

- convicted or found guilty of an offence punishable by imprisonment in Australia and/or overseas.

It’s very important that you declare any criminal history - and the renewal form includes a statement about criminal history that has not been previously disclosed.

**Slide 33**

Declaring a criminal history will not necessarily result in restriction on your practice.

The Board considers a number of factors when assessing the implications of a criminal history, including the nature and gravity of the offence and its relevance to health practice, the time that has elapsed since the offence, and whether or not the offence is part of a pattern of behaviour.

**Slide 34**

I’ve put this slide up as a reminder of the information we have available on the Board’s website, which includes more than 70 frequently asked questions, and our answers.

**Slide 35**

Now that I have discussed the requirements of the Board’s registration standards, it would be timely to discuss the audit process that the Board and AHPRA have developed to audit practitioner’s compliance with the registration standards.

The audit selection process is random.

You can be audited on any of the Board’s four mandatory registration standards.

**Slide 36**

If you are selected for audit you will receive an audit notice in the mail and you will be audited against self-declarations you had at your previous registration renewal.

The audit process will require you to submit additional information in support of your declarations.

**Slide 37**

I’ll finish off today to by briefly discussing notifications.

**Slide 38**

**‘Notifications’** is the term for complaints against occupational therapists and students undertaking an approved program of study and are based on concerns relating to performance, conduct or health.

Notifications are managed by the Board in SA, WA, NT, ACT, Tasmania.

In Qld, the management of notifications is shared with the Office of the Health Ombudsman. The Health Ombudsman will receive all complaints in relation to registered health practitioners and take responsibility for certain complaints handling functions that were previously undertaken by AHPRA in relation to Queensland-based health practitioners.

Different arrangements apply in NSW, where co-regulatory arrangements apply. The Occupational Therapy Council of New South Wales (The Council) Council manages notifications (complaints) about the conduct, performance or health of occupational therapists practising and students training in New South Wales. The Health Professional Councils Authority (HPCA) is an administrative body in NSW that supports the 14 health professional Councils in NSW to perform their regulatory and legislative functions under the National Registration and Accreditation Scheme (NRAS). This includes managing investigations that arise from notifications.

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**Notifications**

In the National Scheme, we call a complaint about a registered health practitioner a ‘notification’ except in Queensland where the word used is ‘complaint’. They are called notifications in the law because we are ‘notified’ about concerns or complaints, which AHPRA and the National Boards then manage.

Anyone can make a complaint about a registered health practitioner’s health, performance or conduct.

Notifications can be mandatory or voluntary.

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**Mandatory notifications**

The National Law mandates practitioners, employers and education providers to report ‘notifiable conduct’, as defined in section 140 of the National Law, to AHPRA in order to prevent the public being placed at risk of harm.

The National law provides for protections for practitioners who make such notifications and there are some exemptions in some states and territories

**Voluntary notifications**

The National Law also provides for voluntary notifications for behaviour that presents a risk but does not meet the threshold for notifiable conduct or for notifications made by individuals who are not subject to the mandatory. notification obligations such as patients or clients

Most notifications are made voluntarily by individuals with concerns about a registered health practitioners. Concerns typically relate to practitioners who:

- did not provide safe care because their standard of professional conduct was too low

- does not have reasonable knowledge, skill or judgement or exercise enough care

- is not a suitable person to hold registration

- is or may be ill and pose a risk to the public

- has or may have broken the National Law

- has, or may have, breached a condition on their registration or an undertaking, and/or obtained their registration improperly.

**Slide 41**

Notifiable Conduct in relation to a registered health practitioner, means the practitioner has

* practised while intoxicated by alcohol or drugs
* engaged in sexual misconduct (in connection with professional practise)
* placed the public at risk of substantial harm in the practitioner’s practice because of an impairment
* placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant department from professional standards

**Slide 42**

Typically the Board has received notifications relating to [read out some of the bullet points]

**Slide 43**

Poor professional performance is a common cause of complaint against occupational therapist. Particular care should be taken in providing information about the assessment, obtaining informed consent, clear and courteous communication.

Concise, contemporaneous clinical records are fundamental to good practice. Notes should include sufficient rationale for assessment choice and intervention decisions and plans. Where the risks are high or clients vulnerable, it is especially important to document steps including provision of information, informed consent, any concerns or complaints raised and the response to these.

An occupational therapist whose practice is sound AND maintains high quality clinical records, is well placed to account for or defend their conduct in an investigation or any legal proceedings.

Clear and effective communication is fundamental in all areas of practice, particularly in relation to ensuring that consumers or carers feel satisfied with the process or outcomes of care. Conscious focus on really good communication is one of the things which all practitioners can do to reduce risks and strengthen outcomes of care.

**Slide 44**

So that brings us to the end of what I wanted to talk with you all about today. It might be helpful to know that the following resources are available if you need to get some more detailed guidance.