

2016–2018 ePortfolio audit

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Executive summary

The ePortfolio is the regulatory tool used to monitor the ongoing competence of occupational therapists/kaiwhakaora ngangahau who have a practising certificate in Aotearoa New Zealand.

This is the first comprehensive audit of the tool since its introduction in 2016. The audit was carried out using the archived 2016–2018 ePortfolios of occupational therapists who held practising certificates during this time period. The audit was designed to provide baseline data for future audits of the ePortfolio as well as establishing an audit method that could be replicated in the future. The audit team consisted of Occupational Therapy Board of New Zealand/Te Poari Whakaora Ngangahau o Aotearoa (OTBNZ) staff and registered occupational therapists/kaiwhakaora ngangahau representing tangata whenua and te Tiriti partners as well as the regulator and those subject to the regulation by OTBNZ. A total of 3,030 eligible practising occupational therapists/kaiwhakaora ngangahau were included in the audit. In addition to this overall audit, an in-depth audit and analysis of competency two, Practising appropriately for bicultural Aotearoa New Zealand, was conducted with a representative sample of 70 ePortfolios.

These were the overall audit questions:

- » How was the ePortfolio used to evidence the competence of practising occupational therapists/kaiwhakaora ngangahau in 2016–2018?
- » What was used as evidence of competence in competency two?

The audit found that, overall, 71% of eligible practitioners completed the reflective practice cycle in their ePortfolios in 2016–2018 and 64% met the requirements of ePortfolio supervision. There were differences between categories of practitioners with this compliance. Practitioners with no conditions on practice were the most compliant, while practitioners with conditions (overseas, new graduate or return to practice) had significantly lower rates of compliance.

The in-depth audit of competency two involved a thematic analysis triangulated with a coding of pivotal sections of each ePortfolio against the 15 performance indicators of competency two. The thematic analysis found that 13 of the 70 (19%) extracted ePortfolios were evidencing multicultural practice rather than bicultural practice. Of the remaining 57 ePortfolios, 45 met the inclusion criteria for further thematic analysis (64% of the sample).

Five themes were identified as ways in which occupational therapists/kaiwhakaora ngangahau demonstrated competence. Within these themes, there were wide ranging levels and layers of bicultural practice, reflecting a highly individualised and personal progression of competence for each practitioner. Two of the identified themes were stronger than the others. However, this strength was limited by inconsistent inter-rater coding of the performance indicators. Some performance indicators in competency two were consistently identified by the three coders and featured frequently in the extracts, while others were inconsistently used or were rarely referenced. Some of the evidence of competence was coded as aligning with performance indicators outside competency two.

Recommendations summary

This is a summary of the much more specific and detailed recommendations found at the end of this report.

- » A review of the ePortfolio platform to refine the data-extraction tools and end-user experience including prompts to support compliance with supervision, notification to OTBNZ if no longer practising, removing unnecessary text and providing links to bicultural practice resources.
- » Routine auditing of practitioner compliance following each two-year ePortfolio cycle with a different competency area targeted for in-depth analysis and continued monitoring of trends in competency two.
- » Ongoing provision of education about the purpose, function and legal responsibilities to comply with the ePortfolio.
- » Development of a process to address the high rates of non-compliance with the ePortfolio. The process should include the occupational therapist/ kaiwhakaora ngangahau who acted as a third party and the ePortfolio supervisor.
- » Development of a training package to support supervisors to competently fulfil OTBNZ requirements as an ePortfolio supervisor.
- » Targeted education about ePortfolio responsibilities for practitioners and supervisors when there is mandatory supervision as a standard condition on scope of practice in place.
- » Development of guiding standards of what bicultural and culturally safe practice is, which can relate to the expectations detailed in the Competencies for Registration and Continuing Practice document.
- » A review of the content and language used in competency two including the title, introductory paragraph and performance indicators.
- » Education reinforcing the linkage between the nature of competency two being a personal journey and responsibility as a Tiriti partner, the reflective practice model and development of competent bicultural practice.

Introduction

The Occupational Therapy Board of New Zealand/Te Poari Whakaora Ngangahau o Aotearoa (OTBNZ) was established in 1949 under the Occupational Therapy Act.

Since then, OTBNZ has been responsible for regulating the profession of occupational therapy. The original Occupational Therapy Act was superseded by the Health Practitioners Competency Assurance Act (HPCAA) in 2003.¹ One of the significant changes introduced by the HPCAA was to have formalised processes in which health practitioners' competence could be assessed and monitored. To do this, OTBNZ implemented an online system in which occupational therapists had to document their competence against the prescribed Competencies for Registration. The first online process was called the Continuing Competence Framework for Recertification (CCFR), and from 2005, all occupational therapists/kaiwhakaora ngangahau who held a practising certificate were required to input information into an individual online CCFR record held and monitored by OTBNZ.

In 2016, the CCFR was updated to the current ePortfolio platform. At the same time, significantly revised Competencies for Registration and Continuing Practice (Appendix 4) for occupational therapists/kaiwhakaora ngangahau were released (Occupational Therapy Board of New Zealand, 2015). Te Tiriti o Waitangi was included as an overarching context for the Competencies, and for the first time, one of the five core areas of competence was dedicated to bicultural practice. The current five core areas of competence are:

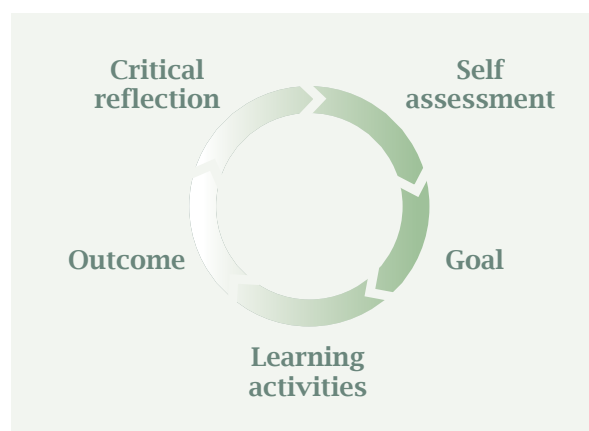
1. Applying occupational therapy knowledge, skills and values.
2. Practising appropriately for bicultural Aotearoa New Zealand.
3. Building partnerships and collaborating.
4. Practising in a safe, legal ethical and culturally competent way.
5. Engaging with and being responsible for your profession.

Each of the five competency areas has a number of performance indicators (ranging in number from 17 in competency one to 10 in competency five) that detail the specific skills, abilities and knowledge required to demonstrate competence in that area.

Occupational therapists/kaiwhakaora ngangahau are expected to input information in their ePortfolio over a two-year period to document their progress and development in competence in each of the five core areas. There is an expectation that the practitioner receives ePortfolio supervision from another appropriately skilled practitioner during this two-year period. The supervisor is required to attest that they have discussed the ePortfolio content with the occupational therapist/kaiwhakaora ngangahau and that they have been engaged with the ePortfolio process during the two-year period. In addition to this ePortfolio supervision, at each annual relicensing, a third-party occupational therapist also makes an attestation that the practitioner is fit and competent to practise and that they have sighted the practitioner's ePortfolio.

The way competence is evidenced is through a series of steps of documentation to record a cycle of reflective practice for each competency.² The documentation is in the form of free text under each of the steps in the reflective cycle (Figure 1).

Figure 1: Reflective practice cycle evidenced in the ePortfolio.



¹ This Act was updated and amended in 2019. One of the amendments in section 118(i) states that regulatory authorities must "set standards of clinical competence (including competencies that will enable effective and respectful interaction with Māori)".

² The original CCFR was implemented using a high-trust model of regulation and assumption that reflective practice is the best method of developing and maintaining competence. These remain the underpinning philosophies of the ePortfolio.

A process of auditing the CCFR and ePortfolio content entered by individual practitioners has been slowly developed over the years to ensure it was providing evidence of competent practice. A target of auditing 20% of practising occupational therapists/kaiwhakaora ngangahau per annum was made, and this has taken some time to meet. In 2019, the 20% audit target was met for the first time, largely due to an expanded auditor pool and development of the operational and institutional knowledge of how to conduct systematic and cyclic auditing processes in a streamlined and consistent way. The individual ePortfolio audits provide direct feedback to practitioners about their compliance with the ePortfolio requirements, and set standards need to be met before the ePortfolio is considered to pass the audit.³ These individual audits provide important information about compliance with the process but do not provide data that shows overall trends or patterns of compliance of the different categories of practitioners.

OTBNZ did not have the ability to conduct any overall auditing activity related to compliance with the CCFR system, but the updated ePortfolio platform has enabled data extraction to do this. This audit project is intended to provide the first overall analysis of how the ePortfolio platform was utilised by all practising occupational therapists/kaiwhakaora ngangahau during the 2016–2018 ePortfolio cycle. This cycle was the first time the new ePortfolio was used by practitioners as well as the first time they had to provide evidence against the new Competencies for Registration and Continuing Practice.

The results of this audit are intended to provide a baseline of data for future audits as well as to:

- » provide evidence to assist in regulatory decision making
- » provide evidence of how the ePortfolio supports the ongoing development of competence of practitioners
- » inform targeted education programmes and provision of additional support indicated by specific practitioner categories
- » ensure the obligations of OTBNZ to Māori directed by the 2019 amendment of HPCAA section 118(i) are operationalised within the ePortfolio process.

In order to do this, an overall analysis of compliance with the ePortfolio expectations was carried out along with an in-depth review of competency two, Practising appropriately for bicultural Aotearoa New Zealand. Competency two was chosen due to the importance of assuring occupational therapists/kaiwhakaora ngangahau are practising in ways that reflect Te Tiriti o Waitangi and are competently able to address the health inequities that currently exist for tangata whenua.

OTBNZ has different categories of practitioner on which OTBNZ imposes differing regulatory regimes. There are practitioners who have a standard condition on scope of practice applied when they are first registered (new graduates, recently returned to practice, overseas qualified) and practitioners with no conditions. The project has used these standard categories as well as whether practitioners trained in Aotearoa New Zealand or overseas as the focal points for the audit.

3 OTBNZ intends to publicise the results from the 2019 audit year on its website, and this data will also be used by OTBNZ to inform its processes and practices.

Audit approach

Audit team

The audit team was selected to represent OTBNZ and registered occupational therapists/kaiwhakaora ngangahau as well as tangata whenua and tangata tiriti partners. The team consisted of:

- » Dr Megan Kenning (Tangata Tiriti, Standard, Policy and Risk Advisor, OTBNZ).
- » Ngaire Magner (Senior Tangata Whenua NZROT, Waikato DHB).
- » Iris Pahau (Tangata Whenua, OTBNZ and OTNZ-WNA Tikanga Advisor).
- » Dr Rita Robinson (Tangata Tiriti, Principal lecturer, NZROT, Otago Polytechnic School of Occupational Therapy).
- » Dr Mary Silcock (Tangata Tiriti, Professional Advisor, NZROT, OTBNZ).

Audit question

In the recently revised national ethical standards for health and disability research and quality improvement (National Ethics Advisory Committee, 2019), an expectation is laid out for quality improvement activities to be conducted to the same standard as research activity, regardless of level of risk or if ethical approval is required. Accordingly, this audit has been conducted following this guidance. To ensure the project was carried out in an ethical and methodologically sound manner, the audit team followed the above ethical guidelines and Te Ara Tika Māori research guidelines (Hudson, Milne, Reynolds, Russell, & Smith, 2010). Appendix 1 provides the ethical framework in which the project was conducted. The design and all stages of implementation of the audit, including writing the report, were carried out as a collaborative project between the team. The original design was modified and refined throughout the implementation of the project as the audit team engaged with the data and the information it provided.

Prior to the first meeting of the audit team, all occupational therapists/kaiwhakaora ngangahau on the OTBNZ register were notified by mass email that the audit project was taking place (Appendix 2). In the email, there was a notification that all data would be de-identified before any analysis occurred and that the audit was a quality assurance exercise to improve OTBNZ processes and systems. Practitioners were assured that individuals would not have any repercussions from this audit activity.

The overall audit question was:

- » How was the ePortfolio used to evidence the competence of practising occupational therapists/kaiwhakaora ngangahau in 2016–2018?

Specific audit questions were formulated to answer this:

- » What was the compliance rate of participation in the 2016–2018 ePortfolio cycle?
- » What was the rate of completion of the reflective practice cycle?
- » Were there significant differences of compliance between categories of practitioners (with and without conditions, overseas/Aotearoa New Zealand trained) in the 2016–2018 ePortfolio cycle?
- » What was the rate of compliance with ePortfolio supervisor requirements?
- » What was used as evidence of competence in competency two?
 - > Which performance indicators are most often reflected in the evidence of competence?
 - > Were there strengths/weaknesses or themes in the evidence of competence that can assist with education and training?
 - > What was the compliance with the reflective practice cycle?

To answer these questions in a way that could be replicable in future audits and also provide a depth of information about the target competence area (competency two), a pragmatic qualitative audit method was designed.

Audit methods

There is little guiding literature on undertaking qualitative audits in health regulation. In a recent editorial in the *Journal of Nursing Regulation*, the editor comments on this fact:

Despite the need for solid qualitative evidence on regulatory topics, the *Journal of Nursing Regulation* receives few qualitative studies of sufficient rigor and trustworthiness to merit publication. A review of published studies shows that in the near decade since the journal's inception, only 12 qualitative studies have been published as compared to over 300 quantitative studies, which is less than 5% of the evidence overall.

Squires & Dorsen, 2018, p.15.

Squires and Dorsen go on to suggest that pragmatic qualitative studies are a useful method for research involving regulatory activity because of the multiple variables involved and the requirement for practical solutions. As this audit was aiming to provide information to guide regulatory practice from high-level 'big' data held by OTBNZ as well as an in-depth analysis of content of one competency, there were multiple variables that required consideration. These variables included how the findings between the two sets of data could be integrated, how the findings could be easily translated to improve processes and effective use of the ePortfolio and how to maintain trustworthiness of the findings. These considerations were all under the umbrella of the intention of the audit to be a co-designed and collaborative project between Tiriti partners (tangata whenua and tangata tiriti) and between OTBNZ and occupational therapists/kaiwhakaora ngangahau who are subject to OTBNZ regulation.

In response to these multiple variables, a pragmatic approach was taken in the choice of audit methods. A simple quantitative comparison of compliance rates of how the ePortfolio was used by the occupational therapists/kaiwhakaora ngangahau who held practising certificates in 2016–2018 (n=3,030) was combined with a thematic analysis and categorisation process (Morse, 2008) of a purposively selected sample from competency two (n=70). The thematic and categorisation activity of the 70 ePortfolios was carried out by the occupational therapists/kaiwhakaora ngangahau in the audit team as it required 'insider' occupational therapy-specific knowledge and experience. The trustworthiness of their findings was then strengthened by the two non-occupational therapists/kaiwhakaora ngangahau members of the audit team (Iris Pahau and Megan Kenning) who reviewed the themes and categorisation after each stage of analysis. These 'outsider' reviews generated robust discussion and required consensus of the team before the next stage of the process occurred.

OTBNZ staff managed the process, with Dr Megan Kenning responsible for the overall quantitative data analysis and Dr Mary Silcock the competency two analysis. Regular meetings of the audit team were conducted between April 2019 and December 2019 (Appendix 3).

Overall analysis

Practitioners in overall sample

The ePortfolio is the OTBNZ recertification programme as described in section 40 of the HPCAA and is a mandatory requirement for registered practitioners holding a current practising certificate. Practitioners who held a practising certificate during the 2016–2018 ePortfolio cycle were included in the overall sample. The cycle ran from 1 April 2016 until 31 March 2018.⁴ Practitioners who had practising certificates on 31 March 2017 and 31 March 2018 were included in the overall dataset. These two sets of data were combined to form a list of total eligible practitioners. The overall sample was then divided into practitioners who had a standard condition of new graduate, return to practice and overseas qualified at 31 March 2017 or 2018, practitioners who gained their occupational therapy qualification outside of Aotearoa New Zealand and Aotearoa New Zealand trained occupational therapists/kaiwhakaora ngangahau (Table 1).

Table 1: Distribution of eligible practitioners in 2016–2018 cycle.

	Number of eligible practitioners
Total eligible practitioners who held a practising certificate during the 2016–2018 period (including short-term certificates)	3,030
Practitioners with standard conditions	
New graduate practitioners	460
Return to practice	82
Overseas qualified	95
Country of qualification (no conditions)	
Overseas qualified practitioners	466
Aotearoa New Zealand qualified practitioners	1,987

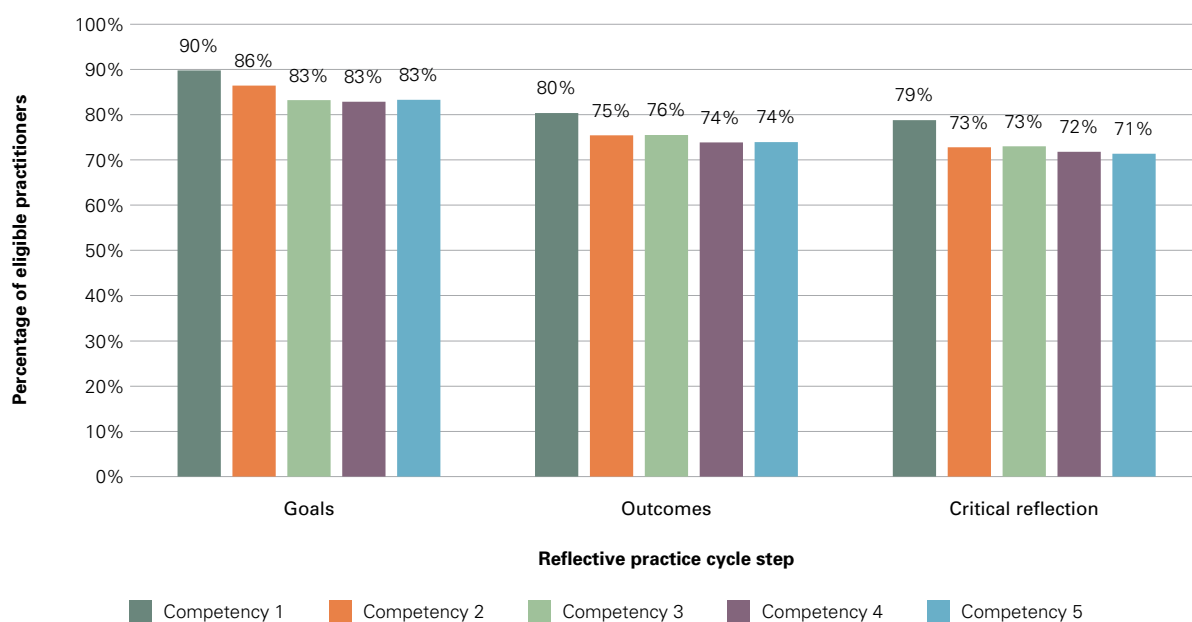
Compliance with the reflective practice cycle and having an ePortfolio supervisor was broken down into the groups identified above. To do this, the ePortfolio reflective practice cycle steps for each competency were downloaded into an Excel spreadsheet for each category of practitioner. Compliance was defined as any non-zero step in the cycle (any text of any quantity) entered in the goals, outcome and critical reflection steps and an accepted ePortfolio supervisor recorded in the system. The self-assessment step of the cycle could not be downloaded in the same way due to limitations of the ePortfolio platform design and was not able to be included in the comparative data.

Compliance with reflective practice cycle

Compliance with the steps of the reflective practice cycle in each competency was calculated to provide a comparison between each of the five areas of competence (Figure 2). Rates of compliance with the steps of the reflective practice cycle were similar across all competencies with an overall trend of decreasing compliance from competency one to competency five.

⁴ After 31 March 2018, practitioners were able to edit their ePortfolio until 1 September 2018. After this date, the ePortfolio was archived and could not be altered.

Figure 2: Compliance with reflective practice model for each of the five competency areas.

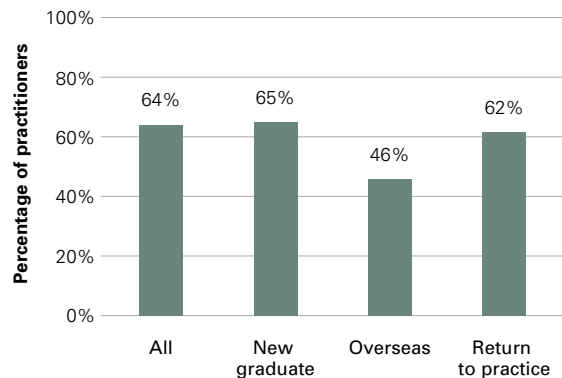


These findings suggest that the rates of completion of each competency area are linked to the order in which they appear in the ePortfolio platform. The rate of completing critical reflections ranged from 71–79% over all the competencies, indicating an overall lack of compliance in completing this stage of the reflective practice cycle by up to 29% of those who held practising certificates.

ePortfolio supervisor compliance

Overall rates of compliance of having a current ePortfolio supervisor were calculated and then broken down into the practitioner categories where supervision is a mandatory condition on scope of practice (Figure 3). Compliance was defined as an accepted nomination to be the named ePortfolio supervisor.

Figure 3: Compliance of ePortfolio supervisor by practitioner category.



The rate of compliance with the requirement to have an ePortfolio supervisor was significantly lower than compliance with the reflective practice cycle. Of particular note is the overseas practitioners where fewer than half had an ePortfolio supervisor. The overall rate suggests that ePortfolio supervision is not being well utilised by practitioners in completing their ePortfolios. The low compliance by overseas practitioners is notable, particularly as they have mandatory two-weekly professional supervision by another occupational therapist as part of their condition to practise.

Complete non-compliance

Within the overall sample, 148 (4.8%) practitioners had not logged into the ePortfolio system at any stage over the 2016–2018 cycle. Of these, 86 practitioners had standard conditions on their practice (new graduate, returning to practice or overseas qualified). The high number of practitioners with a condition on their scope of practice in this non-compliant group is notable.

The absence of support to comply with the ePortfolio system despite having mandated supervision as part of their condition on scope of practice indicates this process requires review. From OTBNZ’s engagement with these practitioners in other regulatory activity (such as annual relicensing, individual audits and removal of conditions applications), it is evident that some of these practitioners do not practise for some or all of the two-year cycle despite having a practising certificate. Reasons for non-compliance can include:

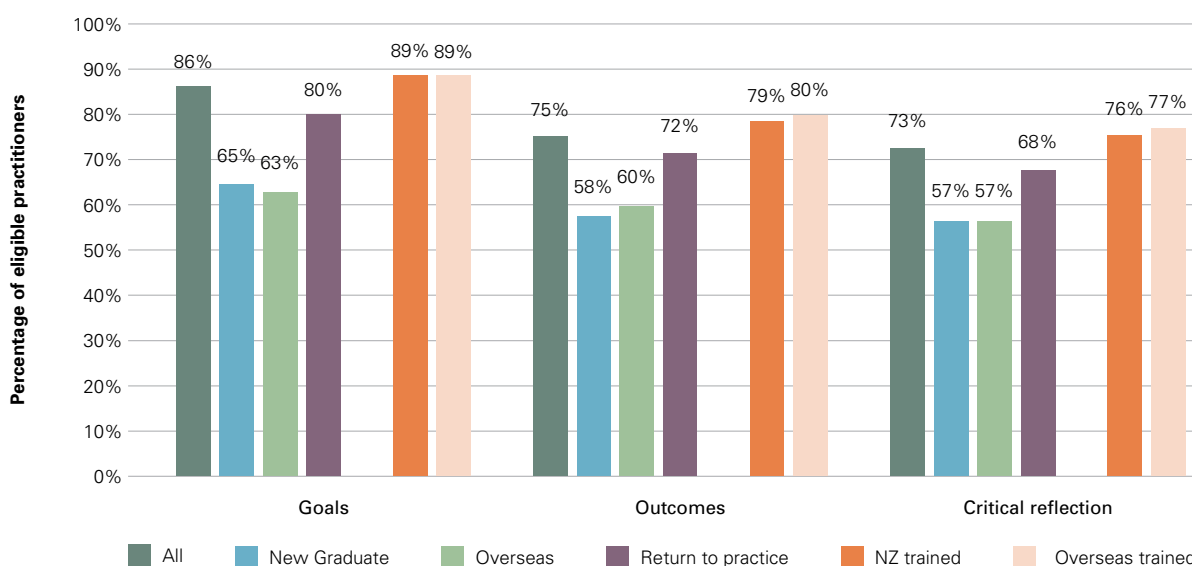
- » practitioners did not commence work immediately (for example, new graduates and overseas practitioners)
- » practitioners ceasing practice while on parental or family leave
- » practitioners who retire/leave the profession
- » non-compliance

As OTBNZ does not require practitioners to keep it informed of their current practising status and there is no place within the ePortfolio for practitioners to indicate this, there is a systemic gap in the monitoring of competence for these practitioners.

Competency two compliance

As competency two was the target area of competence for this audit, compliance with the reflective practice cycle for the different categories of practitioner was extracted (Figure 4). Compliance with completing the reflective practice cycle varied considerably between categories of practitioner. Practitioners with conditions had lower levels of completion in all steps of the reflective practice cycle, with new graduates and overseas practitioners least compliant. There was no difference in compliance between those who received their training in Aotearoa New Zealand and those who received their training overseas.

Figure 4: Participation in competency two reflective practice steps by practitioner group.



Competency two analysis

The qualitative data sample was made up of 70 ePortfolio entries for competency two, Practising appropriately for Aotearoa New Zealand (Table 2).

The ePortfolios were randomly selected from the 3,030 practitioners who held practising certificates during the 2016–2018 ePortfolio cycle. If a practitioner was obviously known to the occupational therapist/kaiwhakaora ngangahau coders (for example, if they happened to be an ePortfolio supervisor or colleague of the practitioner), they were excluded. Selection continued until a similar number for each practitioner category was reached and the audit team felt they had attained a level of saturation for the thematic analysis.

Table 2: Distribution of practitioners selected for analysis by group.

Practitioner category	Number of practitioners (percentage of total sample)
Aotearoa New Zealand qualified with no conditions	20 (29%)
Overseas qualified condition	15 (21%)
Return to practice condition	16 (23%)
New graduate condition	19 (27%)
Total sampled	70 (100%)

All data was de-identified immediately upon extraction and each ePortfolio assigned a unique numerical identifier according to the practitioner category it fell into. This process occurred before the data was distributed to the remainder of the audit team.

Process of analysis

To carry out the analysis, the whole audit team was provided with the free text entered in competency two for the 70 ePortfolios to read and study. A cyclic process then occurred where the three occupational therapists/kaiwhakaora ngangahau in the team met separately to discuss and establish prominent themes, followed by a Skype meeting with the whole team to discuss their analysis. Initially, the ePortfolio entries

were categorised into those that mentioned te Tiriti o Waitangi and/or the Treaty of Waitangi and those that did not. The 70 ePortfolios were then reviewed again for evidence of reflective practice (a self-assessment that logically connected to the critical reflection) or were primarily focused on multicultural rather than bicultural practice. This process resulted in the exclusion of 25 ePortfolios from further analysis. Of these 25, 13 had an overt multicultural perspective rather than a bicultural perspective (Table 3) and the remaining 12 had not completed the reflective practice cycle (no critical reflection).

Table 3: References to multicultural practice by practitioner category.

Condition	Evidence reflected multicultural practice
No conditions	3
New graduate	2
Overseas	4
Return to practice	4

The remaining 45 ePortfolios were then used to carry out a thematic analysis of the text entered to evidence competence (Table 4).

Table 4: Distribution of practitioner categories in thematic sample.

Condition on practice	Number of thematic examples identified out of the 45 ePortfolios
No condition	13 (29%)
New graduate	14 (31%)
Overseas qualified	12 (27%)
Return to practice	6 (13%)

After considerable discussion and review of the ePortfolio extracts, five themes emerged as ways in which the occupational therapists/kaiwhakaora ngangahau were evidencing competence (Table 5).

As the amount of text was large (ranging from single sentences to over 800 words in each section of the reflective practice cycle for each of the 45 ePortfolios), a pivotal section from each ePortfolio was identified by each of the three occupational therapists/kaiwhakaora ngangahau for each theme. These pivotal sections encapsulated how the practitioner demonstrated competence within the text. These sections then became the primary data for the subsequent thematic analysis and categorisation activity.

Table 5: Themes of how competence was evidenced in competency two.

	Theme	Number of pivotal sections identified as displaying the theme
1	Change in practice or behaviour is described because of developmental activities	16
2	Cyclic reflection is present where deeper understanding of knowledge and practice is described (e.g. connecting personal experience to social, institutional or structural barriers or historical context/colonisation)	12
3	Bicultural understanding and knowledge is generalised and becoming tacit in worldview and practice	7
4	Occupational therapy language/values are implicit in bicultural practice (e.g. conscious use of self, spiritual dimension, meaningful occupation, client-centred practice)	5
5	Relationships (e.g. reciprocity and local connections) feature as underlying foundations of bicultural practice	5

A paraphrased example of the type of content in these pivotal sections is provided below.

→ **Theme 1: Change in practice or behaviour is described because of developmental activities**

Developmental activities: Attending DHB Treaty training. Complete Te Rito and 'Engaging Effectively with Māori' training.

Critical reflections: I have started to try to pronounce Māori names correctly. I am involving whānau in my discharge planning by being open about why I am suggesting certain things.

→ **Theme 2: Cyclic reflection is present where deeper understanding of knowledge and practice is described (e.g. connecting personal experience to social, institutional or structural barriers or historical context/colonisation)**

In my workplace I see huge disparities in rates of illness between Māori and non-Māori service users. I feel really worried about this and want to develop my knowledge about why this is. I know the Ministry of Health has legislated requirements for health workers to provide equitable health care but I do not see many non-Māori being proactive about this in my workplace. I want to establish better connections with others who are providing services for Māori that I can learn from to advocate for better practice in my own workplace.

→ **Theme 3: Bicultural understanding and knowledge is generalised and becoming tacit in worldview and practice**

I have attended Te Tiriti o Waitangi The Treaty of Waitangi training recently. This covered the local history and effects of the Treaty on the people of the region and how this has affected health care provision and uptake of services. The training has allowed me to understand and apply competency 2.1 'Understanding the effects of Te Tiriti o Waitangi The Treaty of Waitangi on Māori health and social outcomes'. The intergenerational experiences after the Treaty was signed were explained and discussed from a personal perspective and it greatly helped me to start working in the region with a local knowledge of the people here.

→ **Theme 4: Occupational therapy language/values are implicit in bicultural practice (e.g. conscious use of self, spiritual dimension, meaningful occupation, client-centred practice)**

I have tried to apply the principles of the Treaty by being client centred. I did this by spending time with my clients and their whānau to try and understand their individual situation and community. After some time I realised that to understand and be client centred in a culturally appropriate way I needed to develop more knowledge of Tikanga and Te Reo in order to provide holistic culturally appropriate client centred practice.

→ **Theme 5: Relationships (e.g. reciprocity and local connections) feature as underlying foundations of bicultural practice**

I have prioritised and spent time visiting the bilingual unit to get to know the staff. I have received feedback that my suggestions have been useful and easy to incorporate. Over time I have been able to drop in and spend more and more time at the unit because I have got to know the staff and had a much more relaxed and open relationship with them

A review of this thematic analysis by the non-occupational therapist/kaiwhakaora ngangahau members of the audit team resulted in Iris Pahau providing an additional cultural perspective to the analysis.

Iris used the concept of a poutama⁵ of bicultural practice to analyse the content of the ePortfolios. The ePortfolios reflected an individual poutama of bicultural practice for each practitioner. There were very different levels and layers of knowledge and understanding about what bicultural practice was and how to develop greater competence in each ePortfolio. There was text referring to understandings such as:

- » Māori are the same as all other people
- » Treat everyone the same
- » I don't have any Māori clients
- » Biculturalism and multiculturalism are the same
- » The 'Kiwi' concepts – shared cultural values of all New Zealanders

Another group of examples demonstrated a different layer of understanding with text related to competence such as:

- » Learned about the 3 Ps of the Treaty
- » Intend to do Te Rito training
- » Acknowledge that Māori are different

Lastly, there were other ePortfolios that reflected a different place on a poutama of bicultural practice:

- » Learning te reo
- » Engaging with kaumātua at the DHB to learn more
- » Self-learning
- » Attending wānanga
- » Learning karakia

⁵ A poutama is the stepped pattern of **tukutuku** panels and woven mats symbolising genealogies and also the various levels of learning and intellectual achievement. Some say they represent the steps that Tāne-o-te-wānanga ascended to the topmost realm in his quest for superior knowledge and religion. Retrieved from <https://maoridictionary.co.nz/>.

In order to provide further information about how the themes and the concept of a poutama related to the actual competence described in the competencies for registration document, an additional categorisation process was then carried out. The pivotal sections of text were categorised against the 15 performance indicators that detail the competence expected under competency two (Table 6). The three occupational therapists/kaiwhakaora ngangahau in the team coded each pivotal section with any number of performance indicators they assessed it was evidencing. Although there was a considerable difference in the number of pivotal sections attributed to each theme (ranging from 5 to 16) a high number of sections did not necessarily

indicate a strong theme. As the coders could assign any number of performance indicators to each pivotal section, it was the number of performance indicators which demonstrated the strength of the theme. Themes that had most or all of the 15 performance indicators that make up competency two were considered strong themes. Having most or all of the performance indicators associated with the theme demonstrated that this was how therapists in the sample were able to evidence all of the competencies detailed in competency two. What was not evident was where the practitioner might fall on te poutama of competent bicultural practice.

Table 6: Performance indicators evidenced in each theme (all coders).

Indicator	Change in practice	OT worldview/ theory	Relationships	Tacit understanding	Cyclic deep understanding
2.1	✓	✓	✓	✓	✓
2.2	✓	✓	✓	✓	✓
2.3	✓	✓	✓	✓	✓
2.4				✓	✓
2.5	✓				✓
2.6	✓	✓	✓		
2.7	✓	✓	✓	✓	✓
2.8	✓	✓	✓	✓	✓
2.9	✓	✓			✓
2.10	✓	✓		✓	✓
2.11	✓				✓
2.12		✓			✓
2.13	✓		✓	✓	✓
2.14	✓	✓	✓	✓	✓
2.15	✓		✓		

The highlighted indicators were present in every theme. Additional performance indicators outside of competency two were also noted as being evidenced in the extracted sections (Table 7).

Table 7: Performance indicators evidenced outside competency two.

Indicator	Change in practice	OT worldview/ theory	Relationships	Tacit understanding	Cyclic deep understanding
1.16	✓	✓	✓	✓	✓
1.3	✓	✓	✓		✓
1.9		✓			
3.1			✓	✓	✓

There were some significant discrepancies in the frequency several performance indicators were used by the coders. There was also inconsistency in which performance indicator was chosen as being evidenced in each pivotal section. To provide further information about these inconsistencies, an overall evaluation was made of the use of the performance indicators by the three occupational therapist/ kaiwhakaora ngangahau coders. The frequency the coders chose each indicator over the 45 sections was recorded and compared (Table 8).

It was beyond the scope of this project to analyse inter-coder agreement and interpretation of what the individual performance indicators meant.

Table 8: Frequency of performance indicators providing evidence of competence. Coder numbers indicate the number of times each indicator was noted in the pivotal text sections.

Indicator	Coder 1	Coder 2	Coder 3	% of performance indicators total = 207
2.1 You understand the effects of Te Tiriti o Waitangi The Treaty of Waitangi on Māori health and social outcomes.	4	3	3	5%
2.2 You recognise your responsibility as a health professional to ensure equal health outcomes for all your clients/tangata whaiora (Māori clients).	2	7	5	7%
2.3 You recognise the effect of structural, systemic and historical decisions on individuals, as well as on their choices and their occupational possibilities.	2	4	6	5%
2.4 You understand the factors contributing to rates of Māori mortality, imprisonment, health and social participation. You understand why Māori outcomes differ to those of non-Māori.	0	1	1	1%
2.5 You understand the factors contributing to the occupational and health needs of specific clients, including Māori, tau iwi (non-Māori), Pacific peoples, refugees, new settlers and others.	1	2	0	1%
2.6 You develop strategies and practise in ways that promote equal outcomes for Māori and other groups that are occupationally compromised.	1	5	7	6%
2.7 You recognise that different communities need different resources. You make sure these resources are available or developed.	3	1	4	4%
2.8 You adapt your services to each client. You acknowledge and respect that a client's culture or ethnicity may affect how they wish to be treated.	4	15	1	10%
2.9 You acknowledge diversity across and within all groups, whether Māori or tau iwi.	1	3	2	3%

Indicator	Coder 1	Coder 2	Coder 3	% of performance indicators total = 207
2.10 You identify your own cultural values, beliefs, attitudes and assumptions about what people are entitled to. You understand the effect these ideas have on the decisions you make in your practice.	12	3	4	9%
2.11 You recognise that your peers, colleagues and clients all bring different realities and identities to your practice.	0	4	0	2%
2.12 You understand socio-political, governmental and organisational processes for making decisions and setting policies. You understand the effects of these decisions and policies on services for different cultural groups.	3	0	3	3%
2.13 You take your responsibilities under Te Tiriti o Waitangi The Treaty of Waitangi seriously. You meet and develop relationships with local iwi and with people who work in Māori health, welfare and education.	8	8	5	10%
2.14 You identify your own role in building and sustaining relationships with whānau, hapū, iwi, Māori organisations and tangata whenua as a whole.	15	5	0	10%
2.15 You understand power imbalance between different cultures. You negotiate appropriately when collaborating, consulting or partnering with Māori.	0	4	0	2%
Indicators from other competencies				
1.3 You use a range of strategies for communicating. You adapt how you communicate to each context, acknowledging and respecting the values, beliefs, attitudes and practices of your clients/tangata whaiora (Māori clients).	1	6	-	3%
1.9 You recognise and respect that each individual is unique, and you practise in a way that respects mana (status) and wairua (spirit).	1	0	-	0.5%
1.16 You understand and recognise key Māori concepts, and you include appropriate tikanga (Māori customs) in your practice.	15	14	-	14%
3.1 You work well both alone and with others to ensure the best outcomes for your clients/tangata whaiora (Māori clients).	0	4	-	2%

Table 8 shows significant discrepancies between the three coders in the use of some performance indicators. It also shows several performance indicators were seldom or never used to demonstrate competence and some evidence entered was more aligned to other performance indicators under other competency areas. The three coders were all experienced occupational therapists/kaiwhakaora ngangahau and were interpreting the performance indicators from practice, academic and regulatory perspectives. The findings suggest several issues in relation to competency two performance indicators.

These include consideration of the wording to support more consistency in interpretation of what the performance indicators mean, how the competence they describe translates into practice, what competence in competency two should look like compared to performance indicators in other competencies and whether some of the performance indicators are appropriate or targeting achievable competence. The overall intention of the Competencies for Registration to be a high-level, broad and generalisable set of competencies that can be applied to all levels of practitioner also needs to be considered in relation to these findings.

Additional results

Throughout the different stages of the above analysis, there were four ePortfolios that were consistently identified by all three coders in each stage of the analytical process as providing strong evidence of competence. The entire entries of these four ePortfolios were reviewed again to glean any further insights to what made them stand out.

There were some notable commonalities (Table 9). All the ePortfolios:

- » referred directly to te Tiriti or the Treaty
- » had completed logical and thoughtful self-assessments that were followed up in the critical reflections
- » had a large range of performance indicators evidenced within them
- » had overtly referred to the performance indicators within the free text.

Table 9: Common features of strongest evidence of competence in the competency two sample.

Practitioner category	Performance indicators (combined from all three coders)	Performance indicator referenced in free text	Theme
New graduate	1.16 2.2 2.3 2.7 2.14 2.15	2.2 To further my understanding of health disparities facing our Māori client's and my role in providing better outcomes.	Cyclic
No condition	1.16 2.8 2.10 2.14 2.11	2.1 To learn more about the Treaty of Waitangi in order to gain a better understanding the effects of the Treaty on Māori Health and Outcomes.	Practice
New graduate	2.1 2.2 2.3 2.4 2.13	2.1 Understanding the effects of Te Tiriti o Waitangi The Treaty of Waitangi on Māori health and social outcomes. 2.4 You understand the factors contributing to rates of Māori mortality, imprisonment, health and social participation. You understand why Māori outcomes differ to those of non-Māori.	Tacit
Overseas qualified	1.16 2.1 2.2 2.3 2.4 2.5 2.6 2.9 2.11 2.12 2.13	2.1 To learn more about of the bicultural system and the Treaty of Waitangi (Treaty) in relation to attitudes towards healthcare in order to develop culturally competence; understand what considerations are relevant to communicate with clients in a way that respects how they wish to be treated.	Cyclic

These four ePortfolios demonstrated the successful application of the reflective practice cycle and Competencies for Registration performance indicators in ways that stood out as evidencing competent bicultural practice and a commitment to ascending te poutama of bicultural practice.

Along with these examples of best practice, there were also several findings and observations noted by the audit team that did not fall under the audit questions. These have been noted as incidental recommendations from the audit and have been made in the spirit of the pragmatic philosophy of the project.

Findings

What is the compliance rate of participation in the 2016–2018 ePortfolio cycle?

- » What is the rate of completion of the reflective practice cycle?
- » What is the rate of compliance with ePortfolio supervisor requirements?

Overall, 71% of eligible practitioners completed the reflective practice cycle by having a critical reflection in all five competencies. Overall compliance in meeting the requirements of ePortfolio supervision was 64%.

Are there differences of compliance between categories of practitioners (with and without conditions, overseas/Aotearoa New Zealand trained) in the 2016–2018 ePortfolio cycle?

Yes. Practitioners with no conditions on practice were the most compliant in completion of the reflective practice cycle and with having an ePortfolio supervisor. Overseas, new graduate and returning practitioners had significantly lower rates of compliance of completing the reflective practice cycle and having an ePortfolio supervisor.

What is used as evidence of competence in competency two?

- » 13 of the 70 (19%) extracted ePortfolios provided evidence that was multicultural practice rather than bicultural practice.
- » 45 of the 70 had reference to te Tiriti o Waitangi or working with tangata whenua in the ePortfolio entries.
- » 64% of the ePortfolio extracts documented a change in practice or involved a cyclic reflection with deeper understanding as evidence of competence.
- » A wide range of levels and layers of understanding of bicultural practice existed.

Which performance indicators were most often reflected in evidence of competence?

- » Performance indicators 2.8, 2.13 and 2.14 were the most commonly coded performance indicators.
- » Indicators 2.8 and 2.14 had large discrepancies of use between coders.
- » Indicator 2.13 had high frequency use by all the coders.
- » Indicators 2.4, 2.5, 2.9, 2.11, 2.12 and 2.15 were seldom used by all three coders.
- » Indicators 2.1, 2.2, 2.3, 2.6 and 2.7 were moderately used by all coders.
- » Indicator 1.16 was frequently used by two coders rather than an indicator from competency two.

Are there strengths/weaknesses or themes in the evidence of competence that can assist with education and training?

- » The themes that had the most performance indicators associated with them were change in practice and cyclic reflection.
- » The themes of OT theory and relationships had the lowest number of performance indicators associated with them, indicating these were weaker ways in which practitioners evidenced competence.
- » The discrepancy in frequency of coding indicators 2.8 and 2.14 may provide a possible explanation of the weakness of these two themes.
 - > **Indicator 2.8** *You adapt your services to each client. You acknowledge and respect that a client's culture or ethnicity may affect how they wish to be treated*, could be interpreted as an application of occupational therapy theory due to the client-centred focus. However, as the coders were not interpreting indicator 2.8 consistently, the strength of using OT theory to evidence competence may have been weakened.

> **Indicator 2.14** *You identify your own role in building and sustaining relationships with whānau, hapū, iwi, Māori organisations and tangata whenua as a whole*, was also used with differing frequency between the coders. This may be due to the similarity with **indicator 2.13** *You take your responsibilities under Te Tiriti o Waitangi The Treaty of Waitangi seriously. You meet and develop relationships with local iwi and with people who work in Māori health, welfare and education*, which also relates to relationships and was used frequently by all coders.

» There was evidence of many different levels of knowledge and understanding of what competent bicultural practice was. These levels ranged from a complete misunderstanding of what competency two meant to deep engagement and prioritisation of developing competence in this area. Of the 70 ePortfolios analysed, four stood out as demonstrating high-level competence.

Recommendations

The findings flag many areas for OTBNZ to consider in relation to ePortfolio compliance, the use of the reflective practice cycle as a measure of competence and how competency two is being evidenced.

These findings provide clear areas to target for professional development, education and training. These areas have been broken up into sections of recommendations:

- » General recommendations.
- » ePortfolio compliance.
- » Supporting occupational therapist/kaiwhakaora ngangahau with conditions on their scope of practice.
- » Education and training for competency two.

General recommendations

- » Self-assessments need to be included in the data collection function of the ePortfolio platform to provide a complete audit of the reflective practice cycle in each competency area.
- » Review of the guiding questions and audit tool within the ePortfolio platform. The language and concepts used in these introduces another two layers of information, which detracts from using the performance indicators as the guiding competence framework.
- » Routine audits should occur on the completion of every two-year ePortfolio cycle to provide information on compliance trends and in-depth analysis of competence being evidenced.
 - > Each ePortfolio cycle audit should target a different competency area for in-depth analysis.
 - > Competency two should be audited for another two ePortfolio cycles to monitor progress towards a biculturally competent occupational therapy/whakaora ngangahau workforce.

ePortfolio compliance

The overall non-compliance of completing the reflective practice cycle ranged from 21–29% over the five competency areas. 4.8% of these were blank ePortfolios with no entries in any competency area. These two figures represent well over 600 practitioners who held a practising certificate during 2016–2018. Of particular concern was the low compliance of ePortfolio supervision (average 64%). As a high-trust regulatory model, the ePortfolio relies on these supervisors to support and provide guidance on how to maintain and progress competence.

There appears to be a need for further training and education about the function and legal expectations of the ePortfolio. As the 2016–2018 ePortfolio cycle was the first of this new platform, an improvement on the compliance figures would be anticipated for the 2018–2020 cycle. The recent implementation (2019) of a robust and consistent auditing process of 20% of practitioners' ePortfolios should also make a significant impact on the compliance rate of participation in the ePortfolio process.

Recommendations

- » Ongoing provision of education about the purpose, function and legal responsibilities to comply with the ePortfolio:
 - > Development of a process to address the high rates of non-compliance with the ePortfolio. The process should include the occupational therapist/kaiwhakaora ngangahau who acted as a third party and the ePortfolio supervisor.
 - > Automatically place practitioners who are providing supervision or who have acted as a third party for practitioners who are not complying with ePortfolio requirements on the routine individual audit cycle to monitor and support their engagement with the ePortfolio process.

- » Continued education about the role and responsibilities of ePortfolio supervisors:
 - > Review the ePortfolio supervision process to ensure ease of function – for example, reminders to make and accept nominations to be a supervisor.
 - > Development of a training package to support supervisors with safely and competently fulfilling OTBNZ regulatory requirements.
 - > Supervision expectations from OTBNZ are reviewed. Clarity of the role and responsibilities of ePortfolio supervisors and supervisors for a standard condition improved in all OTBNZ documents that refer to these roles.
- » Education and training about the concepts of competence and reflective practice and how they relate to standards of practice.
- » Review the ePortfolio handbook, user guide and associated videos to align language and advice in completing the ePortfolio.
- » Consider ways the ePortfolio platform could be altered so practitioners can notify OTBNZ when no longer practising.

Supporting occupational therapist/kaiwhakaora ngangahau with conditions on their scope of practice

All practitioners who had conditions on their scope of practice had lower compliance in completing critical reflections and having a nominated supervisor. Of particular concern is the low compliance of ePortfolio supervision (45–64%) as this is an expectation of the mandatory supervision provided as part of all standard conditions. This expectation is outlined in the initial registration letters practitioners receive.

There was no conclusive evidence that any particular category of practitioner was at greater risk of incompetent practice in competency two. However, return to practice practitioners featured less in the thematic analysis and had the lowest compliance figures. Of the four ePortfolios that stood out as evidencing competent bicultural practice, two were new graduates, one was overseas trained (no conditions) and one was Aotearoa New Zealand trained (no conditions).

Recommendations

- » Review explanatory text on the supervision page within the ePortfolio to clarify the role of the ePortfolio supervisor and mandatory supervision as part of a condition.
- » The relationship between ePortfolio supervision and supervision for standard conditions needs to be clarified in all OTBNZ documents.

Education and training for competency two

The level of misinterpretation (19% of the qualitative sample were multicultural in content) of what competency two is addressing suggests the wording of the competency requires careful review. Nine of the 15 performance indicators were little used or were not consistently used by the occupational therapy coders. This suggests there are significant gaps in what evidence is being provided of competence in competency two. The high use of performance indicator 1.16 instead of a competency two performance indicator also suggests that there may be confusion of what the indicators mean and what the competence is that the indicators are addressing.

Practising appropriately for bicultural Aotearoa New Zealand is a priority area for OTBNZ. The issues and gaps in practice described above signal to OTBNZ there are several areas that need clarifying and supporting in a proactive way to assist practitioners in the development of their competence and use of the Competencies for Registration as a guiding document.

Ensuring the supervision practitioners are receiving is culturally appropriate and competent is also an important consideration. Without ongoing support and ePortfolio supervision related to competency two, progression for some practitioners may be limited.

Recommendations

- » All language and wording of competency two requires careful review by a wide range of tangata whenua and tangata tiriti occupational therapists/kaiwhakaora ngangahau:
 - > Removal of multicultural inferences in the introductory paragraph of the competency – for example, the first sentence “You treat people of all cultures appropriately”.

- > Removal of all multicultural inferences within the performance indicators – for example, **indicator 2.5** *You understand the factors contributing to the occupational and health needs of specific clients, including Māori, tau iwi (non-Māori), Pacific peoples, refugees, new settlers and others.*
- » Eliminate the use of two concepts of competence within one performance indicator.
- » Reword indicators that are similar in content such as 2.13 and 2.14 as there was high inter-code discrepancy in use of these.
- » Careful review of the wording and intent of seldom utilised performance indicators 2.4, 2.5, 2.9, 2.11, 2.12 and 2.15.
- » Provide a link to the bicultural resources page on the OTBNZ website from within the ePortfolio platform.
- » Provide a guiding document of what competent bicultural practice looks like. Identify resources to assist the development of practice.
- » Education reinforcing the linkages of competency two being a personal journey and responsibility as a Tiriti partner, the reflective practice model and development of competent bicultural practice.

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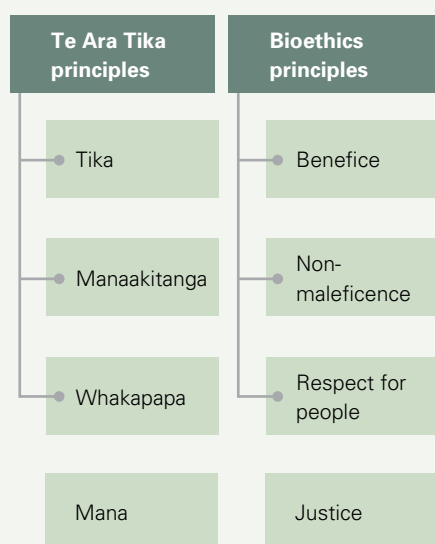
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Appendices

Appendix 1: Ethical standards

These standards were produced with reference to Hudson et al. (2010) and the guiding principles outlined in the draft national ethical standards for disability and health research (National Ethics Advisory Committee, 2018)⁶. These principles are represented in Figure 5.

Figure 5: Overview of Te Ara Tika and bioethics principles (National Ethics Advisory Committee, 2018, p. 16).



The partnership between the principles as they relate to ethical research activity for the context of Aotearoa New Zealand is explained as follows:

These standards do not give ethical or conceptual priority to either the principles of Te Ara Tika or traditional bioethics. No assumption is made that they cover the same ground in all cases, but an important common ground for them is that they involve knowledge discovery through respectful and rights-based engagement between researchers, participants and communities to advance health and wellbeing.

These principles are the ethical sources of the more specific standards set out in the following chapters. For example, the ethical demand that participants give their informed consent to participate comes from the principle of respect for autonomy, which can in turn be justified by the principles of mana and manaakitanga and/or by the principle of respect for people.

When they are described in the abstract, away from a specific context, as this chapter has done, all the principles are equally and supremely important. But in any particular context, it may not be possible to realise them all in actions because they may make incompatible demands on researchers. For example, the demands of mana, manaakitanga and respect for people may support the demand for individual informed consent; but it may not be possible to meet the demand to do good by improving health outcomes (tika, beneficence) if informed consent is required, for example when studies involve linking large data sets.

National Ethics Advisory Committee, 2019, pp.34.

Appropriate design/outcomes/respectful relationships

- » Peer review of the audit protocol will be obtained before implementation.
- » OTBNZ will only use data in this research project that is collected as part of its normal business operating processes.
- » All practitioners who held an annual practising certificate during April 2016 to April 2018 will be included in the data collection.
- » Data will be held indefinitely and only for OTBNZ's operational activity and future research/auditing use.
- » Only OTBNZ staff involved with ongoing auditing and research responsibilities will access the data.

⁶ The draft standards were released as *the National Ethical Standards. Health and Disability Research and Quality Improvement* in late December 2019. <https://neac.health.govt.nz/publications-and-resources/neac-publications/national-ethical-standards-health-and-disability>

- » Analysis of data will be conducted collaboratively and respectfully within the research team.
- » Findings of the research will be shared with key stakeholders and the profession at large.
- » Key outcomes of the research are expected to:
 - > inform policy related to the application of the ePortfolio.
 - > assist with future planning to ensure the profession has the support to maintain competent practice.
 - > provide information on where additional education and support from OTBNZ is required to ensure competent practice is occurring.
 - > form the basis on an ongoing high-level audit programme of the ePortfolio as a competence measure.
- » Any findings and operational decisions that are applicable to Māori or intended to support implementation of bicultural practice will be written in partnership with Te Umanga Whakaora Ngangahau (Māori Occupational Therapy Network) and appropriate tikanga advice.
- » The project is considered as being part of OTBNZ's quality improvement and auditing activities and is intended to support positive change.

Respect and care for others/ensuring privacy confidentiality/co-design/giving back to community

- » All data will be held in the password-protected OTBNZ server.
- » As soon as practicable, all identifiers will be removed from the raw data and the re-identifying linking data will be held in a separate file in the OTBNZ secure server.
- » Protection of all data will comply with the confidentiality, privacy and governance policies of OTBNZ.
- » All practitioners on the register will be notified that the audit project is taking place, with the aims, expected outcomes and plans for disseminating the findings detailed.
- » No potentially identifying verbatim text from the data will be used in publications.

Relationships and engagement with Māori and participants

- » Consultation and advice from OTBNZ tikanga advisor, Whaea Iris Pahau, on the research proposal and design before implementation.
- » Tangata whenua and tangata tiriti represented as equal partners in the audit team.
- » All practitioners on the register will be notified that the audit project is taking place, with the aims, expected outcomes and plans for disseminating the findings detailed.

Shares knowledge and upholds mana/upholds tikanga/mitigates risks of research

- » Minutes will be taken and shared after each meeting.
- » Meetings will be convened in ways and at times so that all members can attend.
- » All data and documents will be shared with the whole audit team.
- » Content of written reports will not be produced without consensus from the whole team.
- » The benefits of the audit will be to:
 - > improve the quality and standard of receiving occupational therapy, particularly to address inequities facing tangata whenua.
 - > support improved OTBNZ processes.
 - > provide knowledge and information for the occupational therapy/whakaora ngangahau profession and wider regulatory community.
- » External contractors will only have access to the ePortfolios of the random sample of practitioners selected for the audit. All analysis will be carried out with de-identified data. This will anonymise the data as much as possible, minimising risk of subjective bias or unconscious repercussions of the ePortfolio content being used for purposes outside the audit.
- » Any risk to the public of incompetent practice is balanced by the operational processes already in place where an occupational therapist/kaiwhakaora ngangahau and supervisor are required for the annual recertification to take place. The oversight required by these two roles involves reading the content of the practitioner's ePortfolio and, as such, should address any immediate risk to the public.

Appendix 2: Audit advice

Practitioners advised of audit via email on 26 February 2019.

1. 2016-2018 ePortfolio cycle review

The Occupational Therapy Board would like to inform practitioners that a retrospective audit of the ePortfolio 2016-2018 cycle is taking place. This is a quality improvement project with the intention of gathering information about the effectiveness of the online platform. Individual practitioners are **NOT** being audited. What is being audited is the engagement of practising therapists (approximately 3000) during the two year cycle from a large data set.

A specific focus of the review will be on engagement related to competency two: "Practising Appropriately for Bicultural Aotearoa New Zealand". Findings from the project will be published on the Board's website.

Appendix 3: Audit team meeting dates

9 April 2019	Skype with whole audit team
6 May 2019	Three occupational therapists/kaiwhakaora ngangahau (Ngaire Magner, Dr Rita Robinson and Dr Mary Silcock)
28 May 2019	Two occupational therapists/kaiwhakaora ngangahau (Rita and Mary)
24 June 2019	Three occupational therapists/kaiwhakaora ngangahau (Ngaire, Rita and Mary)
6 August 2019	Skype with whole audit team
23 August 2019	Two occupational therapists/kaiwhakaora ngangahau (Rita and Mary)
3 September 2019	Two occupational therapists/kaiwhakaora ngangahau (Ngaire and Mary)
8 October 2019	Skype with whole audit team
26 November 2019	Skype with three occupational therapists/kaiwhakaora ngangahau (Ngaire, Rita and Mary) and Dr Megan Kenning
10 December 2019	One occupational therapist/kaiwhakaora ngangahau (Mary) and tikanga advisor (Whaea Iris)

Appendix 4: Competencies for Registration and Continuing Practice

The outcomes you must achieve

Each competency has a desired outcome. You must achieve these outcomes in your daily practice, regardless of the setting or your level of experience.

1. APPLYING OCCUPATIONAL THERAPY KNOWLEDGE, SKILLS AND VALUES

You apply what you know. You engage with people and communities to enable occupations based on rights, needs, preferences and capacities. You work within the context of each client's* environment to optimise their participation and well-being.

2. PRACTISING APPROPRIATELY FOR BICULTURAL AOTEAROA NEW ZEALAND

You treat people of all cultures appropriately. You acknowledge and respond to the history, cultures, and social structures influencing health and occupation in Aotearoa New Zealand. You take into account Te Tiriti o Waitangi The Treaty of Waitangi and work towards equal outcomes for all your clients.

3. BUILDING PARTNERSHIPS AND COLLABORATING

You collaborate. You work well with other individuals, groups, communities and organisations. You use your own and others' resources, environment and skills to benefit your clients.

4. PRACTISING IN A SAFE, LEGAL, ETHICAL AND CULTURALLY COMPETENT WAY

You act with integrity. You include safety, legal, ethical, and cultural requirements and expectations in your professional practice, and apply them to your work.

5. ENGAGING WITH AND BEING RESPONSIBLE FOR YOUR PROFESSION

You engage with your profession. You ensure your practice is professional, current, responsive, collaborative, and evidence-based.

The specific actions and abilities you must demonstrate

You will achieve each competency and its outcome by demonstrating specific actions and abilities. These are referred to as your 'performance indicators', because they indicate whether you are performing to an acceptable standard.

You are not required to demonstrate all the performance indicators all of the time.

1. Applying occupational therapy knowledge, skills and values

You apply what you know. You engage with people and communities to enable occupations based on rights, needs, preferences and capacities. You work within the context of each client's environment to optimise their participation and well-being.

To achieve this competency and its outcome, you must demonstrate the following abilities and actions:

- 1.1** You apply an occupational perspective to your practice.
- 1.2** You work within the scope of occupational therapy practice. You identify the boundaries of the service you can provide, and make appropriate referrals.
- 1.3** You use a range of strategies for communicating. You adapt how you communicate to each context, acknowledging and respecting the values, beliefs, attitudes and practices of your clients / tangata whaiora (Māori clients).
- 1.4** You enable and empower your clients / tangata whaiora to improve their own occupational performance and participation.
- 1.5** You collaborate with people and communities to establish priorities and goals that you all agree on.
- 1.6** You select the appropriate assessments and evaluations when planning your practice.
- 1.7** You use current theory and evidence, as well as sound clinical reasoning, to help you make decisions and use the best processes in your practice.
- 1.8** You identify the individuals, organisations or sections of the community that help, hinder or pose risks to your practice.
- 1.9** You recognise and respect that each individual is unique, and you practise in a way that respects mana (status) and wairua (spirit).
- 1.10** You help your clients live ordinary lives within their natural environments. You engage them in sustainable occupations that they find meaningful and valuable.
- 1.11** You choose and use a range of strategies, including: helping clients to adapt, modifying their environments, developing their skills, and teaching them processes for learning. You consult, advocate, and coach.
- 1.12** You evaluate your practice using appropriate measures and client feedback. You review, modify or complete your practice based on this evaluation.
- 1.13** You identify, express, document and justify the strategies you choose as appropriate for your clients, based on the results of your assessment.
- 1.14** You keep appropriate records of the services you provide. These records are suitable for evaluating your services, your professional performance, and your business.
- 1.15** You promote healthy practices, attitudes, and environments that contribute to occupational well-being.
- 1.16** You understand and recognise key Māori concepts, and you include appropriate tikanga (Māori customs) in your practice.
- 1.17** You facilitate and advocate for occupational justice.

2. Practising appropriately for bicultural Aotearoa New Zealand

You treat people of all cultures appropriately. You acknowledge and respond to the history, cultures, and social structures influencing health and occupation in Aotearoa New Zealand. You take into account Te Tiriti o Waitangi The Treaty of Waitangi and work towards equal outcomes for all your clients.

To achieve this competency and its outcome, you must demonstrate the following abilities and actions:

- 2.1 You understand the effects of Te Tiriti o Waitangi The Treaty of Waitangi on Māori health and social outcomes.
- 2.2 You recognise your responsibility as a health professional to ensure equal health outcomes for all your clients / tangata whaiora (Māori clients).
- 2.3 You recognise the effect of structural, systemic and historical decisions on individuals, as well as on their choices and their occupational possibilities.
- 2.4 You understand the factors contributing to rates of Māori mortality, imprisonment, health and social participation. You understand why Māori outcomes differ to those of non-Māori.
- 2.5 You understand the factors contributing to the occupational and health needs of specific clients, including Māori, tau iwi (non-Māori), Pacific peoples, refugees, new settlers and others.
- 2.6 You develop strategies and practise in ways that promote equal outcomes for Māori and other groups that are occupationally compromised.
- 2.7 You recognise that different communities need different resources. You make sure these resources are available or developed.
- 2.8 You adapt your services to each client. You acknowledge and respect that a client's culture or ethnicity may affect how they wish to be treated.
- 2.9 You acknowledge diversity across and within all groups, whether Māori or tau iwi.
- 2.10 You identify your own cultural values, beliefs, attitudes and assumptions about what people are entitled to. You understand the effect these ideas have on the decisions you make in your practice.
- 2.11 You recognise that your peers, colleagues and clients all bring different realities and identities to your practice.
- 2.12 You understand sociopolitical, governmental and organisational processes for making decisions and setting policies. You understand the effects of these decisions and policies on services for different cultural groups.
- 2.13 You take your responsibilities under Te Tiriti o Waitangi The Treaty of Waitangi seriously. You meet and develop relationships with local iwi and with people who work in Māori health, welfare and education.
- 2.14 You identify your own role in building and sustaining relationships with wha-nau, hapu-, iwi, Māori organisations and tangata whenua as a whole.
- 2.15 You understand power imbalance between different cultures. You negotiate appropriately when collaborating, consulting or partnering with Māori.

3. Building partnerships and collaborating

**You collaborate. You work well with other individuals, groups, communities and organisations.
You use your own and others' resources, environment and skills to benefit your clients.**

To achieve this competency and its outcome, you must demonstrate the following abilities and actions:

- 3.1** You work well both alone and with others to ensure the best outcomes for your clients / tangata whaiora (Māori clients).
- 3.2** You act with integrity, building and maintaining respectful relationships with your clients, colleagues, peers and other professionals.
- 3.3** You recognise when the boundaries between personal and professional relationships are not clear enough, and how this affects your team or your clients.
- 3.4** You contribute to developing and achieving the objectives of your team.
- 3.5** You work well with people in other professions, making sure you treat clients consistently to achieve common goals.
- 3.6** You engage with the principles and processes of quality improvement.
- 3.7** You practise within the established standards, policies, guidelines, procedures and expectations of the organisation, agency or funding body you work for.
- 3.8** You create, monitor or challenge standards, policies and procedures to ensure they meet professional competencies.
- 3.9** You work with your colleagues to recognise and address any cultural assumptions that affect the quality of your services.
- 3.10** You contribute to supporting, guiding, and developing your team members.
- 3.11** You look out for legitimate, evidence-based developments in the field of occupational therapy that could be applied to your practice.
- 3.12** You promote occupational therapy to services, organisations, communities and agencies.

4. Practising in a safe, legal, ethical and culturally competent way

You act with integrity. You include safety, legal, ethical, and cultural requirements and expectations in your professional practice, and apply them to your work.

To achieve this competency and its outcome, you must demonstrate the following abilities and actions:

- 4.1** You understand, justify and promote that all clients deserve equal services.
- 4.2** You understand, explain and promote personal choice and control for your clients.
- 4.3** You practise in ways that show you appreciate the complexity of cultures, identity, ethnicity and how people relate to and connect with their natural environment.
- 4.4** You recognise your own level of safety, and your legal, ethical and cultural competence, and address any weaknesses.
- 4.5** You acknowledge, identify and safely respond to the values, beliefs, attitudes and practices of your clients / tangata whaiora (Māori clients).
- 4.6** You identify cultural differences and how these might affect communication.
- 4.7** Your relationships with your clients are ethically sound and culturally safe.
- 4.8** You use reasoning and reflection to make and justify your decisions on ethical issues.
- 4.9** You promptly identify, explore and address potential conflicts of interest.
- 4.10** You recognise and address issues that compromise your own or others' safety.
- 4.11** Your actions comply with the legislation, regulations, service standards, and professional and ethical guidelines relevant to your area of practice. You can justify your actions.
- 4.12** You develop and maintain a safe environment. You balance safety, risk and participation when treating your clients.
- 4.13** You manage your own health and well-being so that you are fit to practice.

5. Engaging with and being responsible for your profession

You engage with your profession. You ensure your practice is professional, current, responsive, collaborative, and evidence-based.

To achieve this competency and its outcome, you must demonstrate the following abilities and actions:

- 5.1** You take responsibility for your own professional development.
- 5.2** You critically appraise and use professional literature to update your knowledge of current theories, techniques, technology, outcomes and practice. You use current developments in your practice.
- 5.3** You understand and contribute to research that furthers occupational therapy practice.
- 5.4** You help to improve occupational therapy knowledge, resources, practices and services. This includes networking with your peers and supervising or mentoring your colleagues or students.
- 5.5** You assess how well your colleagues are supervising, supporting and guiding others. You suggest changes when needed.
- 5.6** You reflect on your own and others' competence, knowledge, skills and attitudes, and work to improve them.
- 5.7** You identify gaps in your skills or knowledge. You find a way to learn what you need to know.
- 5.8** You reflect on how your professional abilities, attitudes, strengths and limitations affect your practice and the services you provide.
- 5.9** You support new areas of practice and knowledge.
- 5.10** You are aware of how sociopolitical trends – including funding, delivery, education, staffing and career choices – affect occupational therapy services.



**Occupational Therapy
Board of New Zealand**

TE POARI WHAKAORA NGANGAHAU O AOTEAROA
FOSTERING FAITH AND CONFIDENCE IN THE PROFESSION

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