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7 October, 2011

Executive Officer
Occupational Therapy Board
AHPRA
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Re: Occupational Therapy Mandatory Registration Standards

Thank you for the opportunity to provide comments on the proposed registration standards for occupational therapists. The following comments, observations and suggestions are from the occupational therapy academics at Southern Cross University.

Continuing Professional Development (CPD) and Guidelines

1. The minimum number of hours of CPD specified annually
 - a. Complete minimum of 30 hours of CPD per year.
 - i. Other registered health professions have fewer hours of CPD required. For example, Physiotherapy requires 20 hours, Podiatry 20 hours, Osteopathy 25 hours, and Midwifery 20 hours. Why is the requirement for occupational therapy 50% higher than other comparable health professions? It appears that **20 hours is an acceptable level of CPD.**
2. The mix of CPD activities proposed
 - a. What counts as CPD specifically states that “It should be noted that undertaking your day-to-day work duties **cannot** be counted as CPD hours.”
 - i. **This seems incongruous and at odds with the statement that CPD “must have a clear focus on developing and extending competence in the practitioner’s chosen area of practice.”** Examples of what is acceptable are provided, many of which appear to be what occupational therapists may do as part of their “day-to-day work duties”. For example, “case presentations and reviews with colleagues”, “journal clubs”, “in-service education programs”, supervision of occupational therapy students, etc.
 - ii. Some workplaces clearly indicate that duties, such as supervision of students, are an expected part of an occupational therapist’s role. It is therefore part of day-to-day work duties, and could not be used to contribute to CPD hours. Is this what was intended?
 - iii. The examples of acceptable **CPD activities are strongly biased** toward occupational therapists who are employed in the public and private health sectors. **Those in academic roles appear to be particularly disadvantaged.** This was raised in a focus group with academics and researchers conducted by OT AUSTRALIA when reviewing the AccOT program; however, there does not appear to be any accommodation based on the feedback provided. If it is not possible to include activities that are part of “day-to-day work duties”, then how are academics able to acknowledge their publications, grants, research, conference presentations, development of educational materials using evidence-based resources, development of distance education or online learning courses, etc. as part of their CPD hours? So while a clinician

is able to claim CPD hours for engaging in a course that is assessed and receives a certificate of completion, the people who developed the course and evaluate the assessed tasks are not.

- iv. **It can be argued that CPD is even more effective if it IS PART OF THE DAY TO DAY WORK of occupational therapists. The more embedded and the less fuss involved the better.**
 - v. **Reflection in itself is a CPD experience and should be recognised in separate CPD items**, rather than added as a layer on every CPD experience.
 - vi. Rather than having the items listed in the various categories as definitive, we suggest they are examples of what is acceptable, and allow a broader range of activities to be accepted as CPD.
3. The proposed format of CPD record-keeping
- a. Please ensure that record-keeping is not onerous or time consuming.
 - b. Be aware of the wide range of legitimate activities and courses in which occupational therapists engage and it may not be possible to list all approved CPD programs on the website, or to keep this up to date. What will happen if a CPD program is not listed?
4. The level of flexibility in how the CPD activities can be met
- a. An SCU colleague has provided this view on the need for increased, rather than decreased flexibility on how CPD activities can be met, and also what is considered to be legitimate CPD:

“The guidelines seem to be focused on rules and regulations governing CPD rather than all the opportunities for considering a huge range of activities in the light of CPD and making it as achievable and encouraging as possible.

I suggest that the barriers between categories and hour limits be removed and a focus be placed on ALL the types of activities that could be considered. Also that all CPD experiences, whether or not they are embedded in everyday practice be included.

This is a great opportunity for OTs to get some acknowledgement and to have a record of ALL the many CPD activities that many OTs undertake off their own bat, in order to do the best possible job in responding to often highly complex and poorly recognized and understood clinical scenarios.

The focus of the CPD policy and guidelines would then be on collecting the widest possible range of evidence that could be submitted to support registration and also collected to substantiate and make known the diverse approaches to inquiry and learning in which many OTs engage. There are therapists who have moved heaven and earth to find out every possible detail of a totally obscure funding opportunity that might get a client the essential equipment they need; or therapists who have created new innovative approaches and programs where nothing previously existed; or therapists who have reinvented policy guidelines through networking up and down layers of bureaucracy to secure opportunities that would make a difference – these are the CPD activities that so many OTs I am privileged to know, are brilliant at and which I am having trouble finding a place for in the policy. These are just some examples of the diverse ways we could recognize and acknowledge CPD.

By adding additional layers of reporting on already taxed therapists and limiting CPD to the most conventional approaches, we are missing out on a great opportunity to acknowledge the diverse and interesting ways so many therapists go about learning in the service of their clients and our profession.”

5. Whether first-time registrants will be able to meet these requirements
 - a. New graduates should be assumed to meet the CPD requirements in their first year of registration, having just completed a professional qualification in occupational therapy.

English Language Skills

6. English language competence
 - a. IELTS minimum of 7 in each of the four components; completion and overall pass in OET with grades A or B only.
 - b. Results must have been obtained with 2 years prior to applying for registration.
 - i. **We support this requirement, and suggest that this be the minimum level for entry into occupational therapy programs in Australia.**

Thank you for the opportunity to provide this feedback.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'E. Innes', is written over a faint circular stamp.

Dr Ev Innes
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