Australian **occupational therapy** competency standards 2018

20 February 2018

A snapshot

Australian occupational therapy competency standards (AOTCS) 2018

Standard 1: Professionalism

An occupational therapist practises in an ethical, safe, lawful and accountable manner, supporting client health and wellbeing through occupation and consideration of the person and their environment.

Standard 2: Knowledge and learning

An occupational therapist's knowledge, skills and behaviours in practice are informed by relevant and contemporary theory, practice knowledge and evidence, and are maintained and developed by ongoing professional development and learning.

Standard 3: Occupational therapy process and practice

An occupational therapist's practice acknowledges the relationship between health, wellbeing and human occupation, and their practice is client-centred for individuals, groups, communities and populations.

Standard 4: Communication

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

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1. Introduction

Background to the *Australian occupational therapy competency standards (AOTCS) 2018*

The *Australian occupational therapy competency standards* (the competency standards) were commissioned by the Occupational Therapy Board of Australia (the National Board) through the Australian Health Practitioner Regulation Agency (AHPRA). They describe the standards expected for competent practice by occupational therapists for registration and for regulation of the profession by the National Board. They are also intended for use by employers, education providers, individual practitioners and consumers of occupational therapy services.

The current competency standards represent a broadening of the previous *Australian minimum competency standards for new graduate occupational therapists (ACSOT) 2010*, which were primarily focused on entry to the profession. Since the development of the ACSOT, there has been a significant increase in the practice contexts in which occupational therapists engage with consumers of their services. The current competency standards incorporate the diversity of roles and contexts that now exist in occupational therapy practice.

Summary of activities and outcomes from the competency standards review cycle

1994	The *Australian competency standards for entry level occupational therapists* developed by Occupational Therapy Australia.
2007	Research study *Mapping the future of occupational therapy education in the 21st century: Review and analysis of existing Australian competency standards for entry-level occupational therapists and their impact on occupational therapy curricula across Australia* undertaken with funding from the Australian Learning and Teaching Council.
2010	*Australian competency standards for for new graduate occupational therapists* (ACSOT) developed and ratified by Occupational Therapy Australia (OTA).
2011	Occupational Therapy Board of Australia established under the National Accreditation and Assessment Scheme on 1July 2011.
2012	Occupational therapists were registered across Australia for the first time on 1 July 2012.
2015	Occupational Therapy Board of Australia initiated a project to review ACSOT in light of new regulatory environment for occupational therapists.
2016-2017	Extensive preliminary and public consultation with key and interested stakeholders.
December 2017	*Australian occupational therapy competency standards* (AOTCS) 2018 endorsed by the National Board.
February 2018	*Australian occupational therapy competency standards* (AOTCS) 2018 launched.

These competency standards were developed following extensive and wide-ranging consultation with the profession, educators, the National Board's accreditation authority, members of the public and consumers of occupational therapy services. The National Board would like to particularly acknowledge the contribution of the expert opinion provided by its Competency Standards Reference Group and Competency Standards Advisory Panel, as well as the invaluable contributions provided by the National Aboriginal and Torres Strait Islander Occupational Therapy Network, Indigenous Allied Health Australia and AHPRA's Community Reference Group.

Aboriginal and Torres Strait Islander Peoples and cultural diversity

These competency standards have evolved within a particular cultural and social timeframe in Australia. The competency standards recognise that Aboriginal and Torres Strait Islander Peoples are the Traditional Custodians of this country and hold many cultural values and beliefs, which are diverse, complex and evolving.

The history of colonisation and its adverse effects for Aboriginal and Torres Strait Islander Peoples, such as the breakdown of culture, experiences of racism and the impacts of past government, must be acknowledged to ensure the delivery of safe, accessible and responsive occupational therapy services. Cultural responsiveness and capabilities for practice with Aboriginal and Torres Strait Islander Peoples assist with supporting their self-determination and quality of life. Evidence indicates that Aboriginal and Torres Strait Islander Peoples are more likely to access health services where, among other things, providers communicate respectfully, and have awareness of underlying social issues and culture.[1] These competency standards specifically acknowledge the need for occupational therapists to enhance their cultural responsiveness and capabilities for practice with Aboriginal and Torres Strait Islander Peoples.

Australia has a longstanding history of migration, and this contributes to its culturally and linguistically diverse population. The need for respectful, collaborative, safe and culturally responsive practice is supported in these competency standards, where occupational therapists recognise that historical, political, cultural, societal, environmental and economic factors influence clients' health, wellbeing and occupational participation. The competency standards demonstrate commitment to working collaboratively across different cultural and social groups.

Relevant bodies and organisations in Australia also have standards, laws and codes that apply to occupational therapists, and these continue to be supported by the competency standards. These documents are referenced in the section *Links to relevant agencies and documentation*.

Occupational therapy is a client-centred profession concerned with promoting health and wellbeing through occupation not only for individuals but also for families and communities. The competency standards reflect the use of an occupational therapy process that focuses on the clients' personal, occupational and environmental enablers and barriers to promote health, wellbeing and occupational participation.

Format of the competency standards

The competency standards were developed through consultation with the profession, the public and other relevant bodies. They focus on four conceptual areas of occupational therapy practice, namely: professionalism; knowledge and learning; occupational therapy process and practice; and communication.

Each of the four competency standards is further described by a number of practice behaviours. The practice behaviours communicate to an occupational therapist and the public the expected behaviours an occupational therapist should demonstrate under each competency standard. Terms used in this document are defined in the *Glossary*. Clients of occupational therapists can also consult these competency standards to understand what practice behaviours they can expect from occupational therapists. The competency standards describe the level of competency required for safe practice by an occupational therapist in a range of contexts and situations.

Uses of the competency standards

The competency standards apply to all occupational therapists, including those working in research, education, management or other roles not involving direct contact with clients. Clients referred to in the competency standards can be individuals, groups, organisations, communities or populations.

The competency standards have been designed for regulatory use and will be a benchmark for the standard of practice deemed suitable by the profession. The competency standards also provide a resource for employers and managers of services about what to expect of a competent occupational therapy workforce and the safety of their clients. The competency standards may be used by education providers to underpin programs of study to produce safe and competent new graduates.

Through the use of these competency standards, the National Board can expect that all occupational therapists registered in Australia, whether they have qualified in Australia or overseas, or have re-registered after a break from practice, are safe and competent. The competency standards apply equally to the wide array of practice settings within which occupational therapists work and interact with clients. The competency standards and practice behaviours are not presented in order of importance. Rather, every standard and behaviour is considered to be equally important and together describe competent practice.

Occupational therapists can reflect upon and discuss with their peers each competency standard and its associated practice behaviours to develop a shared understanding of the safe and competent occupational therapy practice required for each practice setting.

Review

The competency standards will be reviewed from time to time as required. This will generally occur at least every five years.

Date of effect: 1 January 2019

These competency standards replace the previous *Australian minimum competency standards for new graduate occupational therapists* (ACSOT) dated September 2010.

2. Competency standards

Standard 1
Professionalism

An occupational therapist practises in an ethical, safe, lawful and accountable manner, supporting client health and wellbeing through occupation and consideration of the person and their environment.

An occupational therapist:

1. complies with the Occupational Therapy Board of Australia's standards, guidelines and *Code of conduct*
2. adheres to legislation relevant to practice
3. maintains professional boundaries in all client and professional relationships
4. recognises and manages conflicts of interest in all client and professional relationships
5. practises in a culturally responsive and culturally safe manner, with particular respect to culturally diverse client groups
6. incorporates and responds to historical, political, cultural, societal, environmental and economic factors influencing health, wellbeing and occupations of Aboriginal and Torres Strait Islander Peoples
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 their values and culture on practice
10. practises within limits of their own level of competence and expertise
11. maintains professional competence and adapts to change in practice contexts
12. identifies and uses relevant professional and operational support and supervision
13. manages resources, time and workload accountably and effectively
14. recognises and manages their 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 students, and
17. recognises and manages any inherent power imbalance in relationships with clients.

Standard 2
Knowledge and learning

An occupational therapist's knowledge, skills and behaviours in practice are informed by relevant and contemporary theory, practice knowledge and evidence, and are maintained and developed by ongoing professional development and learning.

An occupational therapist:

1. applies current and evidence-informed knowledge of occupational therapy and other appropriate and relevant theory in practice
2. applies theory and frameworks of occupation to professional practice and decision-making
3. identifies and applies best available evidence in professional practice and decision-making
4. understands and responds to Aboriginal and Torres Strait Islander health philosophies, leadership, research and practices
5. maintains current knowledge for cultural responsiveness to all groups in the practice setting
6. maintains and improves currency of knowledge, skills and new evidence for practice by adhering to the requirements for continuing professional development
7. implements a specific learning and development plan when moving to a new area of practice or returning to practice
8. reflects on practice to inform current and future reasoning and decision-making and the integration of theory and evidence into practice
9. maintains knowledge of relevant resources and technologies, and
10. maintains digital literacy for practice.

Standard 3
Occupational therapy process and practice

An occupational therapist's practice acknowledges the relationship between health, wellbeing and human occupation, and their practice is client-centred for individuals, groups, communities and populations.

An occupational therapist:

1. addresses occupational performance and participation of clients, identifying the enablers and barriers to engagement
2. performs appropriate information gathering and assessment when identifying a client's status and functioning, strengths, occupational performance and goals
3. collaborates with the client and relevant others to determine the priorities and occupational therapy goals
4. develops a plan with the client and relevant others to meet identified occupational therapy goals
5. selects and implements culturally responsive and safe practice strategies to suit the occupational therapy goals and environment of the client
6. seeks to understand and incorporate Aboriginal and Torres Strait Islander Peoples' 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 or achieve client outcomes
11. evaluates client and service outcomes to inform future practice
12. uses effective collaborative, multidisciplinary and interprofessional approaches for decision-making and planning
13. uses appropriate assistive technology, devices and/or environmental modifications to achieve client occupational performance outcomes, and
14. contributes to quality improvement and service development.

Standard 4
Communication

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

An occupational therapist:

1. communicates openly, respectfully and effectively
2. adapts written, verbal and non-verbal communication appropriate to the client and practice context
3. works ethically with Aboriginal and Torres Strait Islander communities and organisations to understand and incorporate relevant cultural protocols and communication strategies, with the aim of working to support self-governance in communities
4. uses culturally responsive, safe and relevant communication tools and strategies
5. complies with legal and procedural requirements for the responsible and accurate documentation, sharing and storage of professional information and records of practice
6. maintains contemporaneous, accurate and complete records of practice
7. obtains informed consent for practice and information-sharing from the client or legal guardian
8. maintains collaborative professional relationships with clients, health professionals and relevant others
9. uses effective communication skills to initiate and end relationships with clients and relevant others
10. seeks and responds to feedback, modifying communication and/or practice accordingly, and
11. identifies and articulates the rationale for practice to clients and relevant others.

3. Supporting resources

List of abbreviations

AHPRA	Australian Health Practitioner Regulation Agency
ACSOT	*Australian minimum competency standards for new graduate occupational therapists 2010*
CPD	Continuing professional development
COAG	Council of Australian Governments
ICF	International Classification of Functioning, Disability and Health
OTA	Occupational Therapy Australia
The National Board	Occupational Therapy Board of Australia
WFOT	World Federation of Occupational Therapists

Glossary

A **client** is the direct recipient of occupational therapy services, and may be an individual, family member, significant other, group, organisation, community or population.[2] Family members and carers may be considered clients in many occupational therapy settings.

Client-centred practice promotes and respects the needs, desires, knowledge, experiences, beliefs and priorities of the client, and seeks the client's active participation in service planning, development and delivery.[2]

Collaboration involves partnerships in which members work together and use a coordinated and cooperative approach to solve problems or provide services.[2]

Effective **communication** involves listening to, asking for and respecting the views of clients, informing clients of the nature of and needs for all aspects of care, and giving clients adequate opportunity to question or refuse intervention and treatment. It involves discussing with clients all available healthcare options, and communicating in a way that meets their specific language, cultural and communication needs, including those who require assistance because of their English skills or because of impairment.

More guidance about what is considered effective communication is defined in the Occupational Therapy Board of Australia's *Code of conduct*.

Competence defines the successful use of knowledge, technical and interpersonal skills, and judgement in a manner that aligns with evidence based standards of care and the expectations of the profession. Competence is gained through experience and training.[3]

Competency is the knowledge, skills, values and attitudes of a health practitioner against standards of practice that are observable in the health profession.[4]

Competency standards 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 that underpin service, and identify aspects of task performance that are observable in the workplace.[3]

A **conflict of interest** arises in practice when a practitioner, entrusted with acting in the interests of a patient or client, also has financial, professional or personal interests or relationships with third parties that may affect his or her care of the patient or client. Multiple interests are common. They require identification, careful consideration, appropriate disclosure and accountability. When these interests compromise, or might reasonably be perceived by an independent observer to compromise an occupational therapist's primary duty to the patient or client, the practitioner must recognise and resolve this conflict of interest in the best interests of the client.

For an overview of conflicts of interest, refer to the Occupational Therapy Board of Australia's *Code of conduct*.

Contemporaneous refers to the act of recording information about a certain event as soon as possible, either as the event is occurring or shortly after its conclusion, to ensure an accurate record of events and relevant issues are noted correctly and in order.[5]

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

Cultural capability is the combination of cultural awareness and culturally safe practice. It refers to the integration and transformation, within appropriate cultural settings, of knowledge about individuals and groups of people into specific standards, policies, practices and attitudes to enhance the quality of health services to produce better health outcomes.[6]

Culturally responsive describes strengths-based, action-oriented and 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 diverse 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.[7]

Health professionals use a variety of terms (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. Some of these terms have been defined in the *Aboriginal and Torres Strait Islander health curriculum framework* (2014).[8]

Delegation 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.

Digital literacy is the ability to search, navigate, evaluate, create and communicate information effectively 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.[9]

Evidence-based practice is the integration of research evidence, clinical expertise, client values and circumstances, and the practice context into service delivery and decision-making.[10, 11]

Handover is the process of transferring all responsibility to another practitioner.

Interprofessional practice involves practitioners collaborating with other health professionals to deliver services and care programs with a common purpose.[12]

An **intervention** may include, among other things, participation in occupational activities, the provision of equipment, modifications to the environment, and education.[2]

A **national board** is appointed by Ministerial Council to regulate the health profession in the public interest and meet the responsibilities set down in the National Law.

The **National Law** is the Health Practitioner Regulation National Law, as in force in each state and territory. 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 and Queensland is no longer participating in Part 8, Divisions 3 to 12.

The **National Scheme** is the National Registration and Accreditation Scheme for registered health practitioners, which was established by the Council of Australian Governments (COAG).

Occupation means all the things that people value for personal or cultural purposes and that serve the purpose of self-care, productivity and leisure.[2]

Occupational justice is concerned with issues such as equity and fairness in respect to engagement in diverse and meaningful occupation.[13]

Occupational performance 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'.[14] (p.181)

An **occupational therapy process** involves the client and health professional collaborating to determine the most appropriate interventions that align with a client's goals and desired results; interventions are selected using best available practice and professional reasoning.[2]

A significant **power imbalance** 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 client. In all cases, the health practitioner (not the client) is responsible for acknowledging that a power imbalance exists, considering its impact on the therapeutic relationship and communicating with the client regarding the nature of the relationship.

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

Professional boundaries 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 that are not relevant to the therapeutic relationship.

Professional boundaries are integral to a good practitioner–patient/client relationship. They promote quality care of patients or clients and they protect both parties.

Professional (or clinical) reasoning is the process used by health professionals to plan, direct, perform and reflect on client care.[15]

Referral 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.

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

References

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Links to relevant agencies and documentation

Australian Charter of Healthcare Rights
www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights

Australian Commission on Safety and Quality in Health Care
www.safetyandquality.gov.au

Australian minimum competency standards for new graduate occupational therapists (ACSOT) 2010
www.otaus.com.au/sitebuilder/aboutus/knowledge/asset/files/16/australian_minimum_competency_standards_for_new_grad_occupational_therapists.pdf

Australian Government, Department of Health, Ageing and Aged care
www.agedcare.health.gov.au

Australian Health Practitioner Regulation Agency
www.ahpra.gov.au

Code of conduct, Occupational Therapy Board of Australia
www.occupationaltherapyboard.gov.au/Codes-Guidelines/Code-of-conduct.aspx

Indigenous Allied Health Australia
www.iaha.com.au

International Classification of Functioning, Disability and Health (ICF)
www.who.int/classifications/icf/en

National Disability Insurance Scheme
www.ndis.gov.au

National Health and Medical Research Council
www.nhmrc.gov.au

National Law
www.ahpra.gov.au/About-AHPRA/What-We-Do/Legislation

Occupational Therapy Australia
www.otaus.com.au

Occupational Therapy Board of Australia
www.occupationaltherapyboard.gov.au

Privacy Act 1988
www.oaic.gov.au/privacy-law/privacy-act

Safe Work Australia
www.safeworkaustralia.gov.au

World Federation of Occupational Therapists (WFOT)
www.wfot.org

Notes

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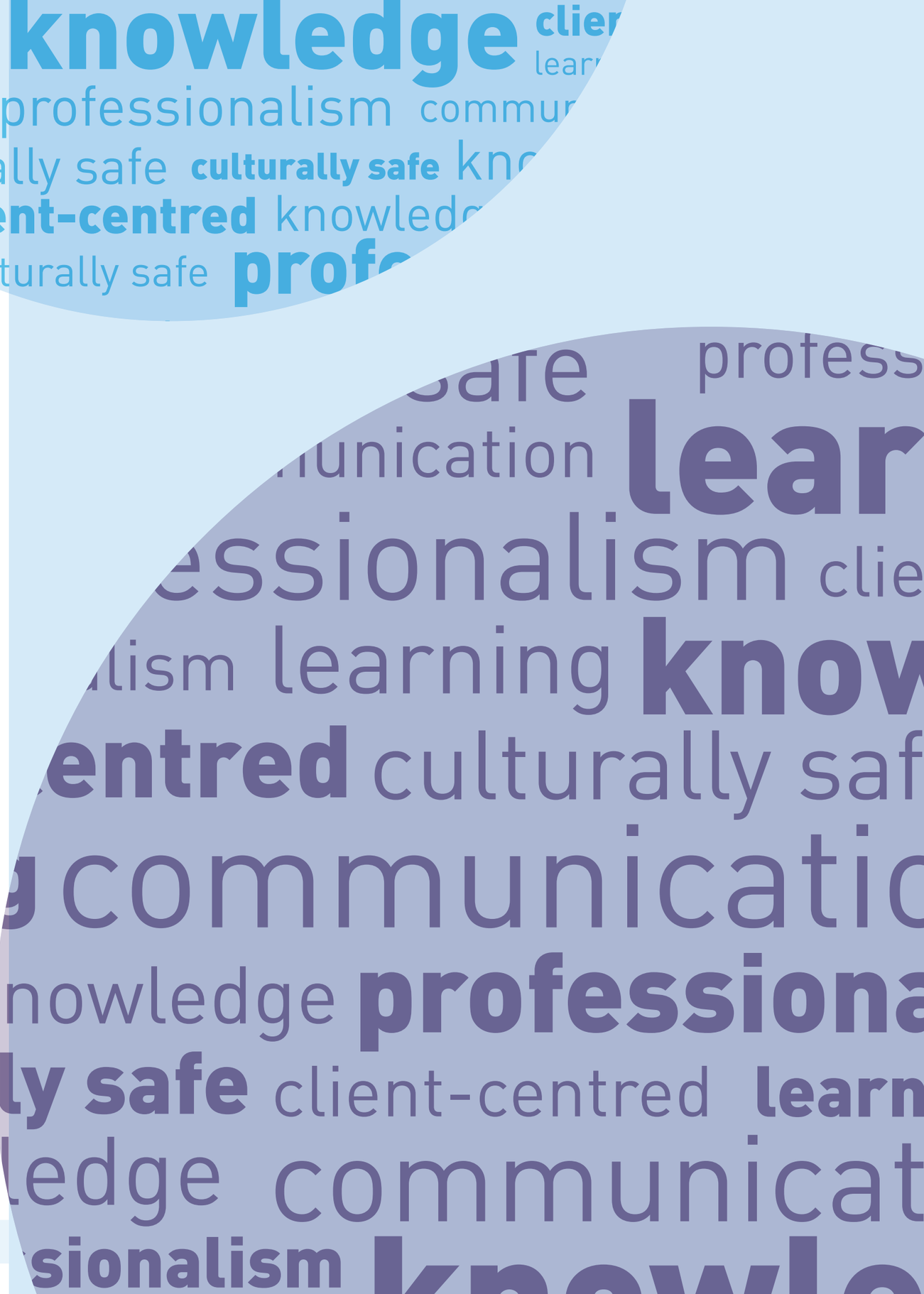
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