

**THE 2013-15 REVIEW OF THE COMPETENCIES FOR  
REGISTRATION FOR OCCUPATIONAL THERAPISTS'.**

# A process of instigating aspirational change through regulation.

## **Dr LH Wilson**

**The Competencies for Registration and Continuing Practice (the Competencies) for occupational therapists in Aotearoa New Zealand are one of the main quasi-legal documents that the Occupational Therapy Board of New Zealand uses to fulfil its statutory functions as a Regulatory Authority.**

A review of the Competencies for Registration led by Dr Linda Wilson in 2012 was a long time coming. As early as 2007 it is noted in the Occupational Therapy Board of New Zealand (OTBNZ) minutes that the Competencies for Registration produced in the year 2000 needed reviewing and updating, particularly in the way bicultural practice was addressed. It wasn't until

2012 that a decision and formal process was decided on as to how to carry out this review. Dr Linda Wilson was contracted to manage this review with support from the then OTBNZ Professional Advisor, Juanita Murphy. The length of time it took for the Board to commence the review of the Competencies reflected the size of the task. The review became an in-depth project and this summary documents the way Linda Wilson designed a framework to manage the complexity of the project. The summary provides an example of how to conduct a nationwide consultation process to implement aspirational change in the profession and is an edited version of a much more extensive description written by Linda Wilson before she passed away in 2017. Linda's own words have been used as much as possible with editorial changes made to clarify or condense the text.

## Key Words: Competency Framework, occupational therapy, consultation, Māori

The review of the Competencies used an iterative process involving:

- » An initial literature review;
- » A direction confirming survey;
- » Workshops;
- » Specific target group consultations; and
- » A final opportunity to make submissions.

These methods were carried out through online surveys, face-to-face discussions, workshops facilitated by the project team (Linda and Juanita), practitioner lead volunteer facilitated workshops, and written submissions. Each step of the process was reported back to the OTBNZ which reviewed and approved the overall direction and content of the next step. The penultimate draft was then professionally designed edited and reframed for accessibility. By the conclusion of the two year process there had been over 450 episodes of occupational therapist engagement with one or more of the above methods, not including the later workshops which introduced the new Competencies for Registration and Continuing Practice.

## Literature review

The literature review was the first step in the iterative process: to clarify the intention of the project. The literature provided a comparison of how the existing Aotearoa New Zealand occupational therapy competencies structurally related both to equivalent documents within occupational therapy from the UK, Australia and Canada and within New Zealand from comparable allied professions of nursing, midwifery, physiotherapy, psychology, teaching and social work. Ideas around competence, codes of conduct or codes of ethics and the changing nature of occupational therapy practice in Aotearoa New Zealand were explored. The similarities and

differences between competency documents used by the profession elsewhere in the world were examined and other relevant issues the OTBNZ should consider were noted. Some forty-two references were reviewed and these resulted in identification of a number of key issues, four of which were recommended specifically for consideration by OTBNZ for inclusion in the 2<sup>nd</sup> phase of consultation with the profession. These were:

- » The uniqueness of the context of practice in New Zealand. Particularly whether we should as part of a values or contextual beginning to the competencies document make specific reference to the Treaty of Waitangi<sup>1</sup> as a foundation of Aotearoa New Zealand. This would be key in creating a competence directly related to the Treaty of Waitangi, embed cultural aspects throughout all performance criteria, or continue to have one culture specific competence which is not limited to the Treaty or to working with Māori.
- » Entry level or whole of career focus of the competencies i.e. whether the competencies are entry-level competencies or minimum threshold competencies that are expected across the whole of practice.
- » The nature, number and focus of competencies. Particularly whether we retain our current seven competencies making minor changes, amalgamating or reviewing performance criteria, or we seek permission from another country to modify theirs, undertake a major process of rewriting occupational therapy competencies for Aotearoa New Zealand or work with other disciplines focusing on separating out the profession specific and more generic competencies.
- » Code of ethics/conduct; the need for a profession specific code of ethics or conduct.

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<sup>1</sup> The Treaty of Waitangi was a written agreement made in 1840 between the British Crown (the monarch) and more than 500 Māori chiefs. After that, New Zealand became a colony of Britain and Māori became British subjects. However, Māori and Europeans had different understandings and expectations of the treaty. The treaty was drafted in English (Treaty of Waitangi) and then translated into Māori (Te Tiriti o Waitangi) by missionaries. The meaning of the English version was not exactly the same as the meaning of the Māori translation (Orange, 2012). See [teara.govt.nz/en/treaty-of-waitangi](http://teara.govt.nz/en/treaty-of-waitangi)

The OTBNZ's board members had an opportunity to consider and discuss the findings from the literature review. The following compounding paradoxes that were also facing the profession were emphasised:

- » Increasing specialisation *and* greater use of support staff;
- » Higher expectations for evidence-based practice *and* increasingly common generic roles;
- » More diverse employment sectors *and* increasing clarity within the profession of its specific contribution (not only to health, but also to social and educational wellbeing);
- » Increasing internationalisation *and* greater attention to the specific issues of bicultural practice needed in Aotearoa New Zealand and,
- » Continual diversification in the ethnicity and gender of the profession, along with little change in the duration of practice.

After this consultation with the OTBNZ, the Board members ratified the issues identified through the literature review as appropriate to publically discuss with all registered members of the profession. These issues and themes informed the basis of the 2<sup>nd</sup> phase of consultation, an online survey sent to all registered occupational therapists.

## Online Survey

A draft survey was developed that provided 3 or 4 point Likert scale responses (with optional free text comments) to clusters of questions related to the issues raised in the literature review. Possible changes in occupational therapy practice, satisfaction with the current competencies, possible changes for people to support or reject, including the Code of Ethics were presented as questions. As well as these the idea of a contextual statement preliminary to the Competencies document and the Code of Ethics specifically about practice in Aotearoa New Zealand was mooted. The draft survey was trialled with a number of occupational therapists, including a new graduate, field work coordinator, academic, supervisor of students, manager of occupational therapy services, and

current postgraduate student. On the basis of their feedback a number of changes were made to some options, some wording, some numbering, and the number of choices offered. All currently registered (i.e. not only those holding an Annual Practising Certificate) members of the occupational therapy profession in New Zealand were sent an email identifying that the OTBNZ was undertaking a review of the Competencies. The email invited them to read either a full report and literature review or a summary of the key issues and to provide feedback through the survey. The survey was left open for a period of three weeks and a reminder sent in the last week. 403 or 18% of eligible therapists participated in the survey. The survey took between 20 to 30 minutes to complete. Fewer than 320 therapists completed every question.

The survey results showed that there was strong agreement that the likely future directions identified by the literature review for occupational therapy practice in Aotearoa New Zealand were also supported by the survey participants. From this consultation through the online survey, the OTBNZ agreed to:

- » Make an overarching values statement that preceded both the Competencies document and the Code of Ethics.
- » Retain the current Competencies structure and layout.
- » Simplify the Competencies and Code of Ethics documents, including the related performance expectations.
- » Make an even more limited number of changes to the Code of Ethics.
- » Provide guiding examples for practitioners.

At the conclusion of the survey the next stage of consultation moved to organising and facilitating face-to-face workshops with occupational therapists throughout the country.

## Consultation phase one

Occupational therapists were asked to volunteer to facilitate workshops in their own geographic location. We worked on the assumption that occupational therapists have skills in running workshops, could communicate appropriately with their peers, and organise environments conducive to professional conversations. We also recognised that it was necessary to structure the conversations to ensure that feedback could be collected in a format that could be used by the central project team, that dominant individuals did not control the conversations, and that all registered therapists would have the potential to participate regardless of their type of employment or their relationships with their current manager.

A structured workshop format was developed. The workshop format was trialled with a volunteer facilitator and one of the project team present. A number of minor amendments were made to the format guide sheets. Volunteer facilitators were sent a pack that included all of the resources that would be needed to run a two-hour workshop. The facilitator's workshop plan included guidance on how to advertise the workshops through to thank you notes and the return of the workshop products to the project team. A total of twenty-three workshops were run throughout the country as well as two specific workshops at both of the occupational therapy schools. The workshops conducted at the occupational therapy schools were carried out with the understanding that the outcome of the review of the Competencies would require time and a process before any recommended changes became expectations for newly registerable graduates. Over 240 therapists were involved in these workshops. At the end of each workshop the facilitators returned handwritten sheets of newsprint with suggested amendments, edits and integrations of the existing competencies.

From these handwritten sheets the workshop participants communicated that:

- » The existing competencies could be reworked to avoid overlaps, duplications and repetitions particularly amongst the competencies themselves and more specifically in the performance criteria.
- » A request to reduce the total number of competencies.
- » A modification of the language used was necessary to diversify the range of settings, relationships, and services where occupational therapists practice including population focused and community development approaches.
- » The 'occupational therapy implementation' competency needed to reflect the diversity and the full process of occupational therapy practice.

## Specific target group consultations

While the workshops were in progress a number of specific target group consultations that were considered necessary to meet legislative requirements of the OTBNZ. These included other Aotearoa New Zealand professional associations and Regulatory Authorities as well as international occupational therapy associations. Relevant government agencies, particularly the Ministries of Health and Education and Health Workforce New Zealand were also consulted. These targeted groups were informed of the review of the Competencies and provided an opportunity to make comment on any issues they considered relevant. Specific briefing and overview sessions were also run with members of Occupational Therapy New Zealand-Whakaora Ngangahau Aotearoa (OTNZ-WNA) Council, a workshop was held at the OTNZ-WNA biannual clinical workshops and a workshop with the Australian and New Zealand Occupational Therapy Registration Boards. The major focus of targeted consultation was however, related to work with occupational therapists who identify as Māori, through Te Roopu<sup>2</sup>, the Māori occupational therapists group of the professional association.

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<sup>2</sup> Te Roopu has since changed its name with the Māori occupational therapist's referring to themselves Te Umanga Whakaora Ngangahau (TUWN – Māori Occupational Therapy Forum).

## Bicultural consultation

There was recognition that issues pertaining to occupational therapy's obligation to uphold the agreements made in Te Tiriti o Waitangi needed particular attention. The project team needed to ensure that the revised Competencies would support innovations in practice that enhanced service delivery as well as enabling future development of Māori occupational therapy practice. This particular focus stemmed from the significant health and disability staffing and access disparities in Aotearoa New Zealand between Māori and non-Māori. Te Roopu was approached to identify what might be an appropriate process and who would be appropriate participants in a discussion around the content and process of consultation. From this discussion two face-to-face whole day hui were organised.

At the first face-to-face hui Māori occupational therapists' aspirations for the reviewed Competencies were identified and clarified. These aspirations included an understanding of the political histories of the country and issues of decision making, colonisation, inequity and diversity, be embedded throughout the competencies. Embedding this knowledge through all the competency criteria was felt necessary to make it impossible for therapists to ring fence, marginalise, or pay lip service to the ways in which the social and political contexts affected people's participation in occupation - therefore affecting every occupational therapist's practice. Te Roopu's request was to ensure that cultural competence was not limited to only one competency. At this first hui the potential ingredients of an overarching values statement were also discussed.

## Analysis of consultation

Following the consultative workshops the third stage of the iterative process involved focussing on the information gathered. Te Roopu's input was combined with the results gathered from the other methods of consultation and this informed the content of the first draft of the new Competencies. The feedback sheets that were produced in the workshops were extensively

reviewed by the project team and exemplar worksheets were selected to guide the editing of the Competencies. An exemplar worksheet was selected if it captured multiple aspects raised by multiple groups, provided innovative wording, clearly articulated ways in which competencies could be amalgamated, or reflected the full diversity of professional practice and professional processes of practice. Exemplar worksheets were discussed and used as the basis for initially identifying the competencies that could be amalgamated and then used again for editing the resulting amalgamated competencies. The two project members undertaking this work used processes of thematic analysis commonly used in qualitative research. They individually reviewed the sheets, categorised those that were appropriate to be exemplars, negotiated points of agreement/disagreement, and did preliminary separate edits, followed by shared document edits. A comparison was undertaken of the proposed changes in relation to previous performance criteria to ensure no significant losses occurred by accident. From this analysis a draft set of new Competencies was formed. These became the focal point for the subsequent consultation in the next step in the iterative process where Te Roopu was again consulted about the content of this new draft.

## Consultation phase two

The second face-to-face hui with Te Roopu was viewed as extremely important and was deliberately planned and organised to try to ensure Te Roopu had equal power and influence as non-Māori in the end result of the Competencies document. This crafting included consideration of location, format and agenda. It also included equal numbers of Māori and non-Māori occupational therapists. The hui was deliberately held on a marae (Manawanui Marae in Auckland) and began with a pōwhiri<sup>3</sup>. The location and attendance to tikanga<sup>4</sup> created an environment in which there could be equitable, free and frank conversation about possible revisions. Considerations of which occupational therapists were invited to the hui included not only numbers but also roles and seniority, as well as personal and professional

<sup>3</sup> Welcome ceremony necessary to enter a marae. Retrieved from <http://maoridictionary.co.nz/>

<sup>4</sup> Correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol – the customary system of values and practices that have developed over time. Retrieved from [maoridictionary.co.nz/](http://maoridictionary.co.nz/)

comfortableness to participate. Iris and Rackie Pahau, kaumatua<sup>5</sup> and Tikanga Advisors to both the professional association, OTNZ-WNA and the OTBNZ were present to hold the wairua (spirit) and kaupapa (intent and purpose) of the meeting.

All of these elements were carefully planned to ensure that all present would feel safe enough to be able to speak and contribute in an open manner. Adding to these planned elements was an added symbolism of where the marae was geographically. Manawanui Marae is built on land of significance to the bicultural development of occupational therapy in Aotearoa New Zealand. Its location is on the same site where the first occupational therapists were trained in 1940. It was also where Te Roopu had met to discuss the first Māori occupational therapy workforce development plan and where the first Māori mental health competencies had been developed. The place and the care offered to us by those who played their part in the day enabled us to freely explore our concerns and see real possibilities of how the Competencies might influence future practice. We used available technology to wordsmith/edit and add or modify nuances in the draft Competencies during these conversations.

In addition to the two hui held with Te Roopu, a discussion was held with the then Associate Minister of Health and co-leader of the Māori Party, Tariana Turia. The discussion especially related to the introduction of, intentions of and the draft overarching or preliminary statement. The changes made from these consultations were further edited and circulated back to Te Roopu participants for comment prior to the revised document going back to the OTBNZ for line by line consideration.

## Final Consultation

The document had become more than a replacement for the previous Competencies. The provision of a contextual values statement as an overarching introduction to the Competencies and the Code of Ethics had changed the nature of the documents significantly. The revised competency document had:

- » Reduced the total number of competencies from seven to five.
- » Reduced the total number of related performance criteria.
- » Reduced duplication.
- » Included aspects of cultural competence throughout all competencies, to cement an understanding of political processes sovereignty and the rights of tangata whenua<sup>6</sup>.
- » Modified the language that implied all occupational therapy services were in the nature of a one on one intervention to an individual.
- » Amended the language to ensure the competencies were applicable not only to new graduates/new registrants but to all registered occupational therapists.

Before the revised version was considered finished a final stage of consultation to confirm the content was carried out. These Competencies were workshopped by the full OTBNZ Board and then all registered occupational therapists were given the opportunity to comment on this final draft. This consultation was carried out via an online questionnaire distributed to all occupational therapists on the register. 300 occupational therapists provided feedback over the six week consultation period. Feedback from this consultation round identified one major area of concern and a small number of mainly editorial issues. The major area of concern related to the bicultural focus of the revised Competencies. Options for how to address this were taken to OTBNZ in the form of three proposed versions of the competency that specifically addressed the indigenous rights of Māori the responsibilities of the profession to support these rights. The Board decided on the version they felt was most appropriate which was to have a specific competency titled Practising in Bicultural Aotearoa New Zealand that specifically focusses on Māori as Treaty partners while also acknowledging the diversity amongst non-Māori who make up the other Treaty partner.

<sup>5</sup> Adult, elder, elderly man, elderly woman, old man – a person of status within the whānau. Retrieved from [maoridictionary.co.nz/](http://maoridictionary.co.nz/)

<sup>6</sup> Local people, hosts, indigenous people – people born of the whenua, i.e. of the placenta and of the land where the people's ancestors have lived and where their placenta are buried. Retrieved from [maoridictionary.co.nz/](http://maoridictionary.co.nz/)

## Editing, positioning and implementation

After the final processes of consultation the revised Competencies were then examined by Write Mark, a wordsmith and publishing company, to meet plain English standards. Write Mark assisted in developing appropriate graphics and made editorial changes to the language and focus of the revised competencies. Part of this process was writing the competencies clearly for the primary audiences, occupational therapists and service users. Of note was the refocusing from the abstract or neutral use of 'the occupational therapist' to the more specific 'you'. The final editing process was completed and on 14 October 2014 the 4<sup>th</sup> iteration of the Competencies was endorsed by the OTBNZ Board. It became mandatory to adhere to the new Competencies for all occupational therapists who held an annual practising certificate from 1<sup>st</sup> April 2015. A series of workshops were run throughout the country by OTBNZ to provide information on the nature and changes in the Competencies for occupational therapists as well as their employers.

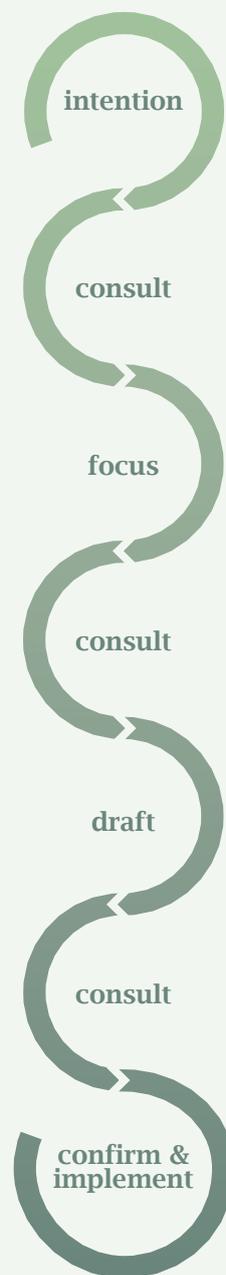
## Discussion and lessons learned

The iterative consultative process was a successful methodology to review the Competencies for Registration. Different forms of consultation are needed with different bodies and branches of the profession and each stage informed the next process of consultation.

What has been clear from this process is that the iterative consultation process was appreciated by most of the profession. Using this methodology was time consuming and along the way as project leaders we have certainly learned that:

- » Occupational therapists value getting together and will spend time professionally talking and networking regardless of the primary agenda.
- » Occupational therapists will volunteer to both run and participate in time-limited specific task focused workshops.
- » Occupational therapists work well in professional small groups: this mode of consultation is appreciated by the profession and is cost-effective.
- » Occupational therapists blur the roles and function of regulatory and representational professional bodies (i.e OTBNZ and OTNZ-WNA) and employer authorities and responsibilities.
- » Occupational therapists confuse competencies and the processes to ensure on-going competence. They also overestimate regulatory bodies' ability to make practitioners stay engaged with professional regulatory processes.

Figure 1. The consultative iterative process



- » We do not have clarity about using professional competencies as a way of maintaining engagement with the profession of origin (occupational therapy) for those people who are linked to the profession's practice such as managers, educators, academics, and supervisors, but who are not directly involved in providing occupational therapy services to individuals or collective groups.
- » Complex phased consultation takes time, especially when key components require ratification by a full Board which only meets bimonthly.
- » Diverse forms of consultation (online surveys, written submissions, workshops, face-to-face consultations) are appreciated by therapists. As a profession that recognises diversity in our clients we also need to understand diversity within our own profession. This diversity includes diversities of views.
- » When offered anonymous opportunities to provide feedback to power based authorities occupational therapists can be unpleasant to the point of being vitriolic, and certainly unprofessional. Care should be taken in ensuring appropriate debriefing for the recipients of such feedback.
- » Consultation with the staff of the OTBNZ should not be neglected during the process, and finding meaningful ways for this to occur, or staff to be kept up to date with potential changes in content and process are important.
- » There remains further work to do which has been identified and discussed through the review. This follow-up work should be captured and built into OTBNZ's action plan for the next 2 to 3 years. It includes:
  - a. Developing exemplars to be produced along with the competencies.
  - b. Revising and modifying the portfolio online system associated with demonstrating on-going competence.
  - c. Discussing the forms of engagement and professional accountability for those not working with clients but in facilitator in roles such as education and management.
  - d. Identifying and promoting self-reflective learning
  - e. Identifying and promoting models of supervision.

- » Additionally it will be useful to undertake research to identify how therapists, the OTBNZ and staff at OTBNZ feel about the whole of the review process including the final editing publication dissemination and implementation. A review of the competencies after a period, e.g. 3-4 years is also recommended. This should include the perspectives of the education providers, and those responsible for auditing practitioners.
- » When conducting online consultative surveys OTBNZ and its staff could consider seeking ethical approval or making it clear that composite data may be reported to the profession in journal articles.

*The 4<sup>th</sup> version of the Competencies for Registration and Continuing Practice have been used through one full competency cycle (2016-18) since they were enacted in 2015. The Occupational Therapy Board of New Zealand is about to audit and evaluate the way occupational therapists have evidenced Competency Two: Practising in Bicultural Aotearoa New Zealand in the ePortfolio system used to monitor the ongoing competence expected to retain an annual licence to practice. The Competencies for Registration and Continuing Practice for occupational therapists are available on the OTBNZ website [www.otboard.org.nz](http://www.otboard.org.nz)*

### Key Points:

- » Consultation before significant shifts in competency frameworks require careful planning and an extensive time-frame.
- » Multiple methods of iterative consultation can create a responsive and accessible process that encourage wide spread participation.
- » Supporting the indigenous rights of Māori to be equally present and influential in decision making that impacts on living in Aotearoa New Zealand requires adherence to tikanga and culturally safe consultation processes.