To whom it may concern,

There are a few concerns that I have with the new draft paper for registration paper. Whilst I welcome the move for registration there are a few concerns I have regarding the proposed conditions being applied.

1) Continuing professional development:

Why is the consideration of everyday activities in everyday practice not being considered as evidence for professional development?

For example case conferences, are an incredible opportunity for professional development.

During case meetings at our inpatient rehabilitation hospital, our doctors provide medical information that is certainly informative of client function.

For example with a client with MS recently our doctor informed me of the prognosis of a MS patient I had. The information I saw was relevant to interpreting the client's function and it also supplemented my theory that I learnt at a recent professional development course.

This also seems strange that nurses at our hospital can qualify for registration points for case conferences, and we will be denied this opportunity to count this as part of our learning.

This section also stated the board will approve certain professional development courses.

This seems restrictive to the type of courses that Occupational Therapists attend. For example there may be equipment providers providing substantial courses to supplement learning. Recently one of our occupational therapists attended a pressure care development course provided by a reputable equipment supplier. This potentially may be a course that is not approved by the board.

This seems to be an aspect that the board needs to consider.

How does an occupational therapist identify before attending a course whether a course is approved by the board. As above, some OT's may choose to only attend courses that will count towards their registration points. It restricts the type of courses that OT's can include as part of their professional development points.

1. CPD continued portfolio:

I speak as a recent graduate who had to complete a portfolio based on the national competency new grad guidelines.

This to me seemed unproductive and unfruitful to my professional development. All the OT students completing this task tried to fit in the boxes, to prove they met the requirements.

Similarly if OT's are trying to identify goals for each of the courses they attend, this seems to require a lot of effort. There may be some courses where OT's for example just attend a peer group session and just debrief about their professional development in a general sense.

Carrying a folder around for 5 years with objectives and goals, and identifiable outcomes to me seems, unrewarding in professional development. Most OT's will spend their time trying to think up of goals that may not be necessarily true or may not be relevant to a course they attended.

This should be considered as a optional activity for each course attended or at least not considered mandatory for every piece of evidence given.

Reflection also proves to be a hard grey area to assess. Reflection on a course or professional development may not necessarily be appropriate for each evidence of professional development.

Reflection is also one type of learning. There is analytical, observational reasoning and many other types of learning. Just having reflection as a type of evidence seems restrictive to the different learning styles of different occupational therapists.

My suggestion would be to include either different types of evidence to demonstrate learning achieved or not make reflection mandatory for each type of course attended.

Having a portfolio for 5 years, seems to me an onerous task. The cost, maintenance and regular update of a portfolio seems excessive. Why can't the tables like in amendment 1 be sufficient along with certificates of evidence upon request.

It is rare for nurses, or physiotherapists or doctors to have a portfolio upon request.

I speak from personal experience that portfolios do not add or benefit development for occupational therapists. Most therapists will be worried about meeting objectives and goals rather than appreciating the professional development experience.

4: Indemnity insurance:

Again how will a therapist know if their third party employer insurance will count as appropriate insurance (or how do we know it meets the standards).

This seems to be a costly exercise to both employers and therapists.

If an appropriate cover is not deemed as appropriate this may prove costly to therapists who are not necessarily working in private practice and are usually covered by their employer.

On page 31 of the draft point 5) seems confusing. This needs to be re drafted. Only after 3 attempts did it seems clear.

If compensation provided by third parties does not include compensation against a practitioner (this may still be included as evidence of insurance), does this not defeat the purpose of this item for registration? What is the point of including this item at all if a therapist can be covered for PII but their employers third party insurance does not include compensation claims? If this is the case this item is futile in the registration process?

5: Recency: Does recency still apply if a practitioner works as a therapist overseas? This was not specified.

7: Grand parenting/ Provisional laws: I have recently looked at registration requirement for overseas OT's. For example in Canada, provisional OT's can apply for registration provided there is a supervising OT at their work practice. This seems like a more appropriate way to accept a registrant.

If the board considers some qualifications appropriate, how can a therapist tell if their qualifications are appropriate (if its listed on a website). This I'm sure may cause concern among the profession, whether their qualifications are appropriate for this requirement.

These are suggestions only, I hope this may help facilitate discussion about proposed amendments.

Regards
D. McAlpine