

### **Lack of time for consultation**

A six week public consultation time period is limited when taking into account the weight and scope of the impact of changes the introduction of registration for the profession of Occupational Therapy will have. Please consider that many people may not be aware of the draft proposal and many who would have liked to have made submissions will not have time and those who have will be making submissions may be doing so in haste. Given these limitations, in reporting the consultation process, care should be taken in regard to reporting how widespread the consultation process has been.

Why is this legislation being introduced when it has not been introduced previously? Are governments and employers prepared to share the burden of financial and other costs of registration processes or will the cost burden fall onto individual practitioners? Given that it will be difficult to predict future financial and other associated costs of registration what assurances are there this will not become a cash cow for insurance and training agencies and other bodies in the future? What will the board be doing to ensure this does not become the case?

### **Standards of training and qualifications for Registration of Occupational Therapists:**

What will be the minimum Standards of training and qualifications for Registration of Occupational Therapists be?

For example, years of training? Standards of training institutes? International standards such as required minimum requirement for fieldwork hours during training the inclusion of a mental health clinical fieldwork placement in training? Where is this considered in the draft proposal?

### **The Board is required to develop and recommend to the Ministerial Council, a registration standard about the requirements for CPD for registered occupational therapists (section 38).**

CPD guidelines need to take into account the diversity of practice of occupational therapists – occupational therapists work in a wide variety of practice, often with specifically honed skills to those areas of practice at the exclusivity of others – For example, occupational therapists working in mental health are likely to have highly developed range of therapeutic modalities for counselling – these therapists are likely not to be practising in physical areas of therapy. CPD guidelines will need to be flexible. Those setting CPD requirements would collectively need to have a good level of understanding, respect and appreciation for the range of practice areas of Occupational Therapists. It may be useful for Registered Occupational Therapists to have awareness of the skills, interest areas, background and experience of the Board Members.

### **The minimum number of hours of CPD specified annually**

Hours could be higher if there is a higher level of flexibility

1.2 The mix of CPD activities proposed

1.3 The proposed format of CPD record-keeping

There needs to be an emphasis on flexibility of CPD activities and simplicity for the format of CPD record-keeping.

If CPD processes are complex or burdensome this may diminish the actual time spent in professional development. For example, it should be enough to provide evidence of

certificates and signatures of attendance and completion of training and courses and there should not be the need for reflective descriptions of learning experiences for such CPD activities. Rather, reflective descriptions of learning experiences and other written documentation needs to be limited to those activities where there is no other documentation. I would suggest limiting the guidelines for the written professional records for CDP points to 10-15 pages, and avoid categorizing CPD activities and prescribing hours for categories to maintain simplicity in the whole process. Why is there such a need for a mix of learning activities in 1 year? If the board reviews a registered professional's activities over 2-3 years and believes the scope of their CPD is too limited, broadening of this scope could then be encouraged. There needs to be consideration to the hours that Occupational Therapists give to their profession and their families. Occupational Therapists are traditionally not wealthy, don't have the same capacity to make money as other professionals and may not have the time to complete extensive CPD documentation processes.

Should a high level of documentation, categorization of CPD points and limitation of CPD points for each category eventuate there should be the provision of a high level of administration support and a help desk to assist OTs, especially when these processes are being implemented.

Professional development has not been mandatory for Occupational Therapists but they have undertaken professional development and this has been supported by employers in the past. If professional development is going to be effectively mandated for Occupational Therapists by the requirements to undertake this for professional registration there may be a disincentive for employers to provide any financial or other support for Occupational Therapists to undertake professional development. This may occur as Employers know that registered professionals will undertake professional development and training activities whether Employers contribute to costs or not. This is already occurring in the organisation where I work: The employer has cut the training budget for employees and limit the amount of training and professional development employees can attend. There will need to be consideration of the potential impact of financial and other costs for registered Occupational Therapists and potentially for Employers to reduce financial and other incentives for registered therapists to attend training. This process will be assisted by Employers allocating training budgets to registered Occupational Therapists, as part of the award, as is done with other registered professionals.

**The National Law requires that a registered health practitioner must not practise their profession unless they have appropriate professional indemnity insurance (PII) arrangements in force.**

I have worked for employers in private and public practice for many years without ever having the need for my own insurance. I am concerned about increasing costs to insurance and the effects on practice if Occupational Therapists were required to pay for their own insurance. I am concerned about the impact this would have on Occupational Therapy practice in the future. There is concern about Registered Occupational Therapists who are working for employers becoming increasingly responsible for their own insurance requirements. This could encourage employers to become less responsible for insurance requirements. Individual practitioner insurance costs will not be as affordable as employers negotiating insurance premiums for a group of practitioners. These insurance requirements and responsibilities create a whole spectrum of complexity for individual practitioners where previously there was not this level of

complexity. Understanding the various levels of insurance and coverage is a huge burden to place on individual practitioners, especially for those who do not have the capacity to earn large incomes.

### **Extract of relevant provisions from the Health Practitioner Regulation National Law (the National Law)**

Division 3 Registration standards and codes and guidelines

39 Codes and guidelines

A National Board may develop and approve codes and guidelines —

- (a) to provide guidance to the health practitioners it registers; and
- (b) about other matters relevant to the exercise of its functions.

There is no information regarding disciplinary action which may be taken against an OT Board or OT Board member yet it is outlined that conduct, performance or disciplinary action may be taken against a registered practitioner.

More information about this and its implications is required.

There is no information regarding the recourse which may be taken by a registered practitioner against vexatious, trivial or spurious claims against them.

### **Criminal History Registration Standard**

Regarding this section, is there any reference to offences, charges or convictions which have or may have occurred overseas? Does the Board intend to seek information regarding offences, charges or convictions which have occurred or may have occurred in the same way that information will be sought regarding offences, charges or convictions in Australia?

**Recency of practice** – If there is to be focus on time spent out of practice following the introduction of registration could there also be consideration given to the years and scope of practice for some individuals prior to the registration processes? Is this related to the Grandparent clause? More information is required.

### **Other suggestions:**

Could there be an independently elected body of Occupational Therapists who can review the Board's practices, decisions and outcomes.

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