

<b>HEALTH PROFESSIONS LICENSING AUTHORITY</b>	
<b>TITLE:</b> Recency of Practice – Supervised Practice Policy	
<b>EFFECTIVE DATE:</b> 14 May 2004	<b>Reviewed:</b> 19 June 2006, 10 March 2008
<b>BOARD:</b> OCCUPATIONAL THERAPISTS BOARD OF THE NORTHERN TERRITORY	

### **Purpose of Policy**

To ensure that Occupational Therapists, who have not practised for greater than 6 months equivalent in the last 5 years or more, are appropriately supported, supervised and assessed to ensure the practitioner is competent and safe to practice and therefore meet the requirements for full registration in the Northern Territory.

### **Supporting Policies**

Occupational Therapists Board, 'Entitlement to Registration Policy' and 'Registration of Occupational Therapists Working In Positions Not Identified as Occupational Therapist – Policy Statement'.

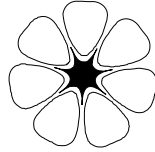
### **Background**

Occupational Therapists practise in a health care environment that is characterised by constant and rapid change. The practice environment is continuously being influenced by advances in science and technology; restructuring of service delivery; increasing demands on fiscal resources, and changing community needs. These changes, coupled with increasing consumer awareness, provide an increased impetus for Occupational Therapists to continue to develop their knowledge and skills in order to more effectively meet societies needs and to publicly demonstrate competence. The emphasis on professional practice and accountability supports the notion of regulatory provision to underpin the time-honoured professional commitment to practise safely and competently.

Competence to practise requirements provides a proactive legislative means by which the public can be assured, as far as is practicable, that registered Occupational Therapists are competent. Viewed alternatively from a quality management perspective, it is a regulatory process to ensure quality. This legislative requirement also acts in harmony with both an employer's common law duty to ensure that no employee is employed to undertake activities for which they are not competent and an individual's duty of care to their client. These "quality checks" within the broader health care system operate as a means of ensuring the *protection of the public interest*.

### **Recency of Practice Policy**

If an Applicant has not had the equivalent of at least six months paid full time employment in the practice of occupational therapy in the last five years, the Applicant is required to undertake the equivalent of six months full time supervised practice (see attachments). If the Applicant is has not fulfilled the practice goals in the attached practice plan at the conclusion of the six month supervised practice, it is at the discretion of the Board to extend the Supervised practice period or to request that the Applicant undertake targeted continuing education.



Conditional registration will be granted for the period of the supervised practice Audit. The Audit must be submitted within 14 days of the commencement of employment. If the Applicant changes employers during the period of the audit, a Midway or Final Assessment Report (depending on the length of employment) will be required from the first employer. A revised Plan written with the new employer will then need to be submitted. At the successful conclusion of the supervised practice Audit, the Applicant will be granted full registration.

### **Nature of Supervised Practice**

The process is the submission of 3 documents: a pre-placement plan (**Attachment A**), a midway assessment (**Attachment B**) and a final assessment (**Attachment C**).

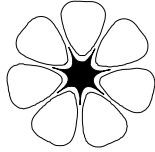
The supervised practice will be based on performance/learning goals identified by the applicant in consultation with their Supervisor. The performance/ learning goals should reflect the requirements of the position in which the therapist will be working as an employee, taking into consideration the past experience and training of the candidate and their own professional development plan. The audited practice program may be equivalent to, or an extension of, an existing professional development program in their agency or a professional development plan such as that included in the Accredited Occupational Therapist Program of Occupational Therapy Australia (OT AUSTRALIA). It is the responsibility of the Applicant to obtain employment with a relevant agency and obtain their agreement to provide a program of supervised practice.

### **Supervision**

The Supervisor will assist the Applicant to develop their skills and knowledge and ensure professional standards. It is preferred that the Supervisor be an occupational therapist. A Supervisor of another profession may be approved at the discretion of the Board. The supervision required under this Practice Audit should be no more than that which would usually occur within normal quality assurance activities within the workplace.

Supervision activities would normally include:

- Assisting the Applicant to identify practice/learning objectives;
- Ensuring the Applicant receives orientation to Australian and Northern Territory health systems relevant to the workplace;
- Ensuring the Applicant receives appropriate cross-cultural orientation relevant to the workplace;
- Instructing the Applicant on relevant areas of occupational therapy practice;
- Directing the Applicant to relevant resources;
- Demonstrating skill to the Applicant;
- Reviewing intervention plans developed by the Applicant;
- Observing the Applicant providing services to clients and providing regular feedback about their performance; and
- Conducting a performance appraisal (attached) midway and at the conclusion of the period of audit.



Attachment A

**OCCUPATIONAL THERAPY REGISTRATION BOARD OF THE  
NORTHERN TERRITORY**

**SUPERVISED PRACTICE PLAN FOR OCCUPATIONAL THERAPISTS OUT  
OF RECENCY OF PRACTICE**

The following supervised practice Plan must be submitted to the Board prior to placement and within 14 days of being granted conditional registration.

Name of Applicant: \_\_\_\_\_

Telephone: (wk) \_\_\_\_\_ (h) \_\_\_\_\_

Name and address of Agency: \_\_\_\_\_

\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone: (wk) \_\_\_\_\_

Position of Supervisor in the Agency: \_\_\_\_\_

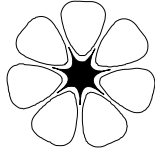
Position held by the Applicant: \_\_\_\_\_

Period of Practice Plan: From \_\_\_\_\_ To \_\_\_\_\_

Expected date of submission of midway report: \_\_\_\_\_

Expected date of submission of final assessment: \_\_\_\_\_

Total number of hours per week employed: \_\_\_\_\_



(1) Description of the work area and Occupational Therapy services that the Applicant will be employed in (eg work assessment and rehabilitation services, paediatric assessment in child health services)

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(2) Description of the range of skills and interventions to be practiced (eg current evidence based practice, specific current assessment tools)

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(3) Practice/Learning goals identified by the Applicant in discussion with the Supervisor

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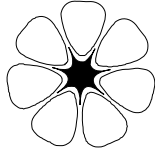
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Other professional activities leading to the updating of skills (eg continuing education, in-service participation)

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(If additional space is required, please attached another sheet)

Signature of Supervisor \_\_\_\_\_ date \_\_\_\_\_

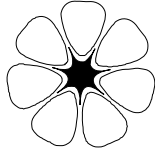
Signature of Applicant \_\_\_\_\_ date \_\_\_\_\_

**Please return to :**

The Occupational Therapy Board of the Northern Territory  
PO Box 4221  
DARWIN NT 0801

Fax 08 8999 4196

If you require assistance completing this form, please contact the Policy and Research Officer on (08) 8999 4157.



**OCCUPATIONAL THERAPY REGISTRATION BOARD OF THE  
NORTHERN TERRITORY**

**SUPERVISED PRACTICE PLAN MIDWAY ASSESSMENT**

Please complete this assessment in reference to the Occupational Therapy Board's  
Recency of Practice Policy.

Name of Applicant: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

1. Fully met the requirements of the plan to date      Yes      No

If no, please provide details of unsatisfactory performance.

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2. Areas of practice requiring further development

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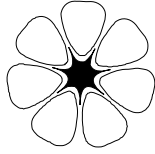
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3. Actions to address above areas (to be carried out in the second half of the supervised practice Audit)

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4. Applicant comments

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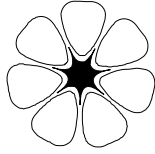
Signature of Supervisor \_\_\_\_\_ date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ date \_\_\_\_\_

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**Attachment C**

**OCCUPATIONAL THERAPY REGISTRATION BOARD OF THE  
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**SUPERVISED PRACTICE PLAN FINAL ASSESSMENT**

Please complete this assessment in reference to the Occupational Therapy Board's Recency of Practice Policy.

Name of Applicant: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

1. Fully met the requirements of the plan                      Yes    No

Comments

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2. Areas of practice requiring further development

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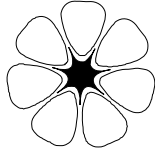
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3. Suggestions to address above areas

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4. Applicant comments

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Signature of Supervisor \_\_\_\_\_ date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ date \_\_\_\_\_

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