To whom it may concern,

Thank you for the opportunity to provide feedback on the "Consultation Paper: Proposed supervision guidelines for occupational therapy".

It is a thorough and well thought out document. However I have two points to make for consideration:

1. With reference to 'Table 1: Levels of supervision', there is reference to "occupational therapy service" and referring such service to "(e.g. assessment and/or treatment of individual patients)". This assumption of practice type (e.g. medical setting with "patients") conflicts with the definition of "practice" on page 3 of the paper. Nowhere in the paper does it define the scope of "occupational therapy service". I think that "service" should be replaced by "practice" as defined on page 3 of the paper as it more accurately reflects the diversity of occupational therapy, the diversity of people who we work with and the diversity of systems/services where practice occurs in context. Stating "This level of supervision may not be relevant to practitioners not involved in clinical care" in the final column of Table 1 is therefore too vague as a general response to this suggestion and undermines the scope of occupational therapy practice.

2. Will the board provide guidance as to what types of resources could be sourced to meet the 'minimum standard' needs of educating and orientating supervisees (e.g. overseas-trained occupational therapists) about the Australian Healthcare System (refer to Section 2 - Agreement of supervisor on page 16)? I mention this because there are several postgraduate programs e.g. Health Law, which cover such education in a lot of detail. How much orientation is necessary? What amount and types of information are necessary for a 'minimum standard' of awareness about the Australian Healthcare System?

Thank you very much for considering my feedback. I do not mind if it is made public.

Yours sincerely,

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