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# **Strengthening the Occupational Therapy Workforce**

**Final Report**

**August 2008**

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## **Acknowledgements**

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## ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACAT	Aged Care Assessment Team
ACRS	Aged Care and Rehabilitation Service
ACT	Australian Capital Territory
ADL	Activities of Daily Living
AUPM	Academic Unit of Psychological Medicine
BHRC	Brian Hennessey Rehabilitation Centre
CAMHS	Child and Adolescent Mental Health Service
CIT	Canberra Institute of Technology
COAG	Council of Australian Governments
COTRB	Council of Occupational Therapists Registration Boards (Australia & New Zealand)
CRT	Community Rehabilitation Team
DARS	Driver Assessment and Rehabilitation Scheme
DEEWR	Australian Government Department of Education, Employment and Workplace Relations
Dual dis	Dual disability
ED	Emergency Department
EDU	Eating Disorders Unit
HBPC	Home Based Palliative Care
HP	Health Professional
ICU	Intensive Care Unit
ILC	Independent Living Centre
JCA	Juvenile Chronic Arthritis
MAPU	Medical Assessment and Planning Unit
NT	Northern Territory
OPMHU	Older Persons Mental Health Inpatients
OT	Occupational Therapy/Therapist
OTA	Occupational Therapy Assistant
PMU	Pain Management Unit
PSU	Psychiatric Services Unit
QLD	Queensland
RILU	Rehabilitation and Independent Living Unit
SA	South Australia
SWAPS	Specialised Wheelchair and Posture Seating Service
TAS	Tasmania
TO	Technical Officers
TTCP	Transitional Therapy and Care Program
VARS	Vocational Assessment and Rehabilitation Service
VIC	Victoria
WA	Western Australia
WFOT	World Federation of Occupational Therapists

## **1.0 Main Findings**

In June 2008 the Allied Health Advisor's Office, in conjunction with the ACT Health Workforce Policy and Planning Unit and the occupational therapists and assistants across ACT Health undertook a project to analyse and make recommendations related to this critical workforce. This work was in response to the ACT Health Workforce Pressures Report, which monitors current and emerging workforce pressures across the service, and feedback around the workforce vacancy rate (ranging from 10-30%). This report presents the findings of the occupational therapy workforce review.

The occupational therapy workforce in ACT Health performs critical client care and advisory roles in five service streams. They are a relatively small dedicated allied health workforce with just under 7,000 qualified across Australia and 70 employed by the ACT Government in ACT Health and Therapy ACT.

The occupational therapists and occupational therapy assistants workforce is under tremendous pressure, driven by increasing demands associated with an ageing population. This demand is outstripping capacity with some areas having waiting lists for services longer than 18 months.

Traditionally, there has been no local training pipeline, however, this is being addressed. In the last two years a formal training program for the assistant role has been established and it is likely that a post-graduate therapist program will commence in 2009. Although this will establish the capacity for the ACT to build its own occupational therapy workforce, unless the ACT Health workplace culture and environment are attractive, there is a risk that graduates will not stay for long.

To understand the workforce, both occupational therapists and occupational therapy assistants were asked to complete a survey and participate in focus groups. The survey revealed that the workforce is relatively young with most aged 34 years or less with an average of 10 years experience, most working slightly less than full time and most having come from NSW. Feedback from the focus groups identified that a number of strengths already exist in this workforce. For occupational therapists, these include staff commitment, a rotation program between several areas which helped junior staff gain broad experience, the opportunity for many staff to gain experience within a broad range of areas and the establishment of assistant and educator positions.

For occupational therapy assistants the strengths included being part of supportive teams with knowledgeable team members, having opportunities to work in a wide variety of areas, having support to access the formal occupational therapy assistant qualification and support for learning and development in general.

Across ACT Health occupational therapy services, communication was identified as the major weakness for occupational therapists. Inconsistent policies and procedures and at times the perception of missed career opportunities were attributed to communication breakdown. Results from the survey strengthened this finding in that many occupational therapists were unaware of the allied health initiatives being progressed across ACT Health. Other weaknesses identified in

focus group discussions were a limited number of non rotating junior positions—most positions rotate in distinct areas though not across all services; a high workload; long waiting lists (in some areas of more than 18 months) and a lack of succession planning.

During the forums, occupational therapy assistants identified the following weaknesses: lack of mentoring, a poor career structure which includes an inequity between hospital and community based assistant roles, poor training and supervision, lack of clear guidelines for their scope of practice, only being delegated simple tasks and no articulation pathway to a therapist qualification.

Analysis of the findings of this review identified five recommendations.

<b>1— build a responsive workforce</b>	<ul style="list-style-type: none"> <li>i. Consolidate and further expand the occupational therapy assistant role and support this with core clinical competencies for both OTs and OTAs</li> <li>ii. Identify and trial OTA in areas that currently do not use this role</li> <li>iii. Identify potential OT and OTA roles that could be extended</li> <li>iv. Review the role of administration officers.</li> </ul>
<b>2— strengthen education and training</b>	<ul style="list-style-type: none"> <li>i. Establish a local OT post graduate level program</li> <li>ii. Implement OTA inservice program and design training packages to support core learning needs</li> <li>iii. Explore articulation from the OTA course to the OT program once established, possibly through a bridging program</li> <li>iv. Develop strategies to support HP3s wishing to apply for a HP3 upgrade or management position.</li> </ul>
<b>3— strengthen attraction and retention</b>	<ul style="list-style-type: none"> <li>i. Implement an ACT Health recruitment strategy for university graduates</li> <li>ii. Review part-time positions and training requirements for OTs wanting to return to the profession after a career break</li> <li>iii. Expand the current new graduate rotation program to include Therapy ACT and Mental Health ACT</li> </ul>
<b>4— improve the career structure</b>	<ul style="list-style-type: none"> <li>i. Review the classification of OTA as Technical Officers as part of the current Certified Agreement</li> <li>ii. Develop more non rotating HP2 positions to allow staff to consolidate their skills before choosing a career path</li> <li>iii. Investigate establishing four HP4 career paths, the current three, manager, clinician /manager, clinical educator and a fourth, joint appointment with the education sector.</li> </ul>
<b>5—better communication</b>	<ul style="list-style-type: none"> <li>i. Establish regular OT Managers Meeting with representation from all streams of ACT Health and Therapy ACT</li> <li>ii. Establish a biannual ACT wide OT Meeting</li> <li>iii. Hold an ACT Annual Allied Health Symposium</li> <li>iv. Investigate IT options (such as portable laptops and tablets) to improve efficiency, for example, record notes while conducting off ACT Health campus visits.</li> </ul>

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## **2.0 National Overview of the Occupational Therapy Workforce**

### **2.1 Definition**

#### **2.1.1 Occupational Therapists**

Occupational Therapists work with individuals and groups of people to promote health and well being through activity, with the primary goal of enabling individuals to participate in everyday life. Occupational Therapists believe that a person's ability to participate in their daily occupations can be either supported or restricted by physical, social, attitudinal and legislative environments. As a profession they work collaboratively with their clients in the therapeutic process, and outcomes are diverse, client-driven, and measured in terms of participation or satisfaction derived from participation (WFOT 2008a).

Within ACT Health, occupational therapists are employed under the conditions of the ACT Health Clerical, Health Professional, Technical, Health Service Officers Union Collective Agreement 2007-2010 (<http://acthealth/c/HealthIntranet?a=da&did=2155388&pid=1121991813>). In this agreement occupational therapists are classified as Health Professionals with a grading system from 1-6 (see Appendix B).

#### **2.1.2 Occupational Therapy Assistants**

Occupational Therapy Assistants are skilled technical health workers who assist in a client's intervention program under the direct (or indirect) supervision of an Occupational Therapist. The duties and responsibilities of OTA's vary significantly across sectors of ACT Health. Factors that influence the duties include specific employing agency policies, the supervising therapists own practice and skill level, client needs and the skills of the individual assistant.

Individuals who complete only administration and housekeeping duties are not considered to be Occupational Therapy Assistants (OT AUSTRALIA WA 2006).

Within ACT Health Occupational Therapy Assistants are employed as Technical Officers and covered under the conditions set out in the same agreement for Occupational Therapists. They are classified as Technical Officers Grade 1 or Grade 2 within a grading system from 1-6 and have a broad range of responsibilities, education backgrounds and training requirements. Formalisation of this role, through a prescribed qualification, is relatively new and to date it is not clear that ACT Health has been maximizing the potential of this valuable role.

### **2.2 Areas of Practice**

Occupational Therapists (and potentially Occupational Therapy Assistants) are able to work with a broad client base and over the course of their career can specialise in one or several of the areas listed in Table 1.

**Table 1: Occupational Therapist Areas of Practice**

ACT Health	Therapy ACT	Other
<p>Clinical patient management for children and adults</p> <ul style="list-style-type: none"> <li>➤ Aged Care – enhance independence and safety in the older population</li> <li>➤ Brain Injury and other neurological conditions – maximise performance of occupation by cognitive, perceptual and physical interventions</li> <li>➤ Chronic Pain Management – improve functional capacity through CBT, relaxation therapy and bio-mechanical techniques</li> <li>➤ Mental Health and/or Counselling – provide therapeutic intervention for individuals who have a psychosocial or psychiatric disorder to enable them to participate in their everyday occupations</li> <li>➤ Hand Therapy – provision of advice, splints, exercises and functional information for individuals with hand problems</li> <li>➤ Spinal Injury – specialist services to maximize self-care, work and leisure activities for individuals with a spinal injury</li> <li>➤ Oncology – provide assessment and recommendations for equipment prescription, energy conservation, work simplification, stress management and relaxation</li> <li>➤ Palliative Care – promotes independence, safety and comfort with ADL activities, includes pressure care management and relaxation</li> <li>➤ Musculoskeletal – provision of equipment, advice, home modifications and community supports for individuals with musculoskeletal problems</li> </ul> <p>Access support</p> <ul style="list-style-type: none"> <li>➤ improve accessibility for people with physical or sensory disabilities</li> <li>➤ Assistive technology and equipment-provision of information, assessment, consultation and education to maximize independence</li> <li>➤ Driving – assess an individual's ability to drive following illness or injury</li> <li>➤ Seating – provide advice and modification of seating for use in wheelchairs and other adaptive seating options</li> </ul>	<ul style="list-style-type: none"> <li>➤ Paediatrics – specialised services for those aged between 0 and 18 years.</li> <li>➤ Intervention aims to maximize performance of self-care, leisure and school activities.</li> <li>➤ Includes children and adolescents with developmental delay or disability.</li> </ul>	<p>Vocational</p> <ul style="list-style-type: none"> <li>➤ Occupational Rehabilitation – assessment and intervention to enable an injured worker to return to occupational tasks</li> <li>➤ Occupational Health and Safety – assessment and intervention for an individual in the workplace, usually preventative</li> <li>➤ Sensory disabilities – provides assessment and recommendations for individuals with sensory deficits such as vision impairment (OT AUSTRALIA NSW 2008a)</li> <li>➤ Medico-legal – comprehensive assessment and report of an individual outlining their future needs, used in the settlement of court proceedings</li> </ul>

### 2.3 National Workforce Profile

The 2006 Census of Population and Housing reported that 6,835 Australians identified themselves as occupational therapists: 7% (469) were male and 93% (6,366) were female. This ranks Occupational Therapy as the 16th most highly feminised health profession: Table 2.

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**Table 2: Occupational Therapists by Sex Across the States and Territories 2006**

	<b>% Males</b>	<b>% Females</b>	<b>% All</b>
<b>ACT</b>	7	93	2
<b>NSW</b>	6	94	31
<b>NT</b>	7	93	1
<b>QLD</b>	7	93	18
<b>SA</b>	11	89	8
<b>TAS</b>	10	90	2
<b>VIC</b>	6	94	26
<b>WA</b>	8	92	13
<b>TOTAL</b>	<b>7</b>	<b>93</b>	<b>100</b>

*Source: ABS 2006 Census of Population and Housing, Alternative view: Health Occupations*

It is difficult to gain detailed information about the Occupational Therapy workforce. Being a partially registered profession, there is comprehensive information on the workforce only in those jurisdictions which require local registration. This incomplete profile makes developing a national workforce profile challenging. An attempt has been made to profile the workforce using a combination of Census data (2001), data from the Boards that do exist (South Australia, Queensland, Western Australia and the Northern Territory), and data from OT AUSTRALIA.

Based on this information:

- Workforce growth from 1997 to 2001 was 130%, however, there is still a national shortage of occupational therapists in Australia
- The future net growth of the profession is anticipated to be 7-12% per annum
- Occupational Therapists represent around 10% of the allied health workforce in Australia
- 93% of occupational therapists in Australia are female, and 80% are aged under 45 years (55% are under 35 years)
- 91% have bachelor degrees
- 75% are employed in major capital cities, and
- Around 51% are employed in the public sector (ref: OT Australia website).

Data from the ABS National Health Survey (NHS) indicates that both the number and the proportion of the Australian population who use the services of an occupational therapist have doubled since 1995. As stated above, within the context of an ageing population this increasing demand for occupational therapy related services is likely to continue to grow over the next 10 years.

Table 3 presents a breakdown of the age groups and sex of clients who visited an occupational therapist in a two week period 13 years ago (in 1995), 7 years ago (2001) and 3-4 years ago (2004-05). The data demonstrates at least a doubling of all ages of clients per 100,000 accessing occupational therapy services over this 13 year period. If this trend continues, as expected, there will need to be a sustained growth in the size of the workforce to meet future demand.

**Table 3: Persons Consulting an Occupational Therapist in the 2 weeks before the ABS NHS: age (years) and sex, 1995, 2001 and 2004-5**

	Client age (years)			Client sex		
	0-19	20-64	65+	Males	Females	Total
<b>1995</b>						
Number	7,043	10,814	3,549	12,955	8,450	21,406
Rate per 100.000	107.4	100.5	165.0	144.1	93.1	<b>118.5</b>
	0-24	25-64	65+			
<b>2001</b>						
Number	20,100	20,300	4,500	28,200	16,700	44,900
Rate per 100.000	303	196	185	293	171	<b>231</b>
<b>2004-05</b>						
Number	17,200	23,300	9,500	28,700	21,300	50,000
Rate per 100.000	254	216	361	286	210	<b>247</b>

Source: Australian Institute of Health and Welfare 2006, 1998

## 2.4 Education Pathway

Until recently, due to the relatively small size of the ACT, there has been no occupational therapy (therapist or assistant) local education pathway. However, in the past three years substantial work has been progressed to establish a local occupational therapy assistant program. There is also planning underway to establish a local post graduate occupational therapist course.

### 2.4.1 Becoming an Occupational Therapy Assistant

There is currently no requirement for an assistant to have attained a specific qualification to be employed as an assistant with ACT Health. Current and potential OTA's, however, are encouraged to enrol in the relevant course.

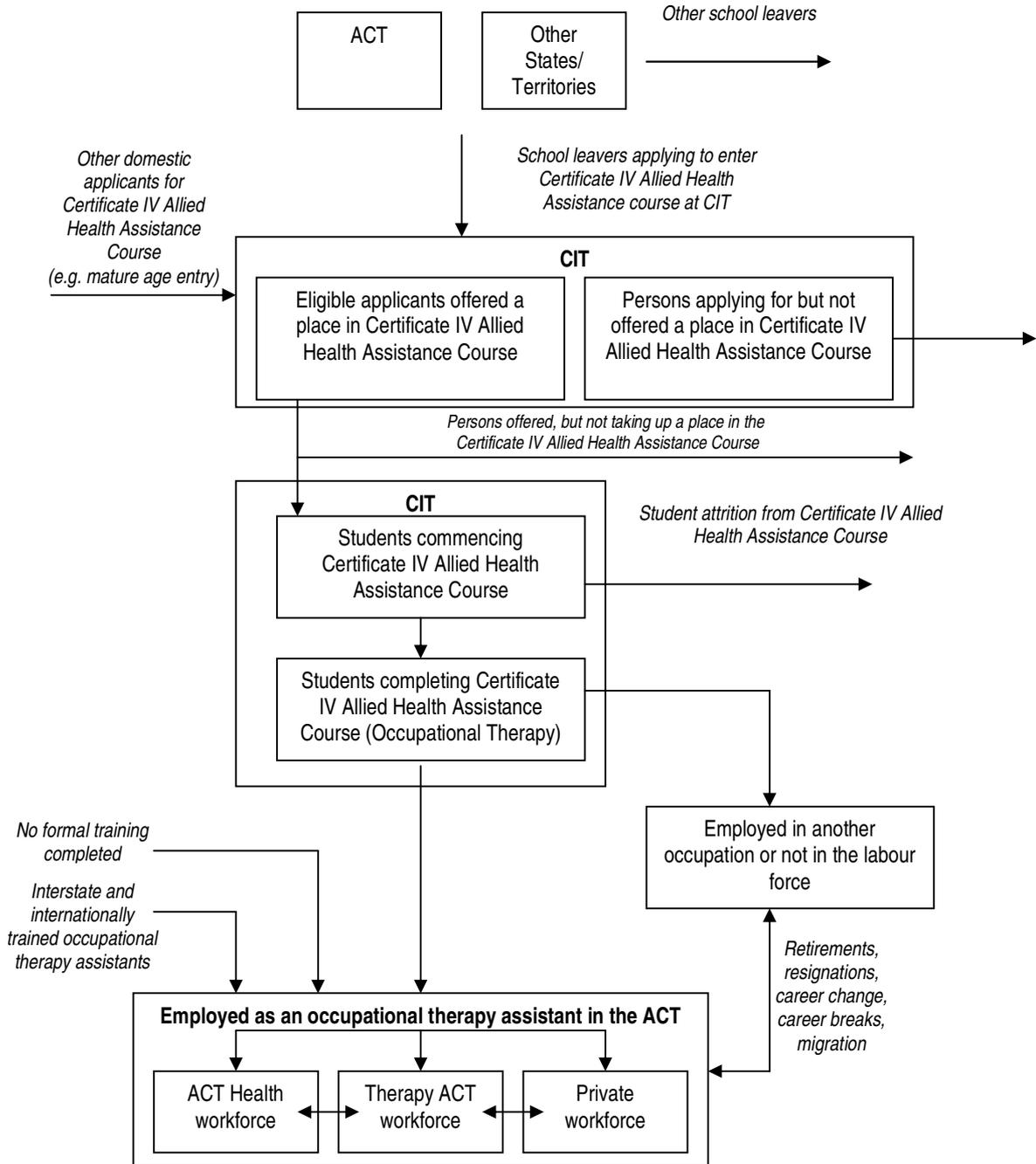
The Certificate IV in Allied Health Assistance (Occupational Therapy) commenced in 2006 through a partnership between the Canberra Institute of Technology (CIT) and ACT Health. This 12 month qualification (2 semester full-time basis or the equivalent part time) prepares individuals to work as occupational therapy assistants within the ACT context.

Since the course began, eight students enrolled in 2006, half graduating in 2007, and 10 students enrolled in 2007, four of whom will graduate later this year. However, these figures provide only a preliminary picture as it appears that around half of the students complete the course in the minimum 12 month time frame.

This year the course changed to meet industry and student needs making it difficult to compare the intake this year with the previous two years. 23 students commenced this year and will obtain a qualification in two skill sets rather than one, choosing a combination of either occupational therapy and speech pathology or occupational therapy and physiotherapy.

The education to workforce pipeline for occupational therapy assistants is very new and there is currently no formal path from the assistant to the therapist role: Figure 1.

**Figure 1: Education and Workforce Pipeline for Occupational Therapy Assistants**



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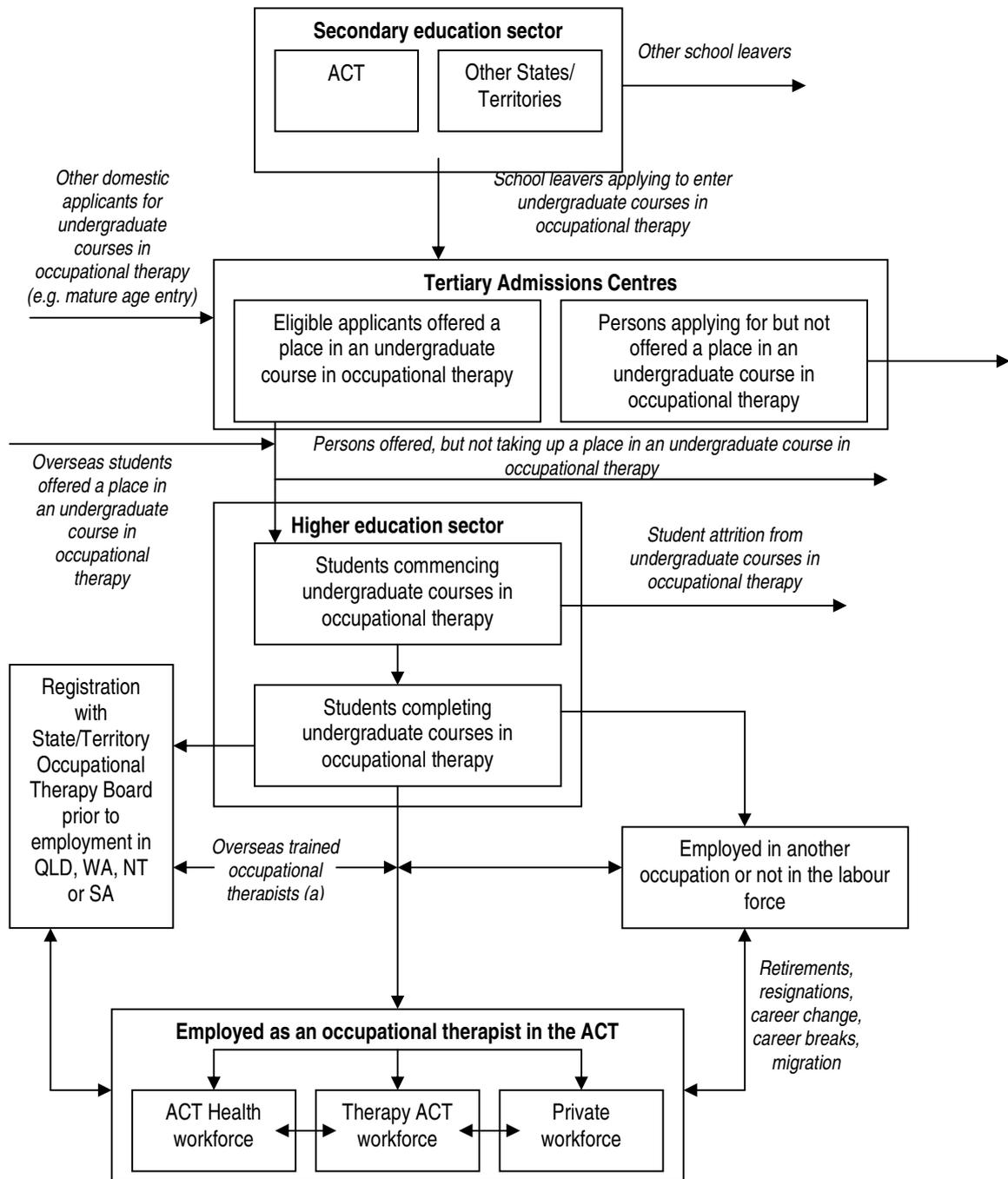
## **2.4.2 Becoming an Occupational Therapist**

To become an Occupational Therapist in Australia, candidates must first meet the education entry requirements then complete the course requirements for a Bachelor Degree in the field. To practice in Queensland, Western Australia, Northern Territory and/or South Australia, graduates must also register with the State/Territory Occupational Therapy Registration Board.

Nationally, there were 3781 students enrolled in occupational therapy programs in 2006, with 3287 (87%) of these students enrolled in an undergraduate course. Since 2002, the total number of occupational therapy students enrolled has increased by 430 (13%), with the number of undergraduate occupational therapy students increasing by slightly less at 321 (11%). Further state specific data is available in Appendix G.

The education to workforce pipeline for occupational therapists shows that there is no formal path from the occupational therapy assistant role to the therapist role: Figure 2.

**Figure 2: Conceptual Framework for Education and Workforce Pipeline for Occupational Therapists ACT**



- (a) Prior to eligibility for registration overseas trained therapists need to meet eligibility criteria set by the COTRB (see appendix E)
- (b) Data sources identified for the occupational therapist education to workforce pipeline are outlines in Appendix F

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### 2.4.3 Undergraduate Courses in Occupational Therapy

There are 12 higher education institutions offering courses that enable students to qualify as an occupational therapist – these are listed in Table 1 (Appendix C). A number of these institutions also offer honours programs in occupational therapy to eligible students, as well as postgraduate courses in occupational therapy to qualified therapists.

### 2.4.4 Postgraduate Courses in Occupational Therapy

There are six higher education institutions offering courses that enable students to qualify as an occupational therapist by completing a graduate entry Masters course – these are listed in Table 2 (Appendix D). Post-graduate level courses are also available to qualified occupational therapists to allow them to develop expertise in specialist areas, including paediatrics, environment and access, gerontology and generalist (not listed).

Table 4 provides a summary of the courses available and numbers enrolled in 2002 – 2006.

**Table 4: Students Enrolled in Occupational Therapy Courses, by Course Type, 2002 to 2006**

	2002	2003	2004	2005	2006
Course type <sup>a</sup>	no.	no.	no.	no.	no.
Doctorate by research	49	52	60	69	69
Master's by research	53	46	41	33	25
Master's by coursework <sup>b</sup>	224	294	336	353	356
Graduate Diploma/Postgraduate Diploma	7	*	7	*	*
Graduate Certificate	51	58	48	30	43
Bachelor's Honours	39	49	53	47	57
Bachelor's Pass	2927	2996	3086	3032	3230
<b>Total</b>	<b>3351</b>	<b>3499</b>	<b>3631</b>	<b>3566</b>	<b>3781</b>

(a) Persons with a field of education or supplementary field of education (for combined courses) of 061703 (Occupational Therapy).

(b) This data is inclusive of the Masters entry programs and Masters by Coursework (Continuing Education)

Source: DEEWR 2008b.

\* n<5

## 2.5 Legislative and Governance Frameworks

### 2.5.1 Registration Boards

Occupational Therapy is a partially registered profession, with four of the eight Australian States and Territories (Queensland, South Australia, Western Australia and the Northern Territory) legislating compulsory registration. Occupational Therapists working in the ACT (and NSW, Tasmania and Victoria) do not need to be registered. However, in the ACT it is expected that individuals will possess qualifications acceptable to OT AUSTRALIA to seek employment with a government-funded agency such as ACT Health (COTRBa 2008).

As part of a review of the health workforce, in 2006 the Productivity Commission recommended establishing a single national registration board for health professionals. The Council of Australian

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Governments (COAG) agreed and work is now in progress that will lead to a national registration and accreditation scheme established by 1 July 2010 for those health professions that are currently registered in jurisdictions across Australia.

Being a partially regulated profession, Occupational Therapy will not be included in the initial National Registration Scheme. Following the schemes' establishment, other professions, including occupational therapy can apply for consideration for inclusion in the national scheme (COAG 2008). Although OT AUSTRALIA is supportive of national registration for occupational therapy (Bevitt, 2008), it is not clear that occupational therapy would be included in the national scheme and meet the Australian Health Ministers Advisory Council eligibility criteria.

### **2.5.2 Council of Occupational Therapists Registration Boards (COTRB)**

The Council of Occupational Therapists Registration Boards (Australia & New Zealand) Inc. ("COTRB" or "the Council") was established in 1996 in Queensland to consider matters of joint or common interest to the Occupational Therapists Registration Boards in Australia and New Zealand. The primary objectives of the Council are to:

- identify matters relevant to statutory occupational therapist regulation,
- undertake assessments of overseas qualified occupational therapists for skilled migration
- foster cooperation with, consult with and provide advice to government bodies, professional and other organisations and national and international occupational therapy regulatory authorities. (COTRB 2008c)

### **2.5.3 Overseas Qualified Occupational Therapists**

In jurisdictions where registration is a requirement to practise, or where the employer requires eligibility for membership of OT Australia, overseas trained occupational therapists must achieve recognition of their qualifications by the COTRB. This recognition can be full/unconditional or limited/conditional which may result in conditions being placed on the registration and practice areas.

The COTRB examination procedure involves:

- a desk top audit (Stage I)
- a practice audit - designed to ensure that practice skills develop and therapists are able to attain standards required in an Australian work context. (Stage II)
- an English test (for applicants whose first language is not English).

Individuals are deemed unsuccessful if their qualification is not equivalent to an Australian Bachelors degree, even if their qualification is recognised by the World Federation of Occupational Therapists. These therapists are able to upgrade their qualification by undertaking a degree conversion course recognised by the COTRB. There are currently three universities that offer this course: James Cook University, La Trobe University and Curtin University. (Appendix E)

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#### 2.5.4 Professional Organisations

The professional representative organisations for occupational therapists are the OT AUSTRALIA Member Associations existing in each State and Territory. Membership is voluntary in all States/Territories, although occupational therapists who register to provide services under Better Access to Mental Health or Helping Children with Autism must be OT AUSTRALIA members. The membership rates for the years 2007 and 2008 are given below in Table 3.

Table 5 below presents the membership across Australia for the last 2 years.

**Table 5: Membership of State/Territory Associations 2007-2008**

State/Territory	2007	2008
ACT	94	87
NSW	1250	1227
QLD	1113	1095
SA	299	338
TAS	108	103
VIC	1483	1469
WA	561	555
NT	57	62
<b>TOTAL</b>	<b>6972</b>	<b>6883</b>

Source: Rayner 2008

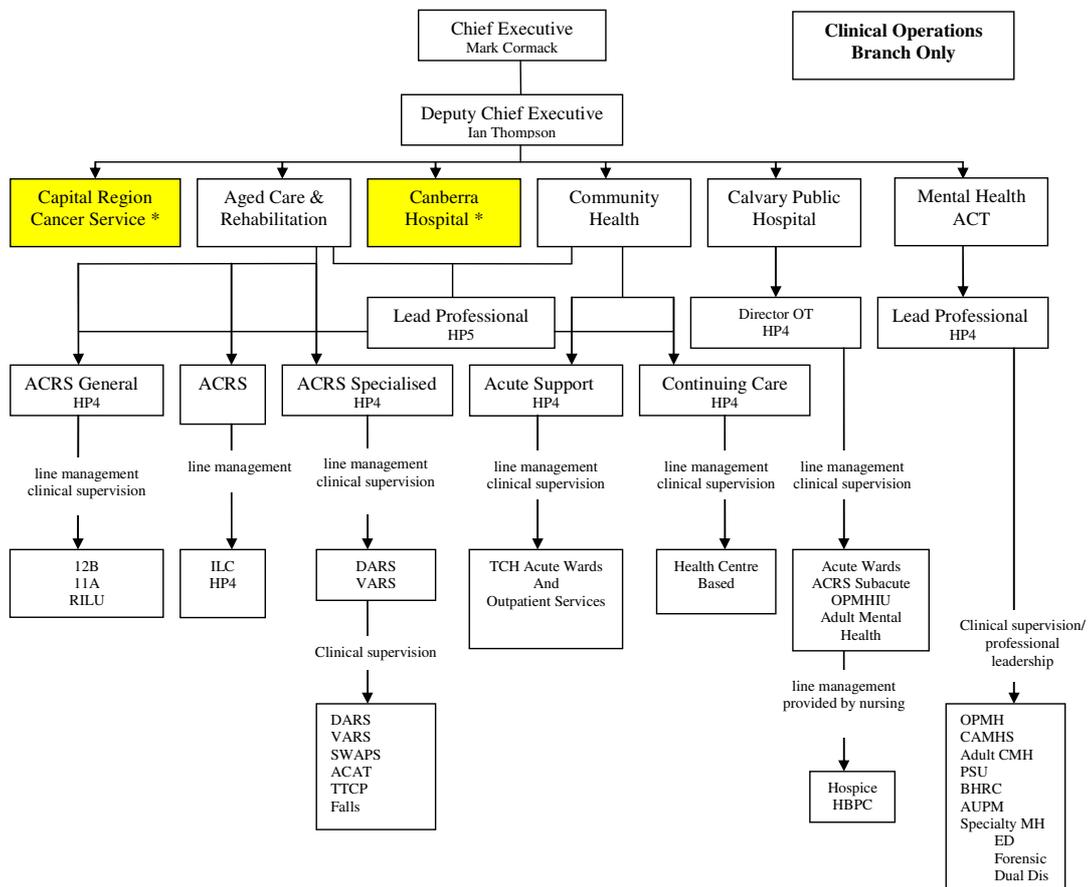
According to the 2006 Census of Population and Housing 6,835 people indicated that they were occupational therapists. This figure is slightly lower than the total membership number reported by OT AUSTRALIA. There are three possible explanations for this difference, firstly retired occupational therapists may continue to maintain their association membership, some students might elect to become members before they graduate and/or occupational therapists who are employed in non occupational therapist roles may be maintaining their professional membership.

### 3.0 Local Overview of the ACT Occupational Therapy Workforce

#### 3.1 ACT Health Clinical Operations Organisational Structure

ACT Health provides public sector health services to the ACT community and surrounding southern area of NSW. It comprises a number of service streams and divisions (Figure 3). Occupational Therapists are employed within each of the streams/divisions in diverse roles including inpatient services, community based services where clients are seen in their own home, and outpatient services where clients attend either a community health centre or an acute hospital. Senior Occupational Therapists Health Professional Level 4 (HP4) provide either line management and clinical supervision or clinical supervision only for the occupational therapists within their stream/division.

**Figure 3: Organisational Chart of Occupational Therapy within the Clinical Operations Branch of ACT Health**



\*OT Services provided by other streams

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### 3.2 ACT Health Occupational Therapy Service Teams

There are six main streams in which occupational therapists are employed in ACT Health: Mental Health, Calvary Health Care, Acute Support, Continuing Care and Aged Care and Rehabilitation.

#### **Mental Health ACT**

Mental Health ACT employs Occupational Therapists in generic and specific roles. The generic health professional (HP) positions within the many teams that comprise the mental health service present a challenge in mapping the Occupational Therapy workforce within this service. A generic position allows employment of a range of health professionals (social worker, psychologist or occupational therapist) and does not enable identification of specific occupations held by occupants of these positions from payroll data.

Occupants of generic positions report to a line manager, who may or may not be of the same profession. However, for professional support and development, all occupational therapists employed in this division are clinically supervised and mentored by a Lead Professional HP4. This support is separate from the line management arrangements. The Lead Professional also provides advice to line managers and the mental health executive on matters relating to or affecting occupational therapy staff.

There are only a few specific Occupational Therapy positions within Mental Health Services and these are located in:

- The Canberra Hospital – Psychiatric Services Unit
- Brian Hennessy Rehabilitation Centre.

As of July 2008 there were occupational therapists employed in the following teams:

- Academic Unit of Psychological Medicine
- Adult Mental Health Team (Belconnen)
- Mobile Intensive Treatment Team (South)
- Older Persons Community Mental Health Team
- Child and Adolescent Mental Health (South)
- Crisis Assessment and Treatment Team (casual shifts).

Client care is often provided by the multidisciplinary team: nurses, doctors, social workers, psychologists and occupational therapists. As of July 2008 there were no occupational therapists employed in the following teams:

- Adult Mental Health Team (City, Tuggeranong & Woden)
- Dual Disability Service
- Eating Disorders Program
- Forensic Services
- Child and Adolescent Mental Health (North)
- Child and Adolescent Mental Health (perinatal)
- Child and Adolescent Mental Health Services – The Cottage.

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## **Calvary Health Care ACT**

In this stream all staff are employed by Calvary Health Care ACT to provide occupational therapy services for Calvary Public Hospital. A Director of Occupational Therapy HP4 provides clinical and line management to the occupational therapists employed by Calvary Health Care ACT. The occupational therapists work across the ACT Health Streams for patients admitted to Calvary Public Hospital.

As of July 2008 there were occupational therapists employed in the following streams:

- Mental Health ACT - Adult Inpatient Services
- Mental Health ACT – Older Persons Mental Health Inpatient Services
- Aged Care & Rehabilitation - Sub-acute Inpatient Services
- Capital Region Cancer Service - Clare Holland House Inpatient Services
- Capital Region Cancer Service - Community Palliative Care
- Acute Services - ED, CDU, ICU, Medical & Surgical Inpatient Services.

## **Acute Support Program**

This team currently sits within the Community Health division and is located at the Canberra Hospital. An Occupational Therapist HP4 Manager provides clinical and line management to the occupational therapists and occupational therapy assistant employed in this team. The Lead Professional OT (HP5) provides professional support and guidance to the HP4 and other therapists as necessary.

As of July 2008 there were occupational therapists employed to provide services to the following clinical areas

- Inpatient services – ED, MAPU, ICU and Medical and Surgical Inpatients
- Hand therapy outpatients
- Burns and scar management outpatients
- Juvenile Chronic Arthritis (JCA) outpatients
- Radiation oncology outpatients.

## **Continuing Care Program**

This team sits within the Community Health division and is based across two sites, the Phillip Health and Civic Health Centres. A senior Occupational Therapist HP4 provides clinical and line management to the occupational therapists and occupational therapy assistants employed in the team. The Lead Professional OT (HP5) provides professional support and guidance to the HP4 and other therapists as necessary.

## **Aged Care & Rehabilitation – Client Support Services- Independent Living Centre (ILC)**

The ILC is a leading provider of information, assessment, consultation and education in the area of equipment and assistive technology. This service sits within the Aged Care & Rehabilitation Division and is physically located at Weston. A Clinician/Manager HPO4 provides clinical and

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line management to the occupational therapists employed in this team. The HPO4 also provides approximately 0.4FTE direct clinical service delivery.

The HPO 4 clinician/manager also provides day to day management and supervision of the Centre's RN and ASO3.

As of July 2008 there were 2.8 FTE HPO3 occupational therapists employed at the ILC to provide a service to the following clinical areas

- ILC Booked Appointments
- ILC Drop-in Service
- ILC Information Advisory Service (phone and email enquiries)
- Unscheduled "walk-in" visitors-recent roster changes introduced to provide a 'duty' OT to respond to these clients-not fully staffed and on some days requires the OT rostered to Info Line to also cover "walk-ins".

#### **Aged Care & Rehabilitation - General**

This team sits in the Aged Care & Rehabilitation stream and is physically based at the Canberra Hospital and Phillip Health Centre. A Senior Occupational Therapist HP4 provides clinical and line management to the occupational therapists employed in this team. The Lead Professional OT (HP5) provides professional support and guidance to the HP4 and other therapists as necessary.

As of July 2008 there were occupational therapists employed to provide a service to the following clinical areas

- Rehabilitation Independent Living Unit (RILU)
- Ward 12B (acute rehabilitation ward)
- Ward 11A (acute care of the elderly)
- Community Rehabilitation Team (based at Phillip Health Centre).

#### **Aged Care & Rehabilitation - Specialised**

This team sits in the Aged Care & Rehabilitation stream and is physically based at the Canberra Hospital. A Senior Occupational Therapist HP4 provides line management to the occupational therapists and other professional staff employed in the following teams

- Driving Assessment and Rehabilitation Service (DARS)
- Vocational Rehabilitation Service (VARs).

OTs who work in the following areas report to a line manager who may or may not be of the same profession. For professional support and development all occupational therapists employed in these teams are clinically supervised by the Senior Occupational Therapist HP4. This support is separate from the line management arrangements.

- Transitional Therapy and Care Program (TTCP)
- Falls Prevention Program

- 
- Aged Care Assessment Team (ACAT)
  - Specialised Wheelchair and Posture Seating Service (SWAPS).

The Lead Professional OT (HP5) provides professional support and guidance to the HP4 and other therapists as necessary.

### **Lead Professional (HP5)**

The Occupational Therapy Lead Professional (HP5) position was established as part of a reform of Health and Community Care services in the ACT following the release of the “Setting the Agenda” report in 1998. The role of the lead professional is that of professional advisor. No direct line management or operational authority is allocated to the role. The role of Lead Professional is not a position in its own right, but is attached to a permanent senior clinician or clinical manager’s role within the Aged Care and Rehabilitation or Community Health streams.

At the discipline level, the lead professional is responsible for:

- the development of practice standards
- advising on workforce issues
- developing a professional accountability structure for clinical supervision and support
- coordinating teaching and training
- facilitating research specific to the discipline
- assisting discipline initiatives to be implemented across program boundaries (as relevant)
- provision of clinical education and/or updates on professionally specific information on a quarterly basis to all staff of the discipline
- advising on issues specific to the discipline etc.

At times, the Lead Professional may be asked by operational areas to coordinate responses to issues such as advising on best practice and contributing to service initiatives.

The present staffing allocation to this role is 0.2 FTE.

### 3.3 ACT Health Occupational Therapy Assistant Workforce

As of July 2008, there were seven Occupational Therapy Assistants employed by ACT Health and Calvary Health Care ACT in the following teams:

- Acute Support
- Aged Care & Rehabilitation General
- Aged Care & Rehabilitation Specialised
- Calvary Hospital (Aged Care & Rehabilitation)
- Calvary Hospital (Acute Support)
- Continuing Care (Philip Health Centre)
- Continuing Care (City Health Centre).

Within their role, these Occupational Therapy Assistants are involved in a wide variety of activities including:

- Implementation of treatment programs (inpatient & community)
- Provision, ordering and maintenance of equipment (inpatient & community)
- Individual and group treatment programs
- Document patient activity statistics
- General administrative tasks.

Currently the ratio of Occupational Therapy Assistants to Occupational Therapists varies across services. The table below indicates the staffing ratios as of July 2008.

**Table 6: Ratio of Assistants to Occupational Therapists (FTE) as of July 2008**

		<b>Ratio Assistant to Occupational Therapist (FTE)</b>
<b>Calvary Health Care ACT</b>	Acute Services	1: 6.5
	Aged Care & Rehabilitation	1: 2.5
<b>Aged Care Rehabilitation</b>	Specialised	TTCP * 1: 3.2 ILC 0
	General	Inpatient 1: 2.75 Community Rehab 1: 4.7
<b>Community Health</b>	Acute Support	1: 9.8
	Continuing Care #	1: 8
<b>Mental Health</b>		0

\* Indicates these Assistants are employed as Allied Health Assistants, and therefore provide a service to more than one discipline.

# The consists of one permanent and one temporary (6 month contract) position.

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## **4.0 Report 1: Quantitative and Qualitative Analysis of the ACT Health Occupational Therapy Workforce**

### **4.1 Methodology**

Two techniques, survey and focus groups, were used to examine the OT workforce which was considered in two separate groups, OTs and OTA.

The survey aimed to provide a detailed analysis of the current workforce and inform the focus group discussion.

All occupational therapists employed by ACT Health and Calvary Health Care ACT in June 2008 were offered an opportunity to participate in the survey focus groups—permanent, temporary and casual. Those on leave were also invited to participate as were those working in project officer positions, generic positions and management positions.

To assist respondents and ensure confidentiality, each person was given an un-identifiable return addressed envelope to return their survey. Potential respondents were also assured that their responses would be de-identified and aggregated to ensure anonymity (see Appendix H for Survey Form).

The survey included a range of demographic questions and questions targeting attitudes about the areas of strength and weakness in the workforce. The survey results were used to design questions for the focus group discussions.

Therapy ACT used the same questionnaire and methodology in parallel with this project, their results are provided in Appendix J.

### **4.2 Results**

#### **Questionnaire Results**

A total of 68 questionnaires were distributed to the 71 identified occupational therapists employed by ACT Health and Calvary Health Care ACT. Three therapists were unable to be contacted due to leave. 54 occupational therapists responded to the questionnaire (79% return rate) and the results are provided below.

**Table 7: ACT Health OT Workforce Survey 2008 Response Rate**

		Respondents	
		% of total responses	No.
<b>Aged Care &amp; Rehabilitation Service</b>	General	33	20
	Specialised	6	*
<b>Community Health</b>	Continuing Care	13	7
	Acute Support	17	9
<b>Calvary Health Care ACT</b>		13	7
<b>Mental Health ACT</b>		15	8
<b>Other</b>		*	*
<b>TOTAL</b>		<b>100</b>	<b>54</b>

\* n=<5 number of respondents not specified

#### 4.2.1 Demographic and Employment Profile

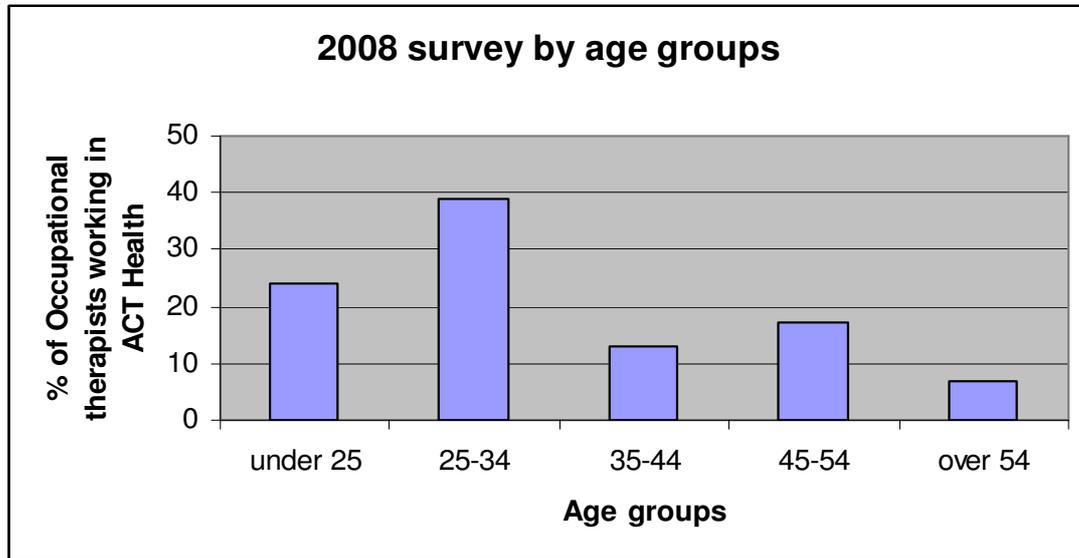
Of the 54 respondents, 93% were female and 7% were male. The majority of respondents 81% (44) were born in Australia. No one indicated that they were of Aboriginal or Torres Strait Islander origin. 87% (47) respondents indicated that they were Australian Citizens, less than five (5) people indicated that they were Australian residents, and less than five (5) people indicated that they were on various visas. The mean age of therapists was 34 years, the majority of the group (39%) being between 25-34 years of age.

**Table 8: Demographic Profile of respondents**

<b>Gender</b>	<b>%</b>
Female	93
Male	7
	<b>100</b>
<b>Country of Birth</b>	
Australia	81
UK/Ireland	6
Asia	6
New Zealand	*
Other	*
	<b>100</b>
<b>Age at 1st January 2008</b>	
under 25	24
25-34	39
35-44	13
45-54	17
over 54	7
	<b>100</b>
<b>Average Age</b>	<b>34 years</b>

\*n=<5

**Figure 4: Occupational Therapists Working in ACT Health by Age Groups**



**Classification Profile**

The majority of the respondents (44%) were employed at a HP3 level. There was a wide range of clinical experience, from 0 – 38 years with the average length of experience being 11.9 years.

**Working Profile**

There were 52 (96%) responses to this question. The average hours worked across all sectors was 31.5 hours per week with an average of 3.5 hours of overtime per week.

**Table 9: Average Hours Per Week by Service Both Paid and Unpaid**

	<b>Paid</b>	<b>Overtime - unpaid</b>
<b>Aged Care &amp; Rehabilitation</b>	28.9	2.8
<b>Acute Support</b>	33.3	3.4
<b>Calvary Hospital</b>	36.9	5.1
<b>Continuing Care</b>	35.6	3.4
<b>Mental Health ACT</b>	30.1	1.6

**4.2.2 Qualifications and Clinical Experience**

**Location of Initial Qualification**

The majority of respondents (63%) gained their initial occupational therapy qualification in New South Wales, with the next largest group (13%) obtaining their qualification in Victoria. Of the total respondents, 9% obtained their qualifications overseas. The proportion of respondents who gained their initial occupational therapy qualifications overseas is highest in the 25-34 year old

age group. There is a greater diversity of location of initial qualification amongst the younger age groups than the older age groups.

**Table 10: Location of Initial Qualification by Age Group**

Initial Qualification	< 25	25-34	35-44	45-54	Over 54	Overall
	%	%	%	%	%	%
New South Wales	13	26	11	7	6	63
Victoria	*	0	*	7	0	13
Queensland	*	*	0	0	*	7
South Australia	*	*	0	0	0	*
Western Australia	*	0	0	*	0	*
Overseas	*	7	0	0	0	9
<b>Total</b>	<b>24</b>	<b>39</b>	<b>13</b>	<b>17</b>	<b>7</b>	<b>100</b>

\*n<5

### Qualifications in Occupational Therapy

Of the total respondents, 13% (7) qualified as an occupational therapist obtaining a diploma, 44 (81%) with a bachelor degree and less than four (4) people had an entry level Masters degree. The seven (7) respondents who have diplomas gained their qualification between 1968 and 1975, prior to the degree program being introduced.

Of the total number of respondents (54), 13% (7) held further qualifications directly related to occupational therapy and a further 9% of respondents had gained qualifications in related fields of study including health promotion, community development and management.

### Years of Practice

The average number of years in practice was 10.2 years. There was a small difference between this number and the average years since initial qualification of 11.9 years. This difference would indicate that some respondents have had a career break. 28% (15) respondents indicated a taking a career break with an average period of 2.5 years and a range of 1 - 20 years.

### 4.2.3 Workforce Recruitment and Retention

1 in 3 occupational therapists moved to the ACT because their partner gained employment here, 1 in 5 for family reasons and the remainder came for education and career development opportunities. Two groups (<25 and over 54) indicated that their anticipated resignation from ACT Health would coincide with their departure from the ACT. The data from the remaining three age groups identified that they were anticipating resignation to occur whilst continuing to reside in the region.

**Table 11: Reason for Anticipated Ceasing Employment with ACT Health over Age Groups**

	< 25 %	25-34 %	35-44 %	45-54 %	Over 54 %	Overall %
<b>Retirement</b>	0	10	29	33	100	20
<b>Career Change/promotion</b>	46	48	29	44	0	41
<b>Partners Employment</b>	15	14	0	0	0	9
<b>Cost of Living</b>	0	14	0	0	0	6
<b>Other</b>	39	14	43	22	0	25

### Awareness of ACT Health Initiatives

Respondents were asked to comment on the impact of the initiatives listed in the table below on their initial decision to apply for a position with ACT Health. 44.5% (24) respondents indicated that these initiatives did not influence their decision and 44.5% (24) of respondents indicated that they did. There were 11% (6) respondents who did not indicate a response to this question.

**Table 12: Awareness of ACT Health Initiatives for Allied Health Staff**

	% Aware	% Not Aware
<b>Post Graduate Scholarship</b>	67	26
<b>Research Mentoring Program</b>	30	67
<b>Graduate Certificate in Higher Education</b>	52	46
<b>Inter-Professional Learning</b>	24	70
<b>HP3 upgrade</b>	72	26

### Qualitative Results

12 focus groups were conducted over a two week period in six distinct teams identified within ACT Health: Aged Care and Rehabilitation Scheme—General, Aged Care and Rehabilitation Scheme—Specialised, Aged Care and Rehabilitation Scheme Independent Living Centre, Calvary Health Care ACT, Mental Health ACT, Continuing Care and Acute Support. Each team attended their own focus group, facilitated by the Project Officer. The feedback was captured by a scribe. Questions asked during the forums focused on what was working well within their work unit and possible service gaps/areas for improvement. Possible solutions that could improve OT services across the Territory were canvassed.

Following the completion of these team-based focus groups, the occupational therapists were invited to attend a classification based focus group. There were four classifications identified: HP1, HP2, HP3, HP4/HP5, with the groups being completed in ascending order. The format of these groups was very similar with participants asked to identify the areas of strength within their group and areas of further development and strengthening. A few cross-classification and team problems and solutions were then presented to the groups for input and further discussion. This allowed the different classification groups to identify specific issues/barriers/benefits to them from the proposed action. As the focus groups continued up the grading scale, increasing input was gained to support/reject ideas.

The following is a summary of the ideas provided in the focus groups.

**Table 13: Strengths and Weaknesses Identified by the OT Workforce**

<b>Strengths of OT Workforce in ACT Health</b>	<b>Weaknesses of OT Workforce in ACT Health</b>
High vacancy rate provides opportunities to change between positions to gain increased experience.	Perceived friction between some OT teams across streams/divisions
Junior therapist rotation at Calvary and ACT Health	Communication of vacancies across ACT Health
Small workforce that is located in a small geographical area	Inconsistent policy and procedures
Motivated, experienced and hard-working clinicians	ACT Health rotation does not include Mental Health ACT, Calvary Health Care ACT or Therapy ACT
Broad range of clinical areas available	Limited number of non rotating HP2 positions to apply for once completing all rotations available for new graduates
Flexible employment conditions such as flex leave provisions, part-time work	Not enough education and training opportunities tailored for OT specific needs
Dynamic and forward thinking professionals	Very high workloads and long waiting lists
Ability to facilitate student placements	Poor understanding of profession within ACT Health and wider community
Good local orientation packages	Poor understanding of OT assistants knowledge/training and ability to delegate
Great peer support	Time consuming processes and procedures for equipment provision and funding
Development of new positions such as occupational therapy assistant and clinical educator positions	Poor career pathway
	Poor resourcing of essential tools to complete work
	Poor and inconsistent funding of CPD activities
	Poor succession planning especially for specialised skill positions
	No overall orientation to ACT Health services and community programs relevant to OT
	Poor understanding of occupational therapy assistant role and scope of practice
	Minimal support for new graduates including development of social networks.

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## **5.0 Report 2: Quantitative and Qualitative Analysis of the ACT Health Occupational Therapy Assistant Workforce**

### **Methodology**

#### **5.1 Results**

A total of eight (8) questionnaires were distributed to the eight (8) identified occupational therapy assistants employed by ACT Health, Calvary Health Care ACT and Therapy ACT. Seven occupational therapy assistants responded to the questionnaire (90% return rate) and the results are provided below. Due to the very small numbers, respondents from Therapy ACT have been included to improve quality and anonymity of data.

##### **5.2.1 Demographic and Employment Profile**

Of the respondents, 71% were female and 29% were male. The majority of respondents 71% were born in Australia and varied in age with an average of 42.1 years. No one indicated that they are Aboriginal or Torres Strait Islander in origin. All respondents indicated that they were Australian Citizens.

Of the group, 71% were employed as a TO1 and 29% as a TO2. Their clinical experience ranged from 0 – 30 years, the average being 6.9 years.

##### **Working Profile**

There was a fairly even mix of both full time and part time employees with the average assistant working 27.4 hours per week with no reported overtime.

##### **5.2.2 Qualifications and Clinical Experience**

###### **Qualifications in Occupational Therapy Assistance**

Of the respondents 29% indicated having completed a Certificate III in Allied Health Assistance at CIT. However 57% reported having completed a higher education qualification in a related health field.

##### **5.2.3 Workforce Recruitment and Retention**

The reason that occupational therapy assistants applied for their position varied considerably, however, a common theme was the opportunity to work with clients. Insufficient answers were received to gain a good understanding of the future anticipated working years of this group. The reasons for ceasing employment with ACT Health and Therapy ACT varied from retirement to further university studies.

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## Qualitative Results

The occupational therapy assistants were given two opportunities to provide feedback about their perceived strengths and weaknesses of the occupational therapy workforce within ACT Health. The following is a summary of the ideas provided in the focus groups.

**Table 14: Strengths and Weaknesses Identified by the OT Assistants Workforce**

<b>Strengths of OTA Workforce in ACT Health</b>	<b>Weaknesses of OTA Workforce in ACT Health</b>
Provide increased service to clients	No mentoring program
Part of a supportive team	Poor career structure and progression
Supported in learning and development	Unclear guidelines regarding scope of practice
Increased responsibilities given with increased knowledge	Inequity in classification between hospital and community-based staff
Autonomous yet part of a team	Poor training and supervision structure
Wide variety of clinical areas to work in	Simplicity of some tasks
Surrounded by positive & knowledgeable therapists	No pathway between assistance and occupational therapy training
Allied Health Assistance Course	

## 6.0 Discussion

There is no definitive source that provides accurate information about the national and local OT workforce. This is because the profession is not registered nationally and registration is not required in the ACT. Through this project, 71 therapists were identified as being employed by ACT Health and 18 employed by Therapy ACT. When examining ABS Census 2006 data there are 113 persons reporting that they are OTs in the ACT. This indicates that ACT Health employs the majority of OTs in the Territory.

There is also no definitive source that provides for the number of OTA in the ACT. In 2006 the ACT commenced a Certificate IV training package qualification through the CIT, and individuals are now encouraged to complete this training. Currently there are seven identified occupational therapy assistants employed by ACT Health, most of whom have no formal qualification at this stage.

One of the reasons for the low uptake of the new qualification in OTA, identified through the surveys, was that there is no career pathway or financial recognition/incentive via the current technical officer classification to encourage people to undertake the formal qualification. This adds support to the current review which will be undertaken as part of the ACT Health Clerical, Health Professional, Technical, Health Service Officers' Union Collective Agreement 2007-2010 which will consider the appropriateness of assistants within the TO classification.

The results from the survey indicate that the OT workforce is highly feminised and relatively young. There is however evidence that the workforce is working only slightly less than full-time. Most feminised workforces have a high level of part-time employment. The fact that this is not the case for OTs supports a view within the workforce there are few part time opportunities and that instead, they choose to leave the profession.

All OTs have trained interstate, with the majority in NSW, although previously the main feeder appears to have been Victoria. The reason for this shift may be related to the expansion in the number of training programs relatively close to the ACT — such as Albury and Western Sydney.

ACT does not have an OT course; however, there is work underway at the University of Canberra to develop a post graduate entry level program. This could allow the ACT to start to build its' own workforce which could assist in recruitment as there is evidence that where a person trains is where they tend to begin employment. In developing a postgraduate program for OTs, consideration could be given to aligning the assistants and postgraduate programs to create a possible career pathway from assistant to OT.

The survey identified that within ACT Health the majority of OT staff are employed at the HP3 level (senior clinician). None of these staff have attained an HP3 upgrade. The OT workforce identified significant barriers in attaining an HP3 personal upgrade, for example, it is a time consuming process.

Feedback from the focus groups identified that a number of strengths already exist in this workforce. For occupational therapists, these include the opportunity to gain experience within a

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broad range of areas, staff commitment, a rotation program between several areas which helped junior staff gain broad experience and the establishment of assistant and educator positions.

For occupational therapy assistants the strengths were being part of supportive teams with knowledgeable team members, having opportunities to work in a wide variety of areas, having support to access the formal occupational therapy assistant qualification and support for learning and development in general.

Communication across ACT Health occupational therapy services was identified as the major weakness for occupational therapists. Inconsistent policies and procedures and at times the perception of missed career opportunities were attributed to communication breakdown. Results from the survey strengthened this finding in that many occupational therapists were unaware of the allied health initiatives being progressed across ACT Health. Other weaknesses identified included a limited number of non rotating junior positions — all positions rotate in distinct areas although not across all services; high workload; succession planning and long waiting lists of more than 18 months in some areas.

During the forums, occupational therapy assistants identified the following weaknesses: lack of mentoring, a poor career structure which includes inequities between hospital and community based assistant roles, poor training and supervision, lack of clear guidelines for their scope of practice, only being delegated simple tasks and no articulation pathway to a therapist qualification.

The focus groups also identified that once gaining a HP3 position there is no further opportunity for purely clinical roles at a HP4 level as all positions above HP3 have a management component. Previous certified agreements identified this as a barrier for the workforce and recommended four streams of HP4 positions. Only one dedicated clinical position has been created at the HP4 level at this stage and a further three positions have been identified that could be created. One option that arose out of the discussions was that it would be helpful to link further development of HP4 positions within the clinical stream to positions created by the establishment of a postgraduate course at the UC (conjoint appointments). Conjoint appointments have been a very successful attraction and retention strategy with the establishment of the ANU medical school.

## **Recruitment**

Both the survey and the focus groups identified challenges in retention and recruitment of qualified OTs which have at times impacted upon service delivery. Not having a local education program is likely to be a factor in this. It was suggested during the discussions that developing an excellent new graduate program could assist in attracting people to the ACT. This could also create a collegial network between the different teams which felt that they were currently competing against each other to fill vacancies with new graduates. The current recruitment program of targeting NSW and Victorian university undergraduates could be reviewed to determine if it is effective now and reviewed later once a local course is established: it may then not be necessary to target NSW and Victorian graduates.

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Currently ACT Health runs a HP1/2 rotation program incorporating nine positions in ACRS and Community Health. Calvary Hospital also has a HP1/2 rotation program incorporating five positions in their ACRS, Mental Health and Acute streams. Rotations occur for most OTs employed at the HP1 or 2 level and there is limited opportunity for these staff to consolidate their skills in a chosen area until they are appointed to a HP3 level. This is an ACT Health initiative to ensure a diverse workforce and an opportunity to work across the health portfolio. The current rotations, however, are in 'silos' and it may be beneficial for the rotations to include a broader range of clinical areas.

During the focus group discussions, recently graduated therapists identified that one of the key factors in their decision to apply for a position was the ability to gain experience in a broad range of clinical areas. After several years of rotations, however, they felt that they would like an opportunity to consolidate their skills and unless they were appointed to a HP3 position they were inclined to leave the ACT. It would be helpful if ACT Health had more HP2 positions which did not rotate across different services to help junior staff consolidate their skills and prepare to specialize in an area of choice.

### **Retention**

The survey data identified that 63% of staff did not intend to stay in ACT Health longer than five years. This is of concern because the age range of the workforce is quite young. Some common themes were the high workload and inadequate career pathways. It was noted that there is a long waiting list for community based OT assessments. Staff burnout was seen as a significant risk for ACT Health. However, it is difficult to determine whether this relates to workforce shortages or a workload mismatch. The Ambulatory Care Framework presents a real opportunity for the workload and workforce alignment to be reviewed.

It is interesting that occupational therapists identified that there were opportunities to increase productivity with increased administrative support. Some teams currently use available administrative staff to complete minutes of meetings and enter statistics, however, with limited administrative support assistance is not usually available. Occupational therapy staff are sometimes diverted to assist with administrative duties, for example, reception when administrative staff are on leave. Staff considered that there is potential for broader and better use of administrative help. Another suggestion was for staff to use tablet PCs to make notes while on home visits.

The ACT is fortunate in that the Allied Health Advisor's Office has been instrumental in developing a range of initiatives aimed at supporting allied health staff retention. Unfortunately a number of staff indicated that they were not aware of these programs. This highlights an issue in that despite a sound communication strategy, OTs are not being engaged in a range of important initiatives. More work through closer links with the Allied Health Advisor's Office could assist this. It was suggested that an Allied Health Symposium would be an excellent vehicle to promote communication across the professions.

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## Staff Development

The OTs have core competencies which are associated with career progression which they feel are not clearly articulated. Further, there do not appear to be clear competencies associated with the OTA workforce. It would be beneficial for a Management and Leadership development program to be implemented to support career progression. It is also important to develop clear core competencies for each classification from OTA to HP4.

During the focus group discussion all classifications considered they required support tailored to their learning needs. Many reported that there was a lack of occupational therapy specific training in the ACT. The main reason for this is likely to be the volunteer nature of the professional body which supports OT and this is unlikely to change in the foreseeable future. For this reason ACT Health should invest in developing some profession specific courses as part of a development program. Another suggestion was that funding be allocated to support CPD within the profession. This could reasonably be included in the EBA negotiations.

It would also be helpful to establish a senior OT Managers forum, responsible for setting core competencies across the organisation. This would decrease the inconsistencies noted by some respondents between different teams.

As clinicians progress from HP1 through to HP4 positions, management tasks increase in complexity. The workforce identified “management” as an area for further development and training. Therapists reported that they require more training in supervision, delegation (especially to occupational therapy assistants) and human resource matters. This agrees with the findings of a recent project completed by ACT Health to identify the training requirements for supervision of assistants and junior allied health staff. The report made several recommendations including developing a definition of clinical supervision, a policy to mandate the implementation, clarification of minimum standards and the development of a menu of training options (ACT Health 2008).

Discussion also highlighted that occupational therapists and assistants are unclear on what the current role and duties of an occupational therapy assistant should be, including the level of responsibility and types of tasks they had been prepared to perform. It is clear that there are differences between the informal roles which have developed within different teams and an attempt to document this through competencies would be extremely useful.

In line with the comment above it is recognised that the work being undertaken by the Allied Health Assistant Clinical Development Coordinator (the Allied Health Assistance Scope of Practice and Supervision Protocol) will be a critical and guiding document for the entire OT workforce. It will also provide a platform for further work which can be completed within the operational areas.

Another theme from the discussion regards the investigation and implementation of extending the scope of practice within occupational therapy assistants and OTs. This work should focus on:

- Identifying unmet clinical needs
- Identifying how assistants and OTs could meet these needs
- Developing educational resources to support these roles.

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It is important to note that OTs consider occupational therapy assistants as increasing client service capacity. Some teams which did not have assistants working with them indicated that the role would potentially be very useful and were keen to trial them. These areas included the Falls Prevention Program, the Independent Living Centre and the Driver Rehabilitation Service where there was already a list of identified tasks and activities that could be better performed by an assistant.

A significant issue raised in the focus groups was that the organisational structure of ACT Health left the profession feeling fragmented. There was, however, evidence of significant initiatives being completed within teams to change work practices and improve overall efficiencies. A coordinated approach, however, would assist in avoiding duplication in different teams in other streams/divisions. An over-arching senior management group could provide this role. A regular OT Managers' meeting would provide all managers (including Therapy ACT) with the opportunity to identify common areas for development, increase awareness of team issues and provide an opportunity for collaborative work. This could be set up and chaired by the Allied Health Advisor in the first instance followed by rotation of the chair: minutes of this meeting would be available to all Allied Health Managers and the Allied Health Advisor.

### **Research**

During the focus groups it was identified that the HP3 professionals were seeking opportunities to complete off-line project work and research. There is a clear need for evidence based practice across all health professions and this could form an attraction and retention strategy if it was supported by management. In particular, it would provide OTs with opportunities to expand their skills and provide increased job satisfaction.

### **Networking**

Currently there is an "all of OT" meeting conducted quarterly. During discussions it was highlighted that not all OTs participate in these meetings. An alternative suggested was that a bi-annual meeting be initiated that could facilitate new staff orientation and networking across ACT Health and Therapy ACT in addition to providing opportunities for shared learning. Managers considered that staff may be more likely to attend if the frequency of the meetings was reduced.

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## **7.0 Conclusion and Recommendations**

The “Strengthening the Occupational Therapy Workforce” project was undertaken to provide a better understanding of a critical part of the allied health workforce. ACT Health conducts a regular review of its workforce to identify emerging shortages and it has been recognised that attraction and retention are current issues for ACT Health. Data provided by the occupational therapist and occupational therapy assistant workforce from the survey and focus groups provide a range of recommendations relating to the ACT Health Workforce Plan 2005-2010.

### **Recommendation 1— build a responsive workforce:**

- i. Consolidate and further expand the occupational therapy assistant role and support this with core clinical competencies for both OTs and OTAs
- ii. Identify and trial OTAs in areas that currently do not use this role
- iii. Identify potential OT and OTA roles that could be extended
- iv. Review the role of administration officers.

### **Recommendation 2— strengthen education and training:**

- i. Establish a local OT post graduate level program
- ii. Implement an occupational therapy assistant in-service program and design training packages to support core learning needs
- iii. Explore articulation from the OTA course to the OT program once established
- iv. Develop strategies to support HP3s wishing to apply for a HP3 upgrade and managers.

### **Recommendation 3— strengthen attraction and retention:**

- i. Implement an ACT Health recruitment strategy for university graduates
- ii. Review part-time positions and training requirements for OTs wanting to return to the profession after a career break
- iii. Expand the current new graduate rotation program to include Therapy ACT and Mental Health ACT

### **Recommendation 4— improve the career structure:**

- i. Review the classification of OTA as Technical Officers as part of the current Certified Agreement
- ii. Develop some static HP2 positions to allow staff to consolidate before choosing a career path
- iii. Investigate establishing four HP4 career paths, the current three, manager, clinician /manager, clinical educator and a fourth, joint appointment with the education sector.

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**Recommendation 5—better communication:**

- i. Establish regular OT Managers Meeting with representation from all streams of ACT Health and Therapy ACT
- ii. Establish a biannual ACT wide OT Meeting
- iii. Hold an ACT Annual Allied Health Symposium
- iv. Investigate IT options (such as portable laptops and tablets) to improve efficiency, for example, record notes while conducting off ACT Health campus visits.

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## 8.0 References

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## 9.0 Appendices

Appendix A	Definitions of Occupational Therapy
Appendix B	Definition of HP1-6 Classifications
Appendix C	Undergraduate Courses in Occupational Therapy
Appendix D	Graduate Entry Courses in Occupational Therapy
Appendix E	COTRB Assessment Flowchart
Appendix F	Data Sources for Occupational Therapist Workforce Pipeline
Appendix G	Enrolment Data for Occupational Therapy Courses 2002- 2006
Appendix H	Occupational Therapy Workforce Survey 2008
Appendix I	Occupational Therapy Assistant Workforce Survey 2008
Appendix J	Therapy ACT Survey Results

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## Appendix A: Definitions of Occupational Therapy

### WFOT

“Occupational therapy is a profession concerned with promoting health and well being 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 enabling people to do things that will enhance their ability to participate or by modifying the environment to better support participation.

Occupational therapists believe that participation can be supported or restricted by physical, social, attitudinal and legislative environments. Therefore, occupational therapy practice may be directed to changing aspects of the environment to enhance participation

Occupational therapy is practiced in a wide range of settings, including hospital, health centres, homes, workplaces, schools, reform institutions and housing for seniors. Clients are actively involved in the therapeutic process, and outcomes of occupational therapy are diverse, client-driven and measured in terms of participation or satisfaction derived from participation.” (WFOT p. 3)

### OT AUSTRALIA

“1. Occupational Therapy is a health related profession using selected activity to prevent and overcome physical, emotional or social disabilities in people of all ages. The objective is to promote, maintain or restore functional independence in daily living skills.

2. Occupational Therapy is concerned with human occupation and its importance in health for persons of all ages. Occupational Therapists evaluate the physical, psychosocial, and environmental factors which reduce a person’s ability to participate in everyday activities of occupation.

Therapeutic objectives are achieved through techniques or activities designed to:

1. Diminish and control pathology.
2. Restore and/or reinforce functional capacity
3. Facilitate learning of skills and function essential for adaptation or productivity
4. Promote and maintain health.

3. Occupational therapy is a health profession which teaches, maintains and promotes competent behaviour in the areas of living, learning and working to individuals experiencing illness, developmental deficits, and/or physical and psychological dysfunction or who are otherwise at risk.” (WFOT p. 5)

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## Appendix B: Definition of HP 1- 6 Classifications

### Health Professional 1 (HP 1)

This is the professional commencement level. The level is the initial professional, industry based formation phase of a new and recent graduate Health Professional; this is in recognition of the fact that they have limited practical experience in the application of their professional knowledge.

### Health Professional 2 (HP 2)

A Health Professional at this level will have successfully completed a minimum of 12 months paid professionally relevant workplace experience and all relevant professional requirements for progression from Level 1. For professions bound by mandatory registration, all registration requirements must be fulfilled and registration awarded to the Health Professional.

### Health Professional 3 (HP 3)

A Health Professional at this level may perform novel, complex or critical professional work under professional supervision or may perform normal professional work as a sole practitioner under general professional guidance.

### Health Professional 3 (HP 3): Recognition of Competency

Health Professionals at this level will be able to exercise independent judgement based on extensive specialist knowledge or broad generalist knowledge. Application to this level may only take place after a minimum of 3 years, or equivalent, experience at the HP3 level.

### Health Professional 4 (HP 4)

- **Senior/Specialist Practitioner Stream:** Health Professionals at this level will be able to perform novel, complex or critical work with a high level of expertise and assume responsibility of performing a consultative role within their professional field of specialty.
- **Tutor/Educator/Preceptor Stream:** Health Professionals at this classification will have responsibility for the provision of clinical training and professional development for students and Health Professional staff.
- **Manager:** Will have professional responsibility for a specific team or clinical unit within a department and undertakes a workload in that department

### Health Professional 5 (HP 5)

This position under broad policy control undertakes the roles of senior Health Professional Practitioner and/or senior Professional Manager.

### Health Professional 6 (HP 6)

The position may under broad policy control and direction undertake the role of senior Health Professional Manager having a high level of accountability, competency, professional judgement and responsibility.

## Appendix C: Undergraduate Courses in Occupational Therapy

**Table 1. Undergraduate Courses in Occupational Therapy Available as at July 2008**

State/ territory	Institution/Campus	Course name	Course length
NSW	Charles Sturt University, Albury-Wodonga Campus	Bachelor of Health Science (Occupational Therapy)	4 years full-time *
	University of Newcastle	Bachelor of Occupational Therapy	4 years full-time *
	University of Western Sydney, Campbelltown Campus	Bachelor of Applied Science (Occupational Therapy)	4 years full-time *
	University of Sydney, Cumberland College	Bachelor of Applied Science (Occupational Therapy)	4 years full-time * #
VIC	La Trobe University, Bundoora Campus	Bachelor of Occupational Therapy	4 years full-time *
	Monash University	Bachelor of Occupational Therapy	4 years full-time <sup>a</sup> #
	Deakin University	Bachelor of Occupation and Science	4 years full-time *
QLD	University of Queensland	Bachelor of Occupational Therapy	4 years full-time *
	James Cook University	Bachelor of Occupational Therapy	4 years full-time * #
	University of Sunshine Coast	Bachelor of Occupational Therapy	4 years full-time <sup>b</sup>
SA	University of South Australia	Bachelor of Applied Science (Occupational Therapy)	4 years full-time *
WA	Curtin University of Technology	Bachelor of Science (Occupational Therapy)	4 years full-time * #
	Edith Cowan University	Bachelor of Science (Occupational Therapy)	4 years full-time <sup>c</sup> #
NT	Charles Darwin University	Bachelor of Occupational Therapy (feeder course only)	1 year full time <sup>d</sup>

Source: DEEWR 2008, Hayner 2008, COTRB 2008

- \* Indicates that at June 2007 these courses were accredited by OT Australia
- # Indicates that they offer an honours program to eligible students
- (a) First intake of 10 students was in 2005 via a one year generic program. First full intake was in 2006 with 65 students. Currently undergoing accreditation, expected to be completed in September 2008.
- (b) Course commenced in 2008, will not be accredited until 2010 or 2011.
- (c) Currently undergoing accreditation, expected to be completed August 2008.
- (d) Offers a 12 month feeder course for direct entry to 2<sup>nd</sup> year of OT course at James Cook University

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**Appendix D: Graduate Entry Courses in Occupational Therapy**

**Table 2. Graduate Entry Masters Courses in Occupational Therapy Available as at July 2008**

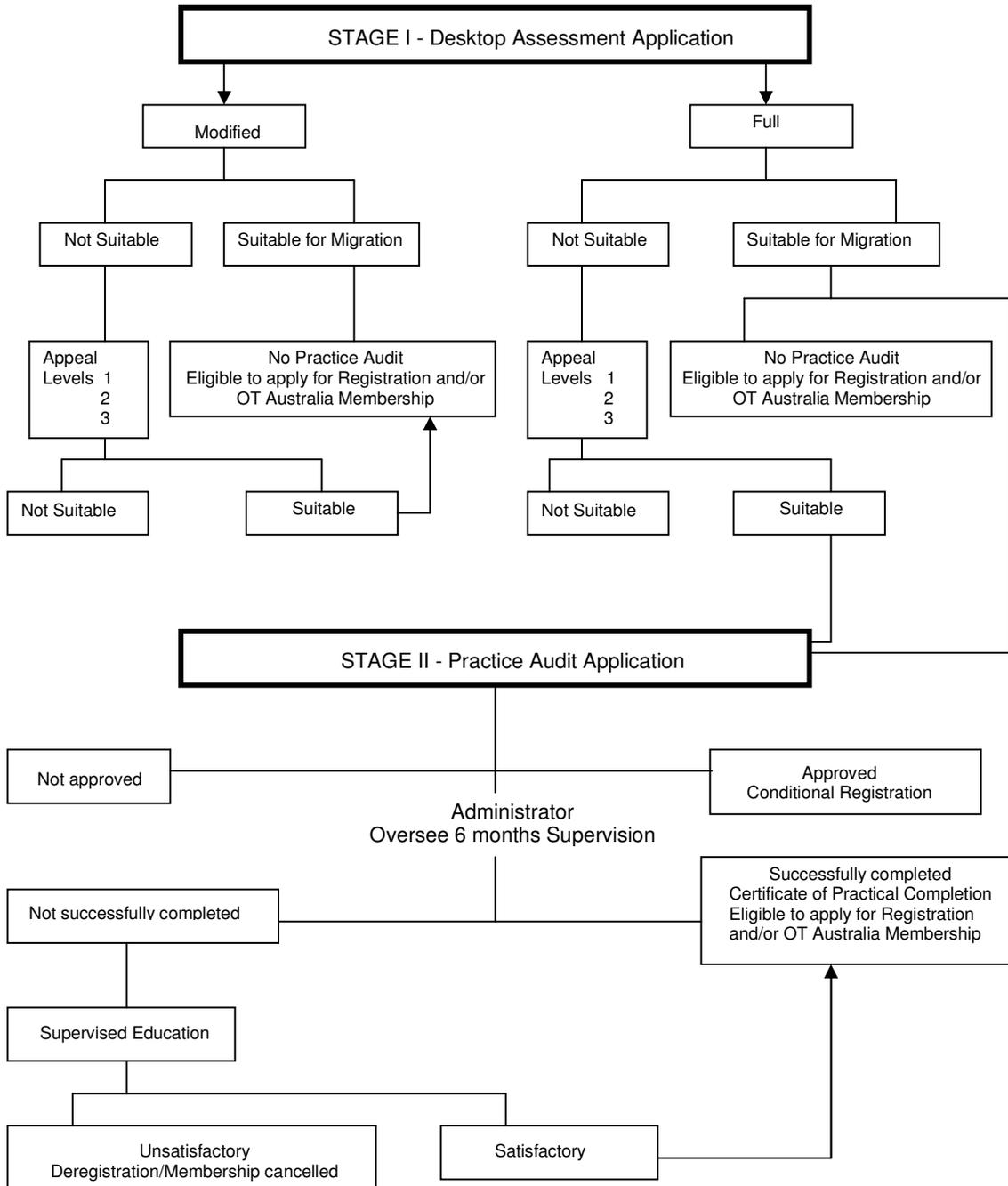
<b>State/ territory</b>	<b>Institution/Campus</b>	<b>Course name</b>	<b>Course length</b>
NSW	University of Sydney, Cumberland College	Masters of Occupational Therapy	2 years full-time *
VIC	La Trobe University, Bundoora Campus	Masters of Occupational Therapy Practice	2 years full-time *
QLD	University of Queensland	Masters of Occupational Therapy Studies	2 years full-time *
SA	University of South Australia	Masters of Occupational Therapy	2 years full-time *
WA	Curtin University of Technology	Masters of Occupational Therapy	2 years full-time *
	Edith Cowan University	Masters of Occupational Therapy Practice	2 years full-time <sup>a</sup>

Source: DEEWR 2008, Rayner 2008, COTRB 2008

- \* Indicates that at June 2007 these courses were accredited by OT Australia  
(a) Currently undergoing accreditation, expected to be completed August 2008

Appendix E: COTRB Assessment Flowchart

FIGURE 1: COTRB ASSESSMENT FOR MIGRATION AND REGISTRATION



**Appendix F: Data Sources Identified in Occupational Therapist Pipeline**

<b>Framework component</b>	<b>Data source</b>
<b>Secondary education sector</b>	
<ul style="list-style-type: none"> <li>Persons completing Year 12</li> </ul>	<ul style="list-style-type: none"> <li>ABS, Schools Australia (cat. no 4221.0)</li> <li>ACT DET (for ACT perspective)</li> </ul>
<ul style="list-style-type: none"> <li>School student/school leaver intentions to enter occupational therapy courses</li> </ul>	<ul style="list-style-type: none"> <li>No data source identified</li> </ul>
<b>Tertiary Admissions Centres</b>	
<ul style="list-style-type: none"> <li>Applications, offers and acceptances for undergraduate courses in occupational therapy</li> </ul>	<ul style="list-style-type: none"> <li>Universities Australia</li> </ul>
<b>Higher education sector</b>	
<ul style="list-style-type: none"> <li>Students enrolled in higher education courses in occupational therapy.               <ul style="list-style-type: none"> <li>By level of course</li> <li>Characteristics of student</li> <li>Commencing/total students</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>DEEWR University statistics (Customised aggregated dataset received 24/4/08)</li> </ul>
<ul style="list-style-type: none"> <li>Award course completions in higher education occupational therapy courses</li> </ul>	<ul style="list-style-type: none"> <li>DEEWR University statistics</li> </ul>
<ul style="list-style-type: none"> <li>Retention rates for higher education courses in occupational therapy</li> </ul>	<ul style="list-style-type: none"> <li>DEEWR University statistics</li> </ul>
<b>Occupational therapy workforce</b>	
<ul style="list-style-type: none"> <li>Occupational therapists working in the ACT</li> </ul>	<ul style="list-style-type: none"> <li>AIHW occupational therapy Labour Force survey</li> </ul>
<ul style="list-style-type: none"> <li>Occupational therapists working in ACT Health workforce</li> </ul>	<ul style="list-style-type: none"> <li>ACT Health staffing data (CHRIS21 extract)</li> <li>Calvary staffing data (Meridian extract)</li> <li>ACT Health Workforce Survey</li> </ul>
<ul style="list-style-type: none"> <li>Occupational therapists departing ACT Health workforce</li> </ul>	<ul style="list-style-type: none"> <li>ACT Health staffing data (CHRIS21 extract)</li> <li>Calvary staffing data (Meridian extract)</li> </ul>
<ul style="list-style-type: none"> <li>Occupational therapists employed in ACT private practice</li> </ul>	<ul style="list-style-type: none"> <li>Census of Population and Housing</li> </ul>
<ul style="list-style-type: none"> <li>occupational therapists employed in other workforces</li> </ul>	<ul style="list-style-type: none"> <li>Census of Population and Housing</li> </ul>
<b>Employment in other occupations/not in the labour force</b>	
<ul style="list-style-type: none"> <li>Persons with occupational therapy qualifications currently employed in other occupations</li> </ul>	<ul style="list-style-type: none"> <li>Census of Population and Housing</li> </ul>
<ul style="list-style-type: none"> <li>Persons with occupational therapy qualifications not currently in the labour force</li> </ul>	<ul style="list-style-type: none"> <li>Census of Population and Housing</li> </ul>

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**Appendix G: Enrolment Data for Occupational Therapy Courses 2002-2006**

**Table 11: Enrolments for Bachelors Course by State/Territory 2002-2006**

	2002	2003	2004	2005	2006	Total
<b>NSW</b>	376	364	369	306	319	1734
<b>NT</b>	8	11	10	5	2	36
<b>QLD</b>	158	154	189	169	178	848
<b>SA</b>	88	79	62	60	84	373
<b>VIC</b>	188	197	180	199	311	1075
<b>WA</b>	99	102	73	122	180	576
<b>Total</b>	917	907	883	861	1074	4642

Source: DEEWR 2008b.

**Table 12: Award Course Completions for Bachelors Program by States 2001 – 2006**

	2001	2002	2003	2004	2005	2006	Total
<b>NSW</b>	274	253	235	256	275	216	1509
<b>QLD</b>	96	115	109	114	124	112	670
<b>SA</b>	59	64	63	49	60	75	370
<b>VIC</b>	74	100	86	104	131	160	655
<b>WA</b>	55	70	73	82	89	113	482
<b>Total</b>	<b>558</b>	<b>602</b>	<b>566</b>	<b>605</b>	<b>679</b>	<b>676</b>	<b>3686</b>

Source: DEEWR 2008b.

**Table 13: Enrolments for Masters by Coursework by State for 2002 – 2006**

	2002	2003	2004	2005	2006	Total
<b>NSW</b>	53	50	64	45	60	272
<b>QLD</b>	23	34	29	22	23	131
<b>SA</b>	6	7	1	3	2	19
<b>VIC</b>	5	20	29	33	21	108
<b>WA</b>	43	37	26	35	33	174
<b>Total</b>	130	148	149	138	139	704

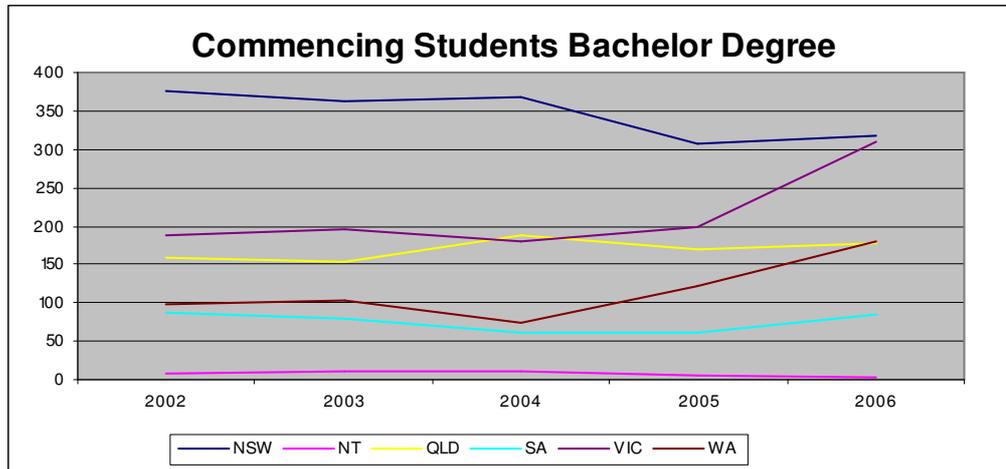
Source: DEEWR 2008b.

**Table 14: Award Course Completions for Masters Program by State 2001 – 2006**

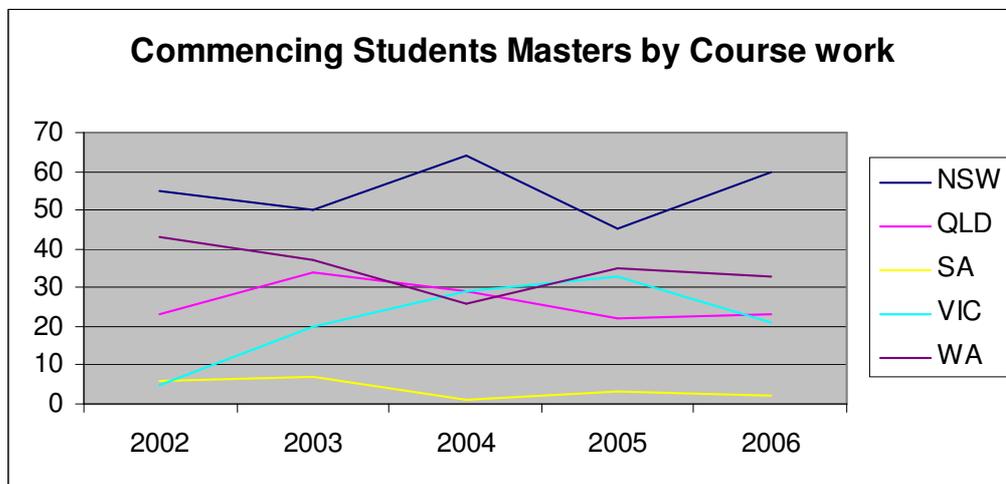
	2001	2002	2003	2004	2005	2006	Total
<b>NSW</b>	27	25	37	45	45	52	231
<b>QLD</b>	21	10	20	30	28	22	131
<b>SA</b>	11	7	2	4	3	4	31
<b>VIC</b>	2	8	9	22	18	28	87
<b>WA</b>	8	18	18	29	28	33	134
<b>Total</b>	69	68	86	130	122	139	614

Source: DEEWR 2008b.

**Figure 5: Enrolments for Bachelors Course in Occupational Therapy by State/Territory 2002-2006**



**Figure 6: Enrolments for Graduate Entry Masters Course in Occupational Therapy by State/Territory 2002-2006**



**Table 5: Health Occupations by Sex 2006**

<b>Profession</b>	<b>Males</b>	<b>%</b>	<b>Females</b>	<b>%</b>	<b>Total</b>
411412 Mothercraft Nurse	0	0	440	100	440
254111 Midwife	127	1	12,109	99	12,236
423211 Dental Assistant	210	1	15,173	99	15,383
254413 Registered Nurse (Child and Family Health)	51	1	3,572	99	3,623
542114 Medical Receptionist	577	1	37,936	99	38,513
411214 Dental Therapist	26	2	1,187	98	1,213
254421 Registered Nurse (Medical Practice)	93	3	3,616	97	3,709
252712 Speech Pathologist	111	3	3,760	97	3,871
451512 Weight Loss Consultant	33	4	898	96	931
411211 Dental Hygienist	36	5	694	95	730
621411 Pharmacy Sales Assistant	1,478	5	25,993	95	27,471
254212 Nurse Researcher	51	6	874	94	925
254424 Registered Nurse (Surgical)	181	6	3,041	94	3,222
254412 Registered Nurse (Aged Care)	1,653	7	23,420	93	25,073
411311 Diversional Therapist	278	7	3,798	93	4,076
<b>252411 Occupational Therapist</b>	<b>469</b>	<b>7</b>	<b>6,366</b>	<b>93</b>	<b>6,835</b>
254418 Registered Nurse (Medical)	359	7	4,682	93	5,041
254414 Registered Nurse (Community Health)	633	7	8,136	93	8,769
254423 Registered Nurse (Perioperative)	724	7	9,288	93	10,012
311215 Pharmacy Technician	272	7	3,463	93	3,735

Source: ABS 2006 Census of Population and Housing, Alternative view: Health Occupations

## Occupational Therapy Workforce Survey

### Q1. Sex:

1. Male

2. Female

### Q2. Year of birth:

<input type="text" value="1"/>	<input type="text" value="9"/>	<input type="text"/>	<input type="text"/>
--------------------------------	--------------------------------	----------------------	----------------------

### Q3. Country of birth:

1. Australia

4. Other Europe

2. New Zealand

5. Asia

3. UK/Ireland

6. Other

---

**Q4. Residency Status:**

Australian citizen

Working Holiday Visa

Australian resident

Spouse/De facto Visa

Other, please specify

**Q5. Do you identify yourself as being of Aboriginal or Torres Strait Islander origin?**

Yes

No

**Q6. Details of your first occupational therapy qualification?**

Year obtained

Title/level of qualification

Diploma

Bachelor Degree

Postgraduate Degree

Place obtained

NSW

VIC

WA

SA

QLD

Overseas

UK/Ire

NZ

Asia

Other Europe

Other, please specify

---

**Q7. How many years of paid work as an occupational therapist have you had, in both Australia and overseas, since obtaining your first occupational therapy qualification?**

**Q8. Which division are you currently working in?**

Acute Support Program	<input type="checkbox"/>	Aged Care & Rehab Services General	<input type="checkbox"/>
Calvary Health Care ACT	<input type="checkbox"/>	Aged Care & Rehab Services Specialised	<input type="checkbox"/>
Community Health	<input type="checkbox"/>	Mental Health ACT	<input type="checkbox"/>

**Other ACT Health (please specify)**

**Q9. Which of the following best describes the position/classification of your occupational therapy job?**

- 1. New Graduate (Health Professional Officer 1)
- 2. Junior Therapist (Health Professional Officer 2)
- 3. Senior Therapist (Health Professional Officer 3)
- 4. Senior Therapist (HP3 - Personal Upgrade)
- 5. Clinical Specialist (Health Professional Officer 4)
- 6. Service Manager (Health Professional Officer 4)
- 7. Clinical Educator (Health Professional Officer 4)
- 8. Other (please specify)

**Q10. Which clinical speciality area best describes your current work as an occupational therapist?**

- |              |                          |             |                          |                        |                          |
|--------------|--------------------------|-------------|--------------------------|------------------------|--------------------------|
| Hands        | <input type="checkbox"/> | Medical     | <input type="checkbox"/> | Mental Health          | <input type="checkbox"/> |
| Neurological | <input type="checkbox"/> | Paediatrics | <input type="checkbox"/> | Geriatrics             | <input type="checkbox"/> |
| Surgical     | <input type="checkbox"/> | Palliative  | <input type="checkbox"/> | General Rehabilitation | <input type="checkbox"/> |

Other

**Q11. How many hours PER WEEK do you usually work in your occupational therapy position at ACT Health?**

Total PAID hours worked per week	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total UNPAID hours worked per week	<input type="text"/>	<input type="text"/>	<input type="text"/>

---

**Q12. Anticipated future workforce planning**

**How many more years do you plan to continue working in the ACT?**

**Please indicate the main reason for likely departure from the ACT:**

Retirement	<input type="checkbox"/>	Family responsibilities	<input type="checkbox"/>
Postgraduate studies (OT)	<input type="checkbox"/>	Partners employment	<input type="checkbox"/>
Career change/promotion	<input type="checkbox"/>	Other	<input type="text"/>
Cost of Living in the ACT	<input type="checkbox"/>		

**How many more years do you plan to work for ACT Health?**

**Please indicate the main reason for likely departure from ACT Health:**

Retirement	<input type="checkbox"/>	Inability to negotiate flexible hours	<input type="checkbox"/>
Postgraduate studies (OT)	<input type="checkbox"/>	Position in the Federal Public Service	<input type="checkbox"/>
Career change/promotion	<input type="checkbox"/>	Other	<input type="text"/>
Private practice/enterprise	<input type="checkbox"/>		

**Are you considering moving to another area within ACT Health in the near future?**

Yes  No

Please comment

**Q13. Current workforce understanding**

**What was your motivation/reason for moving to the ACT to work as an occupational therapist?**

Have always lived in Canberra	<input type="checkbox"/>	Career development, ie promotion	<input type="checkbox"/>
Won a position as a new graduate	<input type="checkbox"/>	Partner relocated to Canberra	<input type="checkbox"/>
Grew up in the ACT, moved interstate to complete OT studies then returned when qualified	<input type="checkbox"/>	Had family/friends in the ACT	<input type="checkbox"/>
Other	<input type="text"/>		

**Q14. Clinical Placements**

**Did you supervise an OT student in 2007 for a clinical placement?**

Yes  No  N/A

**Will you supervise an OT student for a clinical placement in 2008?**

Yes  No  N/A

**What is the main reason you are supervising/not supervising students?**

**Q15. What clinical supervision do you receive in your current position?**

Please tick all that apply to you in the first column and provide details of the frequency of their occurrence (in weeks) in the second column.

		<b>Frequency</b>
1. One to one supervision	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
2. Group supervision		<input type="checkbox"/>
3. Inter division (supervision provided by an ACT Health Supervisor not in your division)	<input type="checkbox"/>	<input type="checkbox"/>
4. Inter Agency (supervision provided by someone external to ACT Health)	<input type="checkbox"/>	<input type="checkbox"/>
5. Role emerging supervision (Supervision provided by another health professional because no therapist from clinician's profession working in the area)	<input type="checkbox"/>	
6. Other supervision style not listed above (Please give details including frequency)		

**Q16. Professional Development**

---

**ACT Health is committed to the ongoing professional development of its employees. Please indicate which of the following initiatives you are aware of and have utilised.**

	Not aware	Aware	Utilised
Allied Health Post Graduate Scholarship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentoring Program 2007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graduate Certificate in Higher Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Educators Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interprofessional Workplace Initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HP3 Upgrade Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do these programs impact on your decision to apply for a position or remain working at ACT Health? Please comment**

**Please provide details of further tertiary qualifications you have successfully achieved**

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**Q17. Your views on “Strengthening the Occupational Therapy Workforce”**

**Please identify 3 specific areas of strength visible in the OT workforce within the ACT?**

**Please identify 3 specific areas of weakness evident in the OT workforce within the ACT?**

**Q17. Additional comments**

**Thank you very much for completing this survey, you have provided valuable input into the ACT Health Allied Health Occupational Therapy Workforce Review Project.**

**Can you please return the completed survey by 25<sup>th</sup> June 2008 to the Allied Health Advisor.**

**If you have any questions regarding this survey, please contact the project officer Ngaira Smith**

## Occupational Therapy Assistant Workforce Survey

**Q1. Sex:**

1. Male

2. Female

**Q2. Year of birth:**

<input type="text" value="1"/>	<input type="text" value="9"/>	<input type="text"/>	<input type="text"/>
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**Q3. Country of birth:**

7. Australia

10. Other Europe

8. New Zealand

11. Asia

9. UK/Ireland

12. Other

**Q4. Residency Status:**

Australian citizen

Working Holiday Visa

Australian resident

Spouse/De facto Visa

Other, please specify

**Q5. Do you identify yourself as being of Aboriginal or Torres Strait Islander origin?**

Yes

No

**Q6. Details of your highest level of education?**

Title/level of qualification

Year obtained

Place obtained NSW  VIC  WA  SA  QLD

Overseas UK/Ire  NZ  Asia  Other

**Q7. How many years of paid work as an occupational therapy assistant have you had?**

**Q8. Which division are you currently working in?**

Acute Support Program	<input type="checkbox"/>	Aged Care & Rehab Services General	<input type="checkbox"/>
Calvary Health Care ACT	<input type="checkbox"/>	Aged Care & Rehab Services Specialised	<input type="checkbox"/>
Community Health	<input type="checkbox"/>	Mental Health ACT	<input type="checkbox"/>

Other ACT Health (please specify)

**Q9. How many hours PER WEEK are you employed to work in your position as an occupational therapy assistant at ACT Health?**

Total PAID hours worked per week	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total UNPAID hours worked per week	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Q10. Which clinical speciality area best describes your current work as an occupational therapy assistant?**

Outpatient Hands	<input type="checkbox"/>	Community Rehabilitation	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
Acute Care	<input type="checkbox"/>	Inpatient Rehabilitation	<input type="checkbox"/>		

Other

**Q11. Which of the following best describes the position/classification of your current position?**

9. Occupational Therapy Assistant (Technical Officer 1)

10. Occupational Therapy Assistant (Technical Officer 2)

11. Allied Health Assistant (Technical Officer 1)

12. Allied Health Assistant (Technical Officer 2)

13. Other (please specify)

### Q12. Anticipated future workforce planning

How many more years do you plan to continue working for ACT Health?

Please indicate the main reason for likely departure from ACT Health:

### Q13. Current workforce understanding

What was your motivation/reason for working as an occupational therapy assistant?

**Q15. What clinical supervision do you currently receive?**

Please tick all that apply to you in the first column and provide details of the frequency of their occurrence (in weeks) in the second column.

	<b>Frequency</b>
7. One to one supervision with a qualified occupational therapist	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>
8. Group supervision	
9. Other supervision style not listed above (Please give details including frequency)	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

**Q17. Your views on “Strengthening the Occupational Therapy Workforce”**

<b>Please identify 3 specific areas of strength visible in the OT Assistant workforce within the ACT?</b>	
<b>Please identify 3 specific areas of weakness evident in the OT Assistant workforce within the ACT?</b>	

**Q17. Additional comments**

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If you have not enrolled in the Certificate IV Allied Health Assistant Course, we are interested in the possible reasons for this. Would you please indicate your reasons?

**Thank you very much for completing this survey, you have provided valuable input into the ACT Health Allied Health Occupational Therapy Workforce Review Project.**

**Can you please return the completed survey by 28<sup>th</sup> July 2008 to the Allied Health Advisor.**

**If you have any questions regarding this survey, please contact the project officer Ngaira Smith, ph 6207 1279**

## Appendix J: Therapy ACT Occupational Therapy Workforce Survey 2008 Results

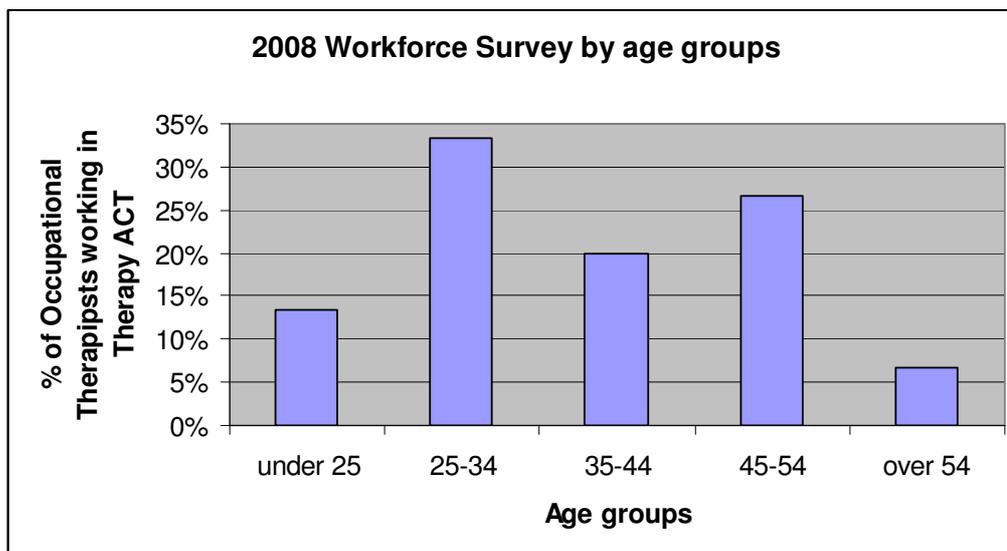
### Therapy ACT

A total of 18 questionnaires were distributed to the 18 identified occupational therapists employed by The Department of Housing and Community Services within Therapy ACT on the 17<sup>th</sup> June 2008. 15 occupational therapists responded to the questionnaire (83% return rate). The results are provided below.

### **Demographic Profile**

Of the 15 respondents, 13 (87%) were female and two (7%) were male. Only one respondent (7%) was not born in Australia, and there were 0 respondents indicating that they identified as being of Aboriginal or Torres Strait Islander origin. 15 (100%) of respondents indicated that they were Australian citizens.

<b>Gender</b>	<b>%</b>	<b>No.</b>
Female	87	13
Male	13	2
<b>Total</b>	<b>100</b>	<b>15</b>
<b>Country of Birth</b>		
Australia	93	14
Other	7	1
<b>Total</b>	<b>100</b>	<b>15</b>
<b>Age at 1st January 2008</b>		
under 25	13	2
25-34	33	5
35-44	20	3
45-54	27	4
over 54	7	1
<b>Total</b>	<b>100</b>	<b>15</b>
<b>Average Age</b>	37.3	



### Location of Initial Qualification

The majority of respondents (60%) gained their initial occupational therapy qualification in New South Wales. There were 0 respondents who gained their qualifications in Queensland or overseas.

### 2008 Survey, Initial Qualification Gained by Age Group

Initial Qualification	Under 25		25-34		35-44		45-54		Over 54		All Ages	
	%	N	%	N	%	N	%	N	%	N	%	N
New South Wales	7	1	27	4	0	0	20	3	7	1	60	9
Victoria	0	0	0	0	7	1	0	0	0	0	7	1
South Australia	0	0	7	1	0	0	0	0	0	0	7	1
Western Australia	7	1	0	0	7	1	0	0	0	0	13	2
Unspecified	0	0	0	0	7	1	7	1	0	0	13	2
<b>Total</b>	<b>13</b>	<b>2</b>	<b>33</b>	<b>5</b>	<b>20</b>	<b>3</b>	<b>27</b>	<b>4</b>	<b>7</b>	<b>1</b>	<b>100</b>	<b>15</b>

### Qualifications in Occupational Therapy

Of the total respondents, two (13%) qualified as an occupational therapist obtaining a diploma, 12 (80%) with a bachelor degree and three (7%) with an entry level Masters Course. The two respondents with a diploma were older respondents who qualified as occupational therapists (between 1968 and 1975) prior to the degree program being introduced.

### Further Studies in Occupational Therapy

From the 15 respondents, two held further qualifications directly related to occupational therapy (upgrade from diploma to Bachelor), and a further two respondents had gained qualifications in related fields of study.

Qualification Level	Initial Qualification in Occupational Therapy	Further Qualifications in Occupational Therapy	Other Qualifications	Total
Masters Degree	1	0	0	1
Diploma	2	0	0	2
Bachelor Degree	12	2	2	16
Post Grad Certificate	n/a	0	0	0
Post Grad Diploma	n/a	0	0	0
Doctoral	n/a	0	0	0
<b>Total</b>	<b>15</b>	<b>1</b>	<b>2</b>	<b>19</b>

### Years of Practice

The average number of years in practice for all the occupational therapists who responded was 12.7 years. There was a small difference between this number and the average years since initial qualification of 14.5 years. This difference would indicate that some respondents have had a career break. Four (27%) respondents indicated a taking a career break with an average period of 6.5 years with a range of 2-12 years.

	0-3 yrs	4 - 10 yrs	11-20 yrs	21 + years	Average number of years
<b>Years since gaining initial qualification</b>	4	3	3	5	14.5
<b>Years of working</b>	4	3	4	4	12.7

#### 5.4 Employment Characteristics

There were 15 (100%) responses to this question, the average hours per week across all sectors was 35.1 hours with an average of five hours of overtime per week.

#### 5.5 Future Work Intentions

##### Future Years Living in ACT by Age Group

Number of years	Under 25		25-34		35-44		45-54		Over 54		All	
	%	No.										
<b>1-5 years</b>	50	1	60	3	67	2	0	0	100	1	47	7
<b>6-10 years</b>	0	0	20	1	33	1	25	1	0	0	20	3
<b>&gt; 10 years</b>	50	1	20	1	0	0	50	2	0	0	27	4
<b>Unsure</b>	0	0	0	0	0	0	25	1	0	0	7	1
<b>All</b>	<b>100</b>	<b>2</b>	<b>100</b>	<b>5</b>	<b>100</b>	<b>3</b>	<b>100</b>	<b>4</b>	<b>100</b>	<b>1</b>	<b>100</b>	<b>15</b>
<b>Average</b>	27.5		7.2		5		14		n/a		10.9	

##### Future Years Working for Therapy ACT by Age Group

Number of years	Under 25		25-34		35-44		45-54		Over 54		All	
	%	No.										
<b>1-5 years</b>	50	1	80	4	67	2	25	1	100	1	60	9
<b>6-10 years</b>	0	0	0	0	33	1	0	0	0	0	6.7	1
<b>&gt; 10 years</b>	0	0	0	0	0	0	50	2	0	0	13	2
<b>Unsure</b>	50	1	20	1	0	0	25	1	0	0	20	3
<b>All</b>	<b>100</b>	<b>2</b>	<b>100</b>	<b>5</b>	<b>100</b>	<b>3</b>	<b>100</b>	<b>4</b>	<b>100</b>	<b>1</b>	<b>100</b>	<b>15</b>
<b>Average</b>	<5		2		5		11		<5		5.5	

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**Reason for Anticipated Ceasing Employment with Therapy ACT over Age Groups**

	Under 25		25-34		35-44		45-54		Over 54		All	
	%	N	%	N	%	N	%	N	%	N	%	N
Retirement	0	0	0	0	0	0	75	3	100	1	27	4
Career Change/promotion	50	1	80	4	67	2	25	1	0	0	53	8
Partners Employment	0	0	20	1	33	1	0	0	0	0	13	2
Family Responsibilities	50	1	0	0	0	0	0	0	0	0	7	1
<b>Total</b>	<b>100</b>	<b>2</b>	<b>100</b>	<b>5</b>	<b>100</b>	<b>3</b>	<b>100</b>	<b>4</b>	<b>100</b>	<b>1</b>	<b>100</b>	<b>15</b>