

Occupational Therapy Board of NZ
Kaihaumanu Tūroro o Aotearoa

October 2004

Continuing Competence Framework for Recertification *Practitioner Handbook*

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Background

1. The Health Practitioners Competence Assurance Act (2003)

With the introduction of the Health Practitioners' Competence Assurance Act 2003 (HPCAA), authorities such as the Occupational Therapy Board are now required by law to monitor and ensure the professional competence and fitness to practice of all registered practitioners, to protect public safety.

There are three key aspects of health practitioner competence covered by the HPCAA:

- demonstrating **ongoing competence** to practise
- notifying designated authorities of **concerns about practise**
- maintaining mental and physical **fitness to practise**

The main focus of the Framework presented here is ongoing competence.

2. The Continuing Competence Framework for Recertification

The Occupational Therapy Board has developed the Framework to assist it to monitor the continuing competence of all New Zealand registered occupational therapists via regular audit and review processes. Inherent in the Framework is the capacity to identify practitioners who fall below the standards of the baseline competencies for registration, and assist them to improve their competence to an acceptable level where indicated. The focus is thus both to monitor and facilitate professional competence to practise.

It should be noted that the Board's concern is with the practice of occupational therapy in its broadest sense, incorporating notions of development of the profession, as well as recipients of services, and taking account of the many spheres of possible practice which draw on occupational therapy knowledge and practice bases.

This first version of the Framework has been designed for the general scope of practice: occupational therapy, and is thus most readily applicable to practitioners who have direct client contact.

It is envisaged that modifications may be made to the Framework over time to accommodate specialist scopes as they are developed eg. areas of clinical practice which require specialised training and experience, occupational therapy managers, educators, and practitioners in non-traditional or generic roles. In the interim, all practitioners applying for a Practising Certificate renewal (recertification) will be required to adapt the Framework as presented here to fit their individual circumstance.



Background

The Board has elected to adopt a high-trust model which emphasizes individual responsibility, flexibility, and choice. A process of **self-declaration** and **third-party endorsement** forms the basis for Board determination of continuing competence and fitness to practice of an individual practitioner.

The framework requires practitioners to assess their competence within the general scope of practice in relation to the Board's *Competencies for Registration as an Occupational Therapist (2000)*. It further requires practitioners to set professional development goals in relation to that assessment; develop a plan to achieve objectives; select and provide evidence of undertaking those goals; and evaluate the extent to which those activities maintain or enhance competence.

3. Competency Programmes Reviewed

A number of existing competence programmes were reviewed as part of the development of the Framework, ideas from many of which have been incorporated throughout. See Reference list for details.



Section A

Continuing Competence Framework for Recertification

I. Definitions:

Knowledge involves having absorbed and understood a body of information sufficient to conceptualise the range of professional issues that we can reasonably expect to encounter. It covers a continuum from basic information gained in an initial qualification to specific knowledge for specialised areas of practice, aspects of each of which are likely to change over time. Knowledge is a necessary but not sufficient foundation for competence.

Skill is the ability to effectively apply knowledge in actual practice. As with knowledge, skills cover a continuum from basic clinical skills to advanced technical proficiency.

Judgement involves knowing when to apply which skills under what circumstances. It also involves critical reflection regarding how our own values, attitudes, experiences and social context influence our actions, interpretations, choices and recommendations. Good judgement incorporates the intent of increasing the probability that our actions will benefit and not harm the consumer, and will ensure that all conduct and performance meets professional expectations and standards.

Diligence involves consistently attending to our knowledge, skills and judgement as they are applied in our professional activities and being careful to give priority to the consumer's needs. Diligence involves a willingness to work hard to provide the best service possible for each and every consumer, and in honestly evaluating our own skills and seeking additional training when appropriate. A diligent occupational therapist seeks out professional standards and guidelines that identify the knowledge, skills and judgement essential to practice. Being diligent also incorporates self-awareness of any personal or situational circumstances that might diminish our competence.

Performance is the output and its measurement assesses how well a practitioner is working. The impact of activities that assist in promoting competence can be measured in two key ways – did this activity change my practice in any way? Did this activity benefit the outcome for the consumer?

Ref: College of Alberta Psychologists (adapted)



Section A

II. Principles of the Framework:

The following key principles underlie the Continuing Competence Framework:

accountability – the ultimate responsibility for both maintaining and demonstrating professional competence to practise is deemed to lie with the practitioner as an accountable health professional, guided by a range of professional standards, codes of practice, and conduct. It is expected that where practitioners are employees, employers will facilitate engagement in a range of professional development activities which maintain professional competence.

maintaining competence is an ongoing process which continues over the course of a career, adapting to changes in practice environments, professional domains and consumer needs.

easy to use and understand, and economical - it is envisaged that activities selected as evidence of achievement of identified goals can be readily integrated with regular workplace requirements and professional tasks and roles, rather than being extra/‘extraordinary’. The Board will provide log-on security for on-line updating and storage of Continuing Competence Plans and activities to enable ease of recording.

there is no one best way to maintain competence – the range of activities selected will vary according to individual learning style, identified needs, timing and availability, and context. Other life experiences may also contribute to professional competence, and may be recorded within this framework if they relate to a professional development goal.

III. Components of the Framework:

1. Competence plan

- 1.1 Competency self-assessment
- 1.2 Objectives for continuing competence
- 1.3 Plan for achieving objectives
- 1.4 Record of competence activities
- 1.5 Critical reflection on outcomes
- 1.6 Supervision

2. Recertification Portfolio

3. Self-declaration

4. Third-party declaration

5. Audit

Refer also to Continuing Competence Flowchart [page 12]



Section A

1. Competence Plan

The annual plan consists of a self-assessment of competence, identified objectives, and related activities which are recorded and evaluated on the **Continuing Competence Plan and Record [page 13]**. [www.otboard.org.nz/logon] Follow steps 1.1 – 1.5 below.

1.1 Competency self-assessment

Practitioners should review and evaluate their own performance and identify needs in relation to knowledge, skills, judgement or diligence, based on the **7 core areas of competence** identified in the Occupational Therapy Board's *Competencies for Registration as an Occupational Therapist (Nov 2000)*:

1. Implementation of Occupational Therapy
2. Safe, Ethical and Legal practice
3. Culturally Safe Practice
4. Communication
5. Management of Self and People
6. Management of Environment and Resources
7. Continuing Professional Development

This review should be integrated with workplace contextual features where relevant. Those practitioners who are employed may also need to take employer requirements into account, related to expected tasks and roles, and also in relation to available resources.

Note also the comments on page 3 related to educators/managers and other specialist practitioners.

The following resources and activities may be referenced/incorporated into this process of self-assessment:

- the Code of Ethics for Occupational Therapists (2004 edition)
- supervision
- Position Description requirements
- annual review/performance appraisal/performance objectives
- workplace audit/accreditation requirements and other quality activities eg. client feedback
- practice review
- NZAOT resources
- practice standards specific to the workplace eg. National Mental Health Standards
- peer review
- critical incident analysis



Section A

1.2 Objectives for continuing competence

Based on outcomes of the self-assessment, **identify at least one objective for each of the 7 core competency areas** described in the Board's *Competencies for Registration as an Occupational Therapist* document. You may integrate this activity with your employer-related performance appraisal if relevant.

It is expected that the goals you set will be commensurate with your level of experience and practice context, and be developmental in nature. There may be some circumstances where it is more relevant to focus objectives on a particular area of competence, or you are unable to identify a meaningful objective in one particular area. If this occurs, please document the rationale for any variation.

Try to ensure objectives are **SMART** i.e.

- **S**pecific
- **M**easurable
- **A**ttainable
- **R**esourced
- **T**ime limited

Enter your objectives on the Continuing Competence Plan and Record [page 13] [www.otboard.org.nz/logon].

1.3 Plan for achieving objectives

Formulate a plan, considering the desired outcome and availability of resources along with a variety of ways that objectives might be achieved. Plans need to be flexible to account for possible changes in circumstance. When you update your Plan electronically, you may also wish to keep a hard copy filed in the folder provided. Discuss your Plan with your supervisor/s, so they are aware of the goals you are working towards.

1.4 Record of competence activities

Record the activity(ies) undertaken to meet your set objectives for the year on your Continuing Competency Plan and Record [see page 13] [www.otboard.org.nz/logon]. Once an objective has been achieved, another should be identified, continuing the cyclic process.

Hard copies of the information/evidence related to these activities will form part of your **Continuing Competence Recertification Portfolio**. Keep a record of them filed in the folder provided, under the relevant Competence section.



Section A

1.5 Critical reflection on outcomes

Critical reflection includes a consideration of whether a change in practice has occurred as a consequence of professional development activities undertaken, and whether there is likely to be a consequent benefit to the consumer. This critical reflection may occur independently, in discussion with peers, and/or in supervision.

Although sample questions have been provided to guide critical reflection on the impact of professional development activities (Section A, IV:3 page 14), you may use any tools relevant to your work setting for this purpose.

Competency self-assessment, setting objectives and developing a plan is a cyclical process, with insight into development needs gained both via situations encountered in practice, and focused critical reflection.

1.6 Supervision

The Board's Code of Ethics document mandates that all occupational therapists receive effective professional supervision relevant to their work setting. Supervision is an important component both in the process of developing awareness of self and abilities, and in critical reflection. Because of the opportunity it also affords to receive feedback and guidance, supervision is considered a critical component of continuing competence.

A **supervision log** should be maintained and incorporated in your Continued Competence Recertification Portfolio. This should record details of the nature and frequency of your professional supervision.

Frequency and mode of supervision vary according to professional needs, resources, context, and level of experience, and may incorporate any aspect of professional role e.g. clinical, managerial or cultural. You may have different supervisors/mentors for different roles, and they may be from other disciplines. It is envisaged however, that graduates in their first year of practice receive regular and frequent supervision from an occupational therapist.

Your professional supervisor may or may not be the person who makes the third-party declaration in Section 3 of the Practising Certificate application for renewal (IV:5). See also (4), page 10.



Section A

2. Continuing Competence Recertification Portfolio – evidence of activities

Your **Continuing Competence Recertification Portfolio** is essentially a more detailed, hard copy record of activities undertaken which are relevant to your identified goals for the year, organized according to each Competence area.

It is expected you will clearly link activities to goals, and record sufficient detail for an auditor to evaluate the value of the activity, should you be requested to submit your Recertification Portfolio for Audit. A folder will be provided to facilitate this, with relevant sections, and a summary sheet with headings to complete (eg. Competence area, dates, activity, venue, others involved).

NB your hard copy Continued Competence Recertification Portfolio is *not* intended to be a comprehensive record of *all* your professional activities – merely a sample of those relevant to your goals for that year – but it is likely you will draw on professional records collated for other purposes eg. workplace Performance Appraisal, Cornerstone Programme, Career Pathway progression.

The Sample Competence Activities sheet (IV:4 page 15) lists examples of some possible activities, referenced to competence areas.

3. Self-declaration – Practising Certificate Renewal

This is a statement by the practitioner that his/her professional knowledge, skills, judgement and diligence are such that s/he is competent to practise. In addition, the practitioner answers yes or no to several specific statements (see IV:5)

The declaration forms part of the Practising Certificate renewal (Recertification) application and is submitted when applying for an Practising Certificate. The Board may contact the practitioner if more information is required in relation to any aspect of the declaration.



Section A

4. Third-party declaration - Practising Certificate renewal/recertification

This declaration must be made by a person who is a registered occupational therapist, and who is in a position to attest to your fitness and competence to practise. This person may be your professional supervisor, a peer, or line manager, but may also be a person you approach specifically for the annual declaration. He/she may/may not hold a Practising Certificate.

The evidence required to enable your 3rd party to make the declaration in good faith will vary, but must include sighting and reviewing your Continuing Competence Plan and Record (CCP&R) and Recertification Portfolio with you. Examples include written/verbal endorsement from supervisor/s or colleagues, documentation, exemplars of practice.

Checklist for Practising Certificate renewal:

Submit to the Board:

- Self-declaration
- Third-party declaration
- Completed Practising Certificate renewal application form and fee

Complete and have on hand to present if selected for Audit:

- current Continuing Competence Plan and Record – signed off by third-party
- Recertification Portfolio, incorporating evidence of goals achieved
- Supervision log



Section A

5. Audit

5.1 General and Targeted Audits

Up to 20% of individual practitioners will be audited each year, either randomly selected (general audit) or from specifically targeted groups of practitioners (targeted audit). It is reasonable to expect to be audited at least once every 5 years. It is possible that you may be audited twice in that time, as part of a general audit, and a targeted audit.

If you are selected for audit, the Board will require you to submit your Plan and Recertification Portfolio within 10 working days of receiving the request. If as a consequence the Board has any concerns regarding your documentation and evidence of competency, a more comprehensive **Competence Review** may be undertaken.

5.2 Costs

The costs of general and targeted competence audits are included in the cost of the Annual Practising Certificate, as are Competence Reviews carried out by the Board under section 36(4) as part of an audit process, rather than as a result of any competency concerns being raised.

A practitioner will need to meet the costs of any Competence Review undertaken as a result of a Practising Certificate application audit revealing competence concerns, or a report/complaint/investigation of competence concerns.

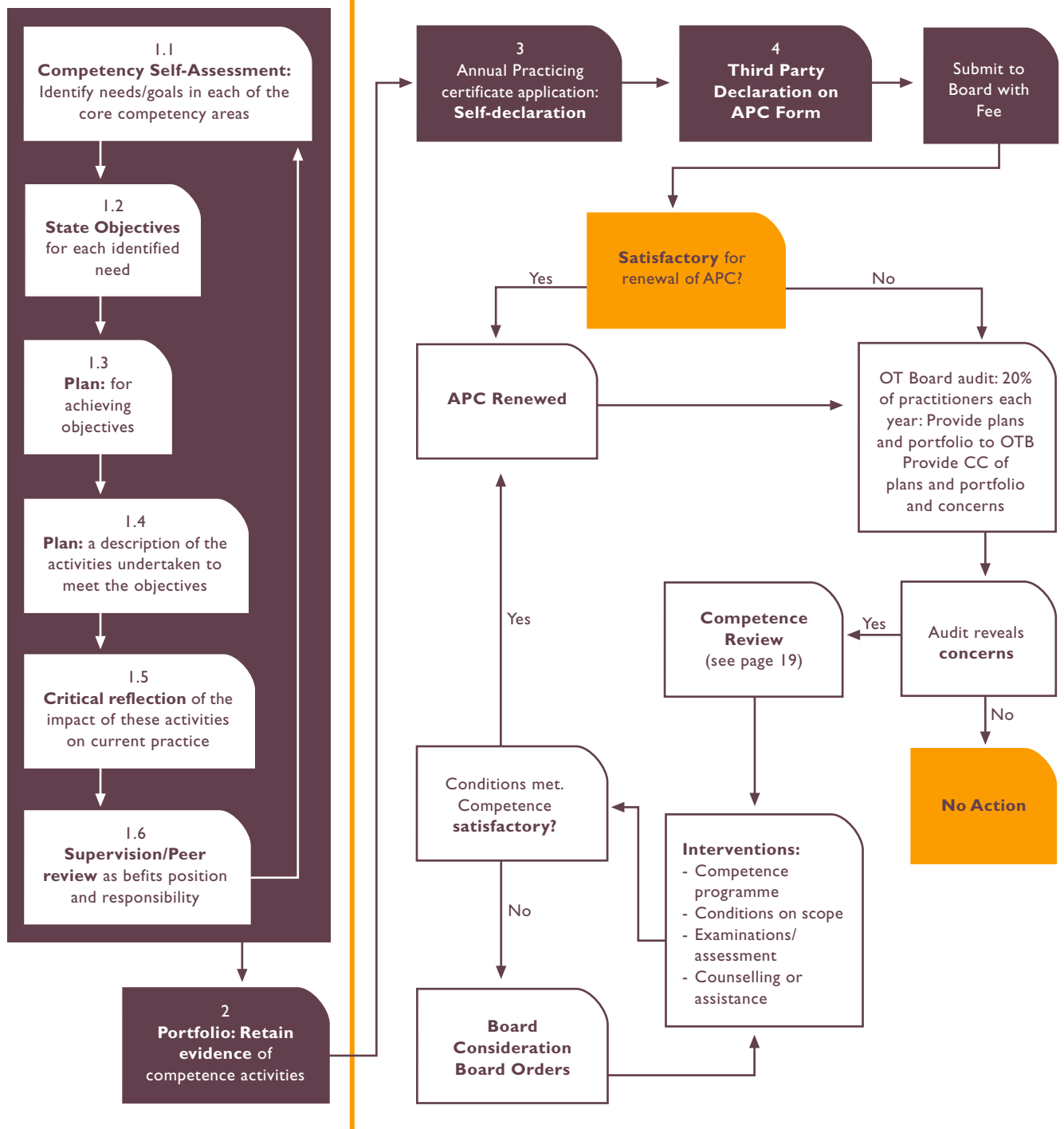


Section A

IV. Continuing Competence Tools:

IV.1 Continuing Competence Flowchart

31 March Each Year





Section A

IV.2 Continuing Competence Plan and Record

COMPETENCY	1.1 Self Assessment 1.2 Goals/objectives	1.3 Planned Activities	1.4 Outcome (actual activities)	1.5 Critical Reflection and Review	1.5 Supervisor/Third Party Comment
1. Implementation of Occupational Therapy					
2. Safe, Ethical, Legal Practice					
3. Culturally Safe Practice					
4. Communication					
5. Management of Self and People					
6. Management of Environment and Resources					
7. Continuing Professional Development					

Third Party sign-off (name and designation) _____ **Registration No:** _____ **Date:** _____

(After sighting and reviewing Plan and Record and supporting documentation)



Section A

IV.3 Questions To Guide Critical Reflection

Impact on aspects of professional competence:

The following considerations may help you evaluate the impact of a particular professional development activity on aspects of your professional competence:

- has your attitude, perception or awareness changed?
- has your knowledge been updated and/or refreshed?
- have you gained or enhanced knowledge?
- have you developed or enhanced skills?
- have you applied new knowledge/skills and continue to use these in your work area?

Impact on outcomes for consumers/others:

You should also consider whether the professional development activity has impacted on outcomes for consumers/others eg. colleagues:

- subjectively perceived positive impact
- observed positive impact on outcomes
- objective feedback from consumers/others confirms positive outcomes

Modified from the New Zealand Dietitians Board Reflection and Evidence Scales.



Section A

IV: 4: Sample Competence Activities

Examples Of Professional Development Activities Related To Core Competence Areas:

1. Implementation of Occupational Therapy

- record of consultation with an expert in a new skill area
- attend presentation or participate in a workshop to update or extend skills
- locate and read a critical review of an intervention from OTSeeker
- successfully complete a postgraduate qualification focusing on practice knowledge or skills
- inter-loan and read a critique of an assessment you currently use
- locate and read information about an unfamiliar health condition of a new client

2. Safe, Ethical, Legal Practice

- take a First Aid refresher course
- participate in an organised debate of an ethically challenging situation
- attend a professional forum at conference or a briefing on proposed legislative changes
- participate in a discussion of government policy or strategy document at an area meeting or Special Interest Group

3. Culturally Safe Practice

- participate in a Treaty of Waitangi workshop
- learn Te Reo or marae protocols
- read literature concerned with culturally embedded ways of knowing
- workshop or presentation critiquing cultural concepts embedded in occupational therapy theory
- targeted review of workplace practices to improve participation by Maori
- study occupational science literature about the meaning of an occupation to people from a specific background
- contribute to the development of an NZAOT position paper on culturally safe practice



Section A

4. Communication

- document your reflections on ways to improve communication with a team member
- develop a brochure for consumers and get feedback about it from them
- critically appraise your communication style in supervision
- consume theory outlining different styles of consultation so that you can communicate your role and responsibilities more clearly
- read research about the perspective of support workers, so that you can more effectively motivate them to deliver occupationally focused health services
- write an article for Insight or a professional journal to share your knowledge
- run an in-service session and gather feedback on how effectively you conveyed your message
- review documentation guidelines and formats to incorporate International Classification of Functioning, Disability and Health terminology

5. Management of Self and People

- receive supervision
- participate in a course on effective supervision (of staff or students)
- prepare a training session for aides or volunteers about effective group work or how to promote older people's participation in meaningful occupations
- audit the way the NZAOT Practice Standards are enacted in your workplace

6. Management of Environment and Resources

- conduct a web search for current workplace safety requirements
- locate and read articles about effectiveness of a selected occupational therapy intervention, to inform decisions about service priorities
- evaluate some aspect of practice, such as whether clinical records demonstrate client-centredness
- participate in a study group focusing on reducing prescription of assistive devices that are not used

7. Continuing Professional Development

- participate in a study group to read the latest version of the Model of Human Occupation and discuss its implications for practice
- enhance skills in evidence based occupational therapy by learning to use an Evidence Based Practice (EBP) website such as OTSeeker
- attend a professional conference
- document critical reflections on an aspect of practice or change in job description to determine professional development goals for the next year



Section A

IV: 5 Practising Certificate Declaration

An example of the type of declarations that may appear on your Annual Practising certificate application form.

Occupational Therapist’s Declaration

I Declare (Please tick the appropriate response)

- 1. I am practising as an occupational therapist at the date of this application Yes No
2. I have maintained the required standard of competence Yes No
3. I am not aware of any physical or mental condition that may impair my practice Yes No
4. I am familiar with, and practise in accordance with the principles inherent in the Code of Ethics for Occupational Therapists Yes No
5. I have lawfully practised as an occupational therapist in the past three years Yes No
6. I am implementing a Competence Plan and my Recertification Portfolio is up to date Yes No
7. I have discussed my Competence Plan with my Supervisor and Third Party Yes No
8. I keep my Continuing Competence Plan and Record updated on the website Yes No
9. I keep my practice record/employment details and personal contact details updated on the website Yes No
10. I do not have any criminal convictions recorded against my name, and there are no criminal charges pending. (excluding convictions for minor traffic offences) Yes No
11. I submitted a copy of my record of convictions with my Application for Registration? Yes No
If yes: Date application for registration submitted
12. If NO to no. 11: I have provided the Board with a record of criminal convictions. Yes No
If Yes: Date sent to the Board:

I declare that all statements made by me on this form are true and correct in every particular

Signature: date: / /20

Declaration of Third Party

To sign this declaration you must :

- be a registered occupational therapist
• be in a position to declare that the practitioner is fit and competent to practise
• have sighted, and discussed with the practitioner, his/her Continuing Competence Plan & Record and Recertification Portfolio.

I declare that to the best of my information, knowledge and belief this occupational therapist is fit and competent to practise.

Full name: Reg No:

Contact Tel No: Preferred hours for contact:

Signature: date: / /20 Position:



Section A

References:

1. College of Alberta Psychologists. (November, 2003) *Continuing Competence Program Proposal*
2. College of Ontario Occupational Therapists. (December, 2000) *Quality Assurance Programme*
3. Council of Occupational Therapist Registration Boards (Australia and New Zealand) Inc. (April 2003). *Ongoing Competencies Model. Draft.*
4. NZAOT, (undated) *Cornerstone – A Programme to Endorse the Professional Development Activities of Occupational Therapists, Manual*
5. NZ Medical Council (September 2003) *Competence Review Policies and Procedures.*
6. NZ Dietitians Board (August, 2002) *Continuing Competence Programme for the Dietetic Profession*
7. Nursing Council of New Zealand (November 2001) *Guidelines for Competence Based Practising Certificates for Registered Nurses*
8. OT Australia, Australian Association of Occupational Therapists Inc. (2001) *ACCOT Accredited Occupational Therapist Program – Assuring Professional Excellence. Manual*
9. The NZ Institute of Medical Laboratory Science (July 10th 2003) *Competence and Continuing Education*
10. NZ Psychologists Board – *Consultation Document on Competence Reviews.*



Section B

Competence Reviews

1. Triggers for Reviews

If an audit reveals that a practitioner is not able to demonstrate competence, or has not been actively participating in a continuing competence programme, the Board may determine that a Competence Review be undertaken. If the review finds that the practitioner does not meet the required standards, the Board may direct the practitioner to undertake a Competence Programme. This Competence Programme will be tailored to address identified needs. In addition, the Board may order that conditions are placed on the practitioner's practice until the Programme has been successfully completed.

The need for a Competence Review may be indicated in various circumstances in addition to lack of evidence to satisfy the Board of competence when applying for an Practising Certificate. The Board must ensure that a practitioner's practice does not pose a risk of harm to the public, and the Board may conduct a Competence Review as a result of:

- a referral from another health professional or Health Authority
- a complaint which has been referred from the Health and Disability Commissioner or the Professional Conduct Committee
- notification from employers if a practitioner has been dismissed for competence, or resigned before competence issues had been addressed.
- a Board directive, whether or not there are competence concerns

The process for reviews and competence programmes will be fair and as open and transparent as possible. While the process is transparent, any dealings with an individual practitioner will be confidential. It is understood that such processes may be stressful, and in assessing the practitioner's competence, and in developing the Competence Programme, the Board will work in a consultative and supportive manner. The review is intended to be informative, evaluative and helpful, and the Competence Programme will be designed to assist the practitioner to address the areas identified.

2. Frivolous or vexatious reports/complaints

All complaints to the Board about competence concerns must be in writing. The Board will follow principles of natural justice in seeking information in relation to the reports. It will consider all the information, including the practitioner's response, and will only proceed with a review if the report is clearly not frivolous or vexatious.



Section B

3. Notification to the practitioner

When reviewing competence, the Board will give the practitioner a notice containing particulars of the substance of the grounds for the review; copies of information; and an opportunity to make submissions and be heard on the matter.

4. Board Consideration

The Board will determine whether or not to refer the matter to a Competence Review Panel. In some cases the Board may determine to address evident matters of concern directly in consultation with the practitioner. If it is evident that the concerns relate to mental or physical impairment, the Board may refer the matter to an Impairment Committee

5. Competence Review Panel and Impairment Committee

A Competence Review Panel will be convened to carry out a competence review.

The practitioner will have an opportunity to comment on the membership of the Competence Review Panel.

The practitioner will also be given an opportunity to comment on the membership of the Impairment Committee.

Both the Competence Review Panel and an Impairment Committee will report directly to the Board with recommendations.

6. Competence concerns as a result of Impairment

If, during an assessment of a report or a complaint about competence, it becomes evident that the practitioner's competence has been affected by illness or disability, the Review Panel will recommend to the Board that the matter be referred to an Impairment Committee.

The Board will first consider the Review Panels' recommendation on whether or not there is a risk of harm, or risk of serious harm to the public. (See Point number 7 over)



Section B

The Impairment Committee will work consultatively with the practitioner to develop a programme of assistance which may include counselling and/or supervision, and/or any other condition on the practitioner's practice to ensure safety of the public, and to assist the practitioner to meet the required competence standards.

Practitioners may also inform the Board if they are aware that their own practice is being affected by some mental or physical impairment to the extent that it is likely to pose a risk of harm to the public. The Impairment Committee will work with the practitioner and recommend interventions or conditions on the scope of practice.

7. Board determination of Risk of Harm and Risk of Serious Harm

Risk of Harm: In all instances that the Board receives a written notification that the practitioner is practising below the required standard of competence, the Board must assess the risk of harm. This assessment will follow the initial Competence Review Panel report and recommendations to the Board.

In cases where the Board assesses there is a risk of harm, the Board is required to notify the ACC, the Director-General of Health, the HDC and the practitioner's employer and associates of the circumstances that give rise to that belief

Risk of Serious Harm: The Board may order interim suspension of a practising certificate, or limit the practice of a practitioner pending a review if there are reasonable grounds to believe that the practitioner poses a risk of serious harm to the public by practising below the required standard of competence. (Section 39).

The practitioner will have an opportunity to make submissions and be heard by the Board before such an order is made.

Required Standard of Competence: In cases where the practitioner is incompetent in some areas of the required competencies, but is assessed as not posing a risk of harm, a full Competence Review may not be required. The Board will work in a consultative manner with the practitioner to develop a suitable Competence Programme to address the identified competency needs.

Concerns related to matters of ethics or misconduct: Disciplinary concerns are distinct from competence issues and will be referred to the Professional Conduct Committee for investigation. If necessary, these matters will then proceed to the Disciplinary Tribunal.



Section B

8. Board Orders after Competence Review

If, after conducting a Competence Review, the Board has reason to believe that the practitioner fails to meet the required standard of competence, the Board must make one or more of the following orders:

- (a) that the practitioner undertake a Competence Programme;
- (b) that one or more conditions be included in the practitioner's scope of practice;
- (c) that the practitioner sit an examination or undertake an assessment specified in the order;
- (d) that the practitioner be counselled or assisted by one or more nominated persons.

9. Privacy/Disclosure of Information

9.1 Disclosure to Complainants

The Board will only disclose policies and procedure details to complainants. No details of the Competence Review or the Competence Programme will be disclosed to a third party without the prior consent of the practitioner (except in cases where the complainant is the employer, business partner or associate of the practitioner and section 38(1) applies).

9.2 Privacy of Information on File

With the exception of certain circumstances (see 9.3 over) described in the HPCAA which require reporting of specific information, the Board will not disclose any non-public information to a third party without the written permission of the practitioner to do so.



Section B

9.3 HPCAA Requirements for Notifications to be made

The exceptional circumstances in the legislation mentioned in 9.2 include:

- **Notification of Risk of Harm:**

Section 35(1) requires the Board to notify certain persons if there is a risk of harm to the public:

- (a) the Accident Compensation Corporation
- (b) the Director-General of Health
- (c) the Health and Disability Commissioner
- (d) any person who, to the knowledge of the Board, is the employer of the practitioner.

- **Notifying Board Orders after Competence Review:**

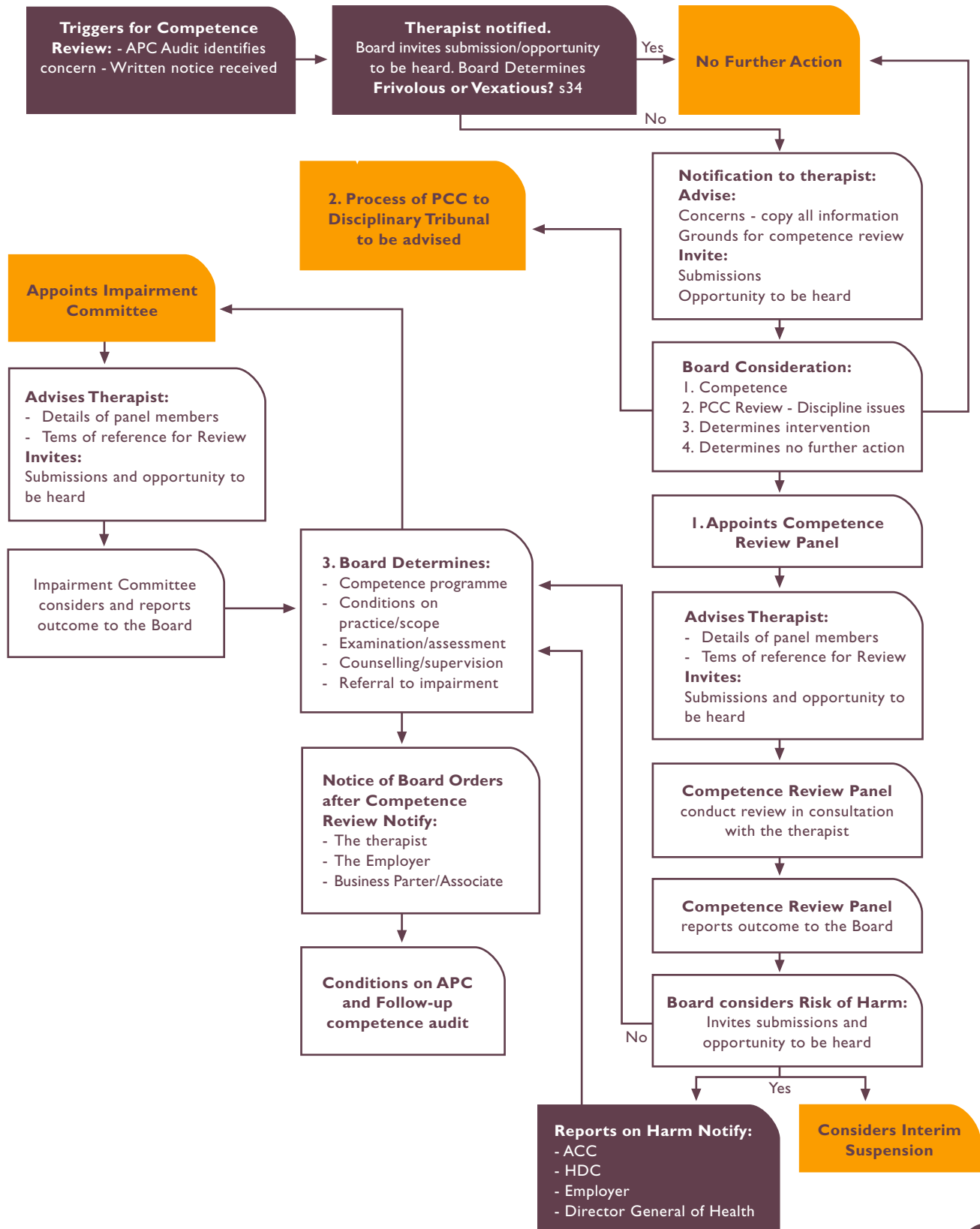
In cases where a Competence Review has revealed that a practitioner fails to meet the required standard of competence, and the Board makes orders under section 38(1) of the Act, the Board must provide a copy of the order, within (5) days to:

- the occupational therapist
- the employer of the occupational therapist
- any person who works in partnership or association with the occupational therapist



Section B

Competence Review Process





Section C

Competence Programmes

The Board may set or order Competence Programmes for the purpose of examining, maintaining or improving occupational therapists' competence if they hold or apply for an Annual Practising certificate. Any Competence Programme may be made to apply generally in respect of all occupational therapists, an individual practitioner or a specified class of practitioners.

The Competence Programme may require a practitioner to do any one or more of the following, within a period of time, or at intervals, prescribed in the programme:

- pass any examination or assessment, or both
- complete a period of practical training
- complete a period of practical experience
- undertake a course of instruction
- permit another practitioner, nominated by the Board, to examine the clinical records
- undertake a period of supervised practice

In addition to identified competence concerns, Competence Programmes may be required in various circumstances including returning to the workforce after a long break from practice, overseas educated practitioners upskilling for registration purposes, or when changing areas of specialisation.

If a Competence Review identifies concerns about a practitioner's competence, or any concerns about potential risk to patient safety, the reviewers will be required to bring these to the Board's attention.

The Board will determine whether or not the practitioner has the skills and knowledge required to practice occupational therapy safely in their scope of practice. In the case where the practitioner does not meet the Board's standard of competent practice, the individual practitioner will negotiate a contract for improvement with the Occupational Therapy Board or an agent of the Board. This will include an agreement on objectives and activities, personnel, educational options available, reporting mechanisms and timeframes for review.

If a practitioner is required to enter into a Competence Programme and undertake a contract for improvement, the costs of undertaking the agreed professional development activities to achieve competence are the responsibility of the individual. There may also be some occasions where an employer is willing to meet these costs. eg. a practitioner from another country who is required to undertake further study or a period of supervised practice to achieve the Board's level of cultural competency. In another example a practitioner deemed to require a competency update programme following a period of ill health might be provided with assistance from their employer as part of a wellness programme.



Section C

Further Assessments

At the completion of the Competency Programme a further audit will be undertaken to re-evaluate the practitioner's competence to practise as an occupational therapist. Dependent on the outcome of the audit a practicing certificate will be issued with or without conditions, or declined.



Occupational Therapy Board of NZ
Kaihaumanu Tūroro o Aotearoa