About Occupational Therapy Australia

Occupational Therapy Australia is the professional association for occupational therapists in Australia.

Our members are qualified occupational therapists employed throughout the public and private sectors. They provide health care, vocational rehabilitation, and consultancy to clients.

Our mission is to provide member benefits through access to local professional support and resources, and through opportunities to contribute to, and shape, professional excellence.

For more information about Occupational Therapy Australia, visit www.otaus.com.au.

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September, 2014

Independent Reviewer Mr Ken Snowball  
Australian Health Ministers’ Advisory Council  
nras.review@health.vic.gov.au

Occupational Therapy Australia welcomes the opportunity to respond to the Consultation Paper for the Review of the National Registration and Accreditation Scheme for health professions (August 2014).

The independent reviewer, Mr Ken Snowball, is to be congratulated on an excellent document which encapsulates the development of the National Registration and Accreditation Scheme to date. Occupational Therapy Australia recognises the degree of thoughtful reflection presented by the reviewer.

The Consultation Paper acknowledges the core purpose of the Scheme as well as the substantial complexities which attend its operation. Clearly, significant learning has occurred across the operation of the Scheme from inception, and this is well articulated.

Please find Occupational Therapy Australia’s response following, which addresses the questions posed in the Consultation Paper.

If you have any questions or wish to discuss further, please feel free to contact us.

Peter Bothams  
President
Occupational Therapy Australia provides a set of responses below to the key questions raised in the Consultation Paper, to contribute to the review process and assist in guiding the Scheme into the future.

1. **Should the Australian Health Workforce Advisory Council be reconstituted to provide independent reporting on the operation of the National Scheme?**

2. **Should the Health Workforce Advisory Council be the vehicle through which any unresolved cross-professional issues are addressed?**

While strengthening the quality of the workforce is a key role for the Scheme, workplace reform and the shaping the future health workforce have not been actively addressed, and require more of a focus from the Scheme.

Greater clarity of the roles of various stakeholders in this area would assist, particularly as the abolition of the HWA has potentially created a vacuum in this area, with the role of the health department still emerging.

Occupational Therapy Australia supports the proposal to reconstitute the Australian Health Workforce Advisory Council to provide independent reporting on the operation of the National Scheme, as well as to oversee and progress other core workforce strategies.

3. **Should a single Health Professions Australia Board be established to manage the regulatory functions that oversee the nine low regulatory workload professions? Estimated cost saving $11m per annum.**

4. **Alternatively, should the nine National Boards overseeing the low regulatory workload professions be required to share regulatory functions of notifications and registration through a single service? Estimated cost saving $7.4m pa.**

5. **Should the savings achieved through shared regulation under options 1 or 2 be returned to registrants through lower fees?**

Occupational Therapy Australia recognises that cost containment is a desirable outcome, however, from our perspective, great value is experienced through having the Occupational Therapy Board of Australia as a profession-specific entity. We do not therefore support the notion of consolidation of Boards.

Potentially, question 4 is a possible solution, if systems are able to ensure quality and detail is not lost in the consolidation or sharing of regulatory functions of notifications and registration. We note however that our members currently report their dealings with the Australian Health Practitioner Regulation Agency (AHPRA) as being ‘generic’ rather than nuanced and specific to them as occupational therapists, and this is felt to be a disadvantage.

6. **Should future proposals for professions to be included in the National Scheme continue to require achievement of a threshold based on risk to the public and an associated cost benefit analysis?**
7. Should the National Law be amended to recognise those professions that provide adequate public protection through other regulatory means?

8. Should a reconstituted Australian Health Workforce Advisory Council be the vehicle to provide expert advice on threshold measures for entry to the National Scheme to the Health Workforce Ministerial Council?

Occupational Therapy Australia is, according to the data presented within the Consultation Paper, a low risk profession. Consumers of occupational therapy nonetheless gained significant benefit from inclusion in the Scheme, with low level notifications providing useful data to identify preventative measures and opportunities to improve practice and the consumer experience. The current threshold for inclusion is therefore supported.

9. What changes are required to improve the existing complaints and notifications system under the National Scheme?

10. Should the co-regulatory approach in Queensland, where complaints are managed by an independent commissioner, be adopted across all States and Territories?

11. Should there be a single entry point for complaints and notifications in each State and Territory?

12. Should performance measures and prescribed timeframes for dealing with complaints and notifications be adopted nationally?

13. Is there sufficient transparency for the public and for notifiers about the process and outcomes of disciplinary processes? If not, how can this be improved?

14. Should there be more flexible powers for National Boards to adopt alternative dispute resolution, for instance to settle matters by consent between the Board, the practitioner and the notifier?

15. At what point should an adverse finding and the associated intervention recorded against a practitioner be removed?

Regarding a single point of entry for the initial screening of complaints: there is merit in considering a centralised screening/assessment process across professions which consists of multi professional backgrounds. This may aid skill development, especially in those professional groups who do not receive many notifications, and as such a process would increase public confidence in the objectivity of the process. However, following initial screening and assessment the relevant professional Board must be involved to provide expert advice on complex discipline-specific matters.

The Scheme allows for centralisation in capturing complaints: this is important in identifying trends which could become problematic. Low level notifications still provide useful data for assessment to identify preventative measures which could be established eg policies and practice guidelines.
With regard to complaints Occupational Therapy Australia members report response times to be somewhat slow (at times, some months before a complaint is acknowledged); and notifications received have been found to be ‘heavy handed’. Occupational Therapy Australia also notes the need for a consistent or standard set of National Key Performance Indicators (KPIs) regarding responses to notifications. Further, the scheme is a national scheme and the way notifications are managed should not vary according to where a professional lives or works.

Occupational Therapy Australia proposes that, in the interests of natural justice, there is a need to be able to terminate suspension of practice if a practitioner can prove ability to reform practice. In some instances, the use of supervision to support and assess return to the practice areas or area of function is supported; as too is a formal independent review process.

Occupational Therapy Australia would benefit from access to de-identified, profession-specific data to assist in improving practice standards. In terms of the need for nationalised legislation, there is a need for increased consistency in legislation across States and Territories, as professionals move interstate and the standards of practice and regulation currently vary across borders.

16. Are the legislative provisions on advertising working effectively or do they require change?

17. How should the National Scheme respond to differences in States and Territories in protected practices?

18. In the context of the expected introduction of a National Code of Conduct for unregistered health practitioners, are other mechanisms or provisions in the National Law required to effectively protect the public from demonstrated harm?

Occupational Therapy Australia notes the efforts of the Scheme to balance the issue of public protection with the realities of the information and communication technology arena. The key issue for our profession is the monitoring and addressing of testimonials on practitioner websites. The onus is currently on member or others to notify AHPRA of testimonials and inappropriate or misleading statements of evidence, leading some members to ask why AHPRA cannot take a more active role in monitoring website content of registered professionals.

19. Should the mandatory notification provisions be revised to reflect the exemptions included in the Western Australian and Queensland legislation covering health practitioners under active treatment?

In terms of mandatory notifications, all States and Territories should have mandatory notifications to protect all public nationwide. Occupational Therapy Australia proposes further clarity on the part of the Scheme regarding the use of professional associations as a reference point in determining standards of practice. Occupational Therapy Australia is willing to act as a reference point for such developments and, should resourcing be available, to work up a relevant project brief.

We note the Consultation Report proposal regarding nil reporting of practitioners seeking treatment (as is currently the case in Western Australia and Queensland). Occupational Therapy Australia recognises the intent to safeguard the practitioner. While protecting the practitioner is supported, we suggest evidence should be sought that this practice has not adversely impacted on consumers.
20. **To what extent are National Boards and Accrediting Authorities meeting the statutory objectives and guiding principles of the National Law, particularly with respect to facilitating access to services, the development of a flexible, responsive and sustainable health workforce, and innovation in education and service delivery?**

21. **Should a reconstituted AHWAC carry responsibility for informing regulators about health workforce reform priorities and key health service access gaps?**

22. **To what extent are Accrediting Authorities accommodating multidisciplinary education and training environments with coordinated accreditation processes or considering future health practitioner skills and competencies to address changes in technology, models of care and changing health needs?**

23. **What relationship, if any, is required between regulators and educational institutions to ensure the minimum qualification for entry to professions remains available?**

Professional Associations hold key information as to the needs of industry, current workforce tensions, and the intersect with undergraduate and graduate education. With regards to the role of Accreditation Authorities, Occupational Therapy Australia notes that, while independence of this function from a Professional Association is useful, there must still be adequate involvement for Professional Associations to provide the Accreditation Authority and the Board with feedback to shape curriculum design and standards to ensure that programs reflect market changes and the skill set and competencies of new graduates.

Again, the loss of Health Workforce Australia is noted. The proposal for a reconstituted Australian Health Workforce Advisory Committee is supported to, in part, fill this gap.

Occupational Therapy Australia does not support the proposal that course accreditation be funded through registration fees. To do so would impact registration costs for practitioners, while these costs should be borne by the tertiary education provider.

In terms of the relationship between regulators, educational institutions and professional associations, increased links are proposed.

Effective and useful working relationships to address minimum regulatory standards have been established between the Occupational Therapy Board of Australia, and Occupational Therapy Australia as the Professional Association. There is however potential for Professional Associations such as Occupational Therapy Australia to build beyond issues of minimum standards, and it is suggested that Professional Association entities be better recognised as a key stakeholders in the Scheme.

Development of an agreed set of terms is suggested to describe the roles of key stakeholders and their oversight, and to clarify the standards-building roles of the Scheme (as regulator) alongside others (such as Professional Associations). Development of professional practice standards, codes of good practice, credentialling programs and provision of continuing professional development are all areas for future development. For example, expanded scopes of practice; endorsed scopes of practice and
advanced scopes of practice all describe different types of professional standards. Each of these areas could have different stakeholder involvement in designing, supporting and assessing the elements of each area. It is suggested that the advanced scopes and standards be the scope of Professional Associations.

Occupational Therapy Australia notes commentary, on page 35 of the report, regarding the role of the regulator in terms of strategically influencing the misdistribution of workforce and developing specialisation for the professions. We suggest there needs to be clarity as to which stakeholders govern specialisation status and how applications for specialisation status would be considered. These are not currently developed, and Occupational Therapy Australia are willing to partner in their formulation. In terms of workforce; current workforce reform has created new entrants into the health, disability and welfare workforces such as allied health assistants and disability support workers. While the role of these workers is recognised, there need to be greater boundaries developed around the scopes of practice of non-qualified versus qualified professionals, and how these workers will be regulated and by whom. Currently the National Registration and Accreditation Scheme (NRAS) regulates only professions using an approved title and other non registered allied health professions have self regulating mechanisms. Allied health assistants, for example, need to work under the supervision of an appropriate allied health practitioner but there is no regulator governing their practice, developing standards or managing complaints of their services.

Workforce reform also needs to influence the design and number of undergraduate programs. Very little is discussed on this matter in the Consultation report, yet the supply of Occupational Therapy programs is proving challenging for fieldwork placements and the uptake of graduates in employment.

24. How effective are the current processes with respect to assessment and supervision of overseas trained practitioners?

Occupational Therapy Australia notes ongoing concerns in relation to the assessment of overseas trained practitioners. Flexible ways of attaining suitable supervision are currently lacking, and potential applicants frequently report confusion regarding the supervision processes they must undertake. Finding a supervisor in itself is difficult, and overseas trained practitioners find themselves in a difficult situation, whereby they need to find a job in order to obtain supervision, yet many employers seek only fully registered (as opposed to conditionally registered) professionals.