

The Children's Hospital at Westmead

28/09/2011

Consultation Feedback regarding Proposed Registration Standards for Australian Occupational Therapists

The Occupational Therapy department at the Children's Hospital at Westmead would like to submit the following feedback on the consultation paper on proposed registration standards for Occupational Therapists.

1. Continuing professional development (CPD) and CPD Guidelines

Page 7

- Under definitions of Reflective descriptions it would be good to be clearer as to the expectations of how this is completed.

Page 9

- 30 hours per year may be difficult for part time staff/ staff on sick leave/ staff on maternity leave who don't have child care options.
- How would "chosen area of practice" be defined for practitioners working in non-clinical roles? Would this be general CPD?

Page 10

- Contradictory statement "A mixture of activities from three categories is to be under taken" it then it goes on to say... "The practitioner is not required to undertake CPD from all three categories". This seems confusing.
- "Accredited Courses" – needs to be defined further – what constitutes an accredited course?
- "Work based learning contracts" – also needs to be defined.
Do you mean competencies? CPD goals? How are these defined and measured?
- "In-service presentation" – do you mean presenting an in-service, or attending, or both? and what are the differences if any in points for these activities?
- Informal Learning Activities
How will this component be evaluated in relation to quality of content?
How would evidence be collected? Is there a format suggested/criteria?

Page 11

- Does participation in own supervision count?
- Why can't supervision of staff where supervision is usual responsibility of the work role count?

- Would peer reviewing journal articles and grant applications count? This is not mentioned here.
- Keeping a CPD portfolio
What would managers / OT's in non-clinical roles need to provide as evidence of currency of practice?
- Can you clarify if reflective activities are required for every example of evidence in the CPD portfolio?
Reflective component seems time consuming and current format/examples do not seem to demonstrate/guide reflective practice.
If having to complete a reflective exercise it would be more valuable to complete 2-3 in-depth reflections than one for each activity that don't necessarily encapsulate the components of critical reflection.

Page 12

- Definitions repeated from page 7 e.g. CPD and CPD portfolio

Page 14

- Helpful to have templates for the CPD record
- Not sure that the reflection component achieves what it should in the current format.

Pages 16 and 17

- Reflection examples described are like actions e.g. "need to look over revised Aust Standards for ramps..."
- Other examples don't demonstrate critical thinking e.g. " Good to complete online quiz successfully"

Page 18

- Reflection example 2, "Will discuss this evidence at next interest group meeting" how do you know that this has been followed through?"

Page 19

Reflection 1, ? Poor example "Students questioned use of a checklist..." Is that the therapists reflection or the students reflection?

Reflection 2, "useful discussion..." seems more like outcome of presentation than a reflection. What was learned here?

2. Criminal history

Page 23

- Does this need a motherhood statement setting out, in general principles how OT's with a record will be viewed and protection of the public?

- Scope of application – doesn't apply to Students – but should it??
- Requirements:
Who determines what is a “serious offence”, how will this be objectively evaluated?
Are there appeal options available?
What is the process for deciding?

Page 24

“Note:” on page 24 could be placed at the beginning of the section instead of the end.

3. English language skills

Page 27

- Requirements:
a) Negates the need for b)?
Did you mean tertiary education in English instead of secondary education?

4. Professional indemnity insurance (PII)

Nil to add.

5. Recency of practice

Page 34

- Requirements:
Is it reasonable to expect a practitioner who has been absent from practice for five or more years will be able to demonstrate currency of practice?
Could there be a one year clause for them to obtain evidence on return to practice? What about those who have been on sick leave? Volunteering overseas? Maternity leave with no social supports that would allow them the time to attend CPD etc? Who would set goals with these people? How would their practice be evaluated when not formally employed?

Page 35

- 5 a) & c) - are approved courses/examinations to assess competence available?

Page 39

- “Grandparenting registration” needs a definition.

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On behalf of the Children's Hospital at Westmead Occupational Therapy Department