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To: Senate Community Affairs Committee

**Re: Inquiry into National Registration and Accreditation Scheme for Doctors  
and other Health Workers**

9 April 2009

Email: [Community.affairs.sen@aph.gov.au](mailto:Community.affairs.sen@aph.gov.au)

Dear Senate Committee

I refer to the current considerations by the federal and state governments of Australia to establish a National Registration and Accreditation Scheme for a number of health professions. I refer particularly to the current consideration of partially regulated health professions.

The Australian occupational therapy profession is in the unusual position of being only partially regulated across the States and Territories of Australia. Across the world, 86 per cent of occupational therapists practise within a regulated environment. In fact, of the dozens of nations where health consumers enjoy the protection of national regulation of occupational therapy, only Australia stands out as being the sole country where the profession is partially regulated. Nations such as Iran, Thailand, Uganda and Slovenia have established the professional registration of occupational therapy. It is curious that the health consumers in New South Wales, Victoria, ACT and Tasmania do not have the same protection as the other four Australian jurisdictions, as well as New Zealand, Canada, South Africa, the United Kingdom and the United States of America.

The current process to examine partially regulated health professions provides an opportunity to rectify this anomaly. The regulated jurisdictions (through the Council of Occupational Therapists Registration Boards) and the profession (through the national professional association) have submitted, according to the required process, to the Australian Health Workforce Principles Committee, a submission for inclusion in the national registration and accreditation scheme. The submission is comprehensive and addresses each of the criteria set out by the Australian Health Ministers Advisory Council. The case is compelling.



## towards a national safe system for occupational therapy practice



Submission from the

- > Occupational Therapy Profession
- > Council of Occupational Therapists  
Registration Boards  
(Australia & New Zealand)
- > OT AUSTRALIA

to the Australian Health Workforce Principles  
Committee for inclusion in the national  
registration and accreditation scheme

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## FOREWORD

The Council of Occupational Therapy Registration Boards, OT AUSTRALIA, and the registration boards in Queensland, Western Australia, South Australia, and the Northern Territory are in alliance in supporting the public interest over occupational self-interest in seeking inclusion of the occupational therapy profession in the new single, national registration scheme for health professionals.

The occupational therapy profession's submission for inclusion in the national registration scheme for health professionals is driven by three key strategic directions: (1) guaranteeing the quality of health care by ensuring that the Australian community can identify occupational therapists who are appropriately qualified and skilled to provide occupational therapy services; (2) ensuring the safety and quality of an increasingly pressured health care system by removing impediments for a flexible, mobile national occupational therapy workforce; and (3) assuring equity of public access to quality health care services by positioning the occupational therapy profession to respond to Australia's changing healthcare demands.

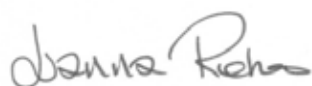
In Australia, occupational therapists work in a range of settings within the health sector. This includes working with people from infancy to old age within intensive care units, acute and sub-acute wards, general hospital inpatient and outpatient services, inpatient and community based mental health services, community health services, and private practice. They often work with vulnerable people, including older people, people with mental health disabilities, and people with chronic disease.

This requires occupational therapists to be qualified, skilled, and fit to make complex judgments about a diverse range of client problems to create workable, effective and sustainable solutions. Occupational therapy services that are not provided competently and professionally compromise individual health outcomes, erode public trust in the quality of their clinical practice, and can result in injury and fatality.

Voluntary self-regulation, licensing regimes, and other governance mechanisms cannot be guaranteed to meet the necessary quality assurance standards in the professional practice of occupational therapy required for public safety. The 21<sup>st</sup> century health care system is not only complex but is also under increasing scrutiny; a responsive regulatory system provides the most effective safeguard for patient wellbeing and professional competence.

The occupational therapy profession has an established body of teachable knowledge, standards of practice, and defined functional competencies that equip them to work collaboratively with people with a disability or impairment, and who experience barriers to participation in work, family or other life experience. The profession's inclusion in the national registration and accreditation scheme will provide a sound framework to manage the potential risks to public safety that may arise from occupational therapists working without the support and governance of rigorous quality assurance mechanisms.

The occupational therapy profession is concerned with promoting health and well being, and so is committed to moving towards national registration for all occupational therapists to ensure safe and quality services for all Australians. The profession is well placed to operate within the new national regulatory framework.



*Joanna Riches*

**Chair of the Council of Occupational Therapists Registration Boards**



*Peta Raison*

**OT AUSTRALIA President**

## CONTEXT:

### Reforming the national healthcare workforce

*Australia will have a sustainable health workforce that is knowledgeable, skilled and adaptable. The workforce will be distributed to achieve equitable health outcomes, suitably trained and competent.*

The Australian Allied Health Workforce 2006's Vision Statement

This submission outlines the case for the national registration of the occupational therapy profession—currently regulated in Queensland, Western Australia, South Australia, and the Northern Territory—in support of the objectives of the 2008 Intergovernmental Agreement for a national registration and accreditation scheme for the health professions. This scheme has been established in response to increasing pressures on Australia's health workforce including the supply of, and demand for, health workforce professionals. Between 2001 and 2006, the 23% growth in numbers employed in health occupations was almost double that for all occupations. (*Australia's Health 2008 Report*). However, the ageing of Australia's population together with the emerging epidemic of chronic disease, and increasing health concerns such as depression, obesity and diabetes means that pressure will continue to be exerted on our health workforce.

The challenge of securing a sustainable supply of qualified health workforce professionals to meet the projected demands on Australia's health system must be achieved safely. The objectives of the new single national scheme—encompassing both the functions of registration for health professionals, and accreditation for health education and training—are distinguished by their ambitious scope. In the most significant reforms to the regulation of the health professions and the health care workforce in Australia since the mid 19th century, the new single national registration scheme is intended to secure the sustainable delivery of quality health care to Australian consumers by:

- providing for the protection of the public by making sure that health professionals are suitably trained, qualified and fit to practice in a competent and ethical manner.
- alleviating health workforce shortages and pressures.
- increasing the flexibility, responsiveness, sustainability and mobility of the health workforce by reducing red tape.

The scheme will begin on 1 July 2010 with the ten professional groups currently registered in all jurisdictions; that is, physiotherapy, optometry, nursing and midwifery, chiropractic care, pharmacy, dental care (dentists, dental hygienists, dental prosthetists, and dental therapists), medicine, psychology, podiatry and osteopathy. Consequently, the reforms are also likely to strengthen the interdisciplinary partnerships and alliances across all the health professions.





# STRATEGIC DIRECTIONS:

## Public trust, workforce mobility, & responsiveness to Australia's changing healthcare needs

*The occupational therapy profession's submission for inclusion in the national registration scheme for health professionals is driven by three key strategic directions: (1) guaranteeing the quality of health care by ensuring that the Australian community can identify occupational therapists who are appropriately qualified and skilled to provide occupational therapy services; (2) ensuring the safety and quality of an increasingly pressured health care system by removing impediments for a flexible, mobile national occupational therapy workforce; and (3) assuring equity of public access to quality health care services by positioning the occupational therapy profession to respond to Australia's changing healthcare demands.*

Australians enjoy one of the highest life expectancies in the world, at 81.4 years—second only to Japan—and death rates are falling for many of our leading health concerns, such as cancer, heart disease, strokes, injury and asthma (*Australia's Health 2008 Report*). Some of these positive health outcomes are related to the high quality Australian healthcare system. An important aspect of the healthcare system is the public trust in the health professional's clinical practice. Protecting the public interest requires more than ensuring 'least harm', it also demands the preservation of public trust that the desired clinical results for patients will be delivered.

Professional regulation must create a framework that sustains the justified confidence of health consumers in the safety and effectiveness of clinical practice. The regulation of health professions must do more than ensure public trust in the quality of their individual health care services. It must also establish public trust in the sustainability of their national health and hospitals system. This is why professional regulation can best serve the public's safety and health interest by tackling three issues in tandem, that is:

- guarantee the quality of health professional/practitioner care and services.
- ensure safety and quality within a context of increasing health workforce mobility.
- assure equitable public access to appropriate, quality health care services.

Applying a single, national regulatory and accreditation process to the **profession of occupational therapy** will achieve these objectives by:

1. ensuring that the Australian community can identify occupational therapists who are appropriately qualified and skilled to provide occupational therapy services.
2. removing impediments for a flexible, mobile national health workforce.
3. positioning the occupational therapy profession to respond to Australia's changing healthcare demands.

### 1. Ensuring that the Australian community can identify those practitioners who are appropriately qualified and skilled to provide occupational therapy services

*Over 1 million Australians with a severe disability need assistance with the core life activities of mobility, self-care or communication*

(*Australia's Health 2008 Report*).

In providing services for people of all ages, from young children to older adults, occupational therapists work across the breadth of health services, including hospitals, both inpatient and outpatient, in government and non-government organisations, and in private practice.

Occupational therapists work autonomously in their practice. They are often members of interdisciplinary or multi-disciplinary teams, although they may work alone. Occupational therapists work with people to overcome

limitations in their functional abilities caused by injury, illness, psychological or emotional difficulties, delays in development or the effects of ageing. They assist individuals, groups or communities to maximise their strengths and build skills to participate effectively in everyday activities.

Access to information is a significant determinant of the degree of timely access to appropriate—and competent—health services. Currently, a degree of information asymmetry exists between consumers and health service providers; it is difficult for individual health consumers to assess the competence of their health practitioner or the quality of the services they are receiving. It is even harder for those consumers who are marginalised by disability, income, ethnicity, or who are acutely unwell through trauma or illness.

By establishing appropriate standards of conduct and competence, a single, national registration scheme will provide the public with an assurance that registrants have met exacting standards regarding the qualifications required to be registered as an occupational therapist. This measure, combined with the restriction of professional title afforded by the proposed legislation, will provide consumers with a statutory benchmark about who is entitled to offer their services as an occupational therapist. It will also provide the public with an affordable and accessible means, through the national board, of securing a response to concerns about services they have received from occupational therapists; and provide an effective means to respond to instances of incompetent or unprofessional practice.

## 2. Removing impediments to a high quality flexible, mobile national occupational therapy workforce

*The health care system employs about 7% of Australians . . . Recruiting to, and retaining within, the health system will be vital to capturing the talent and realizing the investment made in training of all health professional groups.*

Beyond the Blame Game. NHHRC 2008.

Registration is the process of legally recognising practitioners' qualifications, experience, character, and fitness to practice. Its purpose is to provide assurances of quality and safety, and to help overcome the information asymmetry between health professionals and patients. Most state registration boards currently have discretion about the qualifications they recognise (for example, those accredited by the World Federation of Occupational Therapists (WFOT)) and the conditions they impose on registration including, where applicable, limiting scopes of work and/or specifying professional codes of conduct. Mutual recognition of registration exists between registered states, and also between registered states and New Zealand; however, no mechanism is available to enforce registration conditions when occupational therapists move to non-registered states. Thus, as identified by the Productivity Commission in its 2005 report, *Australia's Health Workforce*, the variable state-by-state registration process is a key factor compromising the efficient and effective deployment of the nation's health workforce.

The critical shortage of medical, nursing and allied health workforces in Australia is well recognised.

While the critical medical workforce shortages have resulted in government policy responses across Australia, little attention has been turned to both the current and projected shortages in the allied health workforces. In particular, the Australian Health Workforce Advisory Committee's (AHWAC) *Allied Health Workforce 2006* reports shortages of occupational therapists in:

- New South Wales in senior roles and for specialists in mental health;
- Victoria in aged care, paediatrics, disability/rehabilitation services and rural practice;
- Queensland in mental health services and aged care;
- Western Australia in aged care facilities.

The AHWAC report also notes that the potential pool of qualified health professionals is much larger than the number currently employed within the discipline in which they are qualified, as a number of health professionals leave the discipline to work in other professions. Stakeholder explanations for retention challenges included the lack of health workforce planning at the national level, together with little or no recognition of clinical skills and postgraduate education. Thus, reliance on supply responses will be insufficient to resolving issues with retention of allied health professionals.

Reforms to improve health recruitment, retention, and career pathways will not only require removing structural impediments to interstate mobility and transfer, but will also require access to nationally consistent and reliable health workforce data. As registration and licensing requirements vary across jurisdictions and professions, current data items and definitions vary between data collections, over time and among professional groups. With occupational therapy only partially registered, it is not possible to get accurate data on the number of occupational therapists working across Australia, let alone the other data required to undertake adequate workforce planning, of both supply and demand.

Bringing the occupational therapy profession under the umbrella of a single national registration and accreditation system will address these challenges. In addition, a single national registration scheme for occupational therapists will provide prospective employers, in both the public and private sectors, with greater clarity and confidence in their advertising and recruitment processes because the reservation of title is an important signifier of a practitioner's qualifications, expertise, experience and fitness to practice.

### 3. Positioning the profession of occupational therapy to respond to the changing healthcare demands arising from the ageing population, and increased focus on mental health, chronic disease, and Indigenous health.

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Allied health professionals comprise a diverse group of health care professionals. Each of these groups is a product of a profession specific entry level program for which academic entry standards remain high. Some of the health professions will be included in the national registration and accreditation scheme from 1 July 2010. The occupational therapy profession is regulated in Queensland, Western Australia, South Australia and the Northern Territory, but is not regulated in the other jurisdictions.

Professional health practitioners in hospital and general practice settings usually provide their services as part of an interdisciplinary team. Indeed, sometimes the occupational therapists apply similar techniques and skills that their (regulated) physiotherapy and psychology colleagues use, such as electrical modalities, cardiac rehabilitation, and psychotherapy. This raises the spectre of the provision of certain health care services for which just one or some, but not all, of the professional groups in that particular health care team are regulated. Questions by consumers must arise about an assumed lack of parity of expertise across the health care team, together with the perceived inconsistency of quality in health care service delivery:

*In order to assure a safe and high-quality experience for patients across the spectrum of their encounters with health professionals, we need to ensure proportionate arrangements for all the professions involved. **There can be no weak links in the chain of care.** (Trust, Assurance and Safety—The Regulation of Health Professionals in the 21<sup>st</sup> Century. UK. February 2007)*

**Health professionals who remain outside the ‘net’ of a single national regulation and accreditation system will also lie beyond the reach of the quality assurance processes intended to protect the public’s interest, safety, and health.** Even if these other health care service professions are to be excluded from the single national registration scheme, they will still operate within Australia’s health care system. They will deliver their health care services in hospitals, health centres, schools, aged care homes, residential settings, research and education sectors; in cities, provincial centres and rural and regional areas across Australia. They will work alongside their regulated health care partners in the public and private health sectors, but they will not have to provide any guarantees or assurances to the Health Ministers about their education quality, standards of practice, public safety management, and client health outcomes. This reality undermines the intent of the Intergovernmental Agreement to protect the public interest and to reform the health workforce in Australia.



# RESPONSES TO THE AHMAC AGREEMENT CRITERIA

*5.3. The objectives of the national scheme, to be set out in legislation, are to: (a) provide for the protection of the public by ensuring that only practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered . . .*

## **1. Health Ministers to regulate the occupational therapy profession**

*Australian occupational therapists work in a range of settings within the health sector. This includes working with people from infancy to old age within intensive care units, acute and sub-acute wards, general hospital inpatient and outpatient services, inpatient and community based mental health services, and community health services.*

**Health Ministers are best positioned to regulate occupational therapists for reasons of consistency and breadth of coverage.** In Australia, Ministers for Health in all jurisdictions have portfolio responsibility for occupational therapy practice:

- the Commonwealth Health Minister is responsible for developing Medicare policy, that covers some private occupational therapy services;
- the State Health Ministers are accountable for occupational therapists working in government funded health services, such as hospitals and community health centres; and
- Health Ministers are the responsible ministers in those states where occupational therapy is regulated.

In almost all WFOT member countries the regulatory responsibility for the occupational therapy profession rests with the Ministry for Health or equivalent.

In addition, the practice of occupational therapy is reflected in the World Health Organisation's (2001) *International Classification of Functioning, Disability and Health* (ICF) which addresses both the components of health and the environmental contexts of health, that is:

- the relationship between health and well-being and people's participation in self care and domestic activities; interpersonal interactions and relationships; major life areas including education, work and leisure; and in community, social and civic occupations, and
- the environmental factors that support or impede participation in those occupations

Thus, while the occupational therapy profession provides services across several sectors including education, childcare, aged care, corrective services, and academia, the majority of occupational therapists work in health-related positions, including disability, rehabilitation, medico-legal services and early childhood intervention.

## **2. Risk of significant harm to the public**

*Occupational therapists work with vulnerable people, including older people, people with mental health disabilities, children and people with chronic disease, as well as other clients. This requires them to be qualified, skilled, and fit to make complex judgments about a diverse range of client problems to create workable, effective and sustainable solutions. Occupational therapy services that are not provided competently and professionally compromise individual health outcomes, erode public trust in the quality of their clinical practice, and can, result in injury and fatality.*

### **Risk to the client group**

**Occupational therapists are increasingly the 'primary point of contact' practitioners for older people, people with mental health disabilities, children and people with chronic disease, in addition to their more 'traditional' client base. They use their expertise, skills and knowledge to develop interventions that meet the needs and environments of their clients rather than**

**adhering to rigid protocols and procedures.**

Occupational therapists work in a wide range of settings, including public and private hospitals; medical rehabilitation units; community health centres; home care services; aged care facilities; psychiatric clinics, hostels and hospitals; vocational rehabilitation centres; schools and education facilities; independent living and respite centres; and private practice. **They also work with people across all age groups, with diverse needs and varying vulnerabilities:**

- **people with physical, psychological, developmental and neurological problems:** Occupational therapists evaluate, consult and treat people to reach and maintain their highest level of functioning and independence in all areas of daily living including self care, domestic tasks, work, recreation, social interaction, community access and mobility.
- **people with any condition, disability or impairment that affects their ability to perform everyday activities:** This includes people with neurological impairments e.g. cerebral palsy; acute medical, surgical and orthopedic conditions e.g. upper limb trauma, burns; physical disabilities e.g. spina bifida; developmental delay and disabilities eg. autism spectrum disorder; psychosocial problems e.g. behavioural, chronic illness, psychiatric disorders.
- **older people:** Occupational therapists work with older people to gain or regain skills essential for their independence in tasks at home, work and in the community.
- **children:** Occupational therapists work with children to help them to gain and learn skills to build their function and independence in everyday tasks, including self care, attending school, play, socialising.
- **people with a mental illness or disability:** In the field of mental health, occupational therapists specialise in assessing how an individual's mental illness impacts on their ability to function in their everyday occupations and roles and assisting people to increase their function levels.

- **people requiring vocational rehabilitation:**

Occupational therapists facilitate improvement in work performance by treating the worker's limitations and modifying the workplace environment. Occupational therapists in workplace health and safety and rehabilitation require an understanding of the political, legislative and industrial infrastructure in occupational health and rehabilitation.

Overall, occupational therapists make complex judgments and integrate multiple variables for a diverse range of client groups and client problems into workable, effective and sustainable solutions. Occupational therapy services that are not provided competently and professionally compromise individual health outcomes, erode public trust in the quality of their clinical practice, and can result in injury and fatality.

The potential for harm to clients was highlighted by the findings of a recent report for the Council of Occupational Therapists Registration Boards which examined the work preparedness and professional development of new occupational therapy graduates and recent migrant occupational therapists. (September 2008). The report identified that 17.9% of Australian new graduates and 41.7% of Australia migrants had experienced a 'near miss'. A 'near miss' is generally defined as 'any event that almost occurred, or did occur, but was successfully pre-empted before reaching the patient or had the potential to cause harm to the patient.'<sup>1</sup> Notably, 33% of Australian migrant occupational therapists in the survey considered that they had witnessed a mistake by another occupational therapist since commencing practice in Australia. The most common mistakes described by all new graduates were client falls, communication errors, unsafe therapy areas and manual handling errors.

*There have been a number of notifications of negligence and professional wrongdoing against Occupational Therapists. Some examples of claims include; injury to a patient following assessments, supply of faulty equipment and hand therapy.*

AoN Insurance

<sup>1</sup> Wagner, L., Capezuti, E. & Ouslander, J.G. (2006) Reporting near-miss events in nursing homes. *Nursing Outlook*. 54, 85-93.

The potential for serious injury to consumers as a result of inappropriate skills is especially problematic in the following practice areas:

- *Upper limb rehabilitation following a stroke:* Potential to cause shoulder subluxation to a paralysed limb through poor handling post-stroke.
- *Hand therapy:* Potential to cause damage to surgical repair either by mobilising too early, not protecting the graft or inadequate mobilisation, often requiring further surgery.
- *Equipment prescription:* Prescription of unsafe or inappropriate equipment such as wheelchairs, bed rails, seating.
- *Environmental modifications/ergonomics.* Major and minor home and workplace modifications can cause exacerbation of injury.
- *Post-surgical management.* Potential to 'undo' surgical management post-skin graft, muscle flap, tendon and nerve repair, or replant.
- *Prescription and fabrication of splints.* Failure to appropriately explain precautions of use of a splint, eg. to a diabetic patient with neuropathy or post-burn surgery could result in significant harm, including ulceration, infection, nerve lesions, loss of limb.
- *Cardiac rehabilitation:* Potential for a further cardiac event if an inappropriate mobilisation program is given, or deterioration of the heart muscle if early mobilisation is inadequate.
- *Treatment of burns:* Poorly fitted or fabricated splints and compression garments can result in contractures that can cause permanent deformity, limited function and pressure areas.
- *Fitness to drive a vehicle:* This is a growing area of professional practice. A flawed or unsafe occupational therapy assessment report would result in an unsafe driver on the road, which could lead to serious injury or death for the driver or the greater public.

- *Compression therapy:* Incorrect prescription and fitting of compression post-deep vein thrombosis can lead to embolism; or incorrect application in a patient with contraindications can lead to cell-death or respiratory failure.
- *Functional capacity evaluation:* The therapist must be able to identify safe limits eg. lifting restrictions in returning to work following an injury.
- *Electrical modalities*

### Fatal incidents

Occupational therapists routinely prescribe aids or equipment to assist or improve their clients' functions. Many prescriptions require occupational therapists to explain and educate their clients and carers about the use of the equipment, including relevant precautions.

Inappropriate or misleading explanation can result in significant injury and possibly death. A coronial inquest in Tasmania found that the inappropriate attachment of bed rails by an occupational therapist caused the death of a woman with Down Syndrome. The coroner found that the woman's '*death highlights the need . . . to provide policy and guidelines to staff and customers on the safe use of bedrails and the proper inflation levels of pressure care mattresses.*' (Coroner's Report into the Death of Ann Maree Huxley. 2 May 2007). In 1999, the incorrect use of a postural harness attached to a wheelchair resulted in the death of a child in New South Wales. The coroner found that the harness caused compression of the child's neck. Two therapists who were involved with the child were found to have contributed to the death. An investigation by the relevant health complaints body found that '*the child's parents were not adequately informed or involved in decision making about the seating aids used for their daughter and were unaware of the dangers*'. The investigation also identified issues relating to the training and accreditation of therapists prescribing seating systems and therapists making straps and seating systems.

The occupational therapists in both these cases were employed in states which do not regulate their profession, and so they were outside any mandated set of restrictions and practice improvement requirements that are available in the states with regulation. They were free to continue working without mandatory supervision or examination of their continuing competence to practice.

### Clients' vulnerability

**Many clients who see an occupational therapist are from vulnerable groups, including children, older adults and people with a mental illness.** The courts have relied on occupational therapy expertise with vulnerable individuals. In 2003, in the case of *Vosahlo v Kantor VSC 81* (21 March 2003), the Victorian Supreme Court relied inter alia on the views of an occupational therapist in assessing the testamentary capacity of an 85 year old lady with Parkinson's Disease and short term memory difficulties.

In the absence of effective accountability mechanisms, exploitation of vulnerable health consumers is a risk with unregistered practitioners. Without registration, no monitoring mechanisms are in place, and no guidelines for dealing with suspected or alleged abuse or with complaints involving members of the occupational therapy profession. Such exploitation or abuse may be financial (for example, allowing or even encouraging a client to divest his or her funds to the therapist), verbal (for example, shouting at or intimidating the client), emotional (for example, threatening to withhold a service, assistive device or other aid from the client), or sexual.

In 2001, the Victorian Health Services Commission (HSC) was involved in a court case (*R v Patterson*) dealing with the issue of an unregistered provider being charged with sexual offences. Further to the provider being acquitted, the Health Services Commission discussed the significant difficulties of dealing with unregistered practitioners to resolve complaints because there was no registration board to maintain a publicly accessible register of qualified practitioners, and to receive and manage complaints (Victorian Health Services

Commission Annual Report 2001/02) ; in addition, a registration board screens all applicants for their criminal record to assess their fitness to practice in their profession. More recently, His Honour Justice Wood has strongly advocated for the highest standards to ensure the safety of children under the care of health professionals. Registration provides this assurance because of the practitioner's requirement to demonstrate their fitness to practice as well as their qualifications and currency of practice.

Because occupational therapists aim to amplify their client's function and ability to participate in those activities that are meaningful to their day-to-day life, they often work in the client's everyday environment, including their home. The occupational therapist who works in the privacy and seclusion of the client's home has additional obligations to respect the client's trust in him or her, because of the potential for exploitation in this home setting, out of the reach of other health professionals and clients. The absence of effective accountability mechanisms for occupational therapists may affect the client's trust in the profession which, in turn, may affect the way that occupational therapy is practiced.

### Private practice

The number of occupational therapists working in private practice is steadily increasing. Between 2002 – 2005, the percentage of occupational therapists working in private practice increased by 50% to 9.3% of the profession (Occupational Therapy Labourforce Survey Queensland Health 2002; 2005). This increase has been influenced by changes to health system funding, such as the inclusion of occupational therapy services in the Medicare Benefits Scheme, the increase in cover for occupational therapists under private health insurance, and the rising public recognition of occupational therapists' skills and expertise, so it is expected that more occupational therapists will enter private practice each year.

Private practice occupational therapists often work as sole practitioners, which can increase the potential for harm. When working in a team



of occupational therapists, inappropriate clinical practice can be identified and discussed with other, more senior occupational therapists. In a sole practice, where the occupational therapist is not subject to peer review or supervision, inappropriate clinical practice will not be identified and rectified, and will result in client harm. Without registration, the client has no ready recourse for complaint; consequently, an incompetent practitioner may not face a meaningful examination of their competence or fitness to practice.

### Limitations of clinical expertise

Occupational therapists have an ethical responsibility and duty to maintain their level of knowledge and currency in their profession and must also recognise limitations in their clinical experience. Some occupational therapists may not be able to identify these limitations, which is a cause for concern because a practitioner's awareness of his or her own limitations is a means of preventing professional incompetence. In 2007, James Cook University conducted a large survey sampling Australian occupational therapists who were one year post graduation.

Significant findings include:

- Only two thirds receive structured supervision
- Of these, only 44% receive this on weekly basis
- 7.6% have made a mistake that put a client at risk
- 9% made mistake that placed themselves or a colleague at risk
- 11% witnessed a mistake by another occupational therapist

Many of the surveyed occupational therapists live and work in New South Wales and Victoria where the profession is unregulated. Registration ensures that standards, practices and competencies can be mandated and enforced through continuing professional development, an educational process by which professionals maintain, improve and broaden their skills and competence.

**Allied health occupations need to demonstrate well balanced cognitive knowledge, practical skills and decision making ability.**

An Examination of New Graduate and Recent Migrant Occupational Therapists Report. Sept 2008

### Risk to the wider public

With the threat of terrorist activity ever present since the incidents in Bali and Jakarta, **the Australian health system must be prepared to manage another mass casualty disaster or trauma.** Such planning must take into account the movement of medical, nursing and health professionals across jurisdictional boundaries to treat injured people. It is imperative, then, that the occupational therapists are appropriately qualified and that their skills are consistently of the highest standard and monitored for recency of practice. Such assurance can be provided by occupational therapists practising in registered jurisdictions, but not by those in non-registered jurisdictions.

As an example of the scale of risk, occupational therapists may assess people's fitness to drive a vehicle when there is a medical concern about the patient's ability to drive safely:

*The aim of the occupational therapy assessment is to assist people with impairments to resume or continue driving . . . The first part of the assessment aims to evaluate the person's difficulties. This involves an interview, vision screen, cognitive function test, assessment of physical strength, motor skills, reaction time, road law and road craft. The need for specialist equipment of vehicle modifications is considered at this time. The on-road assessment . . . is conducted in a dual controlled vehicle, accompanied by a driving instructor and where necessary set up with special requirements or modifications to meet the needs of the client. The assessment is structured to assess the impact of injury, illness or the ageing process on driving skills such as judgement, decision-making skills, observation and vehicle handling . . . (Austroads 2003)*

Although by law, the final decision regarding conditional licences rests with the relevant Driver Licensing Authority, such a decision is based on

the occupational therapist's opinion and on road safety considerations. **The failure of an occupational therapist to provide a competent 'fitness to drive' assessment could result in injury or death for both the driver and the wider public.**

### Clinical governance

In the wake of the Dr Patel incident in Queensland, the Queensland State Government commissioned an independent review of Queensland Health's administrative, workforce and performance management systems in April 2005. The review reported:

*Obviously Queenslanders only want well trained and competent clinicians to be registered and working here . . . it is also imperative that all clinicians employed by Queensland Health have appropriate professional registration and that during the process of recruitment and selection their ability to meet the clinical competencies required for the particular job is carefully assessed. (Queensland Health Systems Review 2005)*

Good clinical governance requires that the recruitment process have safeguards around professional standards. This is achieved through the attainment of qualifications recognised by the relevant registration boards, resulting in registration to practice as a professional. Of course, Queensland is not alone in the issues identified in the 2005 Queensland Health Systems Review. Australia's health environment is dominated by soaring costs, increasing consumer expectations, an ageing population, and spiraling pressures arising from chronic disease, mental illness, autism, diabetes, and obesity. The lack of a national registration process for occupational therapists places health departments and organisations in a position of significant risk; i.e. they are unable to meet their responsibilities towards clinical governance for quality services and patient safety.

The difficulty in achieving consistently sound clinical governance is further highlighted by the complexity of cross-border health services, e.g. Broken Hill (NSW)/Riverland (SA); Mt Gambier (SA)/Western Victoria; and Gold Coast (Qld)/Tweed Heads (NSW). It is not unusual to have therapists

moving regularly between an unregistered jurisdiction and a registered jurisdiction to complete client assessments or interventions without themselves being registered. Aside from the ethical dilemmas and patient safety risks this poses, it also raises questions about the coverage provided by their professional indemnity insurance which potentially leaves the client exposed to financial and litigation risks. National registration could mandate professional indemnity insurance across the profession to provide appropriate protection for the public from such risks.

### Evidence of the need to regulate practice

Occupational therapists are registered across the four jurisdictions of Queensland, Western Australia, South Australia and the Northern Territory. These Boards report that during 2007/2008 they have investigated 12 complaints against registered therapists around conduct or competency issues. A further 75 therapists were placed on restricted or conditional registration. Various reasons were cited by Boards for placing people on conditional registration ranging from the need to monitor and audit practice due to return to work after a prolonged absence or due to limitations identified in the practitioner's ability to work in certain areas. Overseas-trained therapists also generally are required to have a 6-month period of audited practice where a supervisor is required. The other reason conditions are imposed is where medical fitness to practice has not been established. Therapists may be required to follow treatment orders, have their registration suspended/cancelled or have limitations applied on the type or scope of work they complete such as limiting manual handling with clients. The South Australian Board reported that during the last year one occupational therapist and one occupational therapy student have been found medically unfit to practice and are no longer registered. **Without registration therapists identified above who are medically unfit, who do not have recent practice, who are incompetent or whose conduct is unethical would be free to practice.**

### 3. Failure of other regulatory mechanisms

*Voluntary self-regulation, licensing regimes, and other governance mechanisms cannot be guaranteed to meet the necessary quality assurance standards in the professional practice of occupational therapy required for public safety. The 21st century health care system is not only complex but is also under increasing scrutiny; a responsive regulatory system provides the most effective safeguard for patient wellbeing and professional competence.*

**Occupational therapists practising in Queensland, Western Australia, South Australia and the Northern Territory are required to be registered with the relevant state or territory registration board.** This means that only registered practitioners—that is, those who can demonstrate that they hold certain statutorily defined qualifications—are able to use the title of occupational therapist. The fundamental purpose of the registration boards is to serve and protect the public interest by making sure that the public has access to services from professionals who meet the standards of competent, ethical practice. Registration in these jurisdictions requires that an occupational therapist must have completed an accredited degree course. They also need to demonstrate that they have maintained ‘recency of practice’ (i.e. within five years) and evidence of continuing professional development before their annual full registration can be renewed.

Recency of practice requirements are particularly pertinent to the occupational therapy profession as it is a largely female profession with many therapists leaving and re-entering the profession throughout their career. Most registered jurisdictions have processes to identify those re-registering practitioners who have not worked in the profession for greater than five years, and to place conditions of supervised or restricted practice upon them. Additionally, in some jurisdictions, registrants are required to provide evidence of continuing professional education. Both recency of practice, and monitoring of maintenance of professional skills, allows the currently registered

states to ensure safe and quality practice. In contrast, non-registered states are not able to do so.

*The public expects a high standard from 21<sup>st</sup> century health care given the dramatic advances in technology and in medical and surgical knowledge. However, greater scrutiny of performance and more media interest in its failings, has shaken public confidence . . . health care is a risky business.*

Designing safer health care through responsive regulation.  
Healy and Braithwaite, 2006

**Occupational therapists do not require registration to practise in New South Wales, Victoria, Tasmania and the Australian Capital Territory.** Any person can practice as an occupational therapist, irrespective of their qualifications. The only assurance that health consumers have of their practitioner’s qualifications is membership of a professional association, or employer background checks, both of which are not mandatory. It is estimated that less than half of the occupational therapists in these states are members of OT AUSTRALIA and an even less are accredited occupational therapists, i.e. can provide evidence of continuing professional development. If the occupational therapist sets up as a sole private practitioner in the community, there are no mechanisms to check competency, validity of qualifications (if in fact they have one), whether or not they are of good standing, whether or not they have been previously disciplined, meet Australia standards or what level of English skills they have. Organisations in these non-regulated jurisdictions, that can advertise that they provide occupational therapy services without having qualified occupational therapists, pose a threat to the general public.

Unregistered occupational therapists, are subject to the same statutory laws against criminal conduct, but are not required by law to meet minimum standards of qualification or professional conduct. For these occupational therapists, no disciplinary boards exist to process consumer complaints when they arise. Under this non-regulatory model, the following legal framework applies:

- The Fair Trading and Trade Practices Acts prevent practitioners and associations (e.g. a professional association established under the Associations Incorporation Act) from engaging in false, misleading or deceptive conduct (e.g. claiming false or non-existent qualifications or membership of a professional association or making a false or misleading representation concerning the need for services). These Acts would also prevent individual practitioners and incorporated associations from engaging in anti-competitive conduct such as price fixing and exclusionary dealing.
- Employers have a role in maintaining professional standards.
- The launching of civil claims in negligence or for breach of contract against unethical or incompetent practitioners can damage a professional's reputation, and thus have an impact on his or her future ability to practice.
- Practitioners who engage in grossly incompetent or unethical conduct that constitutes a criminal offence are subject to criminal prosecution.
- The Health Care Complaints Commission can investigate complaints and their findings may assist any of the legal remedies contemplated above.

There are some advantages conferred to the practitioners by not imposing regulation. These are:

- The lack of barriers to entry to the profession and lack of competitive advantage given to any particular professional group providing services.
- Any person is able to use unregulated titles.
- There are no regulatory costs.

However, no advantages are conferred to health consumers, employers, or to the quality of professional occupational therapy practice in general.

### Overseas-trained occupational therapists

The number of overseas trained occupational therapists practicing in Australia has been steadily increasing. Over the last 5 years the number of assessments of overseas-trained occupational therapists completed by COTRB has increased by 70%, to 209 in 2007/2008. This is due to the consistently high number of vacancies for occupational therapists, as well as the attractiveness of Australia as a country to migrate to. Occupational therapists arriving in Australia on a skilled migrant visa have their qualifications assessed by COTRB to ensure that their qualifications and experience are equivalent to occupational therapists trained in Australia. Supervised practice occurs under the supervision of the state registration boards and practice audit administrators appointed by COTRB in states without registration.

Occupational therapists who arrive in Australia on a different type of visa (for example, a spouse visa) will have their qualifications assessed if they want to work in a state that has registration, to ensure that they are competent to be registered. This accounted for 40% (83/209) of the assessments completed by COTRB in 2007/2008. However, states without occupational registration have no mandatory requirement for overseas trained occupational therapists who are not on a skilled migrant visa to have their skills assessed. In this situation, some employers specify the need for membership of OT AUSTRALIA as a condition of employment. For overseas trained occupational therapists, membership of OT AUSTRALIA requires evidence of completion of COTRB assessment. This is at the discretion of employers, and is not a mandatory requirement. If this is not requested, or if the occupational therapist sets up as a self-employed private practitioner, no mechanism is available to check the occupational therapist's competency, validity of qualifications, good standing, previous discipline, or level of English skills. Consequently, overseas trained occupational therapists, with inappropriate or inadequate qualifications are able to practice. This poses a safety threat to the public through the potential delivery of sub-standard or

inappropriate services, and in the erosion of public trust in the quality and integrity of clinical practice. Members of the general public have no way of determining whether a therapist's qualifications are from a reputable and fully accredited course and so are vulnerable to exploitation by virtue of their need to obtain therapeutic assistance.

#### CASE EXAMPLE:

The Council of Occupational Therapy Registration Boards (COTRB) recently assessed a migrant practitioner with an occupational therapy qualification from the Philippines. Because Tasmania does not have registration processes to benchmark the qualifications of overseas-trained occupational therapists, she had been able to work for three years in Tasmania as an occupational therapist despite not meeting the requirements that the Federal Government gazettes for occupational therapists. When this overseas-trained practitioner eventually applied for recognition under the COTRB process, she did not meet the qualification or English language requirements, i.e. she did not pass the IELTS at the requisite level. Her visa status is unclear but she would not have been eligible to enter Australia through the skilled migration program. This situation illustrates the confusion that occurs when registration is not universally applied across Australia.

In summary, the disadvantages of non-regulation to health consumers, the occupational therapy profession and employers are:

- Only conduct which is criminal in nature is subject to prosecution and sanction. Consequently, events of 'near misses,' or unethical conduct such as financial exploitation, or unprofessional conduct such as poor communication with a client are not subject to sanctions, counselling, or guidance for improvement.
- Membership of professional associations is not mandatory, and gives insufficient emphasis to consumer safety issues.
- Consumer protection legislation does not address all disparities in market information. In particular, it is difficult for individual health consumers to assess the competence of their health practitioner or the quality of the services they are receiving.
- Court action by a consumer against an unethical or incompetent practitioner is difficult, costly and slow. Many of the occupational therapy profession's clients are vulnerable and less likely to be able to initiate claims against the practitioner.
- Employers are not able to assess the practitioner's qualifications, expertise and skills in the comprehensive way that registration boards do, through its adherence to consistent professional benchmarks.

*The Code of Ethics published by OT AUSTRALIA states that all members of the occupational therapy profession 'have the individual responsibility to maintain their own level of professional competence and each of them must strive to improve and update knowledge and skills.'*

**OT AUSTRALIA has no power to act against incompetent, negligent or unprofessional therapists. The only response can be reprimand or expulsion of a member from the Association for unprofessional conduct.** This reprimand does not prevent the occupational therapist from continuing to practice and there is no requirement to disclose such an outcome. A practitioner is also free to resign or not renew their membership limiting the ability to face any enquiry or sanction. Privacy and confidentiality provisions under the *Privacy Act 1988* and the *Health Care Complaints Act 1993* restrict the reciprocal exchange of complaints information between OT AUSTRALIA and any form of commission or regulatory body. For example, an occupational therapist deregistered for incompetence in South Australia was free to seek work within NSW (OTRBSA, 2008). The practice of occupational therapists not covered by statutory registration, and who also choose not to belong to OT AUSTRALIA, remains largely unmonitored.

## 4. Possibility of implementing regulation

*Occupational therapy is a profession concerned with promoting health and well being through occupation. It has an established body of teachable knowledge, standards of practice, and defined functional competencies that equip them to work collaboratively with people with a disability or impairment, and who experience barriers to participation in work, family or other life experience. The occupational therapy profession in Australia is well placed to operate within the new national regulatory framework.*

**Occupational therapy is already successfully and clearly regulated in Queensland, Western Australia, South Australia, Northern Territory and many other countries around the world, including New Zealand.**

The World Federation of Occupational Therapists (WFOT), the key international representative body of the profession with worldwide membership of 66 countries, recently conducted a survey. It found that the majority of these countries require occupational therapists to be registered to protect the public. Australia is the only full member that has partial registration. (See Appendix).

Comparative Western countries such as the USA, Canada, the UK and New Zealand all have mandatory registration for occupational therapists although the mechanisms vary:

- **In the United Kingdom**, the profession is regulated by a body known as the Health Professions Council (HPC). HPC regulate 13 health professions and are responsible for the development and maintenance of Standards of Conduct, Performance, Ethics and Proficiency.
- **In the USA**, the National Board for Certification in Occupational Therapy, Inc. (NBCOT) is the national credentialing agency that provides certification for the occupational therapy profession. Each US state registers/licenses occupational therapists and recognises the NBCOT certification as part of this. The NBCOT works in conjunction with each of the state regulatory authorities, including investigations and disciplinary proceedings, and regulatory and certification renewal issues.
- **In Canada**, occupational therapists are regulated health professionals in all Canadian provinces. Each province has a provincial regulatory organisation responsible for regulating the practice of occupational therapy.
- **In New Zealand**, the Occupational Therapy Board of New Zealand is the regulatory body governing the practice of occupational therapy. This board is a member of COTRB.

**The occupational therapy profession's primary goal** 'is to enable people to participate in the activities of everyday life . . . by enabling people to do things that will enhance their ability to participate or by modifying the environment to better support participation.' (WFOT website). **Its professional practice is based on a unique body of knowledge underpinned by occupational science.** This philosophy equips occupational therapists with a unique combination of knowledge and skills including:

- Assessing the impact of illness and disability (physical and mental) on individuals' current and potential occupational performance
- Analysing the component demands of different activities and occupations
- Prescribing activities and occupations to achieve rehabilitation goals
- Applying specialised techniques, such as the neurological facilitation techniques, physical and electrical modalities, fabrication of splints, application of compression therapy, therapeutic counselling and psychotherapy.
- Assessing the need for environmental modifications to enhance occupational performance, including prescribing assistive equipment and architectural modifications, advising on vehicular modifications or modifying work practices.
- Evaluating and modifying clients' rehabilitation in response to progress or changing needs.

In summary, occupational therapists must attain the highest level of competence and ethical standards in their profession because they use many types of interventions to develop specific, effective solutions to facilitate improved performance on an individual or community level. They also regularly work with the most vulnerable and marginalised groups in our community, who often have few other safeguards and are limited in their ability to advocate on their own behalf to get the best health outcomes from their occupational therapy.

**Occupational therapy has a tradition of more than half a century of educational program accreditation. All occupational therapy education programmes in Australia** are required to meet the WFOT Revised Minimum Standards for the Education of Occupational Therapists – 2002. These programmes are currently accredited by OT AUSTRALIA and approved for registration purposes by state registration boards. The education of occupational therapists occurs in thirteen universities around Australia. The minimum entry level qualification is a four year B.App.Sc (OT), with many universities offering Masters level entry courses. Many universities also offer post graduate occupational therapy specialisation courses, including PhDs.

Occupational therapy practice is also guided by national and international competencies and the Code of Ethics, which combine to form standards of practice. Functional competencies for occupational therapy are defined in the Australian Competency Standards for Entry-Level Occupational Therapists (© OT AUSTRALIA 1994). (A recent review (2008) of these was undertaken by a joint project between OT AUSTRALIA, The University of Queensland and James Cook University funded by the Carrick Institute, now the Australian Learning and Teaching Council). OT AUSTRALIA has also developed competency standards for some fields of practice (e.g. mental health) that specifically focus on standards for maintaining professional competence. However, these competency standards are guidelines only; and there is no authority to enforce them among members of the profession in Australia.

## 5. Practicality of implementing regulation

*The leadership of the Council of Occupational Therapy Registration Boards, OT AUSTRALIA, and the registration boards in Queensland, Western Australia, South Australia and the Northern Territory are in alliance in supporting the public interest over occupational self-interest in seeking inclusion of the occupational therapy profession in the new single, national registration scheme for health professionals.*

**Registration has been successfully implemented in four jurisdictions for many years.** The Occupational Therapy Registration Boards of Queensland, Western Australia, South Australia and the Northern Territory administer legislation which provides for the protection of the health and safety of the public by:

- ensuring that persons applying for registration: have the necessary recognised tertiary qualifications; are fit and proper; are medically fit; are competent to safely practice;
- maintaining appropriate registers;
- ensuring that registered persons: are fit and proper; maintain high standards of competence and conduct;
- establishing benchmarks for practice through endorsing/preparing standards of conduct and practice, and guidelines on continuing professional development;
- investigating complaints about a registrant's conduct, competence or capacity and
- taking the necessary disciplinary or remedial action;
- preventing or restricting the practice by unregistered or unqualified persons;
- the investigation and prosecution of summary offences under the Act or Regulations.

***In the 2006 ABS Census, 6838 people identified themselves as occupational therapists.***

(DoHA, 2008 Rural and Regional workforce)

A total of 4803 occupational therapists were registered by these boards in 2007/2008. In three states with registration processes, the occupational therapists pay for the cost of registration and cost recovery occurs; in the Northern Territory, the Department of Health provides some funding support. These boards collectively form, with New Zealand, the **Council of Occupational Boards Therapy of Australia and NZ (COTRB)**. This council has been active in:

- Reviewing policies and processes to standardise board procedures across jurisdictions including registration forms, requirements and approaches such as return to work.
- Developing policies to guide boards such as ongoing competency and therapy assistants
- Approving occupational therapy programs that meet the requirements for registration in Australia.
- Assessing the qualifications of occupational therapists for migration purposes as the gazetted authority by the Commonwealth for this purpose.

**OT AUSTRALIA, the peak professional body representing the views of occupational therapists across the country**, has supported registration nationally in the interest of public safety and welfare for the last 30 years, making numerous submissions to state governments in non-regulated states. OT AUSTRALIA is active in supporting and providing leadership for the occupational therapy profession through:

- Accrediting entry level occupational therapy programs in Australia, as auspiced by WFOT;
- Managing the accredited occupational therapist program, accrediting occupational therapists who provide evidence of a level of continuing professional development; and
- Develops position statements and guidelines to lead the occupational therapy profession.

OT AUSTRALIA has about 5000 members across all states and territories of Australia.

## **6. The benefits to the public of regulation**

*Inclusion of the occupational therapy profession in the national registration and accreditation scheme will provide a sound framework to manage the potential risks to public safety that may arise from occupational therapists working without the support and governance of rigorous quality assurance mechanisms.*

Occupational regulation is implemented primarily to protect the public's health and safety by guaranteeing a mandatory quality standard of professional practice. The multiple benefits to the public of regulating the occupational therapy profession through a single national and accreditation process considerably outweigh the relatively insignificant costs, and include:

- ***facilitating a national, across-profession approach to the occupational therapy workforce specifically, and to health teams more generally.*** This will reinforce the need for tertiary institutions across Australia to offer graduate and post-graduate training in occupational therapy and to develop innovative research activities designed to improve the safe and competent practice of the health professions. Governments in all states and territories as well as at the national level will have an improved capacity to respond positively to public expectations about its role in protecting health consumers from incompetent or sub-standard therapists.
- ***locking in national standards to deliver quality, timely, flexible health care services to the public.*** Within a single, national registration framework that demands appropriate qualifications together with evidence of currency of skills through a mandated continuing professional development program, the public will have the right to feel increased confidence in their occupational therapist. The potential for false claims regarding qualifications and skills would be very significantly reduced.



- **delivering a consistent approach to such issues as reservation of title, an important signifier of qualifications, expertise, experience, character, and fitness to practice.** By restricting the titles within the occupational therapy profession, the public will have increased protection through the enforcement of nationally consistent standards for the occupational therapist's qualifications, skills and competence. At the same time, the right to use nationally consistent and protected titles will strongly encourage registrants to uphold professional standards and ethics.
- **overcoming the disadvantages associated with mutual recognition as it presently operates and so remove some impediments to more efficient workforce deployment.** National registration will provide portability across states. Currently, occupational therapists are unable to practice in Queensland, South Australia, Western Australia, or the Northern Territory until they have registered with the Occupational Therapy Board in that jurisdiction, although this is not the case for the other Australian jurisdictions with no registration requirements. With increased portability, the public can be confident that consistent standards and quality of practice apply across all jurisdictions and also with New Zealand. It will also provide greater clarity to employers about acceptable standards of practice.
- **providing the public with increased clarity regarding the pathways for lodging a complaint** and for management of complaints outside of the professional association, OT AUSTRALIA. This may be seen by the public as providing more objectivity and ease of access to the process.
- **assisting with the collation of statistics/data** and facilitate benchmarking with regards to service provision.
- **offering opportunities for more effective, consistent collection and collation of data,** which in turn provides opportunities for meaningful national (and international) benchmarking of service provision, and enables comprehensive workforce planning.

## CONCLUSION: the changing future of the health care system

*[T]he quality of patient care has increasingly become a shared responsibility for organisations, the teams within them, and the individual health professionals within those teams.*

Trust, Assurance and Safety—The Regulation of Health Professionals in the 21<sup>st</sup> Century.

New approaches to care and treatment are being implemented, involving a broader range of health professionals working together to provide care across different settings to meet the continuing health needs of individuals. Health care professionals are also under increasing pressure to move patients quickly through the system which, in turn, is generating further changes in health care delivery. While new investments may be required to meet some of Australia's health challenges—such as closing the gap in Indigenous health, managing the rise of chronic disease and reducing the burden of mental illness—'we also need to think differently and create different structures, policies and priorities that allow us to provide care smarter.' (*Beyond the Blame Game*. National Health and Hospitals Reform Commission. 2008. p. 18)

But health is not simply the absence of illness or disease. Our health needs are broader than that, extending to the physical, mental, emotional and social well-being of the individual person. Australia's healthcare system also has a responsibility to protect and promote people's health and wellbeing so that we can perform our tasks of daily living and participate in our family, work, and leisure lives as fully as possible. This goes to the heart of the occupational therapy profession's purpose. National registration will ensure the highest possible standard of occupational therapy with uniform standards across the nation. Registration will consequently provide greater protection for consumers by enabling a workforce that is safe, competent and ethical and in so doing maximising their health and well-being.

# APPENDIX:

## Occupational Therapy Regulation Internationally

The vast majority of countries that responded to a recently conducted WFOT survey have registration/certification for the occupational therapy profession. Australia is the only country with partial registration.

### WORLD FEDERATION OF OCCUPATIONAL THERAPISTS

Country	Registration	Country	Registration
<b>Full Members</b>			
Argentina	Yes	Australia	Partial
Austria	Yes	Bangladesh	Not available
Belgium	Yes	Brazil	Yes
Canada	Yes	Chile	Not available
Colombia	Not available	Czech Rep	Yes
Denmark	Yes	Estonia	Yes
Finland	Yes	France	Yes
Germany	Yes	Greece	Yes
Hong Kong	Yes	Iceland	Yes
India	Yes	Indonesia	Yes
Iran	Yes	Ireland	Yes
Israel	Yes	Italy	No
Japan	Yes	Jordan	Yes
Kenya	Yes	Korea Rep	Yes
Latvia	Yes	Malaysia	No
Malta	Yes	Mauritius	Not available
Mexico	Not available	Netherlands	Yes
New Zealand	Yes	Norway	Yes
Pakistan	Not available	Palestine	Yes
Philippines	Yes	Portugal	Yes
Russia	No	Singapore	Yes
Slovenia	Yes	South Africa	Yes
Spain	Yes	Sri Lanka	Not available
Sweden	Yes	Switzerland	No
Taiwan (ROC)	Yes	Tanzania	Yes
Thailand	Yes	Uganda	Yes
United Kingdom	Yes	United States of America	Yes
Venezuela	Yes	Zimbabwe	No
<b>Associate Members</b>			
Bermuda	Yes	Cyprus	Yes
Georgia	Not available	Luxembourg	Yes
Macau	Partial	Namibia	Yes
Nigeria	Yes	Panama Rep	Yes
Peru	Not available	Turkey	Not available

## LETTERS OF SUPPORT



**Australian Government**  
**Department of Education, Employment and Workplace Relations**

Our Ref E507/14589

Ms Joanna Riches  
 Chairperson  
 Council of Occupational Therapists Registration Boards (Australia & New Zealand) Inc  
 PO Box 229  
 TORRENSVILLE PLAZA SA 5031

Dear Ms Riches

I refer to your e-mail of 2 September 2008 to Margaret Proctor, Director of the Educational & Professional Recognition Unit (EPRU), in which you requested on behalf of the Council of Occupational Therapists Registration Boards (COTRB) an expression of support for the occupational therapy profession's application to be included in the national registration and accreditation scheme for the health professions.

This scheme was established by an Intergovernmental Agreement between all states and territories and the Australian Government on 26 March 2008, and is currently limited to those health professions that are regulated in all states and territories. Professions seeking to be included in the national registration and accreditation scheme must make an application to the Health Workforce Principal Committee in accordance with the Intergovernmental Agreement's Criteria for Assessing the Need for Statutory Regulation of Unregulated Health Occupations, for decision by the Australian Health Ministers' Advisory Council. I understand that a joint application will be made to the Committee by COTRB and OT Australia, expressing the unified support of the occupational therapy profession for this initiative.

EPRU has had a lengthy involvement with COTRB in the context of the General Skilled Migration programme. Since 1999, when COTRB was approved as a migration assessing authority for the occupation Occupational Therapist (ASCO Code 2383-11), EPRU has supported it through the provision of information, advice and networking opportunities such as the annual assessing authorities' conference. The Director of EPRU is an observer on COTRB's Overseas Qualifications Assessment Committee. This regular engagement has given EPRU insight into the occupational therapy profession and the issues and challenges it faces.

I consider the occupational therapy profession's decision to seek inclusion in the national registration and accreditation scheme for the health professions to be a positive step. It acknowledges the importance of national consistency in the health professions with regard to educational and professional practice standards. It also acknowledges the importance of national consistency in the assessment of occupational therapy qualifications gained overseas, in accordance with objective 5.3 (c) of the Agreement, "facilitate the provision of high quality education and training and rigorous and responsive assessment of overseas-trained practitioners".

I wish COTRB and OT Australia every success with their application to the Committee.

Yours sincerely

Scott Evans  
 Branch Manager  
 Multilateral, Middle East, South & South East Asia Branch  
 International Group

10 September 2008

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## LETTERS OF SUPPORT

Practitioner Regulation Subcommittee  
 NRAIP@dhs.vic.gov.au  
 National Health Ministers' Advisory Council

15 September 2008.

To Whom it May Concern,

I am writing in support of a submission by Mr Ron Hunt CEO, OT Australia National and Mr Brenton Kortman, Chair Council of Occupational Therapy Registration Boards (COTRB) regarding the National Registration of Occupational Therapists.

The Australian and New Zealand Council of Occupational Therapy Educators (ANZCOTE) represents the heads of all occupational therapy schools in Australia and New Zealand, currently 15 schools across both countries. The role of ANZCOTE is to (1) develop and communicate a shared vision for occupational therapy education now and in the future, (2) provide strategic developments in occupational therapy education, (3) promote the development, monitoring and review of factors that impact on the outcomes of occupational therapy education, (4) advocate for best practice in occupational therapy education, (5) respond to issues that affect occupational therapy students, and (6) respond to policies and issues in clinical/ practice education and to concerns identified by clinical/practice educators through Australian and New Zealand Occupational Therapy Fieldwork Alliance (ANZOTFA).

To this end, the national registration of all occupational therapy students graduating from occupational therapy schools across the country is of significant importance to heads of schools. Currently graduates from occupational therapy schools accredited by OT Australia and the World Federation of Occupational Therapists (WFOT) are eligible for registration in states and territories with registration. The current situation is very unsatisfactory as graduates in different states must comply with different regulations and legislation with regard to practice.


ANZCOTE members are of the strong opinion that the public's safety will be best guaranteed by having a national process of registration that ensures that not only are graduates fit for practice on entry to the profession but that they maintain professional learning and development that continues to certify that their practice is current and meets ongoing competency standards. Registration boards have the capacity to monitor this in a uniform manner as currency of practice is a component of the legislation under which registration boards operate. Given the significant changes to the scope and complexity of occupational therapy practice over the past two decades, the number of new graduates who work in sole positions, frequently without direct supervision, and the vulnerability of many of the clients with whom occupational therapists work, there is an urgent need for monitoring currency of practice and for specific procedures to manage disciplinary processes where required, in order to maintain the safety of the public.

Hence, as Chair of ANZCOTE, and with the full support of the ANZCOTE membership, I strongly endorse the joint submission of both the national professional association and COTRB regarding national registration.

Yours sincerely,



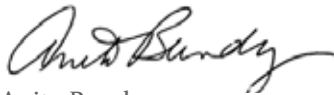
Associate Professor Sylvia Rodger  
B. Occ. Thy., M.Ed. St., PhD.  
Chair ANZCOTE  
The Australian and New Zealand  
Council of Occupational Therapy Educators



Michael Curtin  
BOccThy, MPhil, EdD  
Charles Sturt University



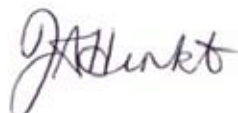
Craig Greber  
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Anne Passmore PhD  
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Auckland University of Technology

Marion Gray  
James Cook University

## LETTERS OF SUPPORT

Practitioner Regulation Subcommittee  
 NRAIP@dhs.vic.gov.au  
 National Health Ministers' Advisory Council

18 September 2008.

To Whom it May Concern,

RE: National Registration of Occupational Therapists.

The Australian and New Zealand Occupational Therapy Fieldwork Academics (ANZOTFA) is a committee representing the professional practice education staff of all occupational therapy schools in Australia and New Zealand. We wish to express our support to a submission by Mr Ron Hunt CEO, OT Australia National and Mr Brenton Kortman, Chair Council of Occupational Therapy Registration Boards (COTRB) regarding the National Registration of Occupational Therapists.

Members of ANZOTFA ensure that the graduates of our occupational therapy programs engage in professional practice placements under the supervision of occupational therapists in the community. These professional practice placements support the students' attainment of graduate competencies and attributes. The national registration of all occupational therapy students graduating from occupational therapy schools across the country is of significant importance to ANZOTFA members. Graduates are potentially professionals who will take on the role of the professional practice education of students. ANZOTFA members respond to issues of best practice in professional placements and to community issues that impact on the clinical education of our students. We are in strong support of national registration of all occupational therapists.

Currently graduates from all occupational therapy schools accredited by OT Australia and the World Federation of Occupational Therapists (WFOT) are eligible for registration in states and territories with registration. It is a requirement of our schools, located in states where registration exists, that students are educated on placement by occupational therapists who are registered practitioners. The registration of these practice educators gives confidence to ANZOTFA that the educator is maintaining professional learning and development and that their practice is current, meeting professional competency standards. Registration boards operate under a legislative framework that has the capacity to monitor the currency of professional practice.

Occupational therapists are involved in health promotion and in the care of many people within the community who are vulnerable due to illness or disability. In order to maintain the safety of the public there exists an ongoing need for monitoring the currency of practice and for specific procedures to manage disciplinary processes of professionals when required. This is the role undertaken by registration boards. It is the belief of ANZOTFA that the public's safety will be best supported by a national process of registration ensuring that graduates are fit for practice on entry to the profession, and that students are supervised and educated by registered practitioners on practice placements.

In summary ANZOTFA strongly endorses the joint submission of both the national professional association and COTRB regarding national registration.

Yours sincerely,



Cate Fitzgerald  
The University of Queensland  
ANZOTFA Joint Chair 2008  
(Australian and New Zealand Occupational  
Therapy Fieldwork Academics)

On behalf of the following members:

Karen Salata  
James Cook University

Lee Zakrzewski  
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Natala Cogger, Nicola Hancock, Jacqui Webster  
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The University of Sydney

Michael Curtin  
Charles Sturt University

Rosemarie Dravnieks  
Edith Cowan University

Pamela Kirke  
Monash University



Submission from the

- > Occupational Therapy Profession
- > Council of Occupational Therapists  
Registration Boards  
(Australia & New Zealand)
- > OT Australia

to the Australian Health Workforce Principles  
Committee for inclusion in the national  
registration and accreditation scheme



The occupational therapy submission clearly sets out that if the objectives of the proposed National Scheme is to provide for the protection of the public by ensuring that only practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered, then national registration for occupational therapists is essential. Occupational therapy services that are not provided competently and professionally compromise individual health outcomes, erode public trust in the quality of their clinical practice, and can result in injury and fatality. The submission clearly outlines the risks that the public is exposed to from unregistered professionals and describes the learnings from a number of coronial inquiries, court cases and Commissions, such as the Victorian Health Services Commission. In addition, learnings from the independent review of Queensland Health's administrative, workforce and performance management systems, in the wake of the Dr Patel incident, should not be ignored. This review reported that the public expect well trained and competent clinicians and that professionals have appropriate registration and the ability to meet the clinical competencies required.

Inclusion of the occupational therapy profession in the National Registration and Accreditation Scheme will provide a sound framework to manage the potential risks to public safety that may arise from occupational therapists working without the support and governance of rigorous quality assurance mechanisms.

The multiple benefits to the public of regulating the occupational therapy profession through a single national registration and accreditation process considerably outweigh the relatively insignificant costs, and include:

- Ensuring the Australian community can identify occupational therapists who are appropriately qualified and skilled to provide occupational therapy services;
- Overcoming the disadvantages associated with mutual recognition as it presently operates and so remove some impediments to more efficient workforce deployment and mobility;
- Providing the public with increased clarity regarding the pathways for lodging a complaint and overseeing and making decisions on the complaints and disciplinary process;
- Managing the assessment and monitoring of overseas trained occupational therapists seeking to work in Australia;
- Managing the re-entry of occupational therapists to the workforce after prolonged absences; and
- Managing the placement of conditions on the practice of and monitoring impaired practitioners.

There is currently a perfect opportunity to nationally register this front line health service through the process set up to include partially registered health professions in Australia.

Recently the Council was notified by the SA Minister of Health on 31 March 2009 that –

“At the Australian Health Ministerial Council meeting on 5 March 2009, occupational therapy was not included in the next group of professions to join the National Scheme from 1 July 2012. However, Ministers agreed to review those professions that have not been timetabled for national registration at this stage.

The continued registration in individual jurisdictions of any profession not to be included in the National Scheme will be a matter for the relevant Health Minister to decide.

In the event that occupational therapy is not to be included in the National Scheme, I will consider what arrangements should be put in place for their registration in South Australia.”

The professions that apparently were included were Aboriginal Health, Chinese Medicine and Medical Radiation Practitioners.

The Council has serious concerns about this decision and the implications for the future of occupational therapy registration in Australia.

The occupational therapy profession's submission is enclosed for your information or is available at [www.cotrb.com.au](http://www.cotrb.com.au), under "Publications".

If I can be of any further assistance please contact me on (08) 8443 9375 or email [admin@cotrb.com.au](mailto:admin@cotrb.com.au)

Yours sincerely

A handwritten signature in black ink on a light blue rectangular background. The signature is stylized and appears to read 'Peter Martin'.

**Peter Martin**  
**Executive Officer**

Encl.