Occupational Therapy Board of New Zealand
TE POARI WHAKAORA NGANGAHAU O AOTEAROA
FOSTERING FAITH AND CONFIDENCE IN THE PROFESSION

Revision of Competencies for Registration & Code of Ethics 2021

Literature review & background information

Introduction

The current competencies for Registration and Continuing Practice (the Competencies) (2015) were written over 2013-2015. They were a significant revision led by the late Dr Linda Wilson and a summary of the process undertaken is available on the Occupational Therapy Board of New Zealand – Te Poari Whakaora Ngangahau o Aotearoa (OTBNZ) website. The revision included reducing the number of core competencies from seven to five, introducing a core competency for bi-cultural practice, and the insertion of an overarching preliminary statement written to position both the Competencies and the Code of Ethics (the Code) in the context of Te Tiriti o Waitangi as the founding document of Aotearoa New Zealand.

The current Competencies resulted in both occupational therapy schools (AUT and Otago Polytechnic) re-writing the curriculum for under graduate occupational therapy education. This was completed in 2019 and all levels of the programmes are now taught to the Competencies. OTBNZ has modified and amended all its operational work to reflect the new Competencies. For example, competence assessments for new registrants; assessment criteria for overseas qualifications; and evidence required for conditions on scope of practice and the recertification programme. As well as these registration processes, the continuing competence programme, the ePortfolio, is also completely built from the Competencies. The ePortfolio platform is a crucial operational tool for the OTBNZ to apply the Health Practitioners Competence Assurance Act 2003 (the Act). It provides a method of monitoring the standards of competence laid out in the Competencies. Occupational therapists are able to provide evidence of how they maintain and progress their competence in their online ePortfolio.

Over the last five years significant changes have occurred in the healthcare environment, only one of which is the COVID 19 pandemic. The recent Health and Disability System Review (Health and Disability System Review, 2020) contains many recommendations indicating widespread structural reform of the sector will be undertaken shortly. The recommendations include a focus on inter-disciplinary and transdiscplinary practice, primary care and health promotion, practice driven by population health, localised and cross-sectorial collaboration, digital literacy and competence, proactive facilitation of disability rights and re-evaluating the training of health workers. All of these intentions fall under an over-arching re-structure of the funding of the health system and Māori rights to control health funding for Māori. A future-facing set of Competencies and Code needs to prepare occupational therapists for future practice expectations. Some of these expectations will be shared core competencies for all registered health practioners and others will involve occupational therapy specific core competencies. The alignment of the occupational therapy scope of practice with the Competencies and Code may need to be considered.

Revising the Competencies and Code of Ethics is an opportunity to increase the effectiveness of regulation to improve practice and health outcomes. The occupational therapy profession has produced four versions of Competencies already. These have all reflected the historical era in which they were written (Silcock et al., 2016,). Ethical practice within the Code and the Competencies has also been re-positioned over the years (Silcock et al., 2017). There is a requirement in the current era to provide competent occupational therapy that is responsive and appropriate for Tangata Whenua and supports the indigenous rights of Māori sovereignty. Responsiveness to Māori was added to the functions of the responsible authorities in the recent amendments to the HPCA Act. By drawing on experience and research, the fifth iteration of the Competencies and 3rd iteration of the Code can be documents that build on the lessons OTBNZ and the profession have learnt over the last 35 years. The following summary of literature and research has been written to provide a background of theoretical and practical knowledge to support this.

Literature and research

Competencies for Registration and Continuing Practice as a concept

There are two main conceptual understandings used to develop competency frameworks: behavioural or functional. Behavioural approaches view competency as an ongoing and developmental process, where proficiency is a combination of multiple attributes and skills and is always changing. Functional approaches view competency as the attainment of performance of a specified occupation, task or role to a stated level of proficiency (Mills et al., 2020). A mixed use of the approaches is common in health based competency frameworks. In the above scoping review Mills et al (2020) suggest that having an unclear conceptual basis to a framework raises the risk of it being difficult to apply for regulatory purposes. This appears to be the case in the current OTBNZ Competencies. For example in performance indicator 1.3, a functional approach is taken in the statement "You use a range of strategies for communicating." This statement is then expanded on with the addition of another sentence "You adapt how you communicate to each context, acknowledging and respecting the values, beliefs, attitudes and practices of your clients/tangata whaiora".

A "range of strategies" is a stated level of proficiency, whereas "adapting how you communicate to each context, acknowledging and respecting the values, beliefs, attitudes and practices of your clients/tangata whaiora" is an ongoing and changeable behaviour. Is this developmental and ongoing competence? or is it a level of skill that can be attained? And how can competence be assessed in a way that assures safe practice is occurring? Health regulators are grappling with these conceptual and assessment issues related to competency frameworks around the world. The World Health Organisation (WHO) has recently produced a proposed glossary of terms and concepts to try and lead some international consistency in the use of competency based frameworks.

Table 5 Proposed glossary of terms for health-related competency frameworks

Term	Definition	Conceptual characteristics
Activity	An area of work that encompasses groups of related tasks. Activities are time limited, trainable and, through the performance of tasks, measurable.	Time limited, i.e. begins and ends Describe what is done
Attitude	A person's feelings, values and beliefs, which influence their behaviour and performance of tasks.	An unobservable attribute inferred through performance
Behaviour	Observable conduct towards other people or activities that expresses a competency. Behaviours are durable, trainable and measurable.	Observable attribute, often applied in combination, i.e. several behaviours may contribute towards one competency
Competency	The observable ability of a person, integrating knowledge, skills, and attitudes in their performance of tasks. Competencies are durable, trainable and, through the expression of behaviours, measurable.	Not time limited, i.e. durable through multiple activities Can develop/improve or erode over time
Competent	Performance of required competencies and activities to a defined standard for an occupational role (e.g. "she/he is competent").	Dichotomous, i.e. one is or is not competent
Knowledge	The informational base of competencies and activities.	An unobservable attribute of competence inferred through performance or determined through specific testing A competency and/or activity may draw on multiple areas of knowledge simultaneously
Proficiency	A person's level of performance (e.g. novice or expert).	A degree of ability to perform (continuous)
Occupational role	A category that characterises certain groups of activities (e.g. student, practitioner, educator, manager, researcher).	An aggregate of linked activities that serve a common purpose The macro level to activities (meso) and tasks (micro) Determines scope of practice
Skill	A specific cognitive or motor ability that is typically developed through training and practice.	Observable (physical) and unobservable (cognitive) attribute, often applied in combination, i.e. several skills may contribute towards one competency and/or activity
Standard	The level of proficiency required to perform an occupational role, acquire a professional title, or be deemed safe to perform specific tasks.	A specific level of performance (discrete)
Task	Observable units of work as part of an activity, which draw on knowledge, skills, attitudes and behaviours. Tasks are time limited, trainable and measurable.	Observable attribute of activities, often applied in combination, i.e. several tasks may contribute towards one activity

(Mills et al., 2020, p. 12)

Building from this terminology, the authors have then developed a depiction of the relationship between the key components required to deem a person competent:

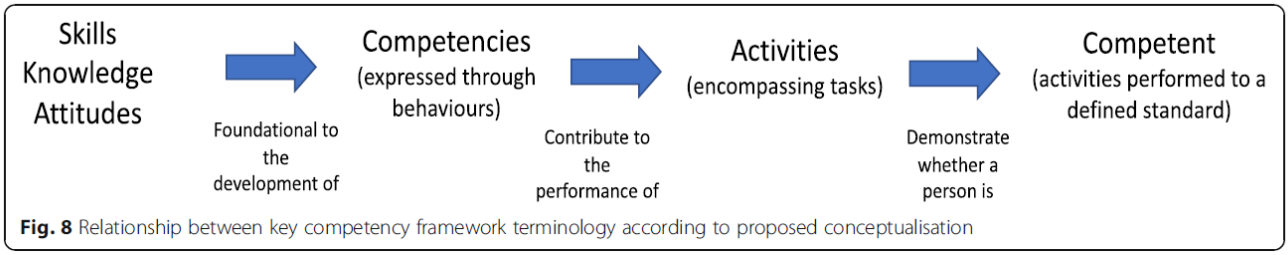

Fig. 8 Relationship between key competency framework terminology according to proposed conceptualisation

(Mills et al., 2020, p. 13)

As well as the WHO, other professions are also moving toward an international standardisation of competence based education, post-graduate training and regulation. This movement appears to be occurring because of the increasing global movement of health professionals between countries. The pharmacy profession have recently held an international forum about standardising training as have the Psychology profession (Minniti et al., 2019). The European Union have been working towards standardised recognition of qualifications and professions for many years with a 'harmonisation' of curriculum for nurses, midwives, doctors (basic medical training, general practitioners and specialists), dental practitioners, pharmacists, architects and veterinary surgeons already in place. In the occupational therapy profession, the World Federation of Occupational Therapy provides a baseline of minimum standards for education of under-graduate training. This is the only global benchmark of consistency related to training. There are no international standards, assessment criteria or comparisons of competency once a person has gained an occupational therapy qualification.

Aotearoa New Zealand context

In Aotearoa New Zealand registered occupational therapists have an endorsement of their competence being equal to that of Australian registered occupational therapists through the Trans-Tasman Mutual Recognition Act (1997). This is a legal endorsement only as there are no joint standards of training or competence frameworks between the two countries. The Occupational Therapy Council of Australia have recently revised their accreditation guidelines. These new guidelines identify standards requiring educational programmes to incorporate the inclusiveness of Aboriginal and Torres Strait Islander Peoples in curricula and institution infrastructure, which further accentuates the differences in education and practice between the two countries. The Aotearoa New Zealand physiotherapy profession has a combined set of standards of competence with Australia which the Physiotherapy Board of New Zealand regulates to. These Physiotherapy practice thresholds in Australia and Aotearoa New Zealand were produced as a collaboration between the two countries. Due to the highly different political, economic and socio-cultural contexts, as well as the structures and systems of healthcare, between Aotearoa New Zealand and Australia, this approach does need to be taken with caution.

Te Tiriti o Waitangi positions practice in Aotearoa New Zealand in a very different political structure. Any globalisation of standards of practice would need to be carried out with genuine consultation and incorporation of the sovereignty and indigenous rights of Tangata Whenua. Other regulators in Aotearoa New Zealand are taking this stance. The Midwifery Council of New Zealand has recently commenced a Tiriti o Waitangi led Aotearoa Midwifery Project which intends to review the Midwifery Scope of Practice, Competencies for Registration and Standards. The Social Work Registration Board of New Zealand is also planning a similar review in 2021, with a revision of the Scope of Practice already underway. The Nursing Council of New Zealand has heavily incorporated te Tiriti o Waitangi partnership obligations in the new draft of Nursing Education standards and have signalled they will be revising the Competencies for Registration once these have been approved.

Whilst keeping the unique context of Aotearoa New Zealand at the forefront of any review of the Competencies is paramount, it does appear important to also consider the global movement of occupational therapists around the world. Occupational therapists trained in Aotearoa New Zealand often travel to other countries to work, OTBNZ receives applications from a growing number of

overseas practitioners to work here, and the occupational therapy schools train international students who will return to their own countries to work. The language and approach to a revised competency framework and code of ethics should be considered with this backdrop in mind.

Educational context

The two occupational therapy schools in Aotearoa New Zealand are currently exploring the idea of moving their curriculum and fieldwork components to a competency based assessment system. This is also an international trend, with American medical and pharmacy training schools (Deslandes et al., 2018; Kogan et al., 2018; Lockyer et al., 2017) and occupational therapy programmes (Hinojosa & Howe, 2016) already using this approach. If the Competencies were to be used as an end point for a competency based curriculum this would require careful consideration of the language and concepts used in a new framework. The Competencies need to support a future oriented curriculum as well as enabling accurate and easy assessment of performance and attainment of competence.

The Nursing Council of New Zealand is currently considering the establishment of a national standardised tool for assessing student competence, to be used by all education providers (see consultation document Nursing education standards for programmes leading to registration as a registered nurse, 2020). On a bigger stage, the WHO has developed a Rehabilitation Competency Framework (RCF) with adoption and adaption for curricula development, regulation as well as other stakeholder requirements in mind. The RCF is due to be published shortly. WHO is producing two separate resources to provide guidance for applying the RCF in curriculum and regulatory activity[1]. The RCF and the associated guides may be useful models and reference points for language and structure of a revised Competencies document.

On-going competence

Another aspect of the Competencies that needs careful thought is the way the standards described in them are used as the benchmark for monitoring ongoing competence of practising occupational therapists. OTBNZ currently uses a two year cycle of self-directed professional development documented in the ePortfolio to assure the public that occupational therapists continue to maintain the standards of competence described in the Competencies. This approach relies on a high trust model where the profession self-regulates the standard of practice being evidenced in the ePortfolio through the functions of the annual third party attestation to gain a practicing certificate and the two yearly ePortfolio supervisor declarations. The competence documented in the ePortfolio is expected to continue to develop and progress commiserate with the experience and roles the occupational therapist holds.

Relying solely on self-directed reflective practice and professionalism to assess and assure competence is not widely used by other regulators. When ePortfolio's and reflective practice are utilised this is usually in conjunction with other methods of collecting evidence of competence. Completion of a set number of hours or attainment of a number of credits/points associated with approved continuing education remains the primary way regulatory bodies from around the globe assure competence. This remains the case despite weak evidence to support this as an effective strategy (Austin & Gregory, 2017). Adding to the complexity of assessing and assuring competence against a baseline set of competencies, is the issue of assuring competence of advanced and specialised practitioners.

In Aotearoa New Zealand, occupational therapy has developed some niche and specialised areas of practice such as complex wheelchairs and seating, driving assessment and vehicle modifications, hand therapy, health and safety and a variety of roles such as Health Improvement Practitioners, mental health clinicians and kaupapa Māori health workers. OTBNZ currently does not monitor or provide regulatory oversight for any specialised roles at present. It is currently consulting on a Standard of practice for driving assessors. To manage this issue elsewhere, Canadian regulators have developed additional competencies with identified ongoing "milestones" or "entrustable professional activities" that need to be evidenced to have an advanced or specialised practising status endorsed by the regulator (Lockyer et al., 2017, p. 618). In Australia, workforce reform of allied health professions is being driven with competency based frameworks rolled out in the last five years. These require credentialing for advanced practice (Radkowski et al., 2019). In an opinion piece authored by

[1] The author is a member of the WHO technical group for these projects.

Australian and Aotearoa NZ physiotherapists titled *Future of specialised roles in allied health practice: Who is responsible?* (Skinner et al., 2015) it is suggested that it is too risky not to develop specialised standards of practice because of the poor clinical skills out there in practice and the lack of supervision of people in specialist roles:

> We suggest that Allied Health Practitioner's working in specialised areas and roles urgently need to consider and establish specific clinical standards of practice, using structured frameworks, particularly in areas where there are known deficits in undergraduate exposure, such as critical care and paediatrics (p.257).

Credentialed specialised scopes of practice are used already by several responsible authorities in Aotearoa New Zealand: medical doctors, physiotherapy, nursing and dietitians. These sit alongside the baseline Competencies for Registration and are used in addition to these by the regulator to assure standards of practice and maintenance of competence.

There are other methods regulators are beginning to pilot to try and address the assessment of competence to support change in actual practice. These have included compulsory multi-source feedback (360-degree reviews), in-person competence reviews using simulation and even a 'mystery shopper' concept where competence is reviewed without the knowledge of the practitioner (Austin & Gregory, 2017). The cost to implement alternative and personalised assessments such as these was found to be prohibitive in a trial conducted in Ontario with pharmacists. The trial did find that authentic practice-based assessment appeared to have a much greater impact on stimulating engagement in appropriate professional development and change in practice (Winkelbauer, 2020).

From this brief review of issues related to competency based regulation using a core set of Competencies for Registration, the increasingly complex needs of the health practice landscape is apparent. OTBNZ uses the Competencies as a central and pivotal document to meet the needs of many different stakeholders. While these cannot always be satisfactorily met, being cognisant of the way the Competencies are applied in operational work are very important considerations for a revision. ePortfolio's are becoming increasingly used to try and meet these competing needs due the multiple users and uses they can facilitate. There has been a surge of research about the experience of using ePortfolio's in regulation and competence based assessment in the last five years.

ePortfolio use in regulation

Any changes to the Competencies will need to be accommodated within the ePortfolio platform. The ePortfolio is the main regulatory tool OTBNZ uses to enforce the Competencies and it cannot do this effectively without the two elements being considered together. At present the ePortfolio is strongly based on the behavioural approach to competence, where competence is a life-long and continuous developmental process. It achieves this by being centered around the concept of reflective practice and critical self-assessment. This approach to assuring competence has little evidence to date of its effectiveness in improving practice and maintaining competency (Austin & Gregory, 2017) including in occupational therapy regulation (Foucault et al., 2018). In Foucault's et al (2018) study, they suggest that well designed ePortfolio's need to be used in conjunction with integration into practice through work-based learning, team use and mentor support.

Although reflective practice is a central concept for many regulators using an ePortfolio system (Fu et al., 2019; Gadbury-Amyot et al., 2019; Kennedy et al., 2019; Vachon et al., 2018), regulatory theorists Zubin Austin and Paul Gregory (2017) contend there is a significant weakness in this approach.

> ..while the idea of learning portfolios is built upon a sound theoretical foundation of adult and experiential learning, the self-reporting and self-disclosure inherent in the process makes evaluation of impact challenging, if not impossible. This calls into question the appropriateness— and ultimately the effectiveness— of using unguided self-assessment and learning portfolio designs for ensuring professional competency (p.26).

While the current OTBNZ ePortfolio is **not** unguided due to having the role of the ePortfolio superivisor mandated, the quality of this supervision is very low or not complied with, and the connection with the role and supporting critical reflective practice, professional development and regulating the Competencies appears poorly understood by supervisors (Magner et al., 2020).

Training in the use and concept of an ePortfolio for all users of the platform e.g. administrators, practitioners, supervisors, faculty and assessors/auditors was an essential element associated to the success or lack of success of implementaion (Bevitt et al., 2016; Egan et al., 2018; Grom & O'Neill, 2019; Hall et al., 2012; Paulson & Campbell, 2018). The preparedness and competence of ePortfolio coaches/supervisors/mentors/assessors was also a signficant factor impacting on the effectiveness and positive uptake of ePortfolio systems (Gibson et al., 2018; Kopechek et al., 2017; Vachon et al., 2018; Wells et al., 2018).

Evaluation and monitoring of competence

As Austin and Gregory (2017) point out, evaluating the effectiveness of a reflective practice based ePortfolio in improving or maintaining competence is a challenge and this has been a signficant operational issue for OTBNZ. The Board target of auditing the ePortfolio's of 20% of practising occupational therapists has been met over the last two years (2019 & 2020) but it has been impossible to audit the competence evidenced in individual ePortfolio's in any standardised way. The current Competencies do not provide clear benchmarks for practice which can be easily assessed or audited against. At present the OTBNZ contracted auditors have a set of audit standards which they audit against but this does not involve them assessing the content against the Competencies in any way. Effective audit and feedback processes have been found to be important in changing low-value care (Ivers & Desveaux, 2019) and audit processes have been cited as an effective intervention in such programmes as Choosing Wisely (Grimshaw et al., 2020).

In Ireland the pharmacy profession has implemented a rigourous process of introducing an ePortfolio where auditing and review of competence were objectives from the outset. They have designed a compulsary "Core Competency Self-Assessment Tool" in the ePortfolio which is one of the audit standards. They then will audit the content of the ePortfolio through an automated system based on meeting eight standards (Kennedy et al., 2019). This provides an evaluation of compliance with the data and information required to be in the ePortfolio. To supplement this automated system there is a peer review audit process as well. Peer reviewers are contracted pharmacists who have been trained in what the Pharmacy Board requires, much like the OTBNZ auditors. Peer reviewers review all ePortfolios which fail the automated audit as well as a random selection of ePortfolios. They provide personalised feedback and the pharmacist is monitored over a couple of years to ensure adequate compliance has occurred (Kennedy et al., 2019). With some planning a similar process could be implemented by OTBNZ. The assessment of competence within an ePortfolio will be easier to train auditors to do in a more consistent way if the Competencies were written with this function in mind.

Multiple use of the ePortfolio

As OTBNZ uses the Competencies to meet the needs of multiple stakeholders – educators, regulators and individual practitioners there may be other ways the ePortfolio could be used to meet all these needs in the future. In other education and regulatory settings the practitioner or student is responsible for the ePortfolio platform and it is soley under their control. Open source platforms are used and the individual designs and creates the ePortfolio with templates and mandatory sections uploaded into it. In Aotearoa New Zealand Māori Nurses have developed a Māori portfolio to support an alternative option to the traditional portfolio's. The ePortfolio platform is open source and hosted by Mahara and has expanded its uptake within the nursing profession since its inception in 2014 (Nga Manukura o Āpōpō, n.d). The cultural flexibility ePortfolio's offer has also been commented on elsewhere, with the suggestion that they may create a more culturally appropriate and safe environment for assessment and feedback (Byszewski et al., 2018).

In Ireland pharmacists own their ePortfolio and upload required content to the pharmacy regulator when they are audited (Kennedy et al., 2019) as do occupational therapists in Quebec (Foucault et al., 2018). Likewise in the University of Canberra entry-level Master of Occupational therapy programme (Bevitt et al., 2016) and New York University Doctoral occupational therapy programme the student

owns the ePortfolio and enables access to it for assessment purposes (Hinojosa & Howe, 2016) which is the same as medical students at University of Ottawa (Hall et al., 2012). This is an example of a self-created student ePortfolio as part of the University of Canberra occupational therapy programme, published in the World Federation of Occupational Therapists Bulletin:

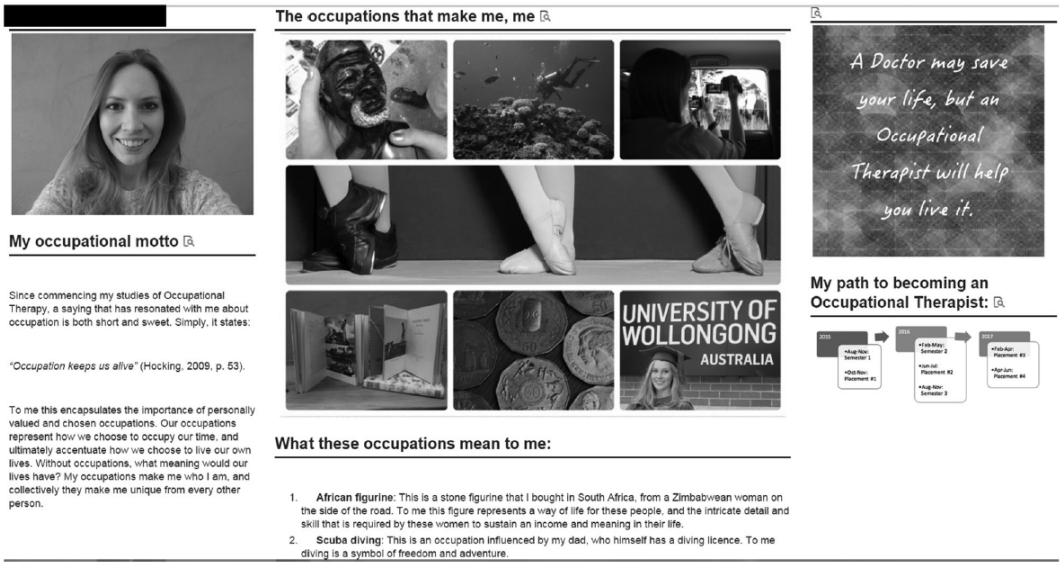

Figure 1. Mahara front page sample. Images used with written consent from the student.

(Bevitt et al., 2016, p. 25)

The use of ePortfolio's in health practitioner education appears to be growing (Gadbury-Amyot et al., 2019; Hall et al., 2012; Hanbridge et al., 2018; Vance et al., 2017) with the ability for multi-media uploads, accessibility and interaction between assessors, supervisors and students utilised to faciliate under-graduate and post -graduate training and assessment processes.

OTBNZ quality improvement of ePortfolio to date

The OTBNZ has sought to investigate the effectiveness of the current system through the 2016-2018 ePortfolio cycle audit and the in-progress 2018-2020 ePortfolio cycle audit. The 2016-2018 ePortfolio audit provided many recommendations for operational changes to the current ePortfolio platform to support more effective application of the system.

Many of the functional and operational recommendations have been addressed over the last year. These have included:

- Self-assessments are now part of the reflective practice cycle
- The language and guidance provided in the ePortfolio platform, the ePortfolio handbook, supervision guidelines and recertification programme requirements have all been re-written and aligned to support the underlying principles the ePortfolio is operationalising
- An educative approach has been bolstered to support the role of ePortfolio supervisors with webinars and through the individual ePortfolio audit process.
- False declarations made by ePortfolio supervisors and third parties about an ePortfolio (i.e. declaring it is appropriate and engaged with when it is not) result in the occupational therapist making the declaration being placed on the routine individual ePortfolio audit list

In the planned upgrade to the ePortfolio format we have also changed two significant aspects to trial two new audit standards. These will increase the linkage between the Competencies, the professional development in the ePortfolio and change in practice. These are:

1) a requirement to identify specific performance indicators from the Competencies document which the practitioner is addressing in the cycle;

2) a requirement to provide an example of how their practice has changed because of their professional development activities.

There were other recommendations in the 2016-2018 ePortfolio audit still to be addressed which involve ongoing training for ePortfolio supervisors and the language used in competency two. When the 2018-2020 ePortfolio audit is completed in December 2020 this will also have recommendations that will be important to consider with any changes to the Competencies.

Occupational therapists have a heavy regulatory burden in their practice with many other legal, policy, contractual and employment rules which they must comply with. For the ePortfolio to operate effectively and have a connection to improved competence and better health outcomes for the population, the way it enforces the Competencies must be easily understood and directly relevant to practice.

Dr Mary Silcock, Professional Advisor, December 2020

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