

<b>HEALTH PROFESSIONS LICENSING AUTHORITY</b>	
<b>TITLE: SHORT TERM SUPERVISION POLICY AND FORMS</b> Short Term (3month) Supervised Practice Audit For Overseas Trained Occupational Therapists	
<b>EFFECTIVE DATE:</b> 14 May 2004	<b>Reviewed:</b> 10 March 2008
<b>BOARD:</b> OCCUPATIONAL THERAPISTS BOARD OF THE NORTHERN TERRITORY	

### **Purpose of Policy**

To provide guidance in relation to registration and supervision requirements to overseas trained occupational therapists who hold a current work visa wishing to work in Australia.

### **Supporting Policies**

Occupational Therapists Board, 'Entitlement to Registration Policy'.

### **Background**

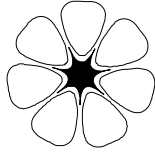
Overseas trained occupational therapists wishing to work in Australia must apply to the Council of Occupational Therapists Registration Boards (Aust and NZ) Inc (COTRB) to have their qualifications assessed. The exception is occupational therapists who hold New Zealand registration and a New Zealand Annual Practising Certificate, and who are not applying for migration.

Overseas trained occupational therapists who are applying for a work visa only will not be required by COTRB to undertake a 6 months Practice Audit. These occupational therapists have a restriction placed on them by the Department of Immigration. The visa holder is required to ensure compliance with the Visa.

The Occupational Therapy Board of the Northern Territory will grant conditional Registration for a period of three (3) months to those applicants who have successfully passed the COTRB desktop assessment, and who wish to work in the Northern Territory. The condition imposed is that the applicant must show proof (to the satisfaction of the Board) that they are receiving adequate supervision in their clinical practice. The purpose of this condition is to ensure that overseas occupational therapists who have little or no experience of working in Australia, impose no risk to the public, and have a positive learning experience from their employment in the Northern Territory.

The supervised practice ensures that applicants have:

- access to adequate support and supervision;
- access to orientation on Australian and Northern Territory health systems relevant to their workplace;
- access to appropriate cross-cultural orientation and education relevant to their workplace;



- opportunity to demonstrate their capacity to perform safely and competently as an occupational therapist in Australia;
- their clinical competencies assessed, and areas where their skills need improving identified;
- access to remedial activities if any part of their skills are assessed as needing improvement; and
- opportunity to develop their knowledge and skills relevant to contemporary occupational therapy practice in Australia.

The Board has discretion over whether it will require an overseas-trained occupational therapist to undergo a supervised practice audit. The Board will give consideration to applicants who have previous experience of working in Australia.

## **SHORT TERM SUPERVISED PRACTICE AUDIT GUIDELINES**

### **Duration of Supervised Practice**

Conditional registration is granted for the period that the applicant can demonstrate they have employment. The Supervised Practice Audit must occur within the first three months of employment. If the applicant works for less than 3 months in the Northern Territory, the Plan will be in place for that lesser period. Employment can be either full time or part time. If the applicant changes employers during the three months, a new Plan will need to be submitted.

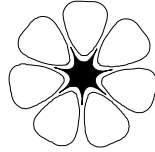
If the occupational therapist wishes to extend their employment in the Northern Territory past the expiry date of their conditional registration, the occupational therapist will need to apply to the Board for an extension of their conditional registration. This request must reach the Board prior to the 5<sup>th</sup> of the month in which the occupational therapist's conditional registration is due to expire to allow the Board to consider an extension.

If an occupational therapist wishes to change to another Northern Territory employer, the occupational therapist must advise the Board by the 5<sup>th</sup> of the month in which the occupational therapist's conditional registration is due to expire. They must provide the Board with a new Practice Plan in relation to their new employment. The Board may consider granting such occupational therapists an extension of their conditional registration to cover the period of new employment.

### **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 OT



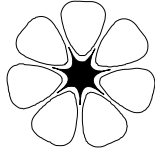
Program of OT AUSTRALIA. It is the responsibility of the applicant to obtain employment with a relevant agency and obtain their agreement to provide a program of supervised practice.

### **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 what 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**

**SHORT TERM SUPERVISED PRACTICE PLAN**

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: \_\_\_\_\_

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

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

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

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

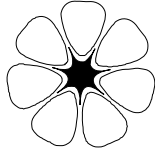
Period of Practice Plan: From \_\_\_\_\_ To \_\_\_\_\_

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

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

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





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

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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 attach another sheet)

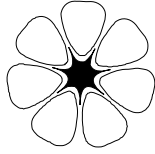
Signature of Supervisor \_\_\_\_\_ date \_\_\_\_\_

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

**Please return to :**

The Occupational Therapists 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.



**Attachment B**

**SHORT TERM SUPERVISED PRACTICE PLAN MIDWAY ASSESSMENT**

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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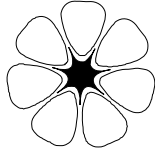
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**SHORT TERM SUPERVISED PRACTICE PLAN FINAL ASSESSMENT**

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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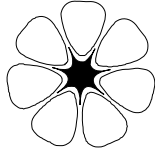
(3) Suggestions to address above areas

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(4) Applicant comments

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

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

**Please return to:**

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PO Box 4221  
DARWIN NT 0801

FAX 08 8999 4196