

## Public consultation paper: competency standards

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16 January 2017

### You are invited to provide feedback on this public consultation

To provide feedback, you can:

- [complete the survey online](#), or
- provide a written submission in a Word document (or equivalent)<sup>1</sup> by email, marked 'Consultation – Competency standards' to [otboardconsultation@ahpra.gov.au](mailto:otboardconsultation@ahpra.gov.au) by close of business on 30 March 2017.

#### Public consultation

The Occupational Therapy Board of Australia (the Board) invites you to provide your comments on this consultation paper by **30 March 2017**.

You can provide your feedback to us through the [online consultation survey](#) or in a written submission emailed to the Board. The questions from in the online consultation survey have been included in this document and may help guide your written submission.

#### How your written submission will be treated

Written submissions can be emailed to the Board at [otboardconsultation@ahpra.gov.au](mailto:otboardconsultation@ahpra.gov.au). Submissions will generally be published unless you request otherwise. We publish submissions on our website to encourage discussion and inform the community and stakeholders. We retain the right not to publish submissions at our discretion, and will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the consultation.

Before publication, the Board will remove personally-identifying information from submissions, including contact details. The views expressed in the submissions are those of the individuals or organisations who

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submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board also accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cwlth), which has provisions designed to protect personal information and information given in confidence.

**Please let the Board know if you do not want your submission published, or want all or part of it treated as confidential.**

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# Preface to the competency standards

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## Commissioning of revised competency standards

The Occupational Therapy Board of Australia (the Board), through the Australian Health Practitioner Regulation Agency (AHPRA), has drafted revised occupational therapy competency standards for use in a regulatory context. They are also intended for use by employers, education providers, individual practitioners and consumers of occupational therapy. This represents a broadening of the purpose of the existing competency standards for occupational therapy, which are primarily focused on entry to the profession.

Since the development of the *Australian Minimum Competency Standards for New Graduate Occupational Therapists*, there has been a significant increase in the practice contexts in which occupational therapists engage with consumers of their services. New competency standards suitable for this diversity of roles and contexts are now required.

This draft outlines the competency standards and associated practice behaviours an occupational therapist must perform competently to work effectively and safely with the consumers of their services.

## Development process summary

Considerable preparatory work has been undertaken to develop the revised standards.

The Board appointed Carramar Consulting to research and develop the draft competency standards for Australian occupational therapists. The Board also established a reference group and advisory panel to guide Carramar Consulting through the creation, consultation and presentation of the revised competency standards. Carramar Consulting, under the direction of the Competency Standards Working Group, undertook a number of project stages leading to this current draft version for public consultation, including:

- Stage 1 – A literature review, background research and mapping of competency standards from other countries and professions was undertaken.
- Stage 2 – Initial draft competency standards were developed based on results of Stage 1, a workshop with the advisory panel and after review by the Board.
- Stage 3 –
  - Draft competency standards were submitted for preliminary consultation to AHPRA and selected key stakeholders including state and territory governments, professional associations, education providers and experts from Australia and overseas.
  - Feedback from preliminary consultation was analysed and presented to a focus group consisting of members from the Board, the advisory panel and the reference group. The focus group provided advice on further amendments to the revised draft competency standards for this public consultation.

## Standards to protect the public

These are the minimum competency standards for new graduate and experienced occupational therapists. These standards are mandatory for registered occupational therapists practising in all sectors such as health, disability, education, private practice, management and research. Ultimately, the standards are designed to protect the public from incompetent performance by a registered occupational therapist. The proposed new standards and practice behaviours are built on the fundamental practice theory and principles guiding occupational therapy and, as such, focus on occupation as being essential to a person's health and wellbeing.

## All standards are essential

It is essential that occupational therapists comply with the competency standards, as they reflect competent practice. The standards will underpin appraisals of competence in situations where a notification has been made. In the future, occupational therapists and employers may use the standards to inform position descriptions, guide supervision, education and performance management.

### **Standards do not replace *Code of conduct***

The proposed new competency standards are to be used in conjunction with the profession's *Code of conduct* and other registration standards endorsed by the Board. There has been no intention to replicate required behaviours already specified in the code. Existing competency standards developed for occupational therapists in one practice area for example, the standards relating to attitude for mental health settings, are not replicated in these competency standards.

### **Next steps**

After completion of this public consultation, the competency standards will be finalised and delivered in a report to the Board, which will also be published on the Board's website.

## Competency standards for public consultation

Conceptual areas	Standard	Practice behaviours
<b><i>Professionalism</i></b>	An occupational therapist practises in an ethical, safe, lawful, and accountable manner, respecting and promoting clients' rights, values, diversity, culture, spirituality, environment and occupational goals.	<ol style="list-style-type: none"> <li>1. Complies with the Board's standards, guidelines and code of conduct for occupational therapists.</li> <li>2. Adheres to legislation relevant to practice.</li> <li>3. Maintains professional boundaries in all client and professional relationships.</li> <li>4. Ensures no conflict of interest occurs in any client or professional relationships.</li> <li>5. Practises in a culturally-responsive and safe manner.</li> <li>6. Incorporates and responds to historical, political, cultural, societal, environmental and economic factors influencing health, wellbeing and occupations of Aboriginal and Torres Strait Islander communities.</li> <li>7. Collaborates and consults ethically and responsibly for effective client-centred and interprofessional practice.</li> <li>8. Adheres to all work health and safety and quality requirements for practice.</li> <li>9. Identifies and manages the influence of own values and culture on practice.</li> <li>10. Practises within limits of own level of competence and expertise.</li> <li>11. Maintains professional competence and adapts to change in practice contexts.</li> <li>12. Identifies and utilises relevant professional and/or operational support and supervision.</li> <li>13. Manages resources, time and workload accountably and effectively.</li> <li>14. Recognises and manages own physical and mental health for safe professional practice.</li> <li>15. Addresses issues of occupational justice in practice.</li> <li>16. Contributes to education and professional practice development of peers and/or</li> </ol>

Conceptual areas	Standard	Practice behaviours
		<p>students.</p> <p>17. Recognises and manages any inherent power imbalance in the relationship with clients.</p>
<b><i>Knowledge and learning</i></b>	An occupational therapist's skills and practice are informed by relevant and contemporary theory, practice knowledge, and evidence supported by ongoing professional development and learning.	<ol style="list-style-type: none"> <li>1. Applies current and evidence-informed knowledge of occupational therapy theory, human development, the person, and occupational, social and environmental determinants of health and wellbeing.</li> <li>2. Applies occupation-focused theory and frameworks in their practice and professional decision making.</li> <li>3. Identifies best-available research evidence and applies it in their practice and professional decision making.</li> <li>4. Draws on and applies Aboriginal and Torres Strait Islander health philosophies, leadership, research and practices.</li> <li>5. Maintains and improves currency of knowledge, skills and new evidence for practice by adhering to the requirements for continuing professional development.</li> <li>6. Implements a specific learning and development plan when moving to a new area of practice or returning to practice.</li> <li>7. Maintains knowledge of relevant technologies.</li> <li>8. Maintains digital literacy for practice.</li> </ol>
<b><i>Client-centred decisions and plans</i></b>	An occupational therapist's practice is client-centred, occupation-focused and promotes the health and wellbeing of individuals, groups, communities and populations.	<ol style="list-style-type: none"> <li>1. Addresses occupational performance and participation of clients identifying the environmental and systems enablers and barriers to engagement, incorporating a human-rights based approach, including self-determination.</li> <li>2. Performs appropriate information gathering and assessment when identifying clients' strengths, occupational performance issues and goals.</li> <li>3. Collaborates with the client and relevant others in determining the priorities and occupational goals for service and/or intervention.</li> <li>4. Develops a plan with the client and relevant others to meet identified occupational goals.</li> <li>5. Selects and implements service and/or intervention strategies to suit the desired</li> </ol>

Conceptual areas	Standard	Practice behaviours
		<p>occupational performance goals and environment of the client.</p> <ol style="list-style-type: none"> <li>6. Seeks to understand and incorporate Aboriginal and Torres Strait Islander experiences of health, wellbeing and occupations encompassing cultural connections.</li> <li>7. Reflects on practice to inform and communicate professional reasoning and decision-making.</li> <li>8. Identifies and uses practice guidelines and protocols suitable to the practice setting or work environment.</li> <li>9. Implements an effective and accountable process for delegation, referral and handover.</li> <li>10. Reviews, evaluates and modifies plans, goals and interventions with the client and relevant others to enhance and/or achieve client outcomes.</li> <li>11. Evaluates and applies learning of client and/or service outcomes to inform future practice.</li> <li>12. Uses effective collaborative, multidisciplinary and interprofessional approaches for decision-making and planning.</li> <li>13. Uses appropriate technology and/or assistive devices for achieving client occupational performance outcomes.</li> <li>14. Contributes to quality improvement and service development.</li> </ol>
<b>Communication</b>	Occupational therapists practise with open, responsive and appropriate communication to maximise the occupational engagement and participation of clients and relevant others.	<ol style="list-style-type: none"> <li>1. Communicates openly, respectfully and effectively with clients and relevant others.</li> <li>2. Adapts written, verbal and non-verbal communication appropriate to the client and practice context.</li> <li>3. Works with Aboriginal and Torres Strait Islander communities, including organisations, to understand and incorporate relevant cultural protocols and communication strategies, with the aim of working to support self-governance in communities and understanding community control (or lack of control) of resources.</li> <li>4. Complies with legal and procedural requirements for the responsible and accurate documentation, sharing and storage of professional information and records of practice.</li> </ol>



Conceptual areas	Standard	Practice behaviours
		<ol style="list-style-type: none"> <li>5. Maintains contemporaneous, accurate and complete records of practice.</li> <li>6. Obtains informed consent from the client or legal guardian for practice and information sharing.</li> <li>7. Maintains collaborative professional relationships with clients, health professionals and relevant others.</li> <li>8. Uses professional knowledge and skills to initiate or end relationships with clients through an effective and accountable process for delegation, referral and handover.</li> <li>9. Seeks and responds to feedback modifying communication and/or practice accordingly</li> <li>10. Identifies and articulates the rationale for practice.</li> </ol>

# Public consultation survey

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## Providing your feedback

To provide feedback as part of this public consultation, you can

- [complete the survey online](#), or
- provide a written submission in a Word document (or equivalent)<sup>2</sup> by email, marked 'Consultation – Competency standards' to [otboardconsultation@ahpra.gov.au](mailto:otboardconsultation@ahpra.gov.au) by close of business on 30 March 2017.

## Providing a written submission

Submissions will generally be published unless you request otherwise. We publish submissions on our website to encourage discussion and inform the community and stakeholders. We retain the right not to publish submissions at our discretion, and will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the consultation.

Before publication, the Board will remove personally-identifying information from submissions, including contact details. The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board also accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cwth), which has provisions designed to protect personal information and information given in confidence.

While your personal information will not be published we do request that you provide the following details for stakeholder analysis purposes and for any clarification of feedback:

- Your name/s
- Your organisation (if providing a response on behalf of a group)
- Your position
- Your email

If you are providing a written submission, the questions used in the online survey are included below to help guide your response.

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<sup>2</sup> You are welcome to supply a PDF file of your feedback in addition to the Word (or equivalent) file, however we request that you do supply a text or Word file. As part of an effort to meet international website accessibility guidelines, AHPRA and National Boards are striving to publish documents in accessible formats (such as Word), in addition to PDFs. More information about this is available at [www.ahpra.gov.au/About-AHPRA/Accessibility.aspx](http://www.ahpra.gov.au/About-AHPRA/Accessibility.aspx).

## **Background to the online survey**

The questions in the online survey have been designed to achieve the following outcomes:

- Receipt of quantitative data for analysis in addition to qualitative feedback received through other consultative approaches, such as focus groups and webinars.
- Gauging overall levels of agreement with the proposed new standards and practice behaviours.
- Alignment with the questions put to key stakeholders in the preliminary consultation phase and across all public consultation activities (such as this online survey, focus groups and webinars), to enable a consistent approach to examining consultation feedback.

# Survey questions

## Content of the Standards

The following questions relate to the four competency standards as a whole. Please read through the four standards and then respond to the questions.

### Professionalism

Standard 1 - An occupational therapist practises in an ethical, safe, lawful, and accountable manner, respecting and promoting clients' rights, values, diversity, culture, spirituality, environment and occupational goals.

### Knowledge and learning

Standard 2 - An occupational therapist's skills and practice are informed by relevant and contemporary theory, practice knowledge, and evidence supported by ongoing professional development and learning.

### Client-centred decisions and plans

Standard 3 - An occupational therapist's practice is client-centred, occupation-focused and promotes the health and well-being of individuals, groups, communities and populations.

### Communication

Standard 4 – Occupational therapists practise with open, responsive and appropriate communication to maximise the occupational engagement and participation of clients and relevant others.

### Question 1

How well do the above four standards represent contemporary occupational therapy practice?

- a) Not well at all.
- b) Fairly well
- c) Moderately well
- d) Very well
- e) Extremely well

### Question 2

Do you have any comments or suggestions for improvement?

**Yes / No**

**If you answered 'yes', please let us know:**

## Professionalism

The following questions relate to the *Professionalism* standard and its associated practice behaviours, presented below.

Please read the standard and practice behaviours and then respond to the questions that follow.

### Standard 1 – Professionalism:

*An occupational therapist practises in an ethical, safe, lawful, and accountable manner respecting and promoting clients' rights, values, diversity, culture, spirituality, environment and occupational goals.*

#### Practice behaviours:

1. Complies with the Board's standards, guidelines and code of conduct for occupational therapists.
2. Adheres to legislation relevant to practice.
3. Maintains professional boundaries in all client and professional relationships.
4. Ensures no conflict of interest occurs in any client or professional relationships.
5. Practises in a culturally-responsive and safe manner.
6. Incorporates and responds to historical, political, cultural, societal, environmental and economic factors influencing health, wellbeing and occupations of Aboriginal and Torres Strait Islander communities.
7. Collaborates and consults ethically and responsibly for effective client-centred and interprofessional practice.
8. Adheres to all work health and safety and quality requirements for practice.
9. Identifies and manages the influence of own values and culture on practice.
10. Practises within limits of own level of competence and expertise.
11. Maintains professional competence and adapts to change in practice contexts.
12. Identifies and utilises relevant professional and/or operational support and supervision.
13. Manages resources, time and workload accountably and effectively.
14. Recognises and manages own physical and mental health for safe professional practice.
15. Addresses issues of occupational justice in practice.
16. Contributes to education and professional practice development of peers and/or students.
17. Recognises and manages any inherent power imbalance in the relationship with clients.

#### Question 1

How well do the practice behaviours communicate to an occupational therapist and the public the expected behaviours an occupational therapist should demonstrate under the *Professionalism* standard?

- a) Not well at all.
- b) Fairly well
- c) Moderately well
- d) Very well
- e) Extremely well

## Question 2

Do you have any comments or suggestions for improvement in the way the practice behaviours define professional practice?

Y/N

## Knowledge and learning

The following questions relate the *Knowledge and learning* standard and its associated practice behaviours, presented below.

Please read the standard and practice behaviours and then answer the questions that follow.

### Standard 2 – Knowledge and learning:

*An occupational therapist's skills and practice are informed by relevant and contemporary theory, practice knowledge, and evidence supported by ongoing professional development and learning.*

#### Practice behaviours:

1. Applies current and evidence-informed knowledge of occupational therapy theory, human development, and the person, occupational, social and environmental determinants of health and wellbeing.
2. Applies occupation-focused theory and frameworks in their practice and professional decision making.
3. Identifies best-available research evidence and applies it in their practice and professional decision making.
4. Draws on and applies Aboriginal and Torres Strait Islander health philosophies, leadership, research and practices.
5. Maintains and improves currency of knowledge, skills and new evidence for practice by adhering to the requirements for continuing professional development.
6. Implements a specific learning and development plan when moving to a new area of practice or returning to practice.
7. Maintains knowledge of relevant technologies.
8. Maintains digital literacy for practice.

#### Question 1

How well do the practice behaviours communicate to an occupational therapist and the public the expected behaviours an occupational therapist should demonstrate under the *Knowledge and learning* standard?

- f) Not well at all.
- g) Fairly well
- h) Moderately well
- i) Very well
- j) Extremely well

#### Question 2

Do you have any comments or suggestions for improvement in the way the practice behaviours define the *Knowledge and learning* standard?

Y/N

## Client-centred decisions and plans

The following questions relate the *Client-centred decisions and plans* standard and its associated practice behaviours, presented below.

Please read the standard and practice behaviours and then answer the questions that follow.

### Standard 3 – Client-centred decisions and plans:

*An occupational therapist's practice is client-centred, occupation-focused and promotes the health and well-being of individuals, groups, communities and populations.*

#### Practice behaviours:

1. Addresses occupational performance and participation of clients identifying the environmental and systems enablers and barriers to engagement, incorporating a human-rights based approach, including self-determination.
2. Performs appropriate information gathering and assessment when identifying clients' strengths, occupational performance issues and goals.
3. Collaborates with the client and relevant others in determining the priorities and occupational goals for service and/or intervention
4. Develops a plan with the client and relevant others to meet identified occupational goals.
5. Selects and implements service and/or intervention strategies to suit the desired occupational performance goals and environment of the client.
6. Seeks to understand and incorporate Aboriginal and Torres Strait Islander experiences of health, wellbeing and occupations encompassing cultural connections.
7. Reflects on practice to inform and communicate professional reasoning and decision-making.
8. Identifies and uses practice guidelines and protocols suitable to the practice setting or work environment.
9. Implements an effective and accountable process for delegation, referral and handover.
10. Reviews, evaluates and modifies plans, goals and interventions with the client and relevant others to enhance and/or achieve client outcomes.
11. Evaluates and applies learning of client and/or service outcomes to inform future practice.
12. Uses effective collaborative, multidisciplinary and interprofessional approaches for decision making and planning.
13. Uses appropriate technology and/or assistive devices for achieving client occupational performance outcomes.
14. Contributes to quality improvement and service development.

#### Question 1

How well do the practice behaviours communicate to an occupational therapist and the public the expected behaviours an occupational therapist should demonstrate under the *Client-centred decisions and plans* standard?

- a) Not well at all.
- b) Fairly well
- c) Moderately well
- d) Very well
- e) Extremely well



## Question 2

Do you have any comments or suggestions for improvement in the way the practice behaviours define the *Client-centred decisions and plans* standard?

Y/N

## Communication

The following questions relate to *Communication* standard and its associated practice behaviours, presented below.

Please read the standard and practice behaviours and then respond to the questions that follow.

### Standard 4 – Communication:

*Occupational therapists practise with open, responsive and appropriate communication to maximise the occupational engagement and participation of clients and relevant others.*

#### Practice behaviours:

1. Communicates openly, respectfully and effectively with clients and relevant others.
2. Adapts written, verbal and non-verbal communication appropriate to the client and practice context.
3. Works with Aboriginal and Torres Strait Islander communities, including organisations, to understand and incorporate relevant cultural protocols and communication strategies, with the aim of working to support self-governance in communities and understanding community control (or lack of control) of resources.
4. Complies with legal and procedural requirements for the responsible and accurate documentation, sharing and storage of professional information and records of practice.
5. Maintains contemporaneous, accurate and complete records of practice.
6. Obtains informed consent from the client or legal guardian for practice and information sharing.
7. Maintains collaborative professional relationships with clients, health professionals and relevant others.
8. Uses professional knowledge and skills to initiate or end relationships with clients through an effective and accountable process for delegation, referral and handover.
9. Seeks and responds to feedback modifying communication and/or practice accordingly
10. Identifies and articulates the rationale for practice.

#### Question 1

How well do the practice behaviours communicate to an occupational therapist and the public the expected behaviours an occupational therapist should demonstrate under the *Communication* standard?

- a) Not well at all.
- b) Fairly well
- c) Moderately well
- d) Very well
- e) Extremely well

#### Question 2

Do you have any comments or suggestions for improvement in the way the practice behaviours define the *Communication* standard?

Y/N.

## Summary Questions

### Question 1

If an occupational therapist demonstrated these competency standards, as defined by the practice behaviours, would it indicate they were competent and safe to practice?

**Yes / No / Unsure**

### Question 2

Do you have any other comments or observations not covered by the previous questions? If so, please let us know:

## Appendices

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### Appendix 1: Abbreviations

<b>Term</b>	<b>Definition</b>
<b>AHPRA</b>	Australian Health Practitioner Regulation Agency
<b>ACSOT</b>	Australian Minimum Competency Standards for New Graduate Occupational Therapists
<b>AQF</b>	Australian Qualifications Framework
<b>CPD</b>	Continuing Professional Development
<b>IAHA</b>	Indigenous Allied Health Australia
<b>ICT</b>	Information Communication Technology
<b>ICF</b>	International Classification of Functioning, Disability and Health
<b>NTB</b>	National Training Board
<b>OTA</b>	Occupational Therapy Australia
<b>OTBA</b>	Occupational Therapy Board of Australia
<b>WFOT</b>	World Federation of Occupational Therapists
<b>WHO</b>	World Health Organization
<b>AHPRA</b>	Australian Health Practitioner Regulation Agency

## Appendix 2: Glossary of terms

Term	Definition
Accreditation	<b>Accreditation</b> of courses ensures that the education and training leading to registration as a health practitioner is rigorous and prepares the graduates to practise a health profession safely. The Accreditation Authority may be a committee of a National Board, or a separate organisation. More information about accreditation is published on the website of each National Board. <sup>h</sup>
Advocacy	<b>Advocacy</b> is the support for a particular cause or policy. It can include activities that represent the concerns and interests of people to key decision makers, or those that empower people to better represent themselves. <sup>b</sup>
Australian Qualifications Framework (AQF)	The <b>AQF</b> is a quality-assured national framework that establishes the quality of Australian qualifications in the education sector in Australia and provides the standards for those qualifications. It promotes lifelong learning and a comprehensive and diverse education and training system. <sup>b</sup>
Client	A <b>client</b> is the direct recipient of occupational therapy services, and may be an individual, family member, significant other, group, organisation, community or population. <sup>b</sup>
Client-centred	<b>Client-centred</b> practice promotes and respects the needs, desires, knowledge, experiences, beliefs and priorities of the client and seeks their active participation in service planning, development and delivery. <sup>b</sup>
Collaboration	<b>Collaboration</b> involves a partnership that works together and using a co-ordinated and co-operative approach to solve problems or provide services. <sup>b</sup>
Competence	<b>Competence</b> is a dynamic concept that includes the understanding of knowledge, technical and interpersonal skills and judgement in order to perform a specific action successfully. It is a set of behaviours that describe performance excellence in a specific work context and define standards and expectations for those working in a profession. <sup>d</sup>
Competency	<b>Competency</b> is the observable and measurable validation of an individual practitioner's ability and the professional achievement against identified standards of practice, integrating multiple components such as knowledge, skills, values, and attitudes. <sup>c</sup>
Competency Standards	<b>Competency standards</b> are authoritative documents that explicitly and implicitly communicate a professional critical philosophy, purpose and scope and describe the values, knowledge, attitudes, and skills that each profession identifies as necessary. They are influenced by legal, ethical, regulatory and political requirements. They describe and reflect professional and community expectations of competent performance, are a public declaration of the cognitions and processes which underpin service, and identify aspects of task performance which are observable in the workplace. <sup>d</sup>
Confidentiality	<b>Confidentiality</b> is the protection of personal information and the maintenance of privacy and security of information pertaining to a client which has been obtained directly or indirectly. <sup>b</sup>
Conflict of interest	A <b>conflict of interest</b> is a situation in which a person or organisation is involved in multiple interests, financial or otherwise, one of which could possibly corrupt the motivation or decision-making of that individual or organisation.
Context of practice	<b>Context of practice</b> is the environment in which practice occurs. It describes the details about the practice milieu, including the who (types of

	clients, groups, populations), what (areas of practice, types of service), where (practice settings) and how (professional roles, funding models) in which individuals may practice. The areas describing the context of practice are interrelated and impact on the essential competencies needed for safe and effective practice. <sup>9</sup>
Continuing professional development (CPD)	<b>Continuing professional development</b> 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. <sup>1</sup>
Cultural capability	<p><b>Cultural capability</b> describes the skills, knowledge, attitudes, perspectives and practices required by health professionals to effectively engage with culturally diverse clients through actions that recognise, respect and nurture the cultural identity of clients and safely meet their needs, expectations and rights. It is a sensitivity to the similarities and differences that exist between two different cultures and the use of this sensitivity in effective communication with members of another cultural group.</p> <p>Culturally-capable health professionals are aware of their own world views, values and beliefs, and how these affect their health practice. They strive to communicate both sensitively and effectively across cultures to provide services that are consistent with the clients' needs, values, worldviews and beliefs. Culturally-capable health professionals are both reflexive and reflective of their own practice, organisational practice and their discipline's practice. A health professional is ethically responsible for being culturally capable and for providing culturally capable services.<sup>e</sup></p>
Culturally-responsive care	<p><b>Culturally-responsive care</b> refers to strengths-based, action-oriented culturally-capable approaches that facilitate increased access to affordable, available, appropriate and acceptable healthcare. It can be defined as an extension of patient-centred care that includes paying particular attention to social and cultural factors in managing the care of patients from different cultural backgrounds. It is an ongoing process that requires regular self-reflection and proactive responses to the client with whom the interaction is occurring. It is the responsibility of the health professional to deliver culturally-responsive healthcare.<sup>1</sup></p> <p>Health professionals use a variety of terminology (often interchangeably) that relate to effectively working across cultures in a culturally-responsive manner. These include cultural competency, cultural safety, cultural respect, cultural awareness, cultural humility and cultural sensitivity. These have been defined in the Aboriginal and Torres Strait Islander Health Curriculum Framework (2014).<sup>e</sup></p>
Delegation	<b>Delegation</b> involves one practitioner asking another person or member of staff to provide care on behalf of the delegating practitioner while that practitioner retains overall responsibility for the care of the patient or client. <sup>k</sup>
Digital literacy	<b>Digitally literacy</b> is the ability to effectively search, navigate, evaluate, create and communicate information using a variety of digital media. It includes the knowledge of basic computing principles and an ability to engage appropriately with online communities and social networks. <sup>f</sup>
Duty of care	<b>Duty of care</b> refers to the legal responsibility of practitioners to those they interact with in the work environment to provide a standard of reasonable care while performing acts that could foreseeably harm others. <sup>b</sup>
Equal opportunity	<b>Equal opportunity</b> is the principle that all members of the community have equal rights for opportunity and access, regardless of age, race, gender; culture, ethnicity, religion or disability. <sup>b</sup>
Ethical practice	<b>Ethical practice</b> refers to following accepted rules of behaviour and

	conforming to accepted standards of conduct. <sup>a</sup>
Evaluation	<b>Evaluation</b> is an ongoing professional activity that involves the acquisition and interpretation of data to ensure the efficacy, efficiency and quality of services provided to clients. <sup>b</sup>
Evidence based practice	<b>Evidence-based practice</b> is the integration of research evidence, clinical expertise, client values and circumstances and the practice context into service delivery and decision making. <sup>b</sup>
Handover	<b>Handover</b> is the process of transferring all responsibility to another practitioner. <sup>k</sup>
Health impairment	A <b>health impairment</b> can be a physical or mental impairment, disability, condition or disorder that detrimentally affects a person. <sup>a</sup>
Informed participation	<b>Informed participation</b> involves the client receiving sufficient information regarding the purpose, benefits and risks of services. <sup>b</sup>
Interdisciplinary practice	<b>Interdisciplinary practice</b> refers to the interaction of two or more disciplines or areas of knowledge for the provision of a service. <sup>a</sup>
Inter-professional practice	<b>Inter-professional practice</b> involves practitioners from different professions collaborating together with a common purpose, commitment and mutual respect to deliver services and coordinate care programs in order to achieve different service needs. It involves a consensual decision making process to set goals, and results in an individualised care plan which may be delivered by one or more team members. <sup>b</sup>
Intervention	An <b>intervention</b> is part of the occupational therapy process that involves the skilled actions taken by the occupational therapist in collaboration with the client to implement a plan and facilitate engagement in occupation related to health and participation. Intervention may include engagement in individual occupational activities, group activities, provision of equipment, environment modifications, education and consultation. <sup>b</sup>
National Board	A <b>National Board</b> is appointed by Ministerial Council to regulate the [health] profession in the public interest and meet the responsibilities set down in the National Law. <sup>a</sup>
National Law	The <b>National Law</b> is the Act, adopted in each state and territory, setting out the provisions of the Health Practitioner Regulation National Law. The National Law has been adopted by the parliament of each state or territory through adopting legislation. The National Law is generally consistent in all states and territories. New South Wales did not adopt Part 8 of the National Law. <sup>a</sup>
National Scheme	The <b>National Scheme</b> is the National Registration and Accreditation Scheme for registered health practitioners, which was established by the Council of Australian Governments (COAG). <sup>a</sup>
Notifiable conduct	Under the National Law, <b>notifiable conduct</b> , in relation to a registered health practitioner, means the practitioner has: <ul style="list-style-type: none"> <li>• practised the practitioner’s profession while intoxicated by alcohol or drugs, or</li> <li>• engaged in sexual misconduct in connection with practice, or</li> <li>• placed the public at risk of substantial harm in the practice of the profession because of an impairment, or</li> <li>• placed the public at risk of harm because the practitioner has practised in a way that constitutes a significant departure from accepted professional standards.<sup>a</sup></li> </ul>

Occupation	<b>Occupation</b> is described as the things that people do that are meaningful, named, organised and given value within personal or cultural contexts. Occupation involves subjectively-experienced activities, tasks and occupational roles which serve the purpose of self-care, productivity and leisure. <sup>b</sup>
Occupational justice	<b>Occupational justice</b> emphasises rights, responsibilities, and liberties that enable the individual to experience health and quality of life through engagement in occupations. <sup>i</sup>
Occupational performance	<b>Occupational performance</b> is the result of a dynamic, interwoven relationship between persons, environment, and occupation over a person's lifespan. It is the ability to choose, organise, and satisfactorily-perform tasks for the purpose of looking after oneself, enjoying life, and contributing to the community. <sup>b</sup>
Occupational therapy process	An <b>occupational therapy process</b> involves active participation and collaboration with the client in determining priorities for intervention, selecting the most appropriate, evidence-based approach, and implementation of this intervention followed by evaluation. <sup>b</sup>
Power Imbalance	A significant <b>power imbalance</b> exists within a therapeutic relationship as a result of the health practitioner's status as a professional, with specialised knowledge, access to personal information and a role in providing support to the patient. In all cases, the health practitioner (not the patient) is responsible for acknowledging that a power imbalance exists, considering its impact on the therapeutic relationship and communicating with the patient regarding the nature of the relationship.
Practice	<b>Practice</b> is defined as 'any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health 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 patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession'. <sup>a</sup>
Professional boundaries	<b>Professional boundaries</b> refers to the clear separation that should exist between professional conduct aimed at meeting the health needs of patients or clients and a practitioner's own personal views, feelings and relationships which are not relevant to the therapeutic relationship.  Professional boundaries are integral to a good practitioner-patient/client relationship. They promote good care for patients or clients and protect both parties. <sup>k</sup>
Professional misconduct	<b>Professional misconduct</b> , of a registered health practitioner, includes: <ul style="list-style-type: none"> <li>• unprofessional conduct by the practitioner that amounts to conduct that is substantially below the standard reasonably expected of a registered health practitioner of an equivalent level of training or experience, and</li> <li>• more than one instance of unprofessional conduct that, when considered together, amounts to conduct that is substantially below the standard reasonably expected of a registered health practitioner of an equivalent level of training or experience, and</li> <li>• conduct of the practitioner, whether occurring in connection with the practice of the health practitioner's profession or not, that is inconsistent with the practitioner being a fit and proper person to hold registration in the profession.<sup>h</sup></li> </ul>
Professional reasoning	<b>Professional (or clinical) reasoning</b> is the thought process that guides



	practice and is a multifaceted process used by occupational therapists to plan, direct, perform and reflect on client care. <sup>b</sup>
Referral	<b>Referral</b> involves one practitioner sending a patient or client to obtain an opinion or treatment from another practitioner. Referral usually involves the transfer (in part) of responsibility for the care of the patient or client, usually for a defined time and a particular purpose, such as care that is outside the referring practitioner's expertise or scope of practice. <sup>k</sup>
Reflective practice	<b>Reflective practice</b> is the process of critically analysing work practices to improve competence and promote professional development. It is the capacity to reflect on action so as to participate in a process of continuous learning. <sup>b</sup>
Registered health practitioner	A <b>registered health practitioner</b> is an individual who is registered under the National Law to practise a health profession. <sup>a</sup>
Team	A <b>team</b> is a group of professionals, carers and others involved in client care that work together towards a common goal and purpose in a co-ordinated and collaborative manner. <sup>b</sup>
Unprofessional conduct	<b>Unprofessional conduct</b> , of a registered health practitioner, means professional conduct that is of a lesser standard than that which might reasonably be expected of the health practitioner by the public or the practitioner's professional peers. Each profession has a set of standards and guidelines and a code of conduct which clarify the acceptable standards of professional conduct. <sup>h</sup>
Unsatisfactory professional performance	<b>Unsatisfactory professional performance</b> , of a registered health practitioner, means the knowledge, skill or judgment possessed, or care exercised by, the practitioner in the practice of the health profession in which the practitioner is registered is below the standard reasonably expected of a health practitioner of an equivalent level of training or experience. <sup>h</sup>

Sources:

- a. AHPRA Glossary, from [www.ahpra.gov.au/Support/Glossary.aspx](http://www.ahpra.gov.au/Support/Glossary.aspx)
- b. OTA, 2010, ACSOT from <https://www.otaus.com.au/sitebuilder/onlinestore/files/37/australiancompetencystandardsentryleveleccopy.pdf>
- c. Schroeter, K. (2008). Competency Literature Review. Denver, CO, USA: Competency and Credentialing Institute
- d. Verma, S., Paterson, M., & Medves, J. (2006). Core Competencies for Health Care Professionals. Journal of Allied Health, 35(2), 109.
- e. The Aboriginal and Torres Strait Islander Health Curriculum Framework, 2014, Department of Health, Commonwealth of Australia from [https://www.health.gov.au/internet/main/publishing.nsf/Content/72C7E23E1BD5E9CFA257F640082CD48/\\$File/Health%20Curriculum%20Framework.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/72C7E23E1BD5E9CFA257F640082CD48/$File/Health%20Curriculum%20Framework.pdf)
- f. Digital literacy, from [www.deakin.edu.au/library/teach/digital-literacy](http://www.deakin.edu.au/library/teach/digital-literacy)
- g. Essential Competencies of Practice for Occupational Therapists in Canada, 3rd Edition from [http://www.acotrocore.org/sites/default/files/uploads/essentialcompetencies3rded\\_webversion.pdf](http://www.acotrocore.org/sites/default/files/uploads/essentialcompetencies3rded_webversion.pdf)
- h. Health Practitioner Regulation National Law Act 2009, Section 5 from [http://www.austlii.edu.au/au/legis/qld/consol\\_act/hprnla2009428/](http://www.austlii.edu.au/au/legis/qld/consol_act/hprnla2009428/)
- i. OTBA Registration Standards, from [www.occupationaltherapyboard.gov.au/Registration-Standards.aspx](http://www.occupationaltherapyboard.gov.au/Registration-Standards.aspx)
- j. COAT - Applying an occupational justice framework from <http://www.caot.ca/otnow/jan10/justice.pdf>
- k. OTBA Code of Conduct from <http://www.occupationaltherapyboard.gov.au/Codes-Guidelines/Code-of-conduct.aspx>
- l. Cultural Responsiveness In Action: An IAHA Framework, 2015, Indigenous Allied Health Australia from <http://iaha.com.au/policy/cultural-responsiveness/>

## Appendix 3: Supporting documentation to the competency standards

- Australian Health Practitioner Regulation Agency  
[www.ahpra.gov.au/](http://www.ahpra.gov.au/)
- World Federation of Occupational Therapists (WFOT)  
[www.wfot.org/](http://www.wfot.org/)
- Occupational Therapy Board of Australia  
[www.occupationaltherapyboard.gov.au/](http://www.occupationaltherapyboard.gov.au/)
- Occupational Therapy Australia  
[www.otaus.com.au/](http://www.otaus.com.au/)
- Australian Minimum Competency Standards for New Graduate Occupational Therapists (ACSOT)  
<https://www.otaus.com.au/sitebuilder/onlinestore/files/37/australiancompetencystandardsentryleveleleccopy.pdf/>
- Australian Charter of Healthcare Rights  
[www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/](http://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/)
- Australian Commission on Safety and Quality in Health Care  
[www.safetyandquality.gov.au/](http://www.safetyandquality.gov.au/)
- Code of Conduct, Occupational Therapy Board of Australia  
[www.occupationaltherapyboard.gov.au/Codes-Guidelines/Code-of-conduct.aspx](http://www.occupationaltherapyboard.gov.au/Codes-Guidelines/Code-of-conduct.aspx)
- Australian Competency Standards for Occupational Therapists in Mental Health  
[www.otaus.com.au/onlinestore/free-resources/australian-competency-standards-for-occupational-therapists-in-mental](http://www.otaus.com.au/onlinestore/free-resources/australian-competency-standards-for-occupational-therapists-in-mental)
- International Classification of Functioning, Disability and Health (ICF)  
[www.who.int/classifications/icf/en/](http://www.who.int/classifications/icf/en/)
- Indigenous Allied Health Australia  
[www.iaha.com.au](http://www.iaha.com.au)
- National Disability Insurance Scheme  
[www.ndis.gov.au/](http://www.ndis.gov.au/)
- Aged care reform information  
[www.agedcare.health.gov.au/aged-care-reform](http://www.agedcare.health.gov.au/aged-care-reform)