From: Robert Pereira

Sent: Monday, 11 June 2012 11:43 AM

To: otboardconsultation

Subject: Supervision Guidelines

To whom it may concern,

Thank you for the opportunity to provide feedback on the "Consultation Paper: Proposed supervision guidlines 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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