



Friday, 15 June 2012

REF: 120241/kd/rb

Dr. Mary Russell
Chair
Occupational Therapy Board of Australia
G.P.O. Box 9958
Melbourne VIC 3001

By email: otboardconsultation@ahpra.gov.au

Dear Dr Russell,

Re: Supervision guidelines

The Health and Community Services Union (HACSU) is the Victorian Number 2 Branch of the Health Services Union in Victoria. HACSU welcomes the opportunity to make submissions on the proposed supervision guidelines for occupational therapy. The views articulated in this submission are those of the branch and do not represent views held by the broader Health Services Union beyond the Victorian No 2 Branch.

HACSU represents the industrial and professional interests of the disability, mental health and alcohol and other drug workforce in both Victorian Government and Non-Government services including public and private hospital services. Within these spheres of health care we represent a broad range of professions including Occupational Therapists (OT), Disability workers, Mental Health nurses, Social Workers, Psychologists, Community Health Workers and others. Our industrial achievements include the pursuit of terms and conditions of employment for members which recognise the professional qualities members' bring to their work and the industrial environment in which they operate.

HACSU supports the Board's approach to developing guidelines in relation to supervision for OT practitioners however, we submit the requirements must be considered within an industrial relations framework. For instance, the operational role of an OT in a locked mental health unit of a hospital will have variables attaching to the performance of the role which may not be experienced in other settings such as in private practice. In response to the broad headings we say the following;

Principles of supervision

The operational setting of Occupational Therapists must be considered when placing the onus of a '...supervisee to work within the limits of their competence...'. The HACSU has fought hard over the years to develop classification structures that set the work value of particular levels that recognise the requirements of the role to be performed and the supervision required of a practitioner at a particular grade level. It is our experience that health services are increasingly operating in situations where funding is constrained and more is being asked of employees.

We submit that professional supervisory relationships should be considered within this operational reality and that stakeholders' work together to ensure practitioners have available to them adequate time to complete direct care and non-direct care (including supervision) responsibilities. In concert with the practitioner responsibilities, there is a corresponding obligation upon an employer to ensure a practitioner has sufficient time and resources to seek and be provided with appropriate supervision.

Levels of supervision

We are concerned that a requirement for a level 1 practitioner to be supervised on a three monthly basis could cause unnecessary delay in that practitioner progressing through to level 2 and submit monthly supervision in these circumstances would be more appropriate. We further submit that consideration should be given to how regular supervision would be achieved in rural and remote areas where regular contact with other OT professionals may not be readily available.

Responsibilities of practitioners being supervised

As indicated above operational settings for OT may vary. We think it appropriate consideration be given to the workload of supervisees operating in areas where immediate professional advice is not readily accessible.

Should you have any queries in relation to these submissions please contact the undersigned.

Yours sincerely,



Karen Douglas
Senior Industrial Officer