Occupational Therapy Australia

Position paper:

Occupational therapy scope of practice framework



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About Occupational Therapy Australia

Occupational Therapy Australia is the professional association for occupational therapists in Australia.

Our members are qualified occupational therapists employed throughout the public and private sectors. They provide health care, vocational rehabilitation, and consultancy to clients.

Our mission is to provide member benefits through access to local professional support and resources, and through opportunities to contribute to, and shape, professional excellence.

For more information about Occupational Therapy Australia, visit www.otaus.com.au.

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Requests for further authorisation should be directed to *The National Manager: Professional Practice and Standards*, care of:

Occupational Therapy Australia
5/340 Gore Street
Fitzroy VIC 3065

or

standards@otaus.com.au

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Introduction

This framework:

1. describes occupational therapy practice within the Australian context, introducing and contextualising the foundation and regulatory documents which govern occupational therapy in Australia, notably: the National Registration Act (Health Practitioner Regulation National Law Act, 2009, 2010); Australian Minimum Competency Standards for New Graduate Occupational Therapists (Occupational Therapy Australia (OTA), 2010); Code of Conduct (Occupational Therapy Board of Australia (OTBA), 2014) and Code of Ethics (OTA, 2001). Appendix 1 provides more detail of these documents.
2. outlines occupational therapy scope of practice and application, aligning current occupational therapy practice with legislated boundaries. identifies domains of practice including populations, services and outcomes, context and approach.
3. establishes the basis for occupational therapy practice competencies and for the development of advanced and extended scopes of practice.
4. describes the delegation and supervision of students, assistants and support workers (see Appendix 2).

Significance of a framework for occupational therapists

A clear framework for articulating scope of practice and identifying personal scope of practice will provide a guide as to the broad description of occupational therapy scope of practice that can inform practitioners, managers, academic course coordinators, employers, consumers, regulatory agencies, funding bodies, policy makers and others.

In addition, it will enable occupational therapists to critically reflect on competencies, professional development and career progression. Clarity around the concepts of advanced and extended scopes of practice, where extended scope of practice may also involve additional legislative and regulatory requirements, will better equip occupational therapists to evaluate practice at the boundaries of scope, and to identify development and practice pathways.

This document provides the framework for scope of practice which will be underpinned by position papers and guides to good practice for key practice areas and additional scope of practice documents (in development), such as an advanced practice framework, advanced and extended scope of practice documents, and national supervision framework. Occupational Therapy Australia scope of practice documentation will be regularly revised to reflect current needs, knowledge and research to include new areas of activity for occupational therapists in Australia.

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Background

Occupational Therapy Australia is the professional association for occupational therapists in Australia. One of its aims is to develop and maintain excellence across the scope of professional occupational therapy practice. The Occupational Therapy Scope of Practice Framework contributes by articulating a strong and clear position of what the occupational therapy scope of practice is in Australia, now and into the future.

A profession's scope of practice can be defined as the full spectrum of roles, functions, responsibilities, activities and decision-making capacity which individuals within a profession are educated, competent and authorised to perform. Scope of practice is set by professional standards such as professional education and training, competency standards, codes of ethics, conduct and practice. Full scope of practice is attained with experience, appropriate supervision, and engagement in professional development. It does not necessarily reflect only those areas and skills which are taught at pre-registration level.

Occupational Therapy Australia recognises that occupational therapy practice in Australia continues to expand and seeks to support and encourage appropriate innovation through a broad definition of scope of practice. Scopes of practice are usually written in general terms and include statements of purpose, definitions of the profession, and descriptions of domains of practice. Scopes of practice do not usually provide lists of treatment modalities, because this risks defining practice too narrowly, and may not either reflect the range of current practice or allow the profession to grow and develop. Determining whether a practice is within scope is an exercise of professional judgment. Each individual professional is responsible for considering the purpose of their occupational therapy practice, whether it fits the definition of the profession and is within the domains of practice.

Evidence-based practice is a key element of best practice and it is expected that occupational therapists use professional reasoning to integrate information from their professional expertise, research evidence, the client's values and circumstances, and practice context, when making decisions.

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1. Occupational therapy practice within the Australian context

The World Federation of Occupational Therapy (WFOT) (2012),) defines occupational therapy as:

"...a client-centred health profession concerned with promoting health and wellbeing through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement."

Occupational therapists in Australia therefore:

- work with individuals throughout the lifespan, with families and circles of support, organisations, groups, communities or populations
- work across a wide variety of institutional, community-based, organisational, educational, policy, industry and research settings
- share the common construct of person (client, group, or population), environment (physical, social, cultural, virtual, political, sensory and temporal contexts) and occupation (work and productivity, leisure and play, social participation and self-care) (Occupational Therapy Australia, 2010; Townsend and Polatajko, 2013).

The Occupational Therapy Board of Australia (2012, p.1-2) defines practice as:

"any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession. "

Individuals who practice in Australia as an occupational therapist must be registered with the regulatory body, the Occupational Therapy Board of Australia. Unless registered, the title of occupational therapist cannot be used. The scope of occupational therapy practice is defined in the Health Practitioner Regulation National Law (2009-10) but is not protected and remains in the public domain.

The Australian Minimum Competency Standards for New Graduate Occupational Therapists (2010), the WFOT Minimum Standards for the Education of Occupational Therapists (2016) and the Occupational Therapy Australia Code of Ethics (2001) embrace the core focus of occupation and set out the fundamental constructs and context of contemporary occupational therapy practice in Australia. These form the foundation for scope of practice.

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2. Occupational therapy scope of practice and application

Occupational therapists in Australia promote health and wellbeing through occupation; facilitating participation in the activities of everyday life. Occupational therapy in Australia is a well-established profession, which continues to expand and evolve in response to community needs, the changing health and social care landscape, and emerging research evidence. Occupational therapists work within a range of settings and contexts; independently or within interdisciplinary, multidisciplinary and transdisciplinary teams. The practice of occupational therapy is broad and includes direct service, education, consultation, research, administration, and/or sales. Occupational therapists have a wide-ranging education in the medical, social behavioural, psychological and occupational sciences. This equips them with the attitudes, skills and knowledge to work collaboratively with people, individually or in groups, communities or at the population level (Occupational Therapy Australia, 2010).

Occupational therapists aim to enhance participation in occupations that individuals, groups or communities want, need, or are expected to do.

This may be through any or all of the following:

- assessing the individual or collective occupational participation of an individual, group or community and working with individuals, groups or communities to develop and implement interventions to meet every day needs in self-care, leisure and productivity
- assessing occupations and modifying these in ways which enable individuals, groups and communities to be able to engage in them
- assessing and modifying the varying aspects of the environment in which the occupation/s take place (Canadian Association of Occupational Therapy, 2012)
- advocating for social justice
- working in areas that underpin or support direct service delivery, such as academia, research, policy and management.

Occupational therapists utilise a wide range of treatment and intervention modalities in order to achieve the goal of facilitating participation in occupation. Some of these may have been acquired during university training, and some may be acquired skills, certified or uncertified, following registration. Each individual occupational therapist is responsible for ensuring they have the appropriate skill level, and certification if required, for any treatment or intervention modality they select, and that the ultimate outcome is the common goal of occupational therapy to facilitate participation in the occupations of everyday life.

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Across the breadth of occupational therapy practice, individual occupational therapists develop and enhance their skills and competence through experience and commitment to goal focused professional development in their specified area of practice. This is both a professional commitment and a registration requirement (OTBA, 2014). Therefore, the day to day practice of an individual occupational therapist is influenced by the:

- level of competence, education, qualifications and experience of the individual.
- context in which they practice
- consumers' health needs, abilities and goals
- service provider's policy, quality and risk management framework and organisational culture
- emerging research and evidence base in relevant fields.

The scope of practice framework articulated in this document is supported by standards of practice, competency standards and practice guidelines, including the WFOT (2012-2013) Position Statement – Scope and Extension of Practice:

- professional practice standards are statements of the level of professional performance considered to be acceptable practice in terms of actual competence and ethical behaviour
- competency standards are statements of level of required professional performance including the knowledge, skill and other attributes considered to be the minimum requirements to attain a professional qualification and exercise competent practice
- practice guidelines are statements that are systematically developed to assist decision-making in professional practice appropriate to professional situations.

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3. Guiding principles

- occupational therapists must work within the profession's scope of practice, professional guidelines and practice standards. This may include those developed by the professional association and regulator and need to be applied and implemented appropriately in conjunction with requirements and standards set by the employer, and/or the funder of the service they are providing. If an aspect of practice is deemed to be out of scope, appropriate handover, referral or discharge arrangements will need to be made.
- scope of practice is determined by the profession but is also influenced by changes in the wider sociopolitical environment, the specific professional setting, working relationships with other professions, legislation, codes, policy, education, standards, and the needs of the population receiving services.
- occupational therapists have a responsibility to ensure currency of practice, registration and contemporary professional knowledge by seeking appropriate professional supervision, training and professional development to maintain practice within the scope of practice.

4. Occupational therapy populations, services, outcomes, contexts and approaches

The range and complexity of occupational therapy services delivered is determined by the service and context. This may include public and private sector services, non-government organisation, interdisciplinary or transdisciplinary teams, rural or remote settings, or level of service. Services may be provided at the level of an individual, community level, or at a population level. These types of factors have a direct correlation on consumer and service outcomes that are achievable as well as possible expectation or requirement for the development of advanced or extended scope of practice skills and competencies.

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5. Occupational therapy practice and competencies and the development of advanced and extended scopes of practice

The Australian Minimum Competency Standards for New Graduate Occupational Therapists (2010), currently represents the minimum knowledge, skills and attitudes the profession believes are essential for adequate, safe and competent practice in new graduate occupational therapists. There are seven units of competence:

- professional attitudes and behaviour
- roles, performance and functional level of individuals and groups
- implementation of individual and group interventions
- evaluation of occupational therapy programs
- documentation and dissemination of professional information
- professional education
- management of occupational therapy practice (Occupational Therapy Australia, 2010, p. 3).

At the time of writing, these competencies were under review and a new set of competencies for the profession is expected in the latter half of 2017.

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6. Scopes of practice defined

i. **General practice** refers to the provision of professional practice commensurate with the minimum entry level competencies progressing up to the highly-developed skills of experienced practitioners.

ii. **General scope of practice** refers to a broad range of activities within the context of core scope of practice. These activities are typically progressively developed with experience, continued professional development and supervision.

iii. **Advanced practice** refers to the generic or broad qualities of practitioners who are engaging in a higher level of practice. These qualities include knowledge and skills, leadership, and contribution to research and education. They can be successfully applied to both broad and focused areas of practice. An example of a broad area of practice such as rural practice would include multiple focused areas of practice such as paediatrics, mental health and adult rehabilitation.

iv. **Advanced scope of practice** refers to specific activities within the context of advanced practice that may be undertaken by more advanced professionals, which are not typically performed by entry level graduates/those entering new areas of practice. These activities are typically a natural extension of the core scope of the profession (e.g. greater autonomy in complex professional decision making or practice in high risk or highly skilled areas of practice).

   The terminology describing advanced scope of practice varies throughout Australia. When undertaking an advanced scope of practice role, there is a need for leadership, governance, and evaluation to ensure both safety and quality in practice which may determine a need for:

   - additional training
   - enhanced competency
   - practice verification
   - internal credentialing by an employer
   - professional supervision and/or monitoring
   - teaching and research activities, to maintain professional practice standards.

   Examples include occupational therapists completing complex driver assessment, seating prescription, pain management interventions, or specific mental health interventions requiring additional training, practice experience, research and evaluation, the education of others, and involvement in policy decisions.

v. **Extended practice** refers to the provision of professional practice involving performance of tasks beyond the context of general and advanced professional practice and requiring additional competencies and skills training.

vi. **Extended scope of practice** performing tasks beyond the current scope of the profession and/or traditionally associated with another profession. These areas require further training and often, but not always, involve legislative or regulatory change. One example of this is prescribing rights from a medication formulary, or requesting procedures such as an x-ray of major limbs.

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7. Delegations of scope

Delegation of authority is an important aspect of scope of practice. Where identified, others including allied health assistants and occupational therapy students may be delegated specific tasks or carry out elements of occupational therapy practice as directed by a responsible occupational therapist within an appropriate governance framework. This enables the occupational therapist to work to full, advanced and extended scope (Appendix 2). As a registered profession, all occupational therapists have an obligation to ensure that practice complies with nationally legislated codes, standards and practice guidelines that underpin and ensure the public receive safe and ethical services, (Appendix 1).

The Code of Conduct (OTBA, 2014, p.15) states:

"Delegation involves one practitioner asking another person or member of staff to provide care on behalf of the delegating practitioner while that practitioner retains overall responsibility for the care of the patient or client. Referral involves one practitioner sending a patient or client to obtain an opinion or treatment from another practitioner. Referral usually involves the transfer (in part) of responsibility for the care of the patient or client, usually for a defined time and a particular purpose, such as care that is outside the referring practitioner's expertise or scope of practice. Handover is the process of transferring all responsibility to another practitioner.

Good practice involves taking reasonable steps to ensure that any person to whom a practitioner delegates, refers or hands over has the qualifications and/or experience and/or knowledge and/or skills to provide the care required understanding that, although a delegating practitioner will not be accountable for the decisions and actions of those to whom they delegate, the delegating practitioner remain responsible for the overall management of the patient or client and for the decision to delegate, and always communicating sufficient information about the patient or client and the treatment needed to enable the continuing care of the patient or client."

Summary

Occupational therapists in Australia therefore:

- work with individuals throughout the lifespan, with families and circles of support, organisations, groups, communities or populations;
- work across a wide variety of institutional, community-based, organisational, educational, policy, industry and research settings;
- share the common construct of Person (client, group, or population), Environment (physical, social, cultural, virtual, political, sensory and temporal contexts) and Occupation (work and productivity, leisure and play, social participation and self-care).

Consultation

A draft of this document appeared on the website of Occupational Therapy Australia in 2015 for member and public comment. Further drafts were shared with the key stakeholders, including the Board of Occupational Therapy Australia and with those in lead allied health positions in the states and territories throughout the process of preparing the document.

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Ongoing feedback

Targeted feedback on the use of this document will be gathered in November 2017, to inform the first review of the document (May 2018).

Applications

This document provides a guide as to the broad description of occupational therapy scope of practice that can inform practitioners, managers, academic course coordinators, employers, consumers, regulatory agencies, funding bodies, policy makers and others, and enables occupational therapists to critically reflect on competencies, professional development and career progression. Clarity around the concepts of advanced and extended scopes of practice, where extended scope of practice may also involve additional legislative and regulatory requirements, will better equip occupational therapists to evaluate practice at the boundaries of scope, and to identify development and practice pathways.

Future directions by Occupational Therapy Australia

Occupational Therapy Australia is planning a related suite of documents, including an Advanced Practice Framework, a Supervision Framework, and an updated Allied Health Assistants Position Statement to support the Occupational Therapy Scope of Practice Framework.

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Appendix 1 – Relevant legislation, codes and standards

Supporting scope of practice within the wider environment of practice and application within specific professional settings are the following legislation, codes, competency standards and supervision guidelines that underpin and ensure the public receive safe and ethical services.

National Registration

The Occupational Therapy Board of Australia (OTBA or the Board) (2012) state that occupational therapists are registered under the National Law. The National Law limits the use of certain titles, and the protected title for Occupational Therapy is occupational therapist.

Code of Conduct

The Occupational Therapy Board of Australia sets out an overarching Code of Conduct (2014) that applies to all registered health professionals in Australia. This code seeks to provide an ethical framework for service delivery and duty of care to practice safely and effectively. The code also supports practitioners maintaining a high level of professional competence and conduct essential for good care.

The Code states that occupational therapists are expected to reflect regularly on their practise, knowledge and skills. In doing so, occupational therapists have a responsibility to recognise and work within the limits of their competence and scope of practice. The Code recognises that scopes of practice vary according to different roles and associated competence. For example, practitioners, researchers and managers may have different competencies and scope of practice, as well as share some areas of competency and scope.

Code of Ethics

The Occupational Therapy Australia Code of Ethics (2001, p.2) states:

"The ethos of the occupational therapy profession and its practice requires its members to discharge their duties and responsibilities, at all times, in a manner which professionally, ethically, and morally compromises no individual with whom they have professional contact, irrespective of that person's position, situation or condition in society."

The Code of Ethics is founded on the bio-ethical principles of beneficence, non-maleficence, honesty, veracity, confidentiality, justice, respect and autonomy.

The Occupational Therapy Australia Code of Ethics ensures that occupational therapists engage in ethical practice in the following domains:

- relationships with, and responsibilities to, patients and clients
- professional integrity
- professional relationships and responsibilities
- professional standards.

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Within professional standards, the competence statement requires occupational therapists to acknowledge the boundaries of their competence. It is directed that provision of services and use of interventions shall only be provided by occupational therapists that are appropriately qualified by training and experience. This is implicit in the scope of practice.

Competency Standards

The Australian Minimum Competency Standards for New Graduate Occupational Therapists (ACSOT) 2010 states that competence to practice occupational therapy is a requirement for registration. Furthermore, the ACSOT is the key tool for determining competence for registration and for the assessment of overseas qualified occupational therapists applying to practice in Australia. These competency standards form the cornerstone for accredited entry-level education programs in occupational therapy nationally. They also represent the **minimum** knowledge, skills and attributes essential for adequate safe and competent practice.

Each of the competency units contains elements that outline a number of key performance criteria. These provide an overarching conceptual framework for safe and competent practise aligned with definition of scope of practice.

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Appendix 2: Supporting scope of practice through supervision

Professional Supervision

Within the minimum competency standards, Occupational Therapy Australia identifies supervision as a professional responsibility and part of lifelong learning to maintain professional competence. A reflective approach to practice is to be adopted by occupational therapists by critically evaluating personal performance, seeking and utilising supervision effectively, identifying ongoing learning needs and undertaking lifelong learning to improve professional knowledge and skills within the scope of one's practice.

The Occupational Therapy Board of Australia sets out guidelines for supervision of occupational therapists under section 39 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law). Supervision is defined as incorporating elements of direction and guidance. It is a formal process of professional support and learning which enables a practitioner (supervisee) to develop knowledge and competence, assume responsibility for their own practice, and enhance public protection and safety. Supervision may be direct, indirect or remote according to the context under which the practice is being supervised (2014).

These guidelines set out the scope and definition of the supervision guidelines including:

- the principles of supervision
- developing a supervised practice plan and setting reporting requirements
- the requirements, responsibilities and protection of supervisors
- the responsibilities of supervisees
- the reporting requirements.

The Occupational Therapy Board of Australia states that the scope of these guidelines is not intended to cover the supervision of students, the mentoring of new graduates or more junior practitioners, the performance review responsibilities of managers or supervision for professional development purposes. However, as a process, implementation of supervision under the guidelines provides a process for ensuring occupational therapists are practising within professional scope in their professional setting.

Delegation and Supervision of Students, Assistants and Other Support Workers

Occupational therapists can work with students, assistants and other support staff.

As a registered profession, occupational therapists have a responsibility to ensure that tasks delegated for implementation by students, assistants or support staff comply with their scope of practice and take into consideration the student or worker's training, skills and expertise to perform these tasks competently and safely.

Occupational therapy students may engage in all aspects of the occupational therapy process under supervision of qualified occupational therapists. These tasks, performed as part of a structured professional supervision plan during practicums, are always commensurate with the student's level of training, and always occur under supervision within an appropriate governance framework.

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Those involved were:
Karen Arblaster, Jude Boyd, Kieran Broome, Margaret Cullen-Erikson, Annette Joosten, Fiona Jones, Tracey Kroon, Natasha Layton, Brenda Mcleod, Kim Mestroni, Joy Pennock, Melody Shephard, and Anita Volkert.

Other contributors: This document was reviewed by the Occupational Therapy Australia Board, the Chief Executive Officer of Occupational Therapy Australia, and lead allied health professionals from the states and territories, as well as through member and public feedback.

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5 / 340 Gore St. Fitzroy VIC 3065 1300 682 878 OTAUS.COM.AU