Position Statement on Communicating Occupational Therapy Expertise

Position summary

The occupational therapy profession in Australia should work towards a unified terminology for describing the expertise of occupational therapists.

Introduction

Occupational therapists work with people across the lifespan to enable people to engage in the activities and roles that they want or need to do. By virtue of the education that occupational therapists receive in order to become a registered occupational therapist, all occupational therapists have expertise in human occupation (i.e., what, how, and why people undertake activities and roles in everyday life), in the use of human occupation to meet therapeutic outcomes, and in the process of improving the fit between the person, occupation and environment to enable participation in occupation.

While all occupational therapists possess the core knowledge and skills mentioned above, occupational therapists may develop their individual areas of expertise or focus. This may be a function of the education their received in their pre-registration degree, continuing professional development, exposure to and reflection on practice experiences, the constraints and opportunities of the role or system they work within, and the personal skills or competencies that a professional brings to their role.

Acknowledging the individual expertise of occupational therapists helps in linking occupational therapy consumers, referrers and funders with an occupational therapist who is most likely able to meet their needs. This has the potential to promote quality of care, and more efficient and effective service provision, through occupational therapists working to their current personal scope. This should not prohibit occupational therapists from completing work outside of their usual scope of practice, provided that appropriate supports (e.g., supervision, education [structured or unstructured], research time, joint consultations) are in place. Acknowledging expertise also assists occupational therapists who are seeking supervision, mentoring, or advice, to identify occupational therapists who may be able to meet their requirements.

Status quo

The description of occupational therapy expertise in Australia is currently ad hoc. Occupational Therapy Australia's Find an OT service currently allows users to search for occupational therapists based on telehealth versus face-to-face service provision, funding scheme, and an unstructured list of areas of practice. Occupational therapists' descriptions of their expertise on their websites and in the professional literature is also ad hoc, with different terminology used across sites (e.g., kids, children, paediatric).

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Internationally and between organisations, there are inconsistencies in the taxonomies and categorisation of occupational therapy areas of practice. For example, the American Occupational Therapy Association (2021) lists six (6) areas of practice on their website; children & youth; health & wellness; mental health; productive ageing; rehabilitation & disability, and; work & industry. These areas are a mix of life stages and conditions and do not appear mutually exclusive (e.g., child & youth mental health). The United Kingdom's Royal College of Occupational Therapists (2021) occupational therapy finder lists six (6) areas being; housing adaptations/equipment advice; rehabilitation/therapy/treatment for adults; mental health & wellbeing stress, fatigue; children, young people & families; work/vocational support, and; medico-legal/case management services.

The present systems fail to capture the full breadth and complexity of occupational therapy expertise. Consumers often seek occupational therapists who hold expertise in multiple areas, for example working with children and families, working with people with a neurological condition, and using assistive technology.

Occupational therapists should be conscious of the way that they describe their expertise. Legally, Australian occupational therapists are prohibited from using the title of specialist or hold themselves out to be a specialist (Occupational Therapy Board of Australia, 2021). This means that terms such as "specialist" or "specialises in" cannot be used in advertising. The Australian Health Practitioner Regulation Agency (2020) provides advice on appropriate advertising of expertise and qualifications, for example noting that terms such as "substantial experience" to described areas of expertise.

Advanced practice is one way of recognising expertise, primarily expertise that is significantly beyond that of a new graduate occupational therapist (Broome, 2015). At present, the Australian occupational therapy profession does not have an overarching framework for advanced practice. This is despite many occupational therapists advocating, for more than a decade, for the development of an advanced practice area that is applicable across areas of practice and at a national level. Until such time that an overarching framework is developed, individual organisations (typically public health services) have implemented localised advanced practice frameworks in various areas.

Recommendations

Recommendation 1: It is recommended that occupational therapy profession in Australia should work towards a unified terminology for describing the expertise of occupational therapists.

Recommendation 2: That professional bodies and organisations in Australia progress towards and advanced practice framework that improves that codification and quality assurance of recognition of expertise that is substantially beyond that of a new graduate occupational therapist.

Recommendation 3: That occupational therapists utilise terms such as "experience in" to denote a developed level of expertise in a particular area of practice. "Focus in" or "interest in" may also be used to describe an occupational therapists scope of practice more broadly, however does not denote a particular level of expertise.

Recommendation 4: That until such time that a more comprehensive taxonomy for areas of occupational therapy expertise is developed by an overarching body, occupational therapists may be guided by Good to Better's Occupational Therapy Expertise Matrix to self-evaluate and classify their experience.

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Good to Better's Occupational Therapy Expertise Matrix uses eight (8) different dimensions to describe the areas of occupational therapy expertise. Within each of these dimensions there are a range of practice areas.

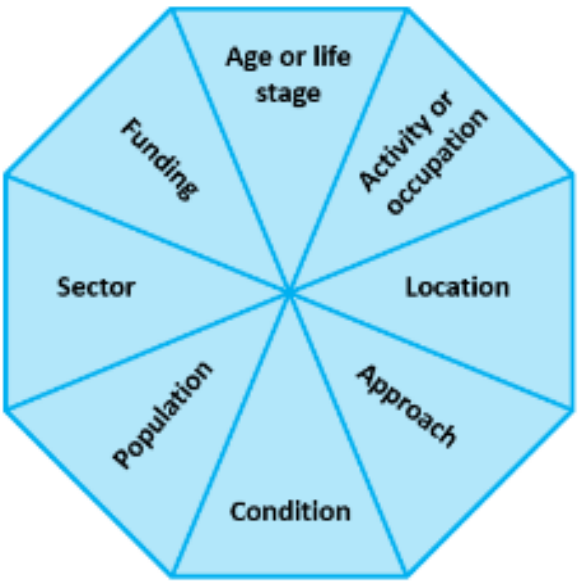

Figure 1. Occupational Therapy Expertise Matrix

Age of life stage

Age of life stage acknowledges that each life stage brings with it a unique set of occupations, experiences and contexts. These include, but are not limited to;

- Working with newborns (AKA neonatal)
- Working with infant
- Working with children (AKA paediatric)
- Working with adolescents
- Working with adults
- Parenthood
- Retirement
- Working with older people
- Palliative care

Funding sources

Each different funding source brings with it a set of opportuni ties, challenges, restrictions and processes. Having knowledge of these systems can be helpful in achieving clinical outcomes. While there are a multitude of funding systems, the broad overarching categories include;

- Public block-funded (e.g., HHS, RACF)
- Public scheme (e.g., Medicare, DVA, My Aged Care)
- Public insurance (e.g., NDIS, NIIS, Workcover)
- Private insurance
- Self-funded
- Medicolegal

Sector

Each sector has a set of principles and a legislation and governance framework that guide practice. Sectors including;

- Aged care
- Disability
- Health
- Policy
- Education (e.g., schools)
- Civic services (e.g., local government)
- Academic teaching
- Research

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Location

Physical locations present a set of opportunities, challenges and risks. Examples of locations occupational therapists work in include;

- Hospital
- Community
- Residential aged care facility
- Workplace
- Clinic
- School
- Prison or detention centre
- High risk area (e.g., warzone, refugee camp)
- Telehealth

Population

Some populations have unique strength and needs, including but not limited to;

- ATSI
- CALD
- Metropolitan or regional
- Rural
- Remote
- Refugee & asylum seeker
- LGBTQIA+

Health condition

While the International Classification of Diseases (World Health Organization, 2021) provides a more comprehensive overview of health conditions, there are sets of conditions that occupational therapists more commonly work with, including but not limited to;

- Chronic disease (e.g., cardiac, respiratory, diabetes, renal, vascular)
- Cognitive (including dementia)
- Developmental
- Hands
- Hearing impairment
- Intellectual
- Lymphoedema
- Mental health
- Musculoskeletal
- Neurological
- Oncology
- Pain
- Vision impairment

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Approach

Occupational therapists typically adopt a combination of approaches to achieve outcomes. However, occupational therapists may develop more focussed expertise in one or a range of approaches including but not limited to;

- Assessment (e.g., medicolegal, FCA)
- Assistive technology
- Behavioural
- Case management
- Education (including group education)
- Environmental modification
- Life skill development
- Sensory approaches
- Talk-based therapies and coaching

Activity or occupation

Each occupational area has its own unique contexts and characteristics. At times occupational therapists develop focussed expertise in areas such as;

- Driving
- Feeding
- Leisure & play
- Sex & sexuality
- Sleep & rest
- Socialising
- Toileting and continence
- Work

A self-assessment matrix is provided in Appendix A, which can be useful to document and promote areas of expertise and interest.

Glossary

Scope of practice: The defined activities, populations and contexts in which a profession or individual practices.

References

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Appendix A: Occupational Therapy Expertise Matrix Self-Assessment Tool

While experience does not equal expertise, given the restrictions on promotion of expertise (in the absence of a defined framework such as an advanced practice framework), the following tool provides some guidance. Against each area of practice, mark with you have experience (i.e., E) or substantial experience (SE) or leave blank if no or limited experience.

Age of life stage		Funding scheme		Sector		Location		Population		Health condition		Approach		Activity or occupation	
Working with newborns (neonatal)		Public block-funded (e.g., RACF)		Aged care		Hospital		Aboriginal and Torres Strait Islander		Chronic disease (e.g., respiratory, diabetes)		Assessment (e.g., medicolegal, functional capacity evaluation)		Driving	
Working with infants		Public scheme (e.g., MAC, DVA)		Disability		Community		Culturally and linguistically diverse		Cognitive (including dementia)		Assistive technology		Feeding	
Working with children (paediatrics)		Public insurance (e.g., NDIS, NIIS, Workcover)		Health		Residential aged care facility		Metropolitan or regional		Developmental		Behavioural		Leisure & play	
Working with adolescents		Private insurance		Policy		Workplace		Rural		Hands		Case management		Sex & sexuality	
Working with adults		Self-funded		Education (e.g., school system)		Clinic		Remote		Hearing impairment		Education (including group education)		Sleep & rest	
Parenthood		Medicolegal		Civic services (e.g., local government)		School		Refugee & asylum seeker		Intellectual impairment		Environmental modification (e.g., home mods, ergonomics)		Socialising	
Retirement				Academic teaching		Prison or detention centre		LGBTQIA+		Lymphoedema and oedema		Life skill development		Toileting & continence	
Working with older people				Research		High risk area (e.g., warzone or refugee camp)				Mental health		Sensory approaches		Work	
Palliative care						Telehealth				Musculoskeletal		Talk-based therapies and coaching			
										Neurological					
										Oncology					
										Pain					
										Vision impairment					

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