



NEWSLETTER

Issue 14

Produced by the Occupational Therapists Registration Board of Western Australia • PO Box 959 South Perth WA 6951 • Phone (08) 9368 2655 • Fax (08) 9368 2677

MEMBERSHIP OF THE BOARD

The Members of the Board hold office for a period of three years. The current membership of the Board and the Section of the Act they have been appointed under are as follows:

Ms Joanna Riches (Chairperson)

Business Manager Royal Perth Hospital

Nominated by Permanent Head Department of Health and appointed by the Minister for Health

Ms Heather Freegard

Curtin University of Technology

Curtin University of Technology and appointed by the Minister for Health

Ms Thelma Burnett

Occupational Therapist

Nominated by OT Australia WA and appointed by the Minister for Health

Ms. Sally Wojnar-Horton

Head of Department (OT), Women & Children's Health Service, Princess Margaret & King Edward Hospitals

Nominated by OT Australia WA and appointed by the Minister for Health

Dr. Robert Chandler

Medical Practitioner

Nominated for appointment by the Minister for Health

Mr Lawrence Farrow

Occupational Therapist

Nominated by OT Australia WA and appointed by the Minister for Health

ADMINISTRATION/CONTACTING THE BOARD

Kim Bradbury	Registrar
Lisa Rance	Administration
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Office hours are Monday to Friday 8.30 am to 5.00 pm.

REGISTRATION NUMBERS

In December 2005 there were **1366** registered occupational therapists in Western Australia. **7.6%** of registered Occupational Therapists are male. There are **12** registered Occupational Therapists with overseas postal addresses.

FEE SCHEDULE

The following fees are stipulated in the Act:

Registration Fees (GST Exempt)		Administrative Fees (GST Exempt)	
Application Fee	\$60	Change of Particulars	\$10
Annual Practising Fee	\$60		
Restoration – following voluntary removal from the Register	\$20		
Penalty Restoration – following involuntary removal from the Register	\$35		
Fine for Penalty Restoration – payment of each year's practising fee that the OT has been removed from the Register			

PRACTISING CERTIFICATE

The receipt issued upon payment of the annual practising fee is your current practising certificate. This certificate is often required by employers to satisfy them that the occupational therapist holds current registration, for accreditation purposes and for registration in other States of Australia under Mutual Recognition provisions.

The Board is regularly requested to provide duplicate practising certificates by those practitioners who have mislaid the document that was mailed to them following payment of the practising fee. This incurs additional expense to the Board and all occupational therapists are requested to ensure that their current practising certificate is retained in a safe place, to overcome this problem.

TEMPORARY REGISTRATION

An occupational therapist with overseas qualifications may obtain Temporary Registration as a first step towards obtaining full, unconditional registration. In order to be granted Temporary Registration, the occupational therapist is required to arrange a suitable practice audit, submit this plan to Council of Occupational Therapist Registration Boards, and COTRB then requests that the Board administers the plan, at which time Temporary Registration is granted.

Overseas trained Occupational Therapist who have successfully completed a practice audit (in a state where registration is not required) and been issued a Certificate of Practical Completion will be eligible for full registration in Western Australia. It is not necessary to complete a further practice audit in Western Australia.

Policy - Overseas-Trained Applicants is available from the Board office and also from the Website www.otbwa.com.au

DO YOU EMPLOY OCCUPATIONAL THERAPISTS?

If you employ occupational therapists - fax or e-mail a list of your employees to the office of the Board. Staff will be happy to confirm their registration status. Alternatively, you are now able to search for a registered Occupational Therapist on our Website: www.otbwa.com.au

COTRB ANNUAL MEETING

The annual meeting of the Council of Occupational Therapists Registration Boards (COTRB) was hosted by the Western Australia Board on 14 and 15 October 2005 at the Sebel Residence in Perth. The meeting was attended by delegates from interstate and New Zealand Boards and provided an opportunity to meet, network and share information in addition to addressing matters on the meeting agenda.

COMPLAINTS PROCEDURE - INTRODUCTION OF SAT

The State Administrative Tribunal legislation became effective from 1 January 2005 and as a result, the Board is no longer required to hear disciplinary matters.

The Board will continue to receive complaints and/or initiate complaints itself and continue to undertake the preliminary enquiries to determine whether or not a breach of the Act, Rules or Regulations may have occurred.

The Act has been amended as a result of the introduction of the SAT legislation. The Act now has the following new Sections:

- 10A Power to appoint an Investigator
- 10B Report of the Investigator
- 10C Powers of the Investigator
- 10D Warrant to Enter Premises
- 10E Issue of Warrant
- 10F Execution of Warrant
- 10G Incriminating Information, Questions or Documents
- 10H Failure to Comply with Investigation
- 10I Obstruction of Investigator

These amendments provide the Board with significant powers to investigate complaints against registered and unregistered persons and are not limited to the person(s) under investigation. Prior to these amendments, the Board had very limited powers of investigation and these amendments should be helpful to the Board in carrying out its various functions under the Act.

The new complaint procedure is outlined below:

1. When the Board receives a complaint against a registered Occupational Therapist, an acknowledgment letter is forwarded to the complainant, a copy of the allegation is provided to the Occupational Therapist, requesting his/her response to the allegation and a copy is forwarded to the Office of Health Review for their information
2. On receipt of the response from the Occupational Therapist, both the initial complaint and the response from the Occupational Therapist are included on the next available Agenda for consideration at a full meeting of the Board
3. After consideration at a formal meeting of the Board, the Board may:
 - a) Require additional information from either the complainant and/or the Occupational Therapist, before making a decision;
 - b) Resolve that the Occupational Therapist has not breached the Act;
 - c) Decide to appoint an Investigator in accordance with Sections 10A to 10I inclusive, or
 - d) Resolve that in its view, the Occupational Therapist or the unregistered person MAY have breached the Act.

COMPLAINTS PROCEDURE - INTRODUCTION OF SAT (continue)

4. If the Board resolves that there has not been a breach of the Act, all parties are informed accordingly and no further action is taken.
5. If the Board resolves that there MAY have been a breach of the Act, the matter is referred to the Board's solicitors for advice on whether sufficient evidence exists to warrant referring the matter to the State Administrative Tribunal (SAT).
6. If the Board's solicitors advise that in their view, insufficient evidence exists to conduct a formal inquiry, the Board may resolve that no further action is warranted, and all parties would be so informed.
7. If the Board's solicitors advise that in their view, sufficient evidence does exist to warrant referring the matter to the SAT, the Board may resolve to do so. The Board then prepares an application under the SAT legislation for the matter to be heard by SAT and includes details of the allegation it is making against the Occupational Therapist.
8. The Board's solicitors then lodge the application with SAT.
9. The Board's solicitors then personally serves the Occupational Therapist with a copy of the application within 7 days after filing it at SAT (if they can't serve him/her within 7 days - then they ask the tribunal for more time and explain their efforts regarding service thus far).
10. The Occupational Therapist then has 14 days (after service) within which to respond to the application.
11. SAT then convenes a directions hearing that is attended by the Board's solicitor and the Occupational Therapist and/or his/her solicitor. At that hearing, SAT may require both or either party to produce documents, etc within specified timeframes. A directions hearing, if required, is usually held within a short time of the application being received. All people involved in the matter will be informed of the date.
12. The matter may be resolved at this stage, or a Tribunal member will give directions on how the matter will be handled and further information that is required.

At a directions hearing, the matter may be scheduled for:

 - mediation;
 - compulsory conference; or
 - final hearing.
13. SAT then convenes a hearing to hear the allegation. The Board's solicitor will present the case for the Board and introduce evidence and/or witnesses where applicable, while the Occupational Therapist's solicitor will have the opportunity to examine and cross examine witnesses and to introduce evidence and/or witnesses on behalf of the Occupational Therapist. The Tribunal's final decision is delivered as soon as possible following the hearing, and reasons for the decision are given.
14. If the Occupational Therapist is found guilty by SAT of an offence pursuant to the Occupational Therapists Act, SAT will also determine the penalty, which may include an order that:
 - a) the license of the Occupational Therapist may be suspended;
 - b) the Occupational Therapist may be reprimanded;
 - c) the Occupational Therapist be struck of the Register.
15. All parties are informed of the progress and outcome of the hearing and notices are placed in the Government Gazette and the APA Branch Newsletter. All State Registration Boards and the Australian Physiotherapy Association are also advised.
16. Neither SAT nor the Board has the power to order payment of compensation.
17. Each party to the matter, i.e the Board and the Occupational Therapist, pay their own legal costs.
18. Most SAT decisions can be subject to appeal. Generally, appeals can be made on a question of law. The procedures set out in the State Administrative Tribunal Act allow an appeal to:
 - the Court of Appeal (of the Supreme Court), if the decision was made by a Tribunal that included a judicial member; or
 - the Supreme Court in all other SAT cases.

WEBSITE

The Boards web site is updated regularly to ensure that documentation and other information provided is current. Information that can be found on the site includes policy details, application forms, complaint procedures and newsletters. The site also has links to the Act, and other state Registration Boards.

UPDATE ON TEMPLATE LEGISLATION

The Occupational Therapists Bill 2005 was recently passed by both Houses of Parliament and it now remains for the drafting of the Rules and Regulations to be undertaken.

ONGOING COMPETENCY MODEL

When the new legislation is proclaimed in Western Australia, Occupational Therapists will be required to provide proof of competency. The brochure included with this year's registration renewal, provided an overview of how the model will work. The model is currently being trialed in the Northern Territory and the outcome of the trial will determine whether Western Australia adopts the same model or a modified version of it.

PRACTICE NAME POLICY

DID YOU KNOW THAT IF YOU WISH TO PRACTICE OCCUPATIONAL THERAPY UNDER A NAME OTHER THAN YOUR OWN, YOU NEED BOARD APPROVAL TO DO SO? See our Website for Practice name Policy.

UPDATED BOARD POLICIES AND GUIDELINES

In 2005 the Board introduced or updated policies or guidelines on **Risk Management** and **Practice Audits For Overseas Trained Occupational Therapists**. You can view these updated Policies on the Website.

RISK MANAGEMENT

The Occupational Therapists Board of Western Australia recommends that occupational therapists make themselves aware of the Australian/New Zealand Risk Management Standard, AS/NZS4360.

The purpose of managing risk is:

- to prevent or minimise the chance of an adverse event occurring
- to prevent unpleasant surprises
- to demonstrate due diligence
- to understand risk exposures
- to reduce exposure to potential claims
- to satisfy governance requirements
- to introduce good business, management and clinical practices which lead to improved performance.

Occupational Therapists need to be able to recognise risks in their own fields of practice and introduce suitable strategies to control the impact of those risks.

Examples of risks that may be relevant to occupational therapy include:

- Professional negligence or malpractice
- Workplace health & safety
- Physical security
- Loss of intellectual property
- Security of information - management & clinical
- Building standards
- Property loss or damage.

Risk management extends to resolving or minimising any further or associated risk if things do go wrong. How individuals, practices or businesses respond to risk or respond to a claim also needs to be managed but is often overlooked.

How businesses respond when things do go wrong or claims are made can impact on the ultimate outcome of the situation and it may be necessary to seek assistance from experts in these situations to manage the process and the underlying liability.

A full copy of this document can be found on the Boards website.

PRACTICE AUDITS FOR OVERSEAS TRAINED OCCUPATIONAL THERAPISTS

All overseas-trained occupational therapists must have their qualifications assessed by the Council of Occupational Therapists Registration Boards before being eligible for registration. Refer www.cotrb.saboard.com.au

Conditional registration for a period of time will be granted by the Board to those applicants whose occupational therapy qualifications have been assessed by COTRB as suitable for migration purposes to allow them to complete a practice audit as defined and administered by Council of Occupational Therapists Registration Boards (Australia & New Zealand) Inc.

Policy/Procedures

1. The COTRB first undertakes a desktop assessment of the applicants qualifications and experience, and if acceptable, they will provide the applicant with a copy of Practice Audit Guidelines and an Application Form to be completed and returned to COTRB with the Practice Audit Fee (currently AUD\$200).
2. The applicant will organise employment with an employer. The prospective employer and applicant will together prepare a 6-month* practice plan for the applicant, which will be under the supervision of a registered occupational therapist, who shall provide the Board with 3-monthly reports on the standard of practise of the applicant. Under no circumstances may the applicant commence work at this stage, whilst still unregistered.
* Or equivalent of six months full-time practise during his/her first year of employment in Australia.
3. The applicant must submit the practice plan to COTRB for approval by the Overseas Qualifications Assessment Committee (OQAC) of the Council.
4. OQAC will review the practice plan, and, upon approving it, will nominate an Administrator for the applicant to ensure that the practice plan is conducted according to the specifications within the approved plan, and in Western Australia the Board undertakes this role. COTRB will inform the applicant and the Board that the audit plan is approved.
5. On receiving notification from COTRB, the applicant may apply to the Board and the Board shall then grant Temporary Registration to the applicant for a period of up to 12 months. **THE APPLICANT MAY COMMENCE WORK AFTER TEMPORARY REGISTRATION HAS BEEN GRANTED, NOT BEFORE.**

PRACTICE AUDITS FOR OVERSEAS TRAINED OCCUPATIONAL THERAPISTS (continued)

6. On successful completion of the Practice Audit, the Board will be required to make a recommendation to the COTRB on whether a "Certificate of Practical Completion" should be issued to the Applicant.
7. Subject to the Certificate of Practical Completion being issued, the Board would then grant full, unconditional Registration.

RESEARCH GRANTS

In 2006, the Board will once again consider applications from registered occupational therapists for research grants. In addition to the existing Research Grant the Board will also consider applications for a Systematic Review.

Application forms and information concerning the conditions for each grant may be downloaded from the website at www.otbwa.com.au and should be lodged prior to 31 March 2006.

Three applications for Research Grants and one application for a Systematic Review were approved in 2005.

Research Grants were awarded to:

Ms Melissa Nott - research project title '**Using the Perceive, Recall, Plan and Perform (PRPP) System of Task Analysis to measure information processing in agitated clients following traumatic brain injury: A Reliability Study**'.

Ms Michelle Toneman - research project title '**Does the Assessment of Motor and Process Skills (AMPS) reflect functional change in patients discharged from a neurosurgical rehabilitation ward to a home based therapy programme?**'

Ms Cherylee Lane - research project title '**Factors influencing the social, participatory and academic success of children with vision impairment and blindness in early mainstream education in Australia**'.

The Systematic Review Grant was awarded to:

Ms Julie Netto - review title '**Seated posture, fatigue and low back pain amongst heavy vehicle operators exposed to prolonged whole body vibration**'.

The following progress reports on research projects were received.

'DOES SPLINTING IMPROVE THE HAND FUNCTION OF PEOPLE WITH C6 AND C7 QUADRIPLEGIA?'

Stephanie McLean

Senior Occupational Therapist

Sir George Bedbrook Spinal Unit

Royal Perth Hospital Shenton Park Campus

Data collection for the national, multicentre, clinical trial examining the effectiveness of a splinting regimen on hand function commenced in March 2005 at each of the six Australian spinal units. Prior to the commencement of data collection, a second video conference was held with each site participating to establish and finalise the research design, intervention strategies and outcome measures for the trial.

It was necessary to visit each of the sites in early March 2005 to ensure that the assessors (blinded to intervention) were trained in the administration procedures of the outcome measures, including the AuSpinal Hand Assessment; the LFF (measure of the extensibility of the long finger flexor muscles); goniometry and the COPM (with preset problem list related to the tasks in the AuSpinal). Each site was provided with an assessment kit and data collection file.

In the six months following the commencement of data collection at each site, not a single subject was recruited. At the Australian and New Zealand Spinal Cord Society (ANZSCoS) conference in the Gold Coast in September 2005, the site coordinators met in person to discuss whether the inclusion criteria for the RCT was too tight. Incidentally, since the commencement of the study, three interstate site coordinators have left their jobs and as a result, we now have three (out of six in total) new site coordinators. The group agreed the research was a worthwhile project and noted the extensive support within each unit across Australia for the project and has agreed to continue the research in 2006, with modified inclusion criteria.

In conjunction with the RCT, the AuSpinal Hand Assessment has been developed and rigorously tested for test-retest, inter and intra-rater reliability. The first and second stages of data collection for the reliability study have been completed and the results are very promising. The preliminary results were presented at ANZSCoS 2005 and the full results will hopefully be published in the new year. The reliability study involved therapists participating from the spinal units in Sydney, Adelaide, Brisbane, Melbourne and Perth.

The grant has funded the two video conferences and all of the outcome measures for the clinical trial. It has also enabled clinical relief to be funded which has been invaluable and of paramount importance in the establishment of this clinical research.

It is with enormous gratitude that I submit this progress report to the Occupational Therapists' Registration Board of Western Australia.

RESEARCH GRANTS (continue)

'INVESTIGATION INTO THE EFFICACY OF LYCRA® ARM SPLINTS ON IMPAIRMENT, ACTIVITY AND PARTICIPATION IN CHILDREN WITH CEREBRAL PALSY'

Catherine Elliott
Occupational Therapist
Princess Margaret Hospital

This project consisted of five experimental studies from seven data collection periods. The first two studies dealt with the quantitative analysis of children with and without cerebral palsy using upper limb three-dimensional motion analysis. Upper limb angular kinematics and sub-movements were measured and analysed, both of which were utilised during subsequent studies. The final three studies dealt with the efficacy of lycra® arm splints using clinical, three dimensional upper limb kinematics and three dimensional sub-movements.

This research has developed and validated a model of 3D upper limb motion analysis. This model of motion analysis can be employed to quantitatively measure upper limb kinematics in a large number of clinical populations. Since development of the model, 3D upper limb motion analysis has been employed to assess the outcomes of eccentric strength training in children with cerebral palsy, the elbow angle of professional cricketers (to determine if they are bowling or chucking), adults pre and post shoulder reconstruction and the gait pattern of lizards. Three dimensional analysis has been shown to be a valid and reliable research tool which can be employed in further occupational therapy clinical research.

This research has also been the first in the world to quantitatively measure 3D upper limb sub-movements. Sub-movements provide valuable information about the quality of movement. This research has provided occupational therapists with a new research tool that is valid, reliable and sensitive enough to measure clinically significant change in upper limb function. This will enhance further occupational therapy research in the area of upper limb interventions.

This research has provided occupational therapists with new understanding about postural strategies and quality of upper limb movements during functional tasks in children both with and without cerebral palsy. This information is important to occupational therapists as many treatments (ie. neurodevelopmental therapy) and assessments (Melbourne Assessment) are based on an understanding of movement strategies of children with and without cerebral palsy.

This research provides further evidence of the reliability and validity of the Melbourne Assessment of Unilateral Upper Limb Function (Randall, Johnson & Reddihough, 1999) a common clinical assessment tool employed by occupational therapists to assess unilateral upper limb function in children with cerebral palsy.

This research has provided occupational therapists with the highest level of evidence to base clinical decisions in the area of lycra® splinting for children with cerebral palsy. This promotes optimal clinical care in the area of paediatric splinting.

'FACTORS INFLUENCING THE SOCIAL, PARTICIPATORY AND ACADEMIC SUCCESS OF CHILDREN WITH VISION IMPAIRMENT AND BLINDNESS IN EARLY MAINSTREAM EDUCATION IN AUSTRALIA'

Ms Cherylee Lane
PhD Candidate
Centre for Research into Disability and Society
Curtin University of Technology

This PhD research is being conducted through the Centre for Research into Disability and Society (School of OT, Curtin University) and with the support of the Occupational Therapists' Registration Board of Western Australia and the Association for the Blind of WA. The research investigates factors influencing the social, participatory and academic performance of children with vision impairment in early mainstream education programs. It is comprised of two phases, the first of which has been completed.

Nominal Groups were held in November 2004 to determine stakeholders' perspective of the most important factors for children with vision impairment. Five Nominal Groups, with a total of 25 participants (regular teachers; itinerant teachers of vision impairment), each devised a ranked list of factors. Following Content Analysis, ten common factors were extracted, forming the independent variables for the next phase of the study.

The second phase is currently being conducted. A prospective longitudinal design will examine the 'child', 'family' and 'environmental' factors (identified by stakeholders) and success of children with vision impairment and their classmates in early mainstream programs throughout WA, QLD and Victoria. Over two years, the Quality of Inclusive Experiences Measure (Wolery et al, 2000) and Social Skills Rating System (Gresham & Elliot, 1990) will measure the effect of these factors on social, academic and participatory performance.

Nineteen children with vision impairment, 34 typically developing classmates, their principals, teachers and parents were recruited in 2005. Baseline data was collected in Term 1 2005, with follow-up data collection scheduled for Term 4 2005 and 2006. Data collection involves direct observation of children in their classrooms, interviews and provision of questionnaires. A second group is presently being recruited to increase the sample size.

Using Logistic Regression, differences in predictors between children with and without vision impairment, will be determined. Preliminary results suggest environmental factors are important predictors for those with vision impairment. The study will provide quality information regarding the critical factors which promote successful inclusion for children with vision impairment and provide a guide for school preparation and early educational experiences.