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An Examination of the Preparedness for Practice of New Zealand New Graduate Occupational Therapists

A report for the
Occupational Therapy Board
of New Zealand
Kaihaumanu Tūroro o Aotearoa

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Final Report

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Conflict of Interest Statement

All members of the project team involved in the present project and production of the Final Report are employed by universities or organisations with whom they are affiliated.

AUT University is a provider of pre-registration education for occupational therapists. The project team acknowledge this as a potential conflict of interest. Any issues arising from this conflict have been explicitly stated in the current report and will be addressed in any dissemination of findings to arise from this project.

Disclaimer

This report summarises key findings associated with exploring the ‘preparedness for practice’ of New Zealand new graduate occupational therapists. Members of the project team have taken all care to accurately capture and interpret the views of participants, while maintaining their privacy and confidentiality.

Contents

ACKNOWLEDGEMENTS.....	I
CONFLICT OF INTEREST STATEMENT.....	III
DISCLAIMER.....	III
CONTENTS	V
LIST OF TABLES	VIII
LIST OF FIGURES	IX
EXECUTIVE SUMMARY.....	XI
<i>Context</i>	<i>xi</i>
<i>Aim</i>	<i>xi</i>
<i>Methods</i>	<i>xi</i>
<i>Findings</i>	<i>xii</i>
<i>Key Recommendations</i>	<i>xiii</i>
CHAPTER 1: INTRODUCTION.....	1
<i>Aim and Objectives of Present Project</i>	2
Objectives	2
Outcomes	3
<i>Project Team</i>	3
<i>Steering Group</i>	3
CHAPTER 2: INTERNATIONAL AND NATIONAL PERSPECTIVES ON PREPAREDNESS FOR PRACTICE OF NEW GRADUATE HEALTH PROFESSIONALS	5
<i>Required Competencies, Standards and Related Curriculum for New Graduates</i>	5
<i>International Reasoning for Entry-Levels</i>	6
<i>Comparable Professions in New Zealand</i>	11
Midwifery	11
Nursing	11
Physiotherapy	11
Podiatry.....	12
Social Work	12
Teaching	12
<i>Future Health Care and Occupational Therapy</i>	13
<i>What are the Gaps?</i>	15
Theory.....	15
Professionalism.....	16
Clinical Education	17
<i>Summary</i>	18
CHAPTER 3: METHODS.....	19
<i>Electronic Survey</i>	19
Data Collection	20
Data Analysis.....	20
<i>Focus Groups</i>	20
Data Collection	21

Participants	22
Data Analysis.....	22
<i>Summary</i>	23
CHAPTER 4: SURVEY RESULTS.....	24
<i>Demographic Information</i>	24
Graduation Year	24
Other Tertiary Qualifications.....	24
Ethnicity and Another Tertiary Qualification.....	26
<i>Survey Competency Ratings</i>	27
Most Prepared/Least Prepared.....	28
<i>Comparative Analysis</i>	31
Gender	31
<i>Field of Practice and Rating of New Graduate Competencies</i>	32
Implementation of Occupational Therapy	32
Safe, Ethical, Legal Practice.....	33
Culturally Safe Practice	34
Communication	35
Management of Self and People.....	35
Management of Environment and Resources.....	36
Continuing Professional Development.....	37
<i>Summary</i>	37
<i>Geographical Location and Rating of New Graduate Competencies</i>	37
Implementation of Occupational Therapy	38
Safe, Ethical, Legal Practice.....	39
Culturally Safe Practice	39
Communication	40
Management of Self and People and Management of Environment and Resources	
.....	40
Continuing Professional Development.....	41
<i>Summary</i>	41
<i>Future Occupational Therapy Practice</i>	42
<i>Summary of Survey Data</i>	44
CHAPTER 5: FOCUS GROUP FINDINGS	45
1. <i>Preparation for OTBNZ Competencies</i>	46
Perceived Strengths	46
Perceived Weaknesses.....	47
Mixed Perceptions	49
2. <i>Different Places: Different Preparation</i>	51
Educational Experience	51
Fieldwork Experience.....	52
No Such Thing as a Perfect Curriculum.....	53
3. <i>Preparation for the Changing Face of Healthcare</i>	54
Practice Expectations.....	55
Profession's Expectations.....	56

4. <i>Preparation beyond Current Undergraduate Education</i>	57
From Education to Supervision	58
Preparing in Practice.....	60
Extending the Current Education	61
5. <i>Preparation Influenced by Experience and Attitude</i>	64
<i>Summary</i>	66
CHAPTER 6: DISCUSSION AND RECOMMENDATIONS	67
<i>Review of Competencies for Registration</i>	67
<i>Preparation for a Changing Health Workforce</i>	68
<i>Review of Current Entry-Level Programmes</i>	69
<i>Limitations of Current Study</i>	70
<i>Recommendations</i>	71
<i>Conclusion</i>	72
REFERENCES	73
<i>Appendix A - International Entry-Level Degrees</i>	82
<i>Appendix B - Paper Descriptors</i>	86
<i>Appendix C - Curricula Comparison</i>	90
<i>Appendix D: Electronic Survey</i>	92
<i>Appendix E: Focus Group Questions</i>	95
<i>Appendix F: Focus Group Participants - Demographic Data</i>	96

List of Tables

TABLE 1: NEW ZEALAND HEALTH PROFESSIONS' MINIMUM ENTRY-LEVELS.....	13
TABLE 2: RESPONSES TO INVITATION TO PARTICIPATE IN FOCUS GROUPS	21
TABLE 3: FOCUS GROUP PARTICIPANTS	22
TABLE 4: SURVEY RESPONDENTS - DEMOGRAPHIC INFORMATION.....	25
TABLE 5: MALE AND FEMALE THERAPISTS WITH TERTIARY QUALIFICATIONS BY ETHNICITY	26
TABLE 6: PERCENTAGE OF RESPONSES TO THE CAPABILITY OF NEW GRADUATES SPLIT INTO GENDER	32
TABLE 7: COMPARISON OF NEW ZEALAND COMPETENCIES AND AUSTRALIAN STANDARDS	67

List of Figures

FIGURE 1: NUMBER OF MALE AND FEMALE GRADUATES PER DECADE FROM <1970-2010	24
FIGURE 2: PERCENTAGE OF THERAPISTS WITH ANOTHER TERTIARY QUALIFICATION.....	26
FIGURE 3: PERCENTAGE OF THERAPISTS RATING NEW GRADUATE COMPETENCE ACROSS OTBNZ COMPETENCIES	27
FIGURE 4: COMPETENCIES IN WHICH NEW GRADUATES RATED MOST AND LEAST COMPETENT	28
FIGURE 5: RESPONDENTS RATINGS OF NEW GRADUATES ON A SCALE OF 1-5	29
FIGURE 6: RATING OF COMPETENCY (IMPLEMENTATION OF OCCUPATIONAL THERAPY) BY FIELD OF PRACTICE	33
FIGURE 7: RATING OF COMPETENCY (SAFE, ETHICAL AND LEGAL PRACTICE) BY FIELD OF PRACTICE	34
FIGURE 8: RATING OF COMPETENCY (CULTURALLY SAFE PRACTICE) BY FIELD OF PRACTICE	34
FIGURE 9: RATING OF COMPETENCY (COMMUNICATION) BY FIELD OF PRACTICE	35
FIGURE 10: RATING OF COMPETENCY (MANAGEMENT OF SELF AND PEOPLE) BY FIELD OF PRACTICE	36
FIGURE 11: RATING OF COMPETENCY (MANAGEMENT OF ENVIRONMENT AND RESOURCES) BY FIELD OF PRACTICE	36
FIGURE 12: RATING OF COMPETENCY (CONTINUING PROFESSIONAL DEVELOPMENT) BY FIELD OF PRACTICE	37
FIGURE 13: RATING OF COMPETENCY (IMPLEMENTATION OF OCCUPATIONAL THERAPY) BY GEOGRAPHICAL LOCATION	38
FIGURE 14: RATING OF COMPETENCY (SAFE, ETHICAL, AND LEGAL PRACTICE) BY GEOGRAPHICAL LOCATION	39
FIGURE 15: RATING OF COMPETENCY (CULTURALLY SAFE PRACTICE) BY GEOGRAPHICAL LOCATION	39
FIGURE 16: RATING OF COMPETENCY (COMMUNICATION) BY GEOGRAPHICAL LOCATION	40
FIGURE 17: RATING OF COMPETENCY (MANAGEMENT OF SELF AND PEOPLE AND MANAGEMENT OF ENVIRONMENT AND RESOURCES) BY GEOGRAPHICAL LOCATION	40
FIGURE 18: RATING OF COMPETENCY (CONTINUING PROFESSIONAL DEVELOPMENT) BY GEOGRAPHICAL LOCATION	41
FIGURE 19: MOST TO LEAST FAVOURED OCCUPATIONAL THERAPY EDUCATIONAL STRUCTURE	42
FIGURE 20: PREFERRED STRUCTURE FOR A FOUR YEAR DEGREE	44

Executive Summary

Context

In 2008, the Council of Occupational Therapists Registration Boards (Australia and New Zealand) (COTRB) prepared a report examining new graduate and recent migrant occupational therapists' perspectives on work preparedness, professional development and work environment issues. This report revealed that only 9.3% of New Zealand graduates felt very well prepared for practice. An equal percentage reported feeling not prepared at all to fulfil their current work requirements. Currently, graduate occupational therapists in New Zealand, are expected to obtain and cultivate the appropriate knowledge, skills, values and attitudes over the course of a three year undergraduate programme. Yet, there is a paucity of research examining the issues faced by New Zealand new graduate therapists entering practice; in particular, how prepared graduates feel to practice on completion of their undergraduate education, and the perceptions of the wider occupational therapy profession regarding the preparedness for practice of New Zealand educated new graduate occupational therapists.

Aim

The aim of this research project was to determine new graduate occupational therapists' preparedness for practice, based on the Occupational Therapy Board of New Zealand (OTBNZ) competencies for registration, in New Zealand.

Methods

Data for this project was collected from occupational therapy professionals and key stakeholders in three phases:

1. Literature review – systematic search of national and international work was systematically assessed for similarities and differences across health professions, and specifically in relation to occupational therapy, in regard to competency of graduates, future directions of occupational therapy practice globally and specifically within New Zealand.
2. Online survey – sent to all New Zealand registered occupational therapists via the OTBNZ website. The survey comprised two parts. Part one consisted of 11 questions pertaining to participants' demographic data; part two consisted of 9 open and closed questions seeking participant responses to new graduates preparedness for practice. A total of 454 responses were received and analysed using descriptive statistics.
3. Focus groups – a total of 5 focus groups, two in Auckland and one each in Palmerston North, Nelson and Dunedin were held; with participants representing new graduate occupational therapists, senior practicing occupational therapists, educators and managers. Grounded theory methods were used to analyse the data.

Findings

Findings from the survey revealed comprised four categories:

1. Overall Competency Ratings – Analysis revealed therapists felt that new graduates were overall well prepared to practice with regards to the competencies Continuing Professional Development, Culturally Safe Practice and Safe, Ethical and Legal Practice. However, Implementation of Occupational Therapy, Management of Self and People and Management of Environment and Resources rated lower.
2. Field of Practice and Rating of New Graduate Competencies –This comparison of data matched the overall ratings that were given by respondents in the first category. A variance of 10% or more in a rating occurred in all seven of the competencies from those therapists working in primary health. Variances occurred within the mental health field of practice on two of the seven competencies (Communication and Continuing Professional Development) and once respectively for the child and youth field of practice (Communication) and private employment (Culturally Safe Practice).
3. Geographical Location and Rating of New Graduate Competencies – The only notable difference in the geographical location data was that Communication was rated lower than the overall competency ratings by those therapists who worked remotely or in other contexts.
4. Future Occupational Therapy Practice – On the whole, therapists preferred to see the development of a four year degree with a mix of practical aspects and theory. Qualitative data in the survey was consistent with the statistical data.

Five themes that encapsulate the perceived facilitators and challenges regarding preparedness for practice emerged from analysis of the focus group data:

1. Preparation for OTBNZ Competencies – On the whole, participants felt that graduates were meeting the competencies; however, analysis revealed that graduates were stronger in some competency criteria than other. Three sub themes comprise this section: Perceived Strengths, Perceived Weaknesses and Mixed Perceptions.
2. Different Places: Different Preparation – The research team deliberately avoided asking questions that would draw comparisons between providers of occupational therapy training; yet inevitably, focus group discussions highlighted how different places means different preparation of graduates. Three sub themes comprise this section: Educational Experience, Fieldwork Experience and There is No Such Thing as a Perfect Curriculum.

3. Preparation for the Changing Face of Healthcare – In the current health environment, the settings within which occupational therapists have traditionally worked are changing and new practice opportunities are evolving. Two sub themes emerged: Practice Expectations and the Profession’s Expectations. Each of these sub themes highlights the complexity and, at times, ambiguity that challenges new graduates’ preparation for practice.
4. Preparation beyond Current Undergraduate Education – In light of the diversity that exists as part of *how* new graduates are prepared and *what* they’re being prepared for, this theme explores the transition that graduates make from student to practitioner and the critical factors that support their preparedness for practice in the health workforce. Three sub themes emerged: From Education to Supervision, Preparing in Practice and Extending the Current Training.
5. Preparation Influenced by Experience and Attitudes – The final theme acknowledged the discussion that graduates are individuals and that they bring unique experiences and attitudes that influence their preparation and readiness for practice.

Overall, when asked to rate the preparedness of new graduates for practice on a scale of 1-10, where 1 indicated least prepared and 10 comprehensively prepared, the overwhelming majority of participants rated the preparedness for practice of New Zealand new graduate occupational therapists as 7 out of 10.

Key Recommendations

This research is a positive step in growing New Zealand evidence regarding the preparedness for practice of New Zealand new graduate occupational therapists. Overall, the profession have not raised any serious concerns about graduates’ preparedness; however, this is an area that warrants further exploration and the discussions should not end with this project. Thus, this research has to be seen as a beginning step towards fostering the growth and preparedness of new graduate occupational therapists as they transition from their undergraduate education and role as students, to that of the work setting and practitioner.

In conclusion the outcomes of the research suggest that in order to better prepare new graduate occupational therapists for practice, the following steps are needed:

1. At an educational institution level it is recommended that Otago Polytechnic and AUT University:
 - Identify the emerging fields of practice for occupational therapists and associated skill sets required for each of these fields.
 - Actively monitor the OTBNZ competencies, making explicit how these are being addressed within the current programmes.

2. At an organisational level it is recommended that the OTBNZ:
 - Consider adopting Occupational Therapy Australia’s definition of entry-level occupational therapy practice.
 - Work with the New Zealand Association of Occupational Therapist, as the professional body, to develop a training package for supervisors of new graduates in the work context.
 - Review current pre-registration education requirements with the view to mandating that the minimum pre-registration education is a four year degree by 2015. Further consultation with key stakeholders and overseas professionals should be undertaken to finalise the ‘make up’ of this Fourth Year.
 - Educate the occupational therapy profession on what is involved with a Masters entry level, pre- registration qualification.

Chapter 1: Introduction

Currently, graduate occupational therapists in New Zealand, are expected to obtain and cultivate the appropriate knowledge, skills, values and attitudes over the course of a three year undergraduate programme. Recently, a report examining new graduate and recent migrant occupational therapists perspectives on work preparedness, professional development and work environment issues (COTRB, 2008) revealed that only 9.3% of New Zealand graduates reported feeling very well prepared for practice. An equal percentage reported feeling not prepared at all to fulfil their current work requirements. In addition, nearly a quarter of New Zealand new graduates, who participated in the study, indicated that they had experienced a near-miss incident in practice. Given the international trend for occupational therapy programmes to be delivered either as a four year undergraduate degree or Masters entry level, these findings raise questions regarding how prepared New Zealand graduates are for practice.

One objective of the Occupational Therapy Board of New Zealand (OTBNZ) relates to identifying matters relevant to statutory regulation of occupational therapists in New Zealand. Registration boards ensure the protection of the public through ensuring that practitioners are safe and competent, and, in the case of New Zealand practitioners, are 'fit' for practice. In New Zealand this is required by the Health Practitioners' Competence Assurance Act (2003).

Developing cognitively (academic knowledge) and personality (attitude/personality) competent future allied health professionals through academic programs and professional support is of interest to educators and regulatory bodies. The skills, attitudes and values of recent graduates have an important impact on health care (The Pew Health Professions Commissions, 1993, cited in Guffey, Farris, Aldridge & Thomas, 2002, p. 78) and are canvassed in national and World Federation of Occupational Therapists (WFOT) core competencies for occupational therapists. Most allied health professionals, including occupational therapists, need to demonstrate well balanced cognitive knowledge, practical skills, and decision making ability (DeAngelis, 2003). A competent and prepared new clinician cannot be predicted only by their academic performance during training, but also by other dimensions, such as personal characteristics including attitudes, values (Morris & Farmer, 1999) and the level of professional support offered by their colleagues. The inculcation of health practitioners with appropriate skills, values and attitudes forms an important part of academic programs and professional socialisation processes.

There is a paucity of research examining the issues faced by New Zealand new graduate therapists. How prepared do they feel for practice? What academic knowledge, clinical experiences and attitudes do they consider important for practice? This current project has been commissioned by the OTBNZ to determine new graduate occupational therapists' preparedness for practice in New Zealand. To achieve this aim, this research

explored the environment in which their registrants work as well as the factors assisting and hindering preparedness for practice among graduate occupational therapists.

This current report will:

1. Outline current national and international standards of the preparedness for practice of new graduate health professionals;
2. Analyse and evaluate registered New Zealand occupational therapists' perspectives on the preparedness for practice of New Zealand new graduate occupational therapists; and
3. Provide recommendations to the OTBNZ which ensure the preparedness for practice for new graduate occupational therapists in New Zealand.

Aim and Objectives of Present Project

The aim of this project was to determine New Zealand new graduate occupational therapists' preparedness for practice.

Objectives

1. To review resources/literature pertaining to:
 - a) Contextual issues of where occupational therapists may work upon graduation
 - b) OTBNZ evidence regarding new graduates and their practice
 - c) International and national work from occupational therapy and other health professional groups
2. To explore the opinions of the profession and key stakeholders regarding:
 - a) Preparedness for practice of new graduate occupational therapists working in New Zealand
 - b) The preparedness for practice of new graduate occupational therapists in relation to the OTBNZ competencies

The objectives were achieved through the following three methodological phases:

- Phase One – Literature review
- Phase Two – National online survey to gather perspectives of the profession
- Phase Three – Nationwide focus groups to canvass in-depth opinions of the profession and key stakeholders

Outcomes

Based on analysis of data collected in the above phases, the project has:

1. Collated the perspectives of the occupational therapy profession and stakeholders, as registered to work in New Zealand, and national and international perspectives on requirements for registration and preparedness for practice of New Zealand new graduate occupational therapists.
2. Developed recommendations for the OTBNZ to further enhance the preparedness for practice of occupational therapy graduates in New Zealand.

Project Team

Dr Shoba Nayar was the principal investigator on this project. Her role was to oversee the project, ensuring that the project met the proposal objectives and reached completion on time. In addition, Shoba provided the link between the project team and the OTBNZ. As a co-investigator, Ms Heleen Blijlevens assisted with the development of the project and facilitating the survey development and analysis.

Professor Marion Gray was involved as a co-investigator and brought to this project a depth of research experience, in particular recent experience of completing a Council of Occupational Therapy Boards Consultancy with research partners from both Australia and New Zealand, which examined new graduate competence. Ms Katie Moroney was the fourth member of the research team and was instrumental in reviewing the literature and developing the context within which this study is situated.

To support the project team, a Steering Group was established to ensure the appropriate collection and analysis of data, along with dissemination of results.

Steering Group

The steering group was created to aide the project team in three key areas. First, to assist with data collection methods, in particular the development of the online survey and focus group questions. Second, inform the project team of key stakeholders and representatives of the occupational therapy community to invite to participate in the focus groups; and third, assist the team with reviewing the analysis and recommendations.

Members of the steering group included:

Mr. Andrew Charnock – Andrew is the CEO of the OTBNZ.

Ms. Janice Mueller – Janice is currently Director Allied Health, Scientific & Technical at Auckland District Health Board and has been an advocate of occupational therapy services.

Ms. Mary Anne Boyd – Mary Anne is currently Innovation Manager at Waitemata, with valuable knowledge and expertise in conducting research projects with the occupational therapy profession.

Mrs. Isla Whittington – Isla is currently employed with Raukura Hauora O Tainui and ensured that the research sought to include and acknowledge the voice of Maori.

Ms. Jackie Gunn – Jackie is currently Head of the School of Midwifery at AUT. The School of Midwifery has recently moved from a three year to four year degree and it was felt that Dr Gunn’s involvement in the change of midwifery education may benefit this research.

Chapter 2: International and National Perspectives on Preparedness for Practice of New Graduate Health Professionals

This review appraises the literature surrounding preparedness for practice of New Zealand new graduate occupational therapists, provided by tertiary education, in the current environment. The paper summarises literature around other New Zealand allied health professions, national and international reasoning for entry-level standards for registration, the future of health and occupational therapy in New Zealand from institutional and theoretical perspectives; and finally, identifies gaps within entry level education described within the literature. The countries reviewed in this report are Australia, Canada, New Zealand, United Kingdom (UK) and United States of America (USA) because of their similar competency frameworks in the occupational therapy profession.

Required Competencies, Standards and Related Curriculum for New Graduates

It is expected that New Zealand new graduates enter the workforce with the ability to perform within the competencies prescribed by the OTBNZ (n.d.). The primary function of the OTBNZ competencies is to specify the entry-level requirements of new graduate occupational therapists. The OTBNZ competency document is comparable with other occupational therapy ‘Enabling’ competency frameworks used in Australia, UK and USA; a framework which Roger, Clark, Banks, O’Brien and Martinez (2009a) described as “...a more complex relationship between client characteristics, practitioner and professional development, and practice settings which determines the level of performance that is considered competent” (p. 377). In comparison with other ‘Enabling’ frameworks the range covered within the OTBNZ competencies are the most comprehensive. The Canadian competencies were consistent with this ‘Enabling’ framework, but remodelling in 2007 resulted in their competencies positioned within a ‘Meta-Cognitive’ framework, which is based around the organisation of professional thinking of the therapists’ knowledge or competence within seven standards. Other frameworks for competencies include ‘Educational’ used in Brazil, and the ‘Technical- Prescriptive’ used in Hong Kong, Singapore and Sweden. The Council of Occupational Therapists for European Communities (COTEC) has elements of both the ‘Technical- Prescriptive’ and ‘Enabling’ frameworks.

Review cycles of competencies are typically incorporated into the management of each country’s occupational therapy professional body. The OTBNZ reviews the competencies every 5 years and provides registered occupational therapists the opportunity to voice their opinions regarding the needs of the profession. As New Zealand new graduates are expected to perform within the competencies, a connection between the competencies and the education provided by educational institutions is essential.

The link between competencies and curriculum has been extended upon in an Australian innovation at Deakin University. Their occupational therapy course used the registration competencies and WFOT education standards to set the vision of the curriculum. As the curriculum is informed by Australian national competencies, which is considered a ‘living document’, the curriculum can equally inform the competencies. Courtney and Wilcock (2005) suggested an indicator of a required competency change, informed by the curriculum, could be when the curriculum becomes non-workable due to the range or number of competencies. This relationship between the competencies and curriculum could be more readily utilised to explicitly guide New Zealand occupational therapy education, though caution is required as increased utilisation of the comprehensive range of the OTBNZ competencies may be difficult to achieve within the current structure of a 3 year bachelor degree.

Occupational Therapy Australia has recently produced the *Minimum Competency Standards for New Graduate Occupational Therapists* (Rodger, Springfield, Banks, & Ryan, 2010). This document was developed from a broad-based, collaborative, consultative, scoping process and represents the professions’ perspective of the minimum skills, knowledge and attitude required of a new graduate, and is to be used directly to inform Australian occupational therapy curriculum. Briefly, these perspectives are: professional attitudes and behaviour, information gathering and collaborative goal setting, intervention and service implementation, service evaluation, professional communication, professional education and development, and professional practice responsibilities.

Recent South Australian research into professional currency examined the perceptions of a small group of practicing occupational therapists. This study highlighted the increasing importance of maintaining professional currency within the multifaceted, fluid work environments of occupational therapists, demanding “constant shifts in knowledge, skills, ways of thinking about work and practice” (Murray & Lawry, 2011, p. 8). Professional currency is lifelong learning, utilising a reflective process, and interest and contribution to the occupational therapy profession. Professional currency is becoming increasingly important due to accountability and the legal and ethical obligations of knowledge and skill maintenance (Murray & Lawry, 2011). In the context of this report, the Australian study highlights the importance of informing new graduate occupational therapists about professional currency and its clear relationship to the OTBNZ competency expectations.

International Reasoning for Entry-Levels

Entry-level is the term used when defining the point in which the student becomes the professional (Roger, Clark, Banks, O’Brien, & Martinez, 2009b). Occupational Therapy Australia (OTA) recently reviewed the Australian new graduate competency standards to evaluate occupational therapy curriculum drivers. Information was gathered as an evaluation from a national multi-stakeholder perspective and an international comparison of competency standards (Rodger et al., 2009a; Rodger et al., 2009b). It was

acknowledged that the OTA's definition of entry-level occupational therapy practice is the first two years after graduation, unlike the 'upon graduation' practiced by the other four nations in this report. OTA's definition is considered to be directly related to the professional growth within the first two years of practice. Concern around competence being achieved over the two years was highlighted by the little support and utilisation for this description of entry-level. However, within the findings was a strong consensus that graduates should fill a minimum core of the competencies.

The WFOT (2008) acknowledged the range of entry-level programme minimums throughout the world and is recognised to reflect the constant changing needs and developments within local contexts. The needs of the New Zealand occupational therapy profession are shaped by the demands from the country's population, geographical location, political environment, and cultural differences, to name a few. The context within which occupational therapy professionals of New Zealand work is, therefore, unique and may require different entry-level programme minimums to other countries.

The *Position Statement: Occupational Therapy Entry-Level Qualification* states "The world federation endorses multi-level entry, but supports the move towards level-entry as circumstances may permit" (WFOT, 2008, p. 2). This implies that although the current entry-level range of bachelor, master and doctoral is deemed adequate, WFOT encourages a level-entry, which would enable the international evaluation of programmes and facilitate international mobility of therapists. Below are the WFOT's three considerations when proposing an increase in entry-level qualification.

1. *Thought must be given to whether the higher entry-level would be a barrier to graduates from other member countries gaining registration to practice;*
2. *Because enrolment in a higher qualification requires higher entry credentials and completing the requirements delays entry into the workforce, the possible impact on indigenous nations or other educationally disadvantaged people's entry to the profession needs to be taken into account; and*
3. *When higher entry-level qualifications are offered, consideration must be given for previously qualified therapists to attain the higher qualification. This concern aligns with the WFOT's expectation that, whatever the entry-level qualification(s) available in a country or region, post-qualifying education opportunities will be available to therapists.* (WFOT, 2008, pp. 1-2)

The WFOT *Revised minimum standards of the education of occupational therapists* (from here on called 'the standards'; Hocking & Ness, 2002) sets a clear picture of what is expected in occupational therapy programmes internationally. These expectations are: philosophy and purpose, content and sequence of the curriculum, educational methods, fieldwork, educational resources (including funding), and the educators. Within each of these expectations are five issues that require addressing: congruence, depth and breadth, local context, international and continual quality improvement. Within the document each issue is defined, making the foundation for the standards for occupational therapy education. Concepts depicted as essential knowledge, skills and

attitudes required of a new graduate, complete the standards. These are: the person-occupation-environment relationship and its relationship to health, therapeutic and professional relationships, an occupational therapy process, professional reasoning and behaviour, the context of professional practice.

Cronin (2009) discussed the global challenges of the standards which include international post graduate opportunities and mobility of practitioners. A challenge made more significant given the variation in entry-levels for occupational therapy programmes internationally (Refer to Appendix A for an overview of international entry-level degree comparisons). The different entry-level requirements for New Zealand, Canada, USA, UK and Australia will be discussed.

Currently New Zealand's entry-level is a three year bachelor degree, but there is a no literature around the basis for this entry-level position. Two New Zealand tertiary education institutions offer occupational therapy programmes: AUT University and Otago Polytechnic. Requirements for entry are similar in both programmes, although Otago Polytechnic (2010) has a 15% preferred entry places of Maori males and require a slightly lower overall number of National Certificate of Educational Achievement (NCEA) level 3 credits than AUT University. (Otago Polytechnic, 2010). Both institutions, therefore, draw from a similar group of enrolling students. Comparing their paper descriptors (Appendix B) it is clear that both education institutions provide similar curricula but delivered in a different manner. Both Otago and AUT provide programmes which focus on activity analysis, the theory of occupational therapy process and practice, evidence based practice, practice reflection, and preparing students for collaborative work. AUT has a larger emphasis on theory in the first year, and a higher presence of Maori Health papers throughout. Otago provides longitudinal placement in the second year and greater emphasis on conditions and assistive technology/equipment (Appendix C). Occupational therapy students from both institutions graduate with a three year undergraduate bachelors degree; achieved by passing required papers (AUT University, 2010a; Otago Polytechnic, 2010).

Canada has the most literature regarding their reasoning for Canada's current occupational therapy entry-level standard. The Canadian Association of Occupational Therapists (CAOT) appears to have proceeded in a directive approach to making change within the profession. What transpired was several subsequent articles referring to the large amount of debate and discussion, and reviewing the historical processes from which CAOT arrived at their decision (Etcheverry, 2004; Lall, Klein, & Brown, 2003). The CAOT announced plans to make changes to entry-level education in 2002. Subsequently a position statement on occupational therapy entry-level education was released which aimed to be, and was, effective by 2008 (CAOT, 2003, 2008). Parker-Taillon and associates (2003) prepared a discussion paper for the CAOT and identified "...education and practice trends in the health profession, and changing workplace, professional and consumer demands" (p. 9) as the major motivations to change to a professional masters degree

In 2004, the CAOT released three documents addressing frequently asked questions which provide clear reasoning regarding the need for entry level standards for occupational therapists, employers and government, and CAOT board of directors, academic community and regulators (CAOT, 2004a, 2004b, 2004c). These documents describe the need to broaden the profession to include larger scale health skills outside the standard specialisation in technical abilities, such as “greater accountability for professional decisions; autonomous practice in diverse environments and with multicultural populations; evidence-based and occupation-focused services; skills for lifelong learning; and the ability to market services in an expanding competitive global environment” (2004b, p. 1). The New Zealand competencies incorporate all of these things, though development marketing services globally is not explicitly noted, it can be inferred within continuing professional development performance criteria 7.1 “Use and contribute to resources that develop self and the occupational therapy profession”.

The USA entry-level requirement of a post baccalaureate degree (equivalent to a masters degree or doctoral degree) was implemented in 2008 after an initial representative assembly meeting in 1999 made the motion to change, which later became a mandated decision and what appears to be subsequent years of discussion around this decision, development of reasoning and a transition period (American Occupational Therapy Association, 2007; Hilton, 2005). The reasoning supplied for the transition included to:

1. *elevate the status of the profession;*
2. *increase research competency, contributions to professional literature, and accountability to the public;*
3. *incorporate growth of knowledge and practice;*
4. *increase doctorally prepared occupational therapists;*
5. *increase enrolment of the professional level therapist.* (Hilton, 2005, p. 55)

An overview of the current American occupational therapy education format is described in Coppard and Dickerson’s (2007) ‘*A Descriptive Review of Occupational Therapy Education*’ prepared for the American Occupational Therapy Association (AOTA). This paper provides a clear description of the levels of education provided for occupational therapists and occupational therapy assistants, including the associate degree, baccalaureate degree, masters degree and doctoral degree. It also outlines the requirements for entry to the profession in terms of education, including alternative avenues. For example, completing a baccalaureate degree in a related field before finishing a masters degree in occupational therapy.

The AOTA (2010) recently released ‘*The Association: Blueprint for Entry-Level Education*’ to be used as a template for occupational therapy and occupational therapy assistant educators. Four categories (person-centered; environmental-centered; occupation-centered; and professional and interprofessional) are split into topics, with their concepts, science, skills and areas of practice outlined. The document was intended to inform generic occupational therapy programmes but acknowledges the diverse areas

of specialisation within occupational therapy, which can be addressed by students studying masters or doctoral programmes.

In 1996 the United Kingdom the College of Occupational Therapists implemented their current minimum entry-level of an honours degree or equivalent level (Reyes, personal communication November 10, 2010). There is minimal literature on the reasoning for this change. A small discussion was held in 2000 about the change from bachelor to the honours or equivalent, and questioning if there was any need for caution. Evidence of the discussion within the UK's *Occupational Therapy News*, as highlighted by opinion article titles like "*Disenchanted with education*" (Smithson, 2000) and "*Occupational therapy education: are you being short-changed?*" (Goren, 2000). Waters (2000) defined the real issues of the accelerated honours degree as "Academic credibility amongst our university peer group, professional credibility amongst practising occupational therapists and employers, and integrity with regard to our future patients and clients" (p. 502). The term 'short changed' was used by Goren (2000) to describe programmes which are now completed in an accelerated fashion, namely condensing a four year programme into three years. However, Waters disputed this, describing a demand from employers, students and universities for this style of education, not only in the honours degree but also the masters degree.

Australia currently offers entry-level degrees at both bachelor and graduate-entry masters programmes. Farnsworth, Rodger, Curtin, Brown and Hunt (2010) discussed the potential advantages and disadvantages of phasing out the bachelor degree entry-level in Australia. The potential advantages included: improved professional status, practice preparedness and professional productivity, and establishing professional autonomy. These advantages could be favourable in the New Zealand context by attracting more qualified and mature students and providing masters-level graduates with increased critical reasoning, and the autonomy required within private practice, administration and management positions. Potential disadvantages were considered to be: crowded curricula, lack of qualified university faculty, affordability of graduate-entry masters educated occupational therapists, and equity and personal shortages. When relating this to the New Zealand context issues arise, like economic disincentive, remuneration for master graduate entry level therapists, consultancy and use of occupational therapy assistants, and an increase the restrictiveness of programme entrance requirements for people with lower socioeconomic status or certain ethnic/minority groups

Clark et al. (2008) examined the work preparedness, professional development and work environment issues of new graduates and recent occupational therapy immigrants to New Zealand and Australia. The report, prepared for the COTRB, provided in depth perspectives of new graduates and immigrants. New Zealand new graduate perceptions of their preparedness highlighted their competence as being least in "...environmental, social and cultural, assessment, intervention and evaluation, using supervision effectively and evidence based practice" (2008, p. 7). This finding was reflected in the

recommendations to the New Zealand occupational therapy education institutions, which suggested that these skills could be addressed by using formal supervision practices.

Having considered where New Zealand occupational therapy programmes are located in comparison to international entry-levels, the next section considers where occupational therapy training is placed among comparable professions in the New Zealand context.

Comparable Professions in New Zealand

Included in this section is the current entry-level of comparable professionals and the context in which changes were made. These are reviewed to enhance understanding of the evolution of their education requirements for their employment in our shared working environments. Professions reviewed are: midwifery, nursing, physiotherapy, podiatry, social work and teaching. Teaching is not a health profession but is included as many New Zealand occupational therapists work alongside, or as teaching professionals, in an education environment.

Midwifery

After two years of intensive reviewing of midwifery pre-registration education, the Midwifery Council of New Zealand (MCNZ) announced their change from a three year bachelor to a four year bachelor programme (45 weeks) condensed into three years, which came into effect in 2010. This process resulted in one New Zealand university withdrawing their programme due to their disagreement with condensing the 45 weeks into a three year bachelor degree. The rationale for change, provided by the MCNZ, included international consistency within the profession and the New Zealand workforce aim to rapidly double the midwifery graduates. This rapid increase was to be achieved by the promotion of midwifery, enhance online and flexible education delivery modes and continue graduates entry to practice after three years (MCNZ, 2009).

Nursing

The Nursing Council of New Zealand (NCNZ; 2008, 2010a) stated that students are required to pass an approved three year bachelor degree, a nursing council competencies assessment and a registration examination before entering the registered nursing profession. The latest nursing education programme standards were completed in 2010. Recent discussion within the NCNZ newsletters has encompassed the scope of practice of registered nurses and enrolled nurses. However, there is no evidence of discussion involving a change in the entry-level to the nursing profession (NCNZ, 2010b).

Physiotherapy

Physiotherapy has had an entry level, mandated by the Physiotherapy Board of New Zealand, of a four year degree since 1987. Within the New Zealand physiotherapy literature, significant discussion in the four years prior, including a position paper, a report on a workshop with the Department of Education, an international comparison of educators and an article questioning the need for the degree (New Zealand Society of Physiotherapists Inc., 1986a, 1986b; Russell, 1984; Walker, 1986; Wilson, 1986). The

New Zealand Society of Physiotherapists based many of their changes on the objectives of the Bachelor of Health Science programme then available at McMasters University in Ontario, Canada. This programme emphasised ‘investigation’ or research into a specific area of practice (New Zealand Society of Physiotherapists Inc., 1986b), which is still within current New Zealand programme outlines (AUT University, 2010b; University of Otago, 2010). Much of the reasoning to move from the three year diploma to the four year bachelor was based around physiotherapists having the ability to access an open ended system of education, as there was no higher education in physiotherapy available in New Zealand. It was found that many physiotherapists were leaving New Zealand and gaining degrees internationally and often not returning. Other reasons included responding to consumer needs and demands, and the minimal scope of the block courses available post diploma which was linked to the narrow focus of physiotherapists.

Podiatry

In 1992 the podiatry level of education in New Zealand increased from a diploma to a degree, responding to a needs analysis undertaken in 1981. The current entry-level for registration for the podiatry profession is a three year bachelors degree offered in one New Zealand university (Podiatrists Board of New Zealand, 2005). The Podiatrists Board of New Zealand, in collaboration with Australia, is in the process of reviewing the competencies that guide the podiatry profession and will be using this review to ensure the education programme available in New Zealand meets these standards (Podiatrists Board of New Zealand, 2009, 2010).

Social Work

There has been significant change in the social work profession in the last seven years beginning with the introduction of the Social Workers Registration Act (2003). This was followed by the establishment of the Social Workers Registration Board, enabling the profession to be regulated. Since then the pre-registration education has moved from a range of certificates and diplomas to a bachelor degree. In 2005, the social work profession introduced a minimum entry level requirement of a three year bachelor degree (Social Workers Registration Board, n. d.). No reasoning for this change is provided in literature.

Teaching

In the *Vision for the Teaching Profession* report (Education Workforce Advisory Group, 2010), the Ministry of Education suggested that the entry-level for teachers move towards postgraduate education. Furthermore, they recommended that teacher education needs a profession-wide approach, streamlining the present variable education required for registration. Currently, a two year provisional registration period is granted to students achieving their initial teacher education of either diploma or bachelor level, which are either 3 or 4 year programmes. There are also options of a 4 year conjoint degree and a 1 year graduate diploma as current methods of gaining the required education for teacher registration, though these are not within the parameters of this literature review (Ministry of Education & New Zealand Teachers Council, 2006; New Zealand Teachers Council, 2007).

Table 1 summarises the entry level requirements for the comparable professions.

Table 1: New Zealand Health Professions' Minimum Entry-Levels

Profession	Entry-Level
Midwifery	Equivalent of 4 year Bachelor degree in 3 years (45 weeks)
Nursing	Bachelor degree (3 years)
Physiotherapy	Bachelor degree (4 years)
Podiatry	Bachelor degree (3 years)
Social Work	Bachelor degree (3 years)
Teaching	Bachelor degree (3 or 4 years) <u>OR</u> Masters (3 years)

Future Health Care and Occupational Therapy

Over the last five years, the WHO report themes have included: the preventable deaths in mothers and children; collaboration to address health professional shortages; public health security; and primary health care. The 2010 world health report is themed around health systems, referring to a goal of financial universal coverage which is defined as the development of “health financing systems so that all people have access to services and do not suffer financial hardship paying for them” (WHO, 2010a, p. ix). There appears to be an undercurrent focus of public, primary and community health needs throughout all of these reports. The frequent referral to the Declaration of Alma-Ata on Primary Health Care in the previous report reflected the primary health movement internationally and nationally (WHO, 2008). The WHO also co-sponsored the conference that developed the Ottawa Charter for Health Promotion in 1986. This charter built upon the Declaration of Alma-Ata, but with a public health focus. These documents are reinforced by the targets of WHO, which include promoting development, fostering health security, strengthening health systems, harnessing research, information and evidence, enhancing partnerships and improving performance (WHO, 2010b).

With this emphasis on public, primary and community health, the international shortage of health professionals is said to be at crisis point. The *Scaling Up, Saving Lives* report (WHO & Global Health Workforce Alliance, 2008) highlighted the international demand for health workers; including, community health workers who have approximately one year health education and mid-level workers, which in relation to the occupational therapy profession, could be seen as occupational therapy assistants. Registered occupational therapists or high level health workers and are included in the need for “...expansion of training and education for all groups of health workers” (p. 1). WHO and the Global Health Workforce Alliance suggested that using high-level health workers to supervise less specialised health workers would enable the wider base of

community health workers to meet the majority of needs of a nation's population; thus, utilising occupational therapy assistants to a higher degree is clear in this approach to health. This finding indicates that if new graduate occupational therapy education in New Zealand was to move from a three year bachelors degree to a four year bachelor with honours or masters entry, then a higher recognition of occupational assistants and their role in health is also necessary.

A theoretical vision of the future of occupational therapy can be seen in Townsend and Brintnell's (2002) chapter on the context of occupational therapy. They described the changes of health and social systems, professional knowledge, demographics and societal values. Similarities between the theoretical vision of occupational therapy and numerous WHO documents (2008, 2010a, 2010b) include the vision of health promotion, health reform, privatisation, knowledge of enabling, paradigm shifts, professional dominance, aging population, multicultural diversity, poverty, underemployment, citizen participation, gender equality, quality of life and social inclusiveness. All of these contextual features are indicative of the future of occupational therapy in New Zealand and the rest of the world.

The high standard of health services desired by WHO are often echoed in a varying manner within New Zealand's health targets released by the Ministry of Health. These are used as a national performance measure and are aimed at improving the performance of health services. The current national health targets (2010/2011) are:

- Shorter stays in emergency departments,
- Improved access to elective surgery,
- Shorter waits for cancer treatment,
- Increased immunisation,
- Better help for smokers to quit, and
- Better diabetes and cardiovascular services. (Ministry of Health, 2010)

As indicated by these targets and the inferred shorter hospital stays, increased care is required in primary, public and community health. The theme of these health targets are substantiated by three overarching health strategies; the New Zealand Health Strategy (2000), the New Zealand Disability Strategy (2000), and the New Zealand Primary Health Care Strategy (2001). In particular, the *Better, Sooner, More Convenient* strategy for primary health care is a Government initiative aimed at delivering health services closer to home for New Zealanders.

Furthermore, Health Workforce New Zealand (HWNZ), a business unit of the National Health Board, has been developed by the New Zealand government and has overall responsibility for co-ordinating the development and planning of the health and disability sector. HWNZ is currently compiling a workforce service review and has requested the vision of occupational therapy in New Zealand in 2020 from the OTBNZ. Key messages from the HWNZ (2010) to consider while establishing this vision were:

- A likely doubling of health service demand but only a 30-40% increase in funding over the next ten years
- Maintenance of quality in service provision
- A continued need to address inequalities
- No loss of access
- That the status quo is only acceptable if there are no superior alternatives.

HWNZ has indicated a drive towards malleable, flexible workers with an array of skills, presenting the idea of a generalist style rehabilitation professional working in primary/community settings. The OTBNZ provided a collaborated vision of occupational therapy in 2020 to HWNZ, including a section on education. Acknowledged was the need for a dramatic shift within occupational therapy education to meet the vision. Suggestions to meet this vision included: increased interprofessional learning; increase duration before entry to practice, with options of 4 year degree, masters or increased fieldwork similar to an internship; and developing a role with the health workforce of a ‘skilled therapy support worker’.

In reviewing the health strategies, national health targets, government workforce development direction and the emphasis of WHO, a clear picture of the future for health in New Zealand indicates a continuing move towards public, primary and community health. As ‘public’ and ‘primary’ health are emerging scopes within occupational therapy practice, the future of occupational therapy continues to be influenced by its environment. In particular, the primary care setting warrants further consideration as it incorporates both mental health and physical health, areas of health that are relevant to occupational therapists and this research. The current curricula in New Zealand are incorporating public and primary health, but as the increasingly large scope of occupational therapy curriculum is condensed into three years, the question emerges; is this adequate for such a new evolving direction? And what curricula, if any, has been condensed or removed to make way for the presence of these emerging scopes?

What are the Gaps?

Gaps in occupational therapy education over the last 10 years have often been documented. The gaps that are addressed within literature are discussed below in three groupings: theory, professional and clinical.

Theory

Internationally, palliative care and genetics are two topics considered to have minimal representation in occupational therapy education. The occupational therapy role within palliative care has been discussed for over 25 years and Dawson and Barker (1995) made a call for this to be included in education programmes in 1995, but evidence shows palliative care still has not been incorporated. Meredith’s (2010) research into the preparedness of occupational therapists’ possible practice in palliative care highlighted the small amount of dedicated palliative care content in programmes in New Zealand and Australia.

The advancement of genetics is undeniable; yet many directors of occupational therapy programmes perceive genetics to be lacking importance and do not see the relevance to occupational therapy practice (Kanny, Smith & Dudgeon, 2005). Kanny, Smith and Dudgeon (2005) clearly illustrated the minimal utilisation of genetics concepts in occupational therapy programmes and argued the benefits of emerging knowledge and genetics relation to disease and illness. They described genetics as being about heredity, lifestyle and chance. As occupational therapy increasingly addresses the effects of lifestyles and its occupations, and their relationship with health, genetics will increasingly influence occupational therapy practice.

Another theory gap in the New Zealand context is the incorporation of Maori health (currently integrated as elective papers at AUT University) within occupational therapy entry-level education programmes. The notion put forward by Durie (2006) of participation *as* Maori has recently been built upon by the *Te umanga whakaora: Accelerated Maori occupational therapy workforce development* (Brown et al., 2009). Maori health can be supported more readily within occupational therapy programmes by incorporating the current elective papers into the required curriculum (for elective papers available see appendix A). In doing this occupational therapy education within New Zealand would then be seen to fulfil the WFOT's *Minimum standards for the education of occupational therapists* (Hocking & Ness, 2002) definition of local contexts; specifically, Maori health needs, Maori view of health giving occupations, Maori students entering occupational therapy programmes and the Treaty of Waitangi.

Professionalism

A concern surrounding the preparedness of occupational therapy students is professionalism. Topics addressing professionalism discussed in literature include behaviour, values, ethics, morals and attitudes. Randolph (2003) stated that professional behaviours go beyond gaining clinical and academic skills. She acknowledged that curriculum is already crowded, but clearly outlined the need for professional behaviour to be measured, ensuring a profession fit for practice. Scheerer (2003) further suggested that students' involvement in professional behaviour feedback enables them to be competent and dynamic occupational therapy practitioners. Moral judgement is required for ethical decision making in a professional manner and frequently used within occupational therapy practice. A study at McMasters University highlighted the benefits of ethics components with education and suggested that incorporating ethics into entry-level occupational therapy curriculum is essential (Geddes, Salvatori, & Eva, 2008).

The consideration of non-academic attitudes or attributes in selection criteria for entrance into higher level education has been discussed in relation to concerns of undue emphasis on academic abilities. Lyons, Mackenzie, Bore and Powis (2006) suggested that the competencies for registration are a combination of knowledge skills and attitudes expected of a registered occupational therapist and that the attributes identified through their research could be utilised for the occupational therapy student selection process. Two allied health papers support this discussion with the use of what they

describe as non-cognitive predictors for selecting the most qualified applicants (DeAngelis, 2003; Guffey, Farris, Aldridge, & Thomas, 2002). This concept appears valid but caution may be required to minimise exclusivity.

Clinical Education

Literature highlights two areas of clinical education that call for improvement, namely inter-professional education and the transition from student to practitioner. Opinions, perception and experiences of physical and occupational therapists inter-professional practice were surveyed by Muller, Klinger, Paterson and Chapman (2008). This study stated that 97% of physical and occupational therapists believed inter-professional education important for effective clinical practice. Furthermore, inter-professional education should be a focus of education and held within entry-level education, instead of post professionally, where it is often focused.

There is plenty of literature discussing the transition from student to professional. Sutton and Griffin (2000) reviewed the satisfaction of new graduates and made connections to staff shortage and recruitment and retention issues. In their study, the expectations of students was found to be inflated, which may have led to unmet expectations and decreased job satisfaction experienced by new graduates. Furthermore, difficult transitions from student to practitioner were associated with a higher likelihood of leaving the profession. This shows that, with better management and support of these transitions, retention could be increased, reducing staff shortages.

Student perceptions were also studied by Hammel and Koelmeyer (1999). Their findings are similar to Sutton and Griffin's (2000), referring to the transition as a challenging experience for new graduates. They indicated that actions to address this lie within fieldwork experienced, orientation programmes and supervision/support over an extended period of time. This appears to be a lesser hands on approach to supporting the transition period and spreads the responsibility between both employers and educational institutions.

Transition has frequently been discussed in the past 15 years with similar themes and suggested responses to the issues aligning with the above studies (Adamson, Hunt, Harris, & Hummel, 1998; Lee & Mackenzie, 2003; Morley, 2006; Rugg, 1996; Tryssenaar & Perkins, 2001). Allied health literature supports this view and additionally notes that graduate support programmes are common in medicine and nursing but not in allied health (Smith & Pilling, 2008). The large presence of literature on transition between student and practitioner appears to be a substantial issue for occupational therapy and may be related to the suggested gap between theoretical education and clinical practice.

The gaps between the aforementioned theoretical and clinical aspects are defined in an opinion paper by Tickle, Davys and McKenna (2010) as the practice-theory or theory-practice gap. Their article questions if this gap exists and reduces the discussed concerns

to the question “...is what is practiced, what is taught?” (p. 238). The authors conclude with the questions “How can it be managed, and where does responsibility lie for the identification and management of these issues?” (p. 239). From Tickle et al.’s article it can be inferred that the quality of the entry-level education and practice abilities of the New Zealand occupational therapists is undermined by the gap between theory and practice.

Summary

A review of current entry-level education requirements of occupational therapists internationally has highlighted that New Zealand has the most comprehensive competencies, and therefore requirements, of new graduates. These competencies are expected to be achieved in a three year degree, while internationally, occupational therapy entry-level programmes are 4 years, honours or masters. The overview of the comparable professions within New Zealand showed the current trend of increasing education requirements for practice. The context of health care and the future of occupational therapy in New Zealand have been outlined, emphasising the growing public and primary health needs. The gaps in occupational therapy education have been discussed. These include the theory gap for palliative care, genetics, and Maori health, while gaps in new graduate professionalism are seen to lie within behaviour, values, ethics, morals and attitudes. The clinical gaps of occupational therapy education comprise interprofessional education and transition from student to professional. The reviewed preparedness of New Zealand new occupational therapy graduates suggests a need for growth in education as the scope of occupational therapy practice appears to be enlarging along with technology in health care and increasing complexity of health conditions and multiple conditions. Coupled with the ongoing development of occupational therapy education internationally, this review indicates a higher level of education in New Zealand entry-level standards warrants serious consideration.

Chapter 3: Methods

In addition to the literature review presented in the previous chapter, two further phases of data collection were undertaken for this project: 1) electronic survey and 2) focus groups. The purpose of this additional data collection was to explore the opinions of the profession and key stakeholders regarding the preparedness for practice of new graduate occupational therapists working in New Zealand in relation to the OTBNZ competencies. In this chapter, the design of the survey and focus groups are discussed.

Ethics approval for this study was granted by the Auckland University of Technology Ethics Committee on 23rd August 2010, Ethics Number 10/168. A copy of documentation as approved by AUTEK, including participant information sheets, consent forms and ethics approval notification can be obtained by contacting the principal investigator.

Electronic Survey

For this project, the research team utilised a simple survey design that included data collected in the form of both fixed alternatives and open-ended questions, in addition to categorical type questions. The survey was developed in consultation with an expert statistician with regards to the functionality of the questions for data analysis; the steering group for the types of questions and the OTBNZ in regards to compatibility of questions with the electronic survey functions available via the OTBNZ website.

In designing the research questions, for both the electronic survey and the focus groups, the project team were mindful that this research was focused on the preparedness for practice of all New Zealand new graduate occupational therapists. Therefore, questions were deliberately worded to include the experiences of graduates from both Otago Polytechnic and AUT University and to avoid drawing comparisons between graduates of the two educational institutions.

Once the survey questions were finalised, the survey was sent to the OTBNZ to enter into their survey functions. At this stage it was discovered that two of the questions were not compatible with the survey functions and needed to be redesigned. Feedback from the statistician included the re-formatting of questions by reducing the number of free-form text fields and providing tick box answers. Following this feedback the survey was refined, questions reconfigured and a new version of the survey was developed. This survey was then loaded using the OTBNZ survey functions and a link to the survey was sent to the steering group and members of the research team to pilot. This pilot resulted in further refinements to the survey, primarily around the wording of certain questions. For a copy of the survey refer to Appendix D.

Data Collection

Once the survey design had been finalised, an email was sent out to all registered practicing and non practicing occupational therapists via the OTBNZ, inviting them to complete the survey. At the time that the email was distributed, there are a total of 2737 occupational therapists on the register. Access to the survey was via a link in the email. Initially it was planned to run the survey for a period of one month. Two reminder surveys were sent out; the first after two weeks and then again at the start of the fourth week.

At the end of one month, 320 responses had been received. In addition, 5 emails had been received from occupational therapists registered with the OTBNZ to acknowledge the research and decline to complete the survey. Reasons for declining included currently practicing overseas and having no firsthand knowledge of the research (due to no contact with graduates or students).

At the end of the month in order to enhance the response rate, it was decided to keep the survey open one more week and send out a final reminder to capture any participants who had not previously responded. In total 4 emails were sent to participants. The final reminder yielded a further 138 responses. In total 458 participants responded to the survey. A response rate of 16.7% was obtained. A summary of survey participants' demographics can be found at the start of Chapter 4: Survey Results, page 25.

Data Analysis

Once the survey had been closed, the data was downloaded into an excel spreadsheet. This data was then provided to a statistician working within AUT University who completed descriptive and comparative statistical analysis using SPSS. Standardising the codings and checking for impossible data values tidied the data up and from there basic frequency tables on all the variables were generated. Consultation with the statistician included which comparative statistical analyses to run. Comparisons were made between several of the demographic variables and those questions seeking respondents' opinions or ratings. These comparisons lead to basic 2x2 tables according to the matrix of combinations of questions asked for. No statistical tests were done.

Focus Groups

In addition to the literature review and survey, focus groups with stakeholders were utilised to gain deeper insight into some of the contextual issues of preparedness for practice. Central to the context is the need for any proposed changes to pre-registration to reflect the needs of society. These needs include considering where occupational therapists work and are likely to be employed in the future, what are the local health and welfare needs of the society and what is the role of occupational therapy graduates in meeting those needs. Further consideration must be given to how the current pre-registration programme is viewed by employers when compared to a potential four year or Masters entry level programme.

As with the development of the survey, potential questions to guide the focus group discussions were developed in consultation with the steering group and built on the findings of the literature review and the survey. For a copy of the questions used to guide focus group discussion refer to Appendix E. Focus groups were run primarily by the principal investigator. Professor Gray and Ms Blijlevens were also present each at one of the Auckland sessions.

Data Collection

Initially it was proposed to hold a total of three focus groups, one each in Auckland, Wellington and Dunedin. Each focus group was to consist of representatives from the occupational therapy educational institutes, new graduate therapists, senior therapists and managers from local district health boards and other services. In consultation with the steering group, a list of potential participants from each location was generated. The principal investigator then made contact with participants via email, inviting them to take part in a focus group. As part of the email, participants were also sent a participant information sheet and consent form outlining the purpose of the research.

Two rounds of emails to potential participants generated the following responses as shown in Table 2:

Table 2: Responses to Invitation to Participate in Focus Groups

	Round One		Round Two	
	Invitations	Responses	Invitations	Responses
Auckland	10	8	8	6
Wellington	8	1	6	0
Dunedin	8	4	6	2

Given the responses, it was decided to proceed with facilitating two focus groups in Auckland and one in Dunedin.

Further contact with the respondents from Wellington resulted in the decision to facilitate a focus group in Palmerston North instead, as the location was thought to be more central for therapists. At this point the research team made the decision that a further focus group in the South Island was required to provide a more representative view across the country. Following the Christchurch earthquake, the decision was made not to place added pressure on occupational therapists in the Christchurch region; therefore, occupational therapists in Nelson were approached and agreed to participate in the research. In total, five focus groups (Auckland x2, Palmerston North, Nelson and Dunedin) were conducted over a period of three months, January to March 2011.

Participants

A brief summary of the survey participants is included in Table 3. A more detailed table of participant demographics is located in Appendix F.

Data Analysis

Following each focus group, the recorded discussion was transcribed. A qualitative descriptive approach was used to guide data analysis. The data was loaded into NVivo which was used to organise the data as analysis proceeded. Transcripts, including notes from the focus groups were read and reread, and initial coding of data commenced. In the first instance, open coding methods involved reading the transcripts line by line looking for features and concepts that described the phenomenon being studied. Data relevant to each code were collected and similar codes grouped to form categories (Strauss & Corbin, 1998). When categories that had been identified repeatedly appeared in new data, this indicated that data saturation had been reached. During this first phase of analysis, three members of the research team each worked individually through the transcripts; undertaking third party verification of the thematic analysis.

Table 3: Focus Group Participants

	Auckland 1	Auckland 2	Palmerston North	Nelson	Dunedin
Number of Participants	6	7	4	4	7
Female/Male	5/1	6/1	3/1	3/1	5/2
New Graduate	1	2	2	1	2
Senior Therapist	4	4	2	3	-
Manager	-	-	-	-	2
Educator	1	1	-	-	3
Ethnicity	New Zealand/ European	Maori New Zealand/ European South African	New Zealand/ European	New Zealand/ European	New Zealand/ European

In the second phase of analysis, the principal investigator collated the categories developed by the individual researchers to develop themes. These themes were then taken back to the research team for clarification and discussion. At this point, the researchers were in agreement. To check the coherency of the themes, the principal investigator met with an experienced researcher to talk through the themes and sub themes. Feedback from this session indicated that the themes made sense and the ordering of how to present the themes was discussed.

Summary

The methods used to collect the data for this research included an electronic survey and focus groups with practitioners, educators and managers, in four cities across New Zealand. In the following two chapters, the findings of the data collected in this research are presented. The results from the electronic survey are discussed in Chapter Four and the findings from the focus groups are presented in Chapter Five.

Chapter 4: Survey Results

Demographic Information

A total of 454 people responded to the ‘Preparedness for Practise’ online survey. Certain fields could not be reported on, as the number of missing responses was too high. These missing elements were due to respondents not completing the survey in its entirety (refer to footnotes in Table 4). Table 4 (p. 25) summarises the survey participants’ demographics.

Graduation Year

The demographic data showed that the majority of respondents were female (91%) with most of these having graduated in the years between 1990-2009. The majority of male respondents also indicated they completed their degree in these decades. The first graduate males were in the 1980-89 decade (2).

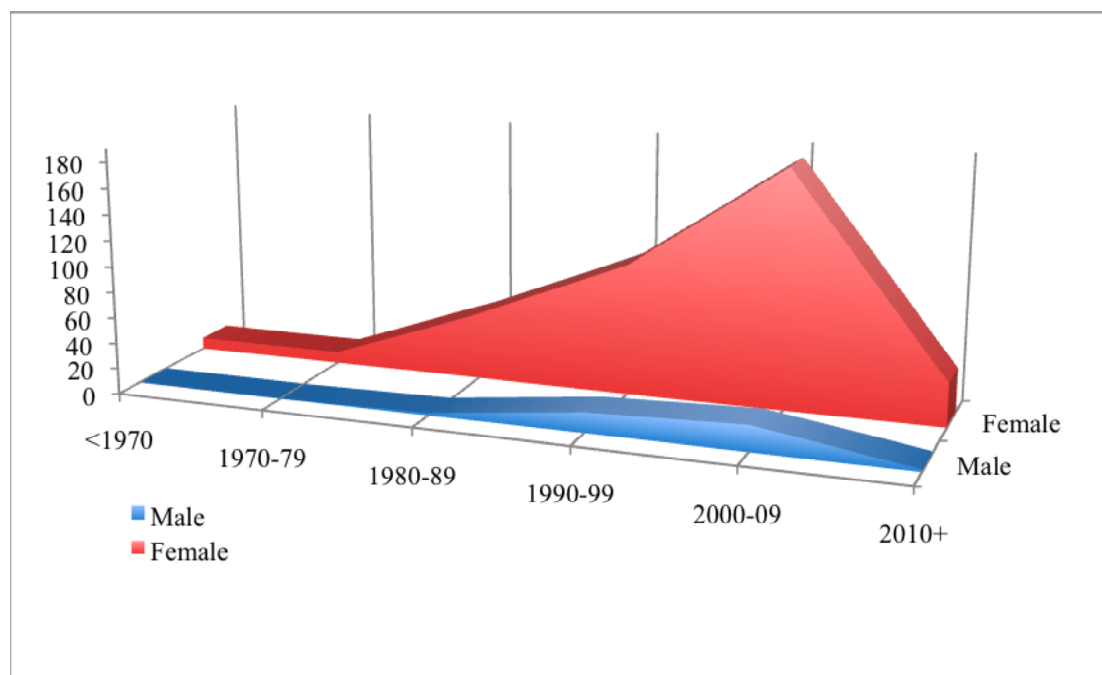


Figure 1: Number of Male and Female Graduates per Decade from <1970-2010

Other Tertiary Qualifications

The survey results revealed that 48% of the female respondents held another formal tertiary qualification and 75% of males indicated the same. The addition of another tertiary qualification was reported to enhance research skills (57% female; 61% male), mental health skills (34% female; 52% male) and physical health specialisation (22% female; 30% male).

Table 4: Survey Respondents - Demographic Information

Demographic	Qualifier	Percentage
Gender	Female	91
	Male	9
Ethnicity	Asian	4
	Maori	4
	New Zealand/European	73
	Pacifica	2
	Other	17
Occupational therapy qualification country	New Zealand	75
	United Kingdom	12
	South Africa	4
	Australia	2
	Canada, India, Philippines, Rep of Ireland, Sweden, The Netherlands, USA, Zimbabwe	<1
Level of first occupational therapy qualification	Diploma	25
	Bachelors	70
	Masters	2
	Others	4
Therapists with another qualification ¹	Yes	51
	No	49
Year of graduation	<1970	2
	1970-79	8
	1980-89	12
	1990-99	28
	2000-10	49
	2010+	<1
Years practicing as an occupational therapist	0-3	25
	3-10	27
	10-17	21
	17-43	24
Field of Practice ²	Hospital	40
	Mental health	31
	Community	43
	Physical health	37
	Child & Youth	26
	Elderly	29
	Primary health	6
	Private employment	20
	Public employment	22
Geographical location	Adult	38
	Metropolitan	72
	Rural	22
	Remote/other	4
New graduate condition on scope of practice	No	83
	Yes	16

¹ Information of the additional degree on the relevance to occupational therapy or which skill specialisation this lead to could not be reported on accurately as 50-60% of the data was missing with no responses to this question.

² Multiple selections were made in the survey reflecting the cross over of certain fields.

Ethnicity and Another Tertiary Qualification

The New Zealand/European ethnicities showed a significantly higher number of therapists with another tertiary qualification. Only 3 female and 4 male Pacifica therapists indicated having attained another qualification at tertiary level alongside their occupational therapy degree. The number of Maori therapists with another tertiary qualification was slightly higher at 10 female and 6 male respondents. Table 5 breaks down the gender of therapists and tertiary qualification held.

Table 5: Male and Female Therapists with Tertiary Qualifications by Ethnicity

Ethnicity	Tertiary Qualification	
	Female	Male
New Zealand/European	183	169
Pacifica	3	4
Maori	10	6
Asian	7	11
Other	29	51

The data from Table 5 is also presented in Figure 2.

Figure 2: Percentage of Therapists with another Tertiary Qualification

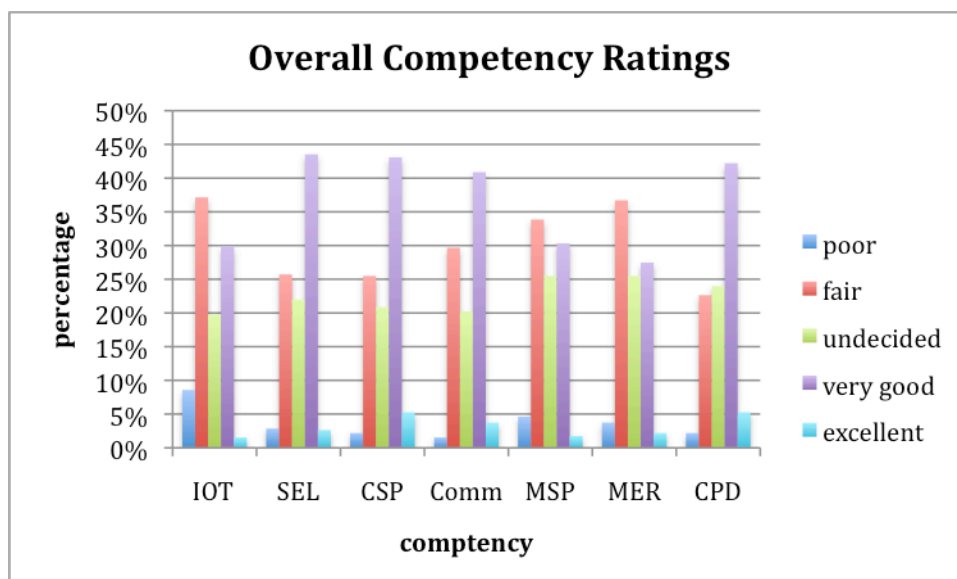


Survey Competency Ratings

The second section of the survey asked respondents to indicate how capable New Zealand graduates are in respect to the OTBNZ competencies for registration.

The competency that received the highest *poor* ratings was Implementation of Occupational Therapy. The highest number of *excellent* ratings was ascribed to both Culturally Safe Practice and Continuing Professional Development. Figure 3 shows that therapists predominantly rated new graduates as *very good*, *undecided* or *fair* in the competencies required for practice in New Zealand.

Figure 3: Percentage of Therapists Rating New Graduate Competence across OTBNZ Competencies



In interpreting Figures 3 and 4 please use the following key:

IOT= Implementation of Occupational Therapy	MSP = Management of Self and People
SEL= Safe, Ethical and Legal Practice	MER = Management of Environment and Resources
CSP = Culturally Safe Practice	CPD = Continuing Professional

The figure above shows that therapists thought that new graduates were mainly *very good* in four out of the seven areas:

- Safe, Ethical and Legal Practice.
- Culturally Safe Practice
- Continuing Professional Development
- Communication

New graduates were overall regarded as having *fair* capabilities in the areas of:

- Implementation of Occupational Therapy
- Management of Self and People
- Management of Environment and Resources

The competencies that received the highest *poor* rating were:

- Implementation of Occupational Therapy; followed by
- Management of Self and People.

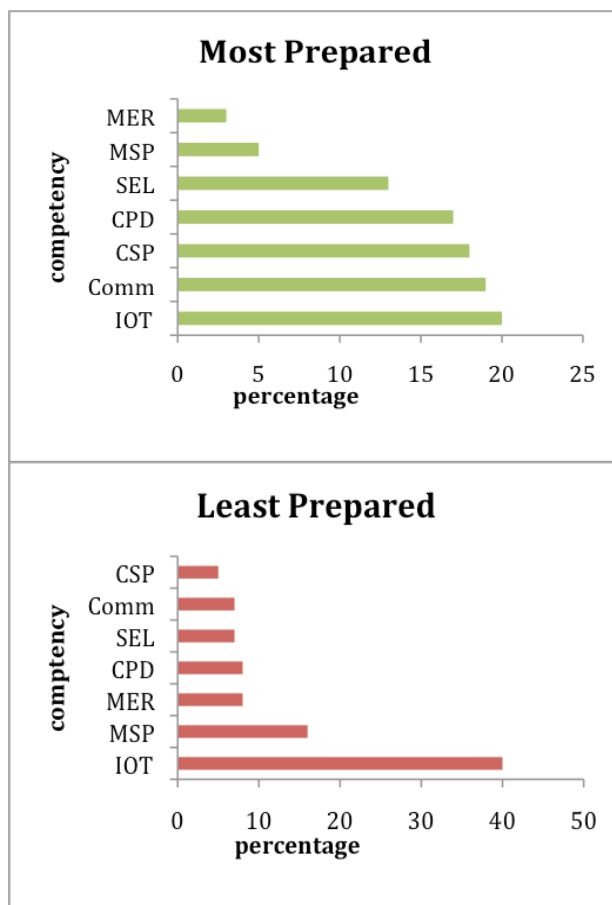
The highest *excellent* ratings were given to the following two competencies:

- Continuing Professional Development
- Culturally Safe Practice

Most Prepared/Least Prepared

Question 13 in the survey asked therapists to rank the competencies they felt new graduates were most prepared in and also least prepared in. The graphs below show which competencies were ranked the lowest to highest for these two questions.

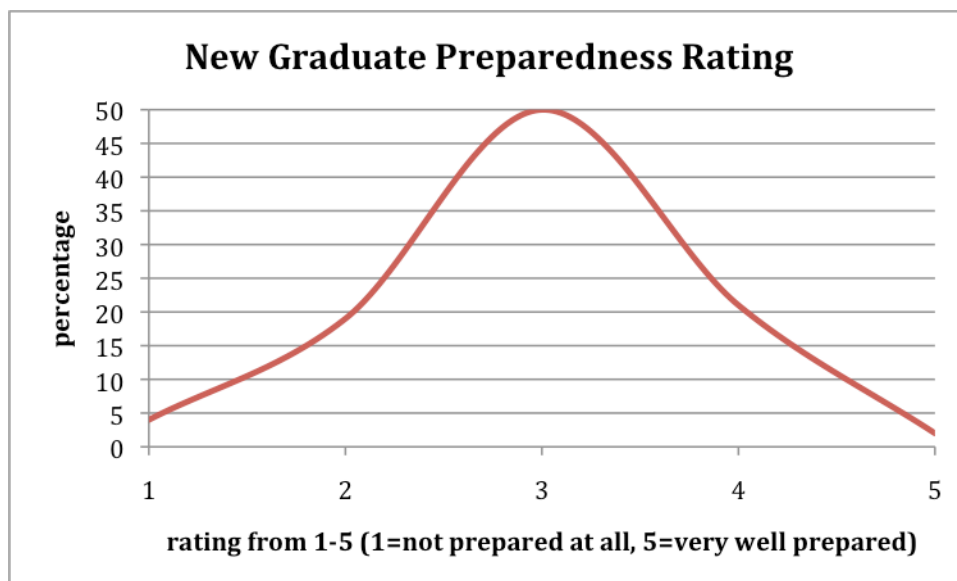
Figure 4: Competencies in which New Graduates Rated Most and Least Competent



New graduates were rated as being most prepared in the competency Implementation of Occupational Therapy. Yet, this was the same competency that new graduates were rated as least prepared. The other six competencies seemed to follow a more consistent pattern for having a lower rating in one question (e.g. most prepared) and a higher rating in the other question (e.g. least prepared). This anomaly with the Implementation of Occupational Therapy competency could be related to therapists' description of some new graduates being more prepared in practical delivery of occupational therapy versus other new graduates who may have strength in theory and conceptual knowledge that informs the Implementation of Occupational Therapy. Aside from this anomaly the competencies that new graduates were rated as least competent in were Management of Self and People and Management of Environment and Resources. This is reflected in the overall competency ratings that show these two areas as having higher *fair* ratings than other competencies.

Question 13 asked respondents to rate new graduates on a likert scale where 1 = not prepared at all and 5 = very well prepared. Results are presented in Figure 5.

Figure 5: Respondents Ratings of New Graduates on a Scale of 1-5



As can be seen from Figure 5, the ratings represent a normal distribution with new graduates predominantly being rated within one standard deviation from the mean. There was an insignificant skewing towards those who rated new graduates as not prepared at all. This difference was 2% between those who rated new graduates as very well prepared and not prepared at all.

This question also asked therapists to give a qualitative answer to explain why they felt new graduates were either well or prepared or not. There were four main themes that came through from the qualitative information to this question. The first was that

therapists felt it was very important that students should be exposed to a range of clinical placement or fieldwork opportunities:

I think a lot of learning occurs during placement/practical work. Although I do not think that some of the courses that are provided to students within New Zealand are not of a high standard. Need some improvement. Some placements are not good learning environments and you do not end up getting the best out of an experience.

It is very dependent on the individual; my experience is that some graduates are excellent while others still have performance issues. Another main contributing factor related to occupational therapy placements as a student, students without a good basis in hospital in-patient services often miss out on being involved with the whole OT process and often experience more difficulty with the holistic concept.

Secondly, there were many comments about some students having good theoretical knowledge but a lack of practical application skills and vice-versa:

The new graduate therapists or students on their final placement that I have worked with seem to have a good theoretical understanding of occupational therapy but have difficulty translating that into lived experience of service users, and to their own lived experience of the workplace (i.e. translating theory into practice).

In community mental health occupational therapy is only one domain a person needs to be confident in when becoming a professional. A lot of general assessments are from the nursing/medical profession but everyone is expected to do them. The OTs that are graduating do not seem to have the basic clinical knowledge/foundations to hang the concepts of these assessments on. Consequently more effort is required by other staff to teach the basics of what an OT should already graduate with.

Thirdly, there were numerous comments about specific knowledge areas that either were or were not taught enough in the undergraduate degree courses:

Very poor understanding of basic anatomy and physiology. Very good on reflective practice and communication. Difficulty with activity analysis and process.

Communication skills are beginning to decrease... particularly in the area of report writing. New grads are often very insecure about note and report writing.

I feel that students have been lacking in physiology and anatomy knowledge and how that affects changes for a client after they become ill or have surgery.

Most students are very aware of emotional/spiritual issues and can highlight them well.

Finally, there was a common thread of new graduates not being prepared for the transition to work and the procedural expectations of a work setting and the realities of a work environment:

Speaking from experience of being a new graduate and working in the UK, I did not feel that I had been taught enough about what a day to day job as an OT would involve.

I think they are poorly prepared for the realities of the health sector and cannot respond to the constraints placed on their practice in terms of case-loads, case complexity and time frames.

A lot of new grads struggle with being in the work force, case load management, prioritisation skills, time management skills, goal setting, supervision, OT model applied in practise. In general, in our area they are well able to pick up caseloads reasonably quick and we have a good support system which allows them to grow as an OT.

Comparative Analysis

The survey data was analysed comparatively to investigate if there was any difference or similarities in the ratings that therapists gave based on their gender, field of practice or geographical location. For example, how did therapists working in the community rate the competencies compared to those working in mental health? The following data will be presented across the seven competencies. Please note that some therapists will have ticked more than one box indicating their field of practice covers multiple areas. The first comparison that was made was to see if male or female therapists rated new graduates differently.

Gender

The data in Table 6 (p. 32) has been split into the male and female responses to the seven competency areas and the percentages of those that rated new graduates as poor, fair, undecided, very good or excellent. From the table it can be seen that there was a higher proportion of females who rated new graduates as *poor* in Implementation of Occupational therapy, Safe, Ethical, Legal Practice and Management of Self and People. Likewise, more female therapists were undecided on Continuing Professional Development. A higher percentage of female respondents also rated new graduates as *excellent* in Culturally Safe Practice. As a corollary, more male therapists rated new graduates as *fair* in Safe, Ethical, Legal Practice and Culturally Safe Practice. What can be taken from this is that female therapist were more likely to rate new graduates lower in their competence. However, Due to the low ratio of male to female practicing therapists no significant conclusions can be drawn from this table excepting the general similarity in ratings

Field of Practice and Rating of New Graduate Competencies

Comparisons were made between the overall competency ratings (see Figure 3, p. 27) and the therapists' field of practice. Comments have been made on any rating that showed approximately 10% difference from the overall figures.

Implementation of Occupational Therapy

With regards to Implementation of Occupational Therapy most graduates were seen as being of *fair* competence in this area. The next most common rating was *very good*. A slightly higher *poor* rating came from therapists working in child and youth field of practice, private employment and primary health. In comparison the overall ratings of competency, mental health therapists gave considerably less excellent ratings. See Figure 6 (p. 33) for a summary of the data.

Table 6: Percentage of Responses to the Capability of New Graduates Split into Gender

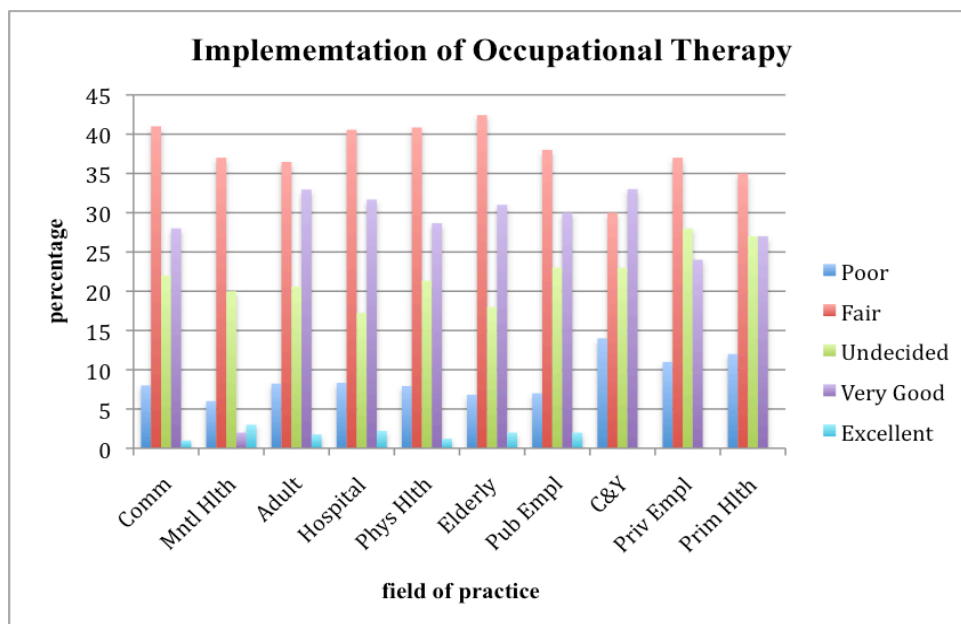
Competency	Gender	Poor	Fair	Undecided	Very Good	Excellent
Implementation of OT	F	9	38	20	31	2
	M	2	40	28	27	3
Safe, ethical legal practice	F	3	25	23	46	3
	M	0	40	20	53	5
Culturally safe practice	F	2	25	22	45	6
	M	5	35	20	37.5	2.5
Communication	F	1.52	31.06	20.96	42.68	3.79
	M	2.5	30	22.5	40	5
Management of environment and resources	F	3.81	39.09	26.40	28.17	2.54
	M	5	32.5	30	32.5	0
Management of self and people	F	5.05	35.10	26.26	31.82	1.77
	M	2.5	37.5	30	27.5	2.5
Continuing Professional Development	F	2.27	22.92	25.69	43.83	5.29
	M	2.5	30	15	45	7.5



In interpreting Figures 6-12, the following key should be used:

Comm = Community	Mntl Hlth = Mental Health
Adult	Hospital
Phys Hlth = Physical Health	Elderly
Pub Empl = Public Employment	C & Y = Child and Youth
Priv Empl = Private Employment	Prim Hlth = Primary Health

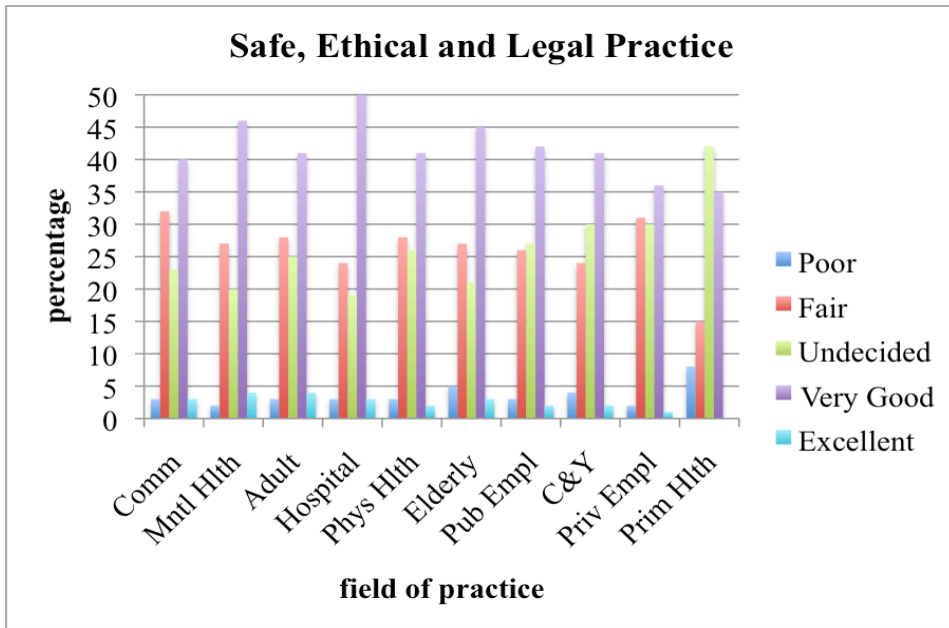
Figure 6: Rating of Competency (Implementation of Occupational Therapy) by Field of Practice



Safe, Ethical, Legal Practice

The Safe, Ethical and Legal Practice competency area showed new graduates as being *very good* in this area by therapists in all fields of practice, except those therapists working in the primary health area (refer Figure 7, p. 34). Therapists in this area were mostly *undecided* about new graduates' competence. New graduates going to the hospital setting were seen as having *very good* competence by over half of therapists working in this area. In comparison with the overall ratings (Figure 3, p. 27), the most variance occurred in therapists working in primary health with more indecision being seen, and to a lesser degree in private employment.

Figure 7: Rating of Competency (Safe, Ethical and Legal Practice) by Field of Practice



Culturally Safe Practice

A similar pattern occurred for the Culturally Safe Practice competency (Figure 8) where most therapists rated new graduates as *very good* in this area. Fifty percent of hospital based therapists felt new graduates were *very good* in Culturally Safe Practice. Therapists in the hospital setting as well as those in private employment gave the highest *excellent* ratings. Variance in the ratings can be seen in therapists working primary health with higher *fair* ratings and lower *very good* ratings.

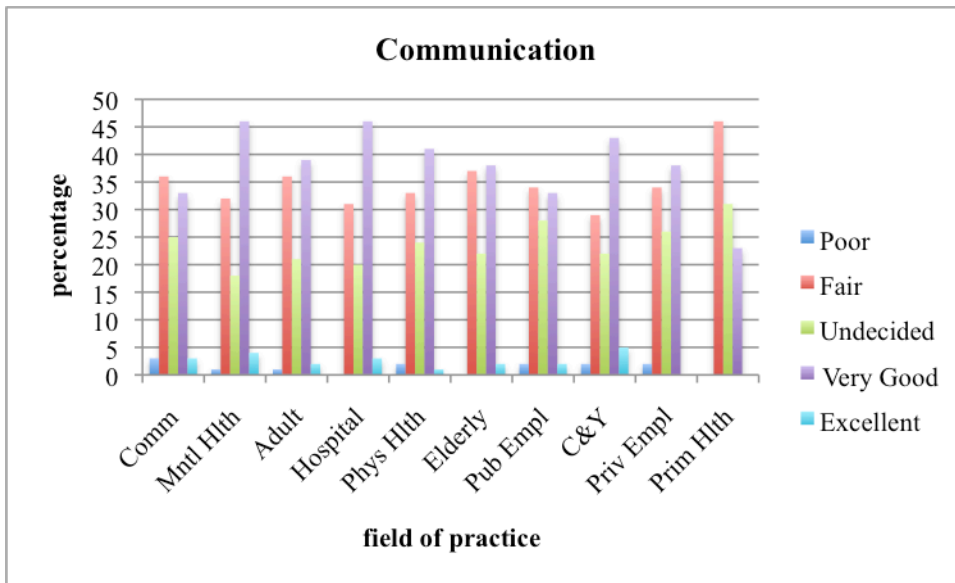
Figure 8: Rating of Competency (Culturally Safe Practice) by Field of Practice



Communication

New graduates were rated as either *fair* or *very good* in the Communication competency also. The community and primary health based therapists rated new graduates as mainly *fair*. Therapists in mental health, hospital and child and youth settings rated new graduates considerably higher in the *very good* category. The most variance appeared in the ratings that primary health therapists gave new graduates. Overall therapists in this setting gave higher *fair* and *undecided* ratings and lower *very good* ratings for Communication (refer Figure 9).

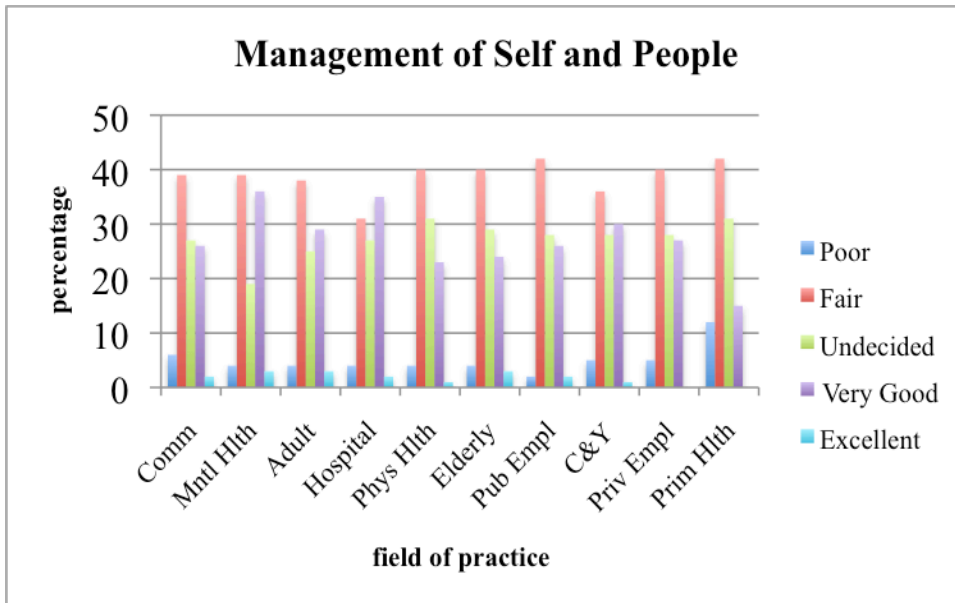
Figure 9: Rating of Competency (Communication) by Field of Practice



Management of Self and People

New graduates were rated in a similar pattern as the overall competency ratings (Figure 3, p. 27) with most new graduates being seen as *fair* and *very good*. Hospital based therapists felt new graduates were predominantly *very good* in this competency followed by those in mental health field of practice. The only differences being seen from those therapists working in primary health with a significantly higher *poor* rating and significantly lower *very good* rating for new graduates’ competency in Management of Self and People (Figure 10, p. 36).

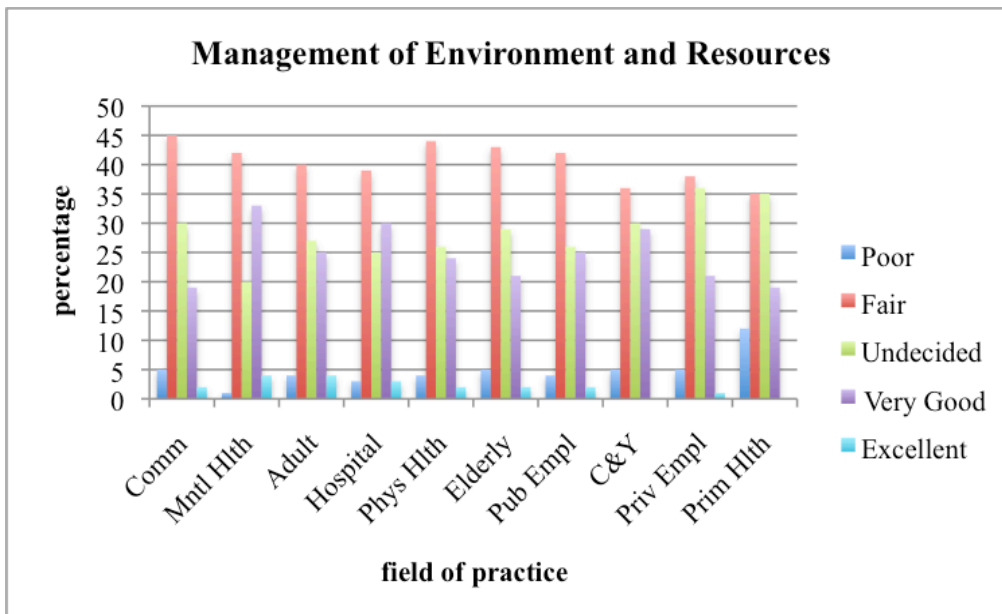
Figure 10: Rating of Competency (Management of Self and People) by Field of Practice



Management of Environment and Resources

Again, the patterns in the field of practice for this competency followed the overall pattern displayed in Figure 3 (p. 27). New graduates were rated as *fair* with small variation in the *undecided* and *very good* categories. The main variation from Figure 3 is once again from the primary health field of practice. In primary health new graduates were given higher *poor* ratings and lower *very good* ratings (Figure 11).

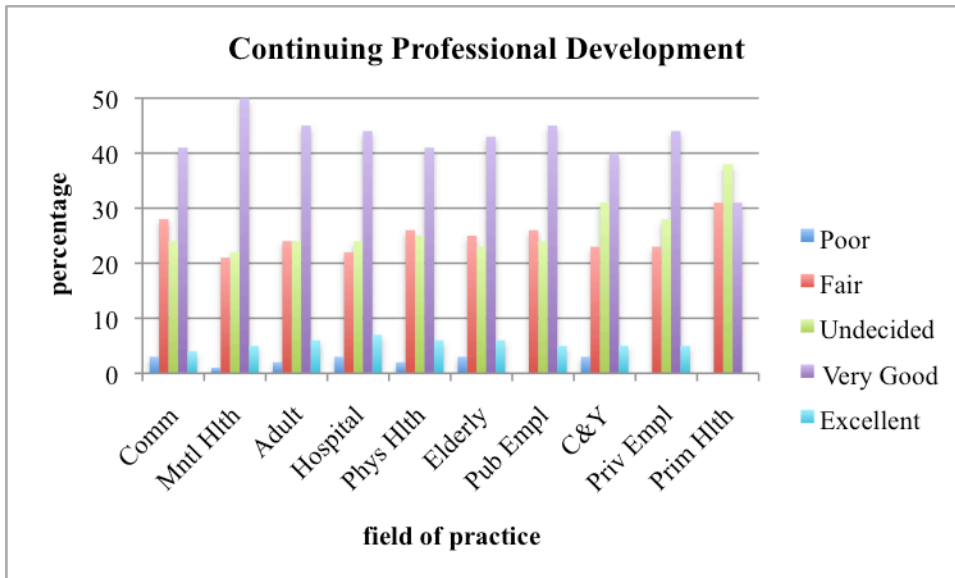
Figure 11: Rating of Competency (Management of Environment and Resources) by Field of Practice



Continuing Professional Development

Overall, new graduates were rated as very good by therapists in all fields of practice except for those therapists in primary health who were largely undecided. Mental health based therapists felt new graduates were *very good* with their Continuing Professional Development (refer to Figure 12).

Figure 12: Rating of Competency (Continuing Professional Development) by Field of Practice



Summary

In summary the comparative data on the field of practice and competency ratings matched the overall ratings that were given by respondents. A variance of 10% or more in a rating was discussed and these occurred in all seven of the competencies from those therapists working in primary health. Variances occurred within the mental health field of practice on two of the seven competencies (Communication and Continuing Professional Development) and once respectively for the child and youth field of practice (Communication) and private employment (Culturally Safe Practice).

Geographical Location and Rating of New Graduate Competencies

A comparison was made between the geographical location of the therapists and their rating of new graduates' preparedness in the seven competencies. The ratings selected most commonly by respondents were *fair*, *very good* and *undecided*. The percentage ratings given to the *poor* and *excellent* categories ranged between 0-8% and appeared the least selected out of the five options. On examination of the data the following results were drawn.

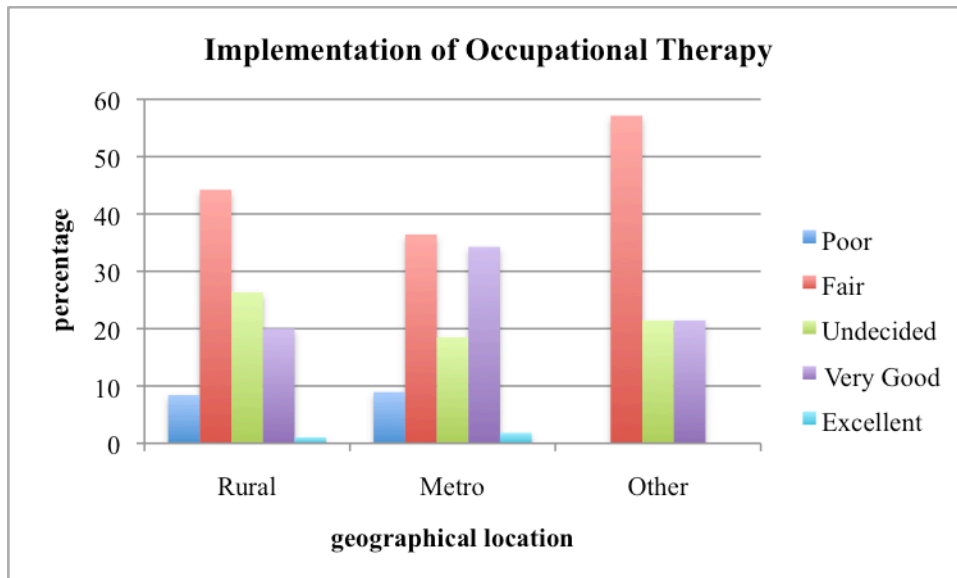
In interpreting Figures 13-18, the following key should be used:

Rural = population between 5000-99,000
Metro = Metropolitan population greater than 100,000
Other = combination of other localities and remote = populations less than 5000

Implementation of Occupational Therapy

Overall respondents felt new graduates were *fair* in the Implementation of Occupational Therapy. Metropolitan therapists gave almost equal ratings of *fair* and *very good* in this area (Figure 13).

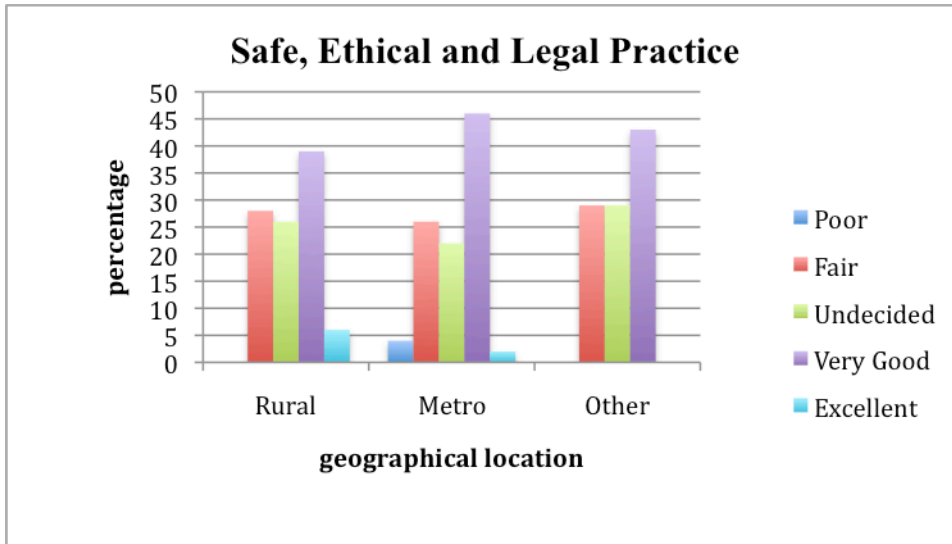
Figure 13: Rating of Competency (Implementation of Occupational Therapy) by Geographical Location



Safe, Ethical, Legal Practice

The responses were very similar across the geographical locations with new graduates overall considered to have *very good* competence in this area (Figure 14).

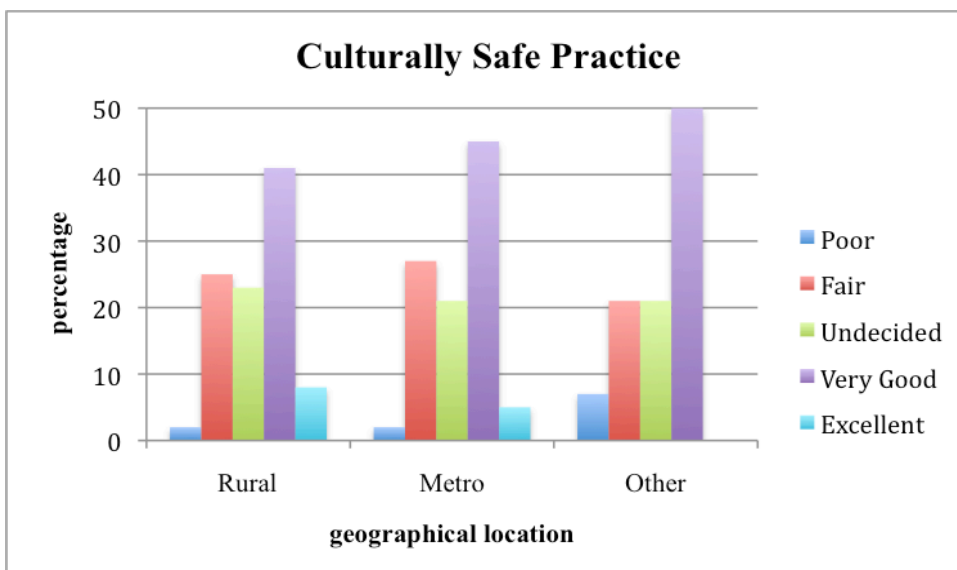
Figure 14: Rating of Competency (Safe, Ethical, and Legal Practice) by Geographical Location



Culturally Safe Practice

As with Safe, Ethical, and Legal Practice, the responses were very similar in this area and new graduates were considered overall to have *very good* competence in the area of Culturally Safe Practice (Figure 15).

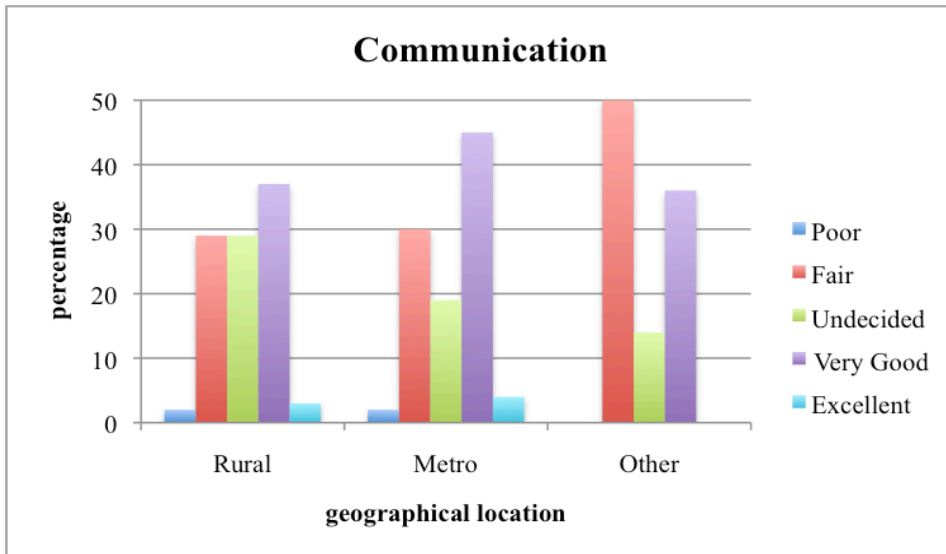
Figure 15: Rating of Competency (Culturally Safe Practice) by Geographical Location



Communication

A more even spread was seen in this competency between the rural and metropolitan respondents. Overall new graduates were regarded as being *very good* but with almost equal percentage responses given to *fair* and *undecided*. Those therapists who identified as being located in ‘other’ areas felt new graduates were overall *fair* in communication (Figure 16).

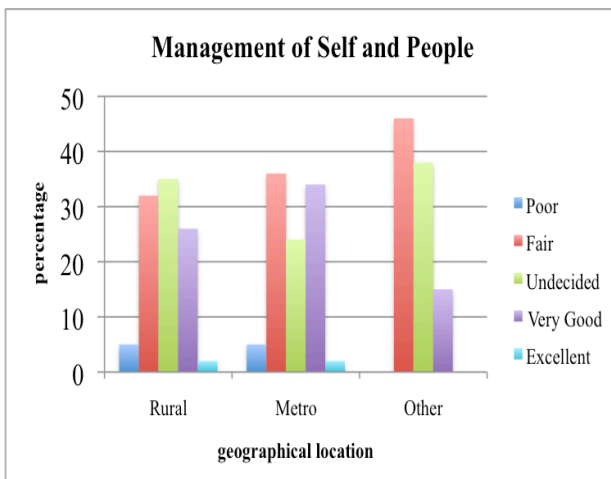
Figure 16: Rating of Competency (Communication) by Geographical Location

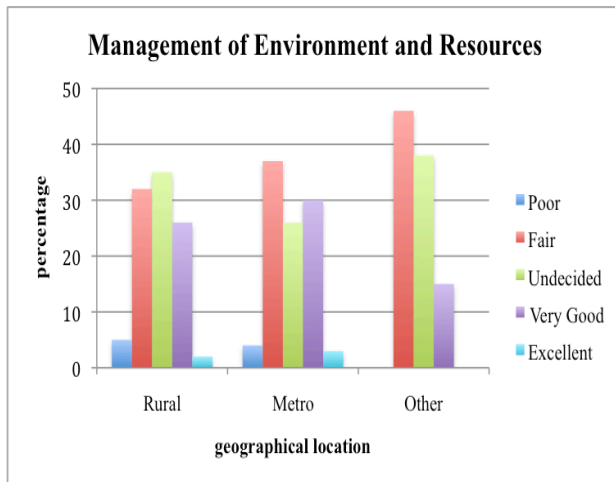


Management of Self and People and Management of Environment and Resources

Overall respondents gave new graduates ratings of *fair* and *undecided* in this area (Figure 17, pp. 40-41). Ratings for these competencies were virtually the same give or take 1%.

Figure 17: Rating of Competency (Management of Self and People and Management of Environment and Resources) by Geographical Location

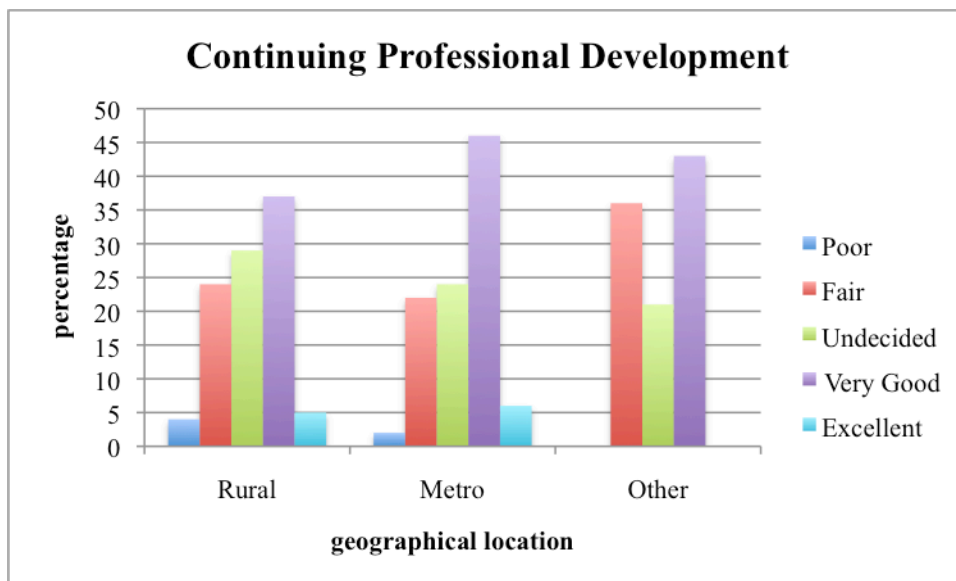




Continuing Professional Development

Respondents from all geographical locations rated new graduates overall as being *very good* in Continuing Professional Development (Figure 18).

Figure 18: Rating of Competency (Continuing Professional Development) by Geographical Location



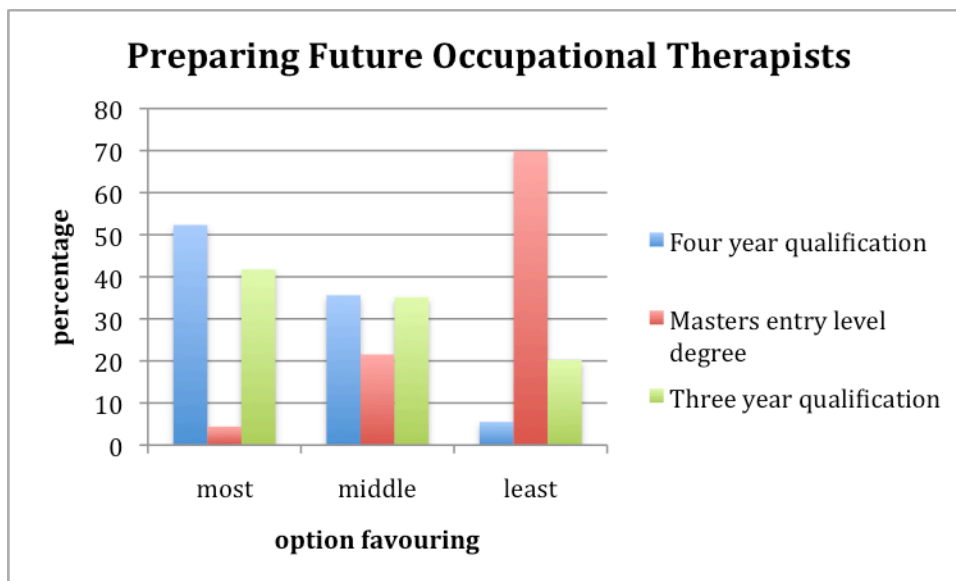
Summary

Therapists who answered the survey gave a clear impression of new graduates' preparedness for practice in relation to the OTBNZ competencies in New Zealand. New graduates were seen to be *very good* in terms of preparedness in relation to the competencies Continuing Professional Development, Culturally Safe Practice and Safe, Ethical and Legal Practice. These aligned with the overall competencies that new graduates received in Figure 3 (p. 25). The only stand-out difference in the geographical location data was that Communication was rated lower than the overall competency ratings by those therapists who worked remotely or in other contexts.

Future Occupational Therapy Practice

The last questions (questions 14-17) on the survey asked respondents to indicate whether they thought the current undergraduate education should be maintained at a three year degree or be extended to a four year or masters entry-level qualification. Overall, 56% percent of therapists felt the undergraduate occupational therapy qualification should move to a four-year degree (question 14). The most to least favoured are shown in Figure 19.

Figure 19: Most to Least Favoured Occupational Therapy Educational Structure



From this figure it can be concluded that the most favoured option was the four year degree structure closely followed by the three year structure. The significantly least favoured option was the master's entry level degree.

Clarification was sought through a qualitative explanation to their answers. There was a strong sense that if a four year degree was established that it should contain more practical/fieldwork hours with the current content spread over four years. There were some specific suggestions of introducing an intern year or part thereof structure. Many comparisons were made to other professional, clinical degree structures. Equally, there were many comments that suggested a four-year degree structure should allow for the opportunity to specialise in an area or towards a particular field of practice. However, the cost of an additional year was also raised on many occasions and the potential that it could turn people away from studying occupational therapy. There was a recognition in the qualitative data that occupational therapy scope of practice is so wide (compared to other professions) that it is hard to educate students about all facets of the profession.

More qualifications does not necessarily equate to a better OT – it's the working experiences or clinical experience they get that influence their ability to work well post graduation.

I don't think the costs to students would be outweighed by the benefits.

One full year in practice as fourth year (as physios do) to enable us to come into practice with some knowledge of assessment and intervention modalities which will par us with new graduate physios.

Occupational therapy and occupation is a complex profession and construct – three years is insufficient to do justice to pre-entry to workforce training.

I believe the profession is not accepting gracefully the novice status of new graduates and perhaps employers have too high expectations of new graduates.

When asked (question 16) if the minimum entry into the profession should be a master's degree, 91% felt this should not be the case. Only seven percent felt it should be a master's degree entry to registration. Respondents were asked to give an explanation or reasoning for their answer. In general, the responses to this question showed that therapists felt it was unnecessary to have a master's degree to be deemed competent to practice. However, there were also numerous comments indicating that therapist were not sure what a master's degree would entail and that if it contained more fieldwork it could be beneficial. There was an impression that therapists believed a master's degree would be too academic and not practice based. A few suggestions of there being a graduate entry master's programme or a five year optional Masters of Health Science degree might be more feasible in not turning students away from studying given the extra costs involved.

I think this is absurd. A master's degree allows a practitioner the opportunity to further study in a field of interest and as it were become an expert in this area of study. Practitioners should be allowed time and experience to find their particular area of interest to ensure diversity and ultimately deliver a broad range of leaders in various health fields.

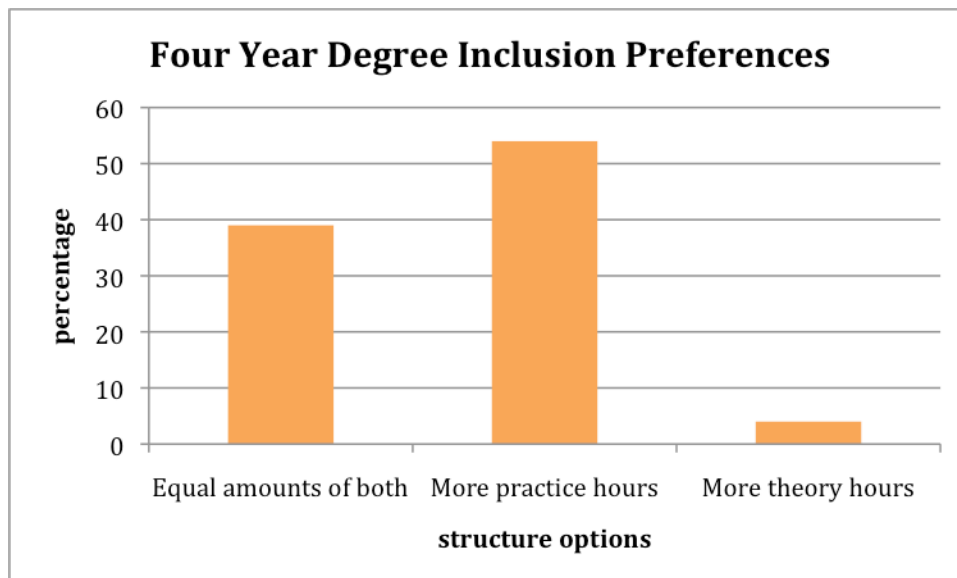
Masters could be a good option for those students that already have an undergraduate degree in a related field, such as nursing or health science, but it should not be a requirement to practice as an occupational therapist.

Having a master in occupational therapy does not mean you will be become confident and a good clinician. You may be good in theory but if this is not applied in practice it worthless. Balance between theory and practice is paramount.

I think we are heading that way but once again thought needs to go into what would be gained by doing this. At times I feel that as we elevate the status of our profession we are doing this at the expense of losing the essence of what we do! The science behind the occupation is possibly becoming too scientific that even some occupational therapists don't relate to it or recognise it in everyday practice – sadly so!

Respondents were then asked to indicate what a four-year degree should look like if it existed. That is, should it contain more practice hours, more theory or equal amounts of both? The graph below shows the preference from the respondents.

Figure 20: Preferred Structure for a Four Year Degree



From this figure it can be seen that most respondents preferred a four year degree that contained more practice hours followed by one that contained equal amounts of both. Less than 5% of respondents wanted a four year degree to contain more theory.

Summary of Survey Data

In this chapter the findings from the survey have been discussed. Analysis revealed therapists felt that new graduates were overall well prepared to practice with some areas such as Continuing Professional Development, Culturally Safe Practice and Safe, Ethical and Legal Practice; however, Implementation of Occupational Therapy, Management of Self and People and Management of Environment and Resources received lower ratings. Some work settings such as primary health and private practice rated some competencies lower indicating new graduates did not have the skills to function at the level required in those areas. On the whole therapists preferred to see the development of a four year degree with a mix of practical and theory in it. Qualitative data in the survey was consistent with the statistical data. The next chapter presents the findings from the focus groups discussions.

Chapter 5: Focus Group Findings

I actually reflected on, it's actually about our expectations isn't it? So what are realistic expectations in terms of a new therapist coming out? Because obviously we would all love to have new graduates coming out with all this knowledge, fabulous interpersonal skills, very professional, able to slot in, and then you know that would just make our world just so easy wouldn't it? But I think the reality is, you know coming into any new job, let alone a new career, can have challenges to make that transition. (Auckland 2)

A question asked of focus group participants, was to rate the preparedness of new graduates to practice on a scale of 1-10, where 1 indicated least prepared and 10 comprehensively prepared. When collating the answers to this question, the overwhelming majority of participants rated the preparedness for practice of New Zealand new graduate occupational therapists as 7 out of 10. Some participants indicated this number might be lower around a 4 or 5; however, after 6 months working clinically, this number had shifted back up the scale to around 7 or 8. Some participants found it difficult to give a rating; as one participant stated, "...it depends on the person and the setting" (Auckland 1).

So, what are the variables that influence preparation for practice? How do these variables ultimately facilitate or challenge the transition from student to clinical practitioner? This chapter presents the findings from the focus groups conducted with practitioners, educators and managers in Auckland, Palmerston North, Nelson and Dunedin. Five themes, that encapsulate the facilitators and challenges with regards to preparedness for practice emerged from analysis of the focus group data:

1. Preparation for OTBNZ Competencies
2. Different Places: Different Preparation
3. Preparation for Changing Face of Healthcare
4. Preparation beyond Current Undergraduate Education
5. Preparation Influenced by Experience and Attitudes

Although these five themes each represent a different perspective on the preparedness for practice, there are points of overlap across themes. These intersections will be acknowledged in the following discussion.

In presenting the findings, participant quotes have been used. To ensure participants' anonymity, quotes have been identified by focus group rather than individual participant. Some quotes have been tidied up, for example the removal of 'um' and repetitions, to facilitate reading.

1. Preparation for OTBNZ Competencies

To obtain and maintain registration as an occupational therapist in New Zealand, the OTBNZ requires therapists to meet 7 competencies:

1. Implementation of Occupational Therapy
2. Culturally Safe Practice
3. Safe, Ethical and Legal Practice
4. Communication
5. Management of Self and People
6. Management of Environment and Resources
7. Continuing Professional Development

Participants were asked about how prepared they felt new graduates were in relation to these competencies. On the whole, participants felt that graduates were meeting the competencies; however, analysis revealed that graduates were stronger in some competency criteria than other. Three sub themes comprise this section: Perceived Strengths, Perceived Weaknesses and Mixed Perceptions.

Perceived Strengths

Communication and Continuing Professional Development were clearly identified as the competencies in which graduates were most prepared. Communication is a fundamental aspect of the therapeutic relationship and it was a recognised skill that graduates brought with them into practice:

In general they're quite well prepared communication wise, that's what I'm always well impressed with... they've got good communication skills, got good empathy. (Nelson)

I think we've come out reasonably okay with you know, when I'm in a room with a person I can talk to them reasonably okay, that's fine. (Palmerston North)

Empathy and communication skills extended beyond that of the client-practitioner relationship and were evident in the wider practice setting:

I always think it's really good to be like in an MDT where an OT is chairing the meeting because it just goes so well, everybody gets their chance to say something but it's kept moving... often things come out that sometimes don't happen when other professions chair. That's a real strength. (Auckland 2)

Participants in an Auckland focus group recognised that having strong communication skills was a facilitator in terms of preparedness for practice as it “adds to a new graduate’s confidence” (Auckland 1). In addition to competence in Communication, participants also acknowledged graduates strength in Continuing Professional Development:

Most of them come out with a knowledge and an understanding that they do need to keep learning and so you know, continuing professional developing isn't an issue. (Nelson)

I think they're pretty good at look at what learning needs to happen. You know identifying their professional development, how they can improve, what assessments they can learn that would be relevant to their field. (Auckland 2)

I was going to say continuing professional development because their learning is always extending and they have the skills and knowledge to do that research and find the information. (Auckland 1)

Further to the perceived strengths in Communication and Continuing Professional Development, participants also noted the graduates' ability to self reflect: "I also think there's an increased sophistication about critical self reflection" (Auckland 1) and "Most new grads are actually very good reflectors" (Nelson). Although 'reflection' is not specifically named as one of the seven competencies, participants noted that graduates' ability to reflect facilitated their preparedness for practice and supported their Continuing Professional Development.

Perceived Weaknesses

The two competencies seen by participants as being the weakest for new graduates were Implementation of Occupational Therapy and Management of Environment and Resources. When discussing the competencies, it was acknowledged that there was more than one way of interpreting what information was being covered by the one heading. This was particularly evident in the competency Implementation of Occupational Therapy; in which participant discussions clearly revealed two aspects to the competency: theory and practical.

I knew kind of theories and models of practice and you know I knew what they were, had no idea how to apply them. (Palmerston North)

I have noticed a real strength in the theory and understanding the engagement of occupation and principles behind it very strongly, but it is applying it to practice. (Auckland 2)

Participants felt that overall graduates had a good grasp of the theoretical side of Implementation of Occupational Therapy. However responses clearly revealed that it is the practical "implementation of the OT side that they [graduates] would need support" (Auckland 1).

If there is an issue around the implementation of OT, it's how to actually put it into practice. (Nelson)

That's right and again getting into the hands on and real life experience doing this sort of thing, so I'd probably put implementation of occupational therapy as maybe not the strongest one too because again you know, people can be really good at you know trying to you know having a go at assessing things and figuring out what needs to happen and all the rest of it but then thinking I've got to do it now and it's that doing of the stuff... So that one there can be difficult. (Dunedin)

Some practitioners identified that not having particular knowledge, for instance knowledge related to particular conditions found in practice settings, can challenge graduates' confidence and their preparedness for implementing the occupational therapy process.

They need lots of guidance... especially on the conditions and anatomy and physiology. And we actually need to do a lot of stuff with them on that. And that then knocks their confidence. Because they feel that they should know that information but they don't know that information. (Auckland 1)

The feedback that I've had from our core one rotators is that the training hasn't set them up for physical environment and they thought maybe more mental health and they said and again it came down to the impairment side in terms of doing the practical assessment that you do in physical environment and also in terms of the whole equipment side, yeah so everything is quite physical based. (Auckland 1)

Often, lacking somewhat in confidence in terms of throwing themselves into clinical situations. Probably not being as familiar with OT process. (Nelson)

In addition to the practical Implementation of Occupational Therapy, a second competency, Management of Environment and Resources was also noted to be a perceived weakness. While more experienced practitioners and educators made mention of this competency, "I don't know about environment and resources, probably not" (Nelson), it was the more recent graduates who spoke explicitly about not feeling prepared.

I would say management of environment and resources too. Because that's a huge part of our job and we don't know anything about funding systems or, that kind of stuff. (Palmerston North)

And just knowing like how much is available so like you know when you come out you're like I'm going to do this, this and this but you can't because you don't have the funding... there's not as much available as what you think you know. You come in and you think the DHBs are a never ending pool of money and they're not. (Palmerston North)

You're expected as a new grad to be able to find those resources and get that person home safely... Yet you don't even know what you don't know. (Palmerston North)

In discussing both Implementation of Occupational Therapy and Management of Environment and Resources, the practitioners recognised that to some degree, graduates' ability to meet these competencies required them to actually be in practice. "I think when it comes to environment and resources you'd expect to learn on the job anyway because you don't know what it is" (Nelson). This will be discussed further in the fourth theme: Preparedness beyond Undergraduate Training.

Mixed Perceptions

Throughout the focus groups, all 7 competencies were discussed. While there were perceived strengths and weaknesses with some of the competencies, there were others about which practitioners had mixed opinions with regards to new graduates' preparedness. The first of these was Culturally Safe Practice.

To some extent, more experienced therapists felt that new graduates were “given much more education on culturally safe practice than we ever were!” (Nelson), thus better preparing them for the clinical context. This view was echoed by newer graduates:

Yeah I felt really well prepared for that stuff and prepared in the way of actually knowing how to think about it to you know not just with this culture you do x and with this culture, but actually going well you're different from me, I'm going to find out about you and knowing how to do that. (Palmerston North)

On the other hand, participants also noted that there were gaps around Culturally Safe Practice that “needs further exploration and more exposure or teaching” (Auckland 2). These concerns were particularly noted in relation to indigenous populations:

Culturally safe practice I've got some issues with... all our health stats are all weighted, around Maori and Pacific Islanders and we really need to address that and I've been employed to ... specifically look after Maori clients because there is a lack. And yeah I just think that we don't cover that [in training] and I was really disappointed. (Auckland 2)

The cultural competency issues are a big concern for us because we're in an area with such a high Maori population but Pacifica as well. Sometimes when I'm interviewing I really think they've slept through those lectures, because I know they've had them. It concerns me that they don't think they're so relevant or feel like they can't attend. (Auckland 1)

However, further discussion revealed that the issue of culturally safe practice was not something that necessarily stems from gaps within the undergraduate education. “I don't think they've got the culturally safe practice sorted but that's not a unique problem to occupational therapy and part of that is not knowing what to do as a profession, not knowing what to do as an individual” (Dunedin).

A second competency of which participants had mixed perceptions was Safe, Ethical and Legal Practice. There was no doubt that this competency was fundamental to practice, “you have to be safe and understand the ethics and legality of it” (Nelson). However, it was recognised that as a new graduate, there was not necessarily a need to “understand like the ins and outs of whatever legislation, but you have to have a basic sense of this is safe for me to do, that patient is safe, and that what I'm doing follows the overall basic idea of what makes us occupational therapists. Because at the end of the day you are only a new graduate coming out to start” (Nelson).

In some practice settings, participants identified Safe, Ethical and Legal Practice as particularly weak: “especially in the area of mental health identifying risks” (Auckland 2). For some practitioners notions of safety were black and white, while for others, safety was identified as an aspect of the competency that required more preparation by graduates to weigh up the situation and ascertain what could be a potential risk:

I found that the like safe, ethical, legal practice is really quite obvious what you should and shouldn't do. (Palmerston North)

I think the area they do need to work on more is that safe, ethical and legal practice. And I think that in terms of safety, some of that I'm still feeling is coming from that understanding of, this is what this person is wanting to do, now, is this going to put them at risk or, they may feel that they, that they may be at risk but in fact they're not (Auckland 2)

Finally, Management of Self and People was the third competency in which participants held differences of opinions regarding graduates preparedness. On the one hand participants felt that this competency was a strength for graduates, facilitated by the undergraduate training that they receive:

They're generally reasonably well organised you know in terms of self and people. That one would seem to be, reasonably well organised, I think that the whole style of occupational therapy training delivery now has much, has become more self directed and so people are generally good at getting themselves organised and knowing what they need to do. (Nelson)

Alternatively, in making the transition from student to practitioner, it was noted that management of self is an area some graduates struggle with:

Second area I think that all of us occupational therapists notice is some of the self management. The time keeping, getting to work on time, is really difficult for some. And the other thing about prioritising as well, like it's fine to get on the internet and research something but in actual fact when you've got a client case load and a client report or a client intervention that is the priority. (Auckland 1)

Overall, participants felt that the competencies set by the OTBNZ were relevant and applicable for new graduate occupational therapists. However, it was identified that graduates are meeting the requirements of some competencies better than others and that ultimately, there is still uncertainty as to the actual degree to which graduates are meeting the competencies:

The [occupational therapy] programme's accredited with the occupational therapy board, so we would assume that the programme is preparing graduates to be competent, but it's kind of like well how do you measure that competence? And that's the bit I really struggle with... the things that have been identified this afternoon, particularly around the implementation of occupational therapy and

managing self and people and culturally safe practice, like even though graduates might be competent, I'm not sure how competent they are. (Auckland 1)

The next theme picks up the topic of the occupational therapy programme and reveals how the type of place in which graduates train or practice in, can influence their preparedness.

2. Different Places: Different Preparation

As the second theme to emerge from the focus group data, Different Places: Different Preparation was discussed as part of two sub themes of Educational Experience, which occurs within a specified tertiary institute; and Fieldwork Experience that take place within a clinical setting. Although the research team avoided asking questions that would draw comparisons between the providers of occupational therapy training, inevitably, the discussion with participants highlighted how different places results in different preparation for new graduate occupational therapists. A further sub theme discussed as part of Different Places: Different Preparation, was the notion that 'There is No Such Thing as a Perfect Curriculum' and that there will always be variation in the preparedness for practice of new graduates.

Educational Experience

Participants indicated that there was a distinct difference in the curricular of the educational institutions and this showed through in the knowledge that new graduates brought to their practice. In general, it was felt that students who graduated from Otago Polytechnic brought to their practice strength in practical skills; whereas AUT University graduates were better prepared in theoretical knowledge.

My experience has also been that Otago graduates come out with better practical skills... AUT graduates tend to come out with much probably better theoretical knowledge. (Nelson)

I think therapists from AUT are clear about their models, they're clear about who they are and what they do, they're clear about the philosophy of occupational therapy so I think those are strengths. (Auckland 2)

I had a placement... at the same time there was an AUT girl there as well and like, she had learned all, we were in the same year I think and she had learned all this theory stuff that I hadn't even learned, that we hadn't even touched on. (Nelson)

Although participants acknowledged this difference in the preparedness of graduates from the two educational institutions, they did not at any point state that one was better than the other. Rather, it was an observation that preparedness for practice is not uniform and that in discussing preparedness, it is also important to recognise that how

individuals view their training and that this perspective will have an influence on what they bring to their practice. An example of this is seen in the following excerpt from a recent graduate:

And I don't think that you can, I think some of the skills you can learn on the job and if you're an evidence based practitioner you can and if you are a critical thinker you can learn some of those skills but you can't as easily, learn or get the philosophical grounding. That doesn't come easily. So you can't be self directed in that or your might lose that if you don't have that grounding. So I regard it as a philosophical stance and that's what I take from my degree. (Auckland 2)

The notion of individuality in graduates' preparedness is discussed further in the fifth theme: Preparation Influenced by Experience and Attitude.

Fieldwork Experience

In addition to what is taught in the classroom, fieldwork placements are a critical component in the preparedness for practice of new graduates.

It seemed like our last field work placement was sort of the tell all about how they [graduates] felt about going into practice. So that I think is quite an essential part of the programme is having a good solid last placement to get you prepared. (Dunedin)

I kind of have a sense that if you've got that theoretical base and you can add to that, you can be confident with the framework, but I think that from what we've talked about it's that filling in those little gaps, which I think that you do pick up in those placements. (Auckland 2)

Not only are fieldwork experiences influential in guiding graduates' decisions about where to work, they also figure in employers' decisions when interviewing new graduates for positions:

It all depends what practical experience you get on placements because, some people go into jobs that they haven't even had a go at doing on placement... I think that has an effect. (Nelson)

We do look at their placements because we find that actually can make a difference to how prepared they are to work like they've had a good range of placements or placements that's kind of similarish to our role. They obviously come in and they're feeling more confident or have more skills. (Auckland 1)

In as much as occupational therapy students have a choice of which educational institution to attend, once enrolled, the notion of 'different places' extends to the variety of clinical placements to which students are allocated; not all students have the same fieldwork placements and not all fieldwork placements offer the same quality of

learning to facilitate graduates preparedness. For instance, each educational institution decides on the length of clinical placements student experience:

I found that really good like the more placements the better for longer periods. AUT have a two week placement I think and I don't see any point. (Palmerston North)

Another factor that can influence the preparation of graduates is the quality of supervision that they receive while on a clinical placement. "Clinical supervisors are so diverse and there's such variation in the large numbers" (Auckland 2), that fieldwork experiences are different places resulting in different preparation:

I think that the preparedness... does revolve a lot around fieldwork because that I think is the time for many people where it comes together and they get a kind of sense of being able to have a go at practicing as an occupational therapist. So, you know, you're reliant on a whole variable factors there including what sort of people are, what sort of place you're in and what supervisors are like and you know their own skills and kind of encouraging you to do what you need to do. (Dunedin)

You are I think quite vulnerable as a student on placement because you are completely, I suppose, at the risk of, you know you don't choose who your supervisor or even if you've chosen your placement. You've got no way of assessing how effective that person is going to be with their own clinical skill but as the supervisor to support that. (Auckland 2)

The role of supervisors and supervision, as a factor to consider in the preparedness for practice of new graduate occupational therapists, will be discussed further in the fourth theme: Preparation beyond Current Undergraduate Training.

No Such Thing as a Perfect Curriculum

Different Places: Different Preparation opens up diversity in terms of the education of occupational therapists and their learning experiences. This third sub theme, 'no such thing as a perfect curriculum' evolved from discussions in the focus groups in which participants recognised diversity, both within the profession and settings in which occupational therapists work, as well as the individuals that train as occupational therapists. It was generally acknowledged that "You never know everything" (Nelson) and that "it's impossible to have every one competent in every possible practice area in a degree" (Palmerston North).

However, some participants noted that not being able to know everything was not necessarily about the individual, his or her learning style and what information he or she deemed as important to remember; rather it was the diversity within the profession, where occupational therapists work and the type of interventions they undertake, that made it difficult to be prepared:

Like to me a physio, does the same thing in mental health, physical health, in the community, they're all focussed on someone's mobility. Whereas when you come to being an OT, the variety is huge, it is very hard to be prepared as a new grad, because you can't even have a specific definition of what you are. (Palmerston North)

Furthermore, despite having classroom teaching and fieldwork experiences, it was noted that some aspects of practice can really only be learned when one was actually working as a qualified, registered occupational therapist. For example, one participant talked about team dynamics as one aspect of practice which as a student, it is more difficult to be prepared for:

Like team dynamics is yeah and that is another thing that should never ever prepared for either... We hear it every day about you know how we're not doing this and we're not doing that and yeah, it grates you after a while and there's only so much of it you can take and yeah I don't think any amount of training will kind of prepare you for that... you've got to become thick skinned. (Palmerston North)

Different Places: Different Preparation is a theme that speaks to the diversity of factors that influence new graduates preparedness for practice. The complexity of *how* to prepare new graduates and for *what* practice settings new graduates should be prepared for working in is explored in the next theme.

3. Preparation for the Changing Face of Healthcare

“The setting that people go into, I think makes a major difference related to their preparedness” (Dunedin). In the current health environment, the settings within which occupational therapists have traditionally worked are changing and new practice opportunities are evolving:

Like it's hard to know what practice is going to be and I think for people that go into big organisations like DHBs, where there is the support and structure and you know there are 16 staff you can go and ask anyone, you know that's fine but, but the future of practice isn't necessarily going to be in those kind of environments. It's going to be in primary health services, probably, where, you might be the only occupational therapist working there. So how do we prepare a graduate to work in that kind of environment? (Auckland 1)

In considering how prepared new graduates are for working in the changing face of healthcare, two sub themes emerged: Practice Expectations and the Profession's Expectations. Each sub themes highlights the complexity, and at times ambiguity, that challenges new graduates' preparation for practice.

Practice Expectations

Different places means that new graduate occupational therapists have a variety of preparation experiences; yet not all preparation experiences will facilitate their transition into practice as different settings will require different skills. This can mean that graduates are being prepared to enter practice settings in which the expectations of the role of an occupational therapist are still unknown, and which leaves them struggling to fit in more traditional roles:

We discussed it in our teams, is AUT kind of training students for the future when maybe we will be out in potentially primary health or non government organisations? But for now, maybe those positions aren't quite there so they are still having to come out through a hospital setting or the old traditional OT roles. Maybe they kind of, leaped ahead a little bit with the training but the positions aren't quite there for those areas. If they're wanting jobs, they're still in the hospital setting or the traditional kind of roles, they're still having to fit back into that graduate position. (Auckland 1)

Not knowing what is expected of new graduate occupational therapists is not only a tension in emerging practice settings but also more traditional practice settings, such as positions within a district health board. As one participant noted, “in Britain they make overt what are new graduate positions. Here in New Zealand we don't and so therefore the expectations of a workplace, can vary” (Dunedin). These expectations reveal themselves in different forms such as what tasks the occupational therapist is expected to fulfil and how their interventions are received by other members of the multidisciplinary staff:

As OTs anyway we always cognitive assessments but we need to be able to know how we interpret standardised assessment. And the standardised assessments stand up with doctors... they'll accept the results of a standardised assessment over our ADL assessments. (Palmerston North)

Knowing what the role of an occupational therapist is in any practice setting and holding on to the core values of occupation was seen as a challenge in the changing face of healthcare by many participants. Discussions in the focus group revealed that practice expectations are shifting with regards to the roles of individual health professionals and this is an issue that will need to be addressed in preparing graduates for practice:

Then we get into the, whole drama of where the profession is going, are we all going to become generic, therapy workers which is what this whole service accreditation is looking like isn't it? And I just think that's absolutely appalling because everyone's going to lose their specialities and no one's going to be good at anything. (Palmerston North)

I think yes they [new graduates] could work in a lot of different areas. I think a lot of the problem though is going to be keeping their identity as an occupational therapist. (Nelson)

I totally agree that we need to be more interprofessional, but to do that we need to have a strong base knowledge of who we are as well. And I worry about how we structure whatever our training is that we will lose who we are as occupational therapists as our core basic knowledge. (Dunedin)

Overall it seems that there is uncertainty regarding current practice expectations and this has ramifications for how graduates are prepared. Yet the challenge to preparing graduates for practice lies not just in the expectations that practice settings and the health workforce have, but also in the expectations held by the occupational therapy profession.

Profession's Expectations

The expectations of the profession have increased phenomenally because we have people who are managing services who have got 10, 15, 20 years experience... So actually the expectations both internally and externally are much more, developed than they used to be and we have to be really gentle about that otherwise what we do is that we keep raising our expectations beyond what is actually reasonable for an emergent practitioner. (Dunedin)

An aspect of supporting graduates in their practice is having an understanding within the profession of what is expected of new graduates. As the profession has grown, occupational therapists have branched into new positions within practice settings that once upon a time may not have been seen as a realistic career pathway. Thus, as the profession has grown, so too have expectations and, as a result, it becomes harder to know what graduates should be prepared for. Having clarity around the profession's expectations of new graduates requires a united front and some participants felt that this has not yet been achieved:

When we're looking out at what our profession's actually going to look like, we're not exactly sure about that and I don't know if we're necessarily aligned with that as a profession... So it is quite hard to answer some of these questions [about new graduates' preparedness to practice] without really being clear what that vision is going to be moving forward. (Auckland 2)

I think that as a profession, we need to be clear about who we are and where we're going to be ... because I don't think we've got any alignment on that at the moment, I don't think we do as a profession. I think we have to have that clear then the training to facilitate that... Like I mean if we try and be clear with what undergraduate training would look like when we don't exactly know where we're going to be that's a difficult place to be in. (Auckland 2)

In the first instance gaining clarity within the profession is important. The next step is to then ensure that the profession's expectations align with those of the employers and practice settings so that during the transition from student to practitioner, graduates are clear about what the expectations are and can develop their preparedness:

I think the expectation that a lot of employers have is that they expect philosophical understanding as well as the clinical knowledge and skills. So I think that as a profession we need to understand, you know we need to be real with our expectations. (Nelson)

With the development of the profession, there is the risk that expectations of new graduates are being set too high. However, in some instances, the profession may still be holding on to ‘traditional’ beliefs and understandings of what new graduates are able to offer practice settings, and therefore not recognising their preparedness to practice:

In our community team somehow it developed this golden rule you had to have two years of experience to do community... and so we never employed a new grad and then XXX used to challenge me and say why not? Why aren't you having a new grad? It's not the new grad, it's the person, you should be thinking about. So we did it and we now have four, and it's been great for the team. They're enthusiastic, they come with fantastic kind of positiveness about OT and it's been really positive step. (Auckland 1)

Despite the uncertainty in both the practice and the profession's expectations, there seemed to be agreement amongst participants that “students who are emerging who are more likely to go into emerging areas than staff who were trained over five or past years ago” (Dunedin) and that new graduates “are better at looking at that big picture, public health type initiatives” (Nelson). Yet as this participant noted, perhaps, as a profession, occupational therapists in New Zealand are not prepared for the changing face of healthcare that graduates are being prepared for:

I actually see this is a really pivotal time for us as a profession to support new graduates because they've got the vision and the passion but without the resources they can forge ahead and say yes we can do this but it's really hard to be out there in the great big world. So I actually see for us to support that ongoing progression of the profession that we as a profession need to come in and give support..... but I do think they're a little bit ahead of their time because I don't think that we as a profession haven't caught up! (Auckland 2)

4. Preparation beyond Current Undergraduate Education

I think it's a common theme, like people leaving uni and then going into the workforce and just thinking man what am I doing here, like what do I do, how do I do it, how do I apply all this knowledge that I've got and it's a diverse amount of knowledge too, like how do I apply it to this area of practice. (Palmerston North)

The fourth theme to emerge from the focus group findings builds on the previous two themes, Different Places: Different Preparation and Preparation for the Changing Face of Healthcare. In light of the diversity that exists as part *how* new graduates' are

prepared and *what* they are being prepared for, this theme explores the transition that graduates make from student to practitioner and the critical factors that support their preparedness to make the transition. Three sub themes emerged with Preparation beyond Current Undergraduate Training: From Education to Supervision, Preparing in Practice and Extending the Current Training.

From Education to Supervision

There's actually something about changing the role from being a student to being a practitioner and realising that you still need that kind of support.
(Dunedin)

Participants across focus groups, from new graduates to experienced therapists, were unanimous in their belief that preparedness for practice extended beyond the classroom environment and into the workplace. It was acknowledged that learning does not stop at the end of the undergraduate training; rather the transition from student to practitioner brings new opportunities for learning:

Going from a student into an actual professional there was a massive change so your workload had increased dramatically, you didn't have that close support that you had when you were studying. (Palmerston North)

The change in role from student to therapist can be an overwhelming and stressful time for many new graduates as they learn to practice as an occupational therapist: “So for 9 months, well 6-9 months I was going round and round and round in circles, just thinking what am I doing? Is this what an occupational therapist does am I doing occupational therapy?” (Palmerston North). In preparing graduates to face these challenges, the shift from education to preparedness beyond training through clinical supervision was pivotal:

I'm aware in our setting that there's a big difference between someone going into, say they're lucky enough to get a position on our very small new graduation rotation they've got a much clearer structure in terms of supervision and greater opportunity to go into different clinical areas, competencies they would work to and have signed them off. So all those sort of things we gradually build on in a more structured way to help them gain their confidence and skills.
(Dunedin)

I always felt it would be quite good to have a new grad coming out into quite a supportive environment so that they can develop and not sort of get thrown in the deep end... Things like supervision is something that is quite key... I think it's, like you come out well prepared in terms of the knowledge but you always want to be in an environment that's going to help that to some extent, or at least have good supervision to help guide it. (Auckland 2)

Supervision can take many forms such as formal or informal, individual or group, face to face or via phone or email, and even vary in the amount, whether it is hourly, weekly or of other frequency. The participants acknowledged that for new graduates all forms of supervision but in particular informal opportunities to ask questions, was critical for building confidence.

I think we've been really reflecting on this it's actually just that informal supervision when you bang into somebody in the corridor saying how's it going, when you're in the tea room they know that you're around the corner. Even when they don't want to see you! (Auckland 1)

I think no matter how confident the occupational therapy graduate is though I do think it's entirely correct having specified supervision once a week for the first 6 months. (Nelson)

I also think that quantity of supervision is what sort of encourages reflective practice and you know it's sort of like a circle you're sort of developing growth if they have that opportunity. (Auckland 1)

An important variable in supervision that assists with new graduates preparedness is the individual supervisor. Supervisors can play a powerful role in shaping graduates and their experiences. In some instances, the relationship between supervisor and new graduate can challenge the transition process and even with a good supervisor the first few months of practice can be difficult:

I was really lucky in my first year to have a very good supervisor who was very experienced, like 30 odd years, who could still relate theory to practice and talk the talk but yeah, even with that support from her I found it was still really hard. (Palmerston North)

You've got to bear in mind that a lot of new grads have their own learning styles and I've seen a lot of new grads get quite demoralised, not demoralised but lose a lot of their confidence because a lot of their, say for example their supervisor is trying to impose their learning style on their new grad, which creates a whole lot of problems for supervision because if they don't marry up, it's not going to work ... I mean as a supervisor of new grads I always do you know that learning styles questionnaire, always and then straight away if I see I'm very different from the other person then we work that as opposed to against it... I think that's where you underestimate, because I know a lot of people that supervise new grads that have got problems and when I look at it, it's because they have different learning styles and I think that needs to be highlighted a bit more perhaps. (Nelson)

I relied on her [supervisor] a lot really for information. And I was pretty much moulded to how she wanted me to be an OT. And it wasn't 'til 9 months, 9-12 months down the track when I finally realised no this isn't how it should be and

asked her not to be my supervisor anymore that I got the confidence and knew what I was doing yeah. Like just having your own wings to do what you want.
(Palmerston North)

Supervision is necessary to prepare new graduates for practice and on the whole participants felt that “once you invest and you mentor them or coach them through it, then sort of within 6 months they’ve picked things up” (Auckland 1). Thus there was recognition and acceptance of the fact that new graduate occupational therapists do not come out of their undergraduate training fully prepared for practice. Rather a transition from education to supervision in the workplaces is required, as well as allowing time for new graduates to prepare in practice.

Preparing in Practice

In addition to accessing clinical supervision, having time to be in practice, implement their skills and knowledge learned in training and settle into changing roles, is an essential part of new graduates’ preparation. Focus group participants all agreed that there is “a lot of learning to do on the job” (Palmerston North) and that graduates skills and confidence to work as an occupational therapist “will come with time” (Nelson) and “practice... I think they need practice... I think they need the workplace to do it” (Dunedin). In general, it was felt that 6 months to one year was the critical time period for this preparedness and that having time to prepare in practice was a necessary extension of their undergraduate training:

Yeah that comes in 6 months or so yeah with good supervision. (Nelson)

For me it took me about 9 months to actually feel like an OT. (Palmerston North)

I think six months is a turning point. You see, you see some difference after six months yeah. And then you see another difference at one year. (Auckland 1)

Yeah coming up with a degree of confidence in theoretical models and the understanding that, that is in fact a license to learn and it’s not necessarily that you’re going to plonk and arrive and be able to do it straight way, you’re not.
(Nelson)

Having the opportunity to prepare in practice extends beyond simply understanding the role of the occupational therapist in the practice setting and the immediate client – therapist interaction. For new graduates preparing in practice encompasses learning about aspects of the workplace, such as understanding team dynamics and what it means to be professional.

The other thing I’m thinking is that just being in the role of the professional it is such a huge adjustment being out of the student role, it’s that transition and it’s even things like dress I’ve just had a little chat about dress and how much cleavage you show. And, this sounds really old school but you have to actually

learn that. What actually it means to be a professional and a health professional and it's not the same as being a student. (Auckland 2)

I think they should have a year at least to just practice, find out who they are, understand team dynamics, communication, case management... And because in health there's lots of different personalities and if you're working with a lot of different personalities all in one team, how do you work with all those different personalities, how do you build up your, your rapport, your team while you're still trying to find your feet as an occupational therapist. (Auckland 1)

Preparation for practice is about how new graduates interact with clients, colleagues and their wider environment. Having the time to prepare in practice allows graduates opportunities to settle into their role and find their place within the team and wider organisation; thus enhancing their confidence.

Think for quite a few of them it's just their confidence isn't it? Like the first 6 months and then the second 6 months, you see a huge difference in the second 6 months and that's just around confidence, that they've settled in, they know the team, they know who are they are, they know what they're doing and then they just sort of bloom a little bit really as a new grad. (Auckland 1)

I would agree with that but I think also they're coming into a group as the most recent member, they've just been employed so they're almost like bottom of the pecking order if you will and so I think naturally they're feeling their way and I think that probably happens with most professionals um you're feeling your way the first six months, you're finding your place, getting to know who you are and you know inevitably it probably takes six months before you can feel confident about what you're do. (Auckland 1)

In discussing the idea that preparation for practice involves supervision and clinical experience, or preparation in practice, the participants of the focus group explored the possibilities of extending the current undergraduate training.

Extending the Current Education

In discussing the current training that occupational therapists receive, focus group participants explored the idea of a four year degree and why it might be necessary to extend the current training. Some participants, in particular the newer graduates, felt that a fourth year of training would be beneficial:

I've always thought that. I think there's too much information to be put into the three years. (Palmerston North)

Yeah I think it should be four years... I quite like the idea about going into Masters entry level... I mean I'm doing Honours because I believe that it should be four years, that's the only reason that I'm doing it. (Auckland 1)

I really felt that when I came out I needed a fourth year. If you look at social work like they do four years, their job, social work to me and I could be dead wrong here but to me social workers, within reason do fairly similar thing regardless of where they're working.... and the difference between what you guys [addressing OTs present working in physical setting] and what we do [mental health setting] could not be bigger, we may as well be doing different jobs, different professions. So social workers need four years to learn how to do the same thing in a relatively, any environment whereas we have three years to learn completely different things. (Palmerston North)

I'm doing the Honours um, honours paper this year and I think that could be an indication of my feelings of preparedness. I felt like I needed an extra year for myself. (Dunedin)

I did a degree previous to this so and when I looked at doing OT I was in the UK at the time and they had the you could do the I guess it was Masters entry so a bridging, if you already had an existing degree you just 2 more years and I mean I thought that model could work for me and I think if, OTs are working in non traditional roles we need to be appreciative of people coming from other professions and other perspectives and skills and so having that option I think would strengthen us. (Auckland 2)

I remember back when I trained you know, 15 years ago and I remember thinking then this needs to be 4 years, why are we only doing 3 years for there's just not enough time and I know since then quite a bit of time has actually been eroded with the changes in the structure of the year... so I think either the Masters or four year degree I think, I'm very strongly of the opinion that we should move to one of those two. (Auckland 2)

Other participants however were less certain about the need for a fourth year:

I think this whole years thing is rubbish. Because the reality is a masters level student qualifies as an occupational therapist in 2 years. They are not better than a third, 3 year, they are not better than a 4 year, they are not, they are different. Each lot of different training that is available throughout the world creates a different therapist. (Dunedin)

Yet other participants felt that “it would be great if there's opportunity maybe for people to be able to do some honours stuff within the first few years of practice” (Dunedin). Undertaking postgraduate study, while working, was seen as a way of gaining more knowledge, while have the support to implement learning in practice:

In my second year [of practice] I did the mental health internship which is really structured with support around you. (Palmerston North)

I see the mental health certificates and things which is that first year of practice being supported where people are working on slightly less of a caseload, where they have time for study and time to really work out their own clinical reasoning and bits and pieces as well as being a hugely valuable transition year. (Dunedin)

Doing the post graduate um certificate alongside my new graduate year really impacted and influenced my practice and I don't know what it would be like if I hadn't of had that. I felt like I would just be like doing stuff and wouldn't really know what I was doing whereas this studying alongside practice, I was confident to do things my way and to do things, how I like you know, like them to be done and as I was learning new theories and things like that. So having training or studying alongside practice in your first year I thought was quite, was quite good and grounding. And gave me confidence to say well no that's not my role or, I'm taking this approach or this is, yeah, this is how I'll do it even alongside you know OTs that have been practicing for years and might be doing things slightly different to them so. Think that gave me lots of grounding. (Auckland 2)

Further discussion around the potential of extending the current undergraduate training to four years again elicited mixed responses. Some participants felt that more theoretical papers would be useful:

I think having a research module in the last year is helpful for the development of the critical thinking, the analysis and the enquirer and you know comparative thinking. And looking at one intervention and compare that to another and coming up with that development of higher thinking skills I think would also be very beneficial in that fourth year. (Auckland 2)

However, overwhelmingly, participants felt that there was enough theory in the current curricular and that “if part of that fourth year is more clinical” (Auckland 2) then extending the training, whether it was part of the educational institution training or part of ‘preparing in practice’ would be potentially useful:

I think they should have more placement time and if that has to be through an extra year then that is it. (Nelson)

The majority of placement in fourth year and then you get the chance to use everything you've learned a lot more. (Auckland 2)

I mean I don't think they're going to come out with more practical skills. They're going to come out with even more theory. If the fourth year was similarish to the physios where they're actually out mostly on placement so it's a fourth year but it's a very placement fourth year with a really hands on getting experience, possibly. (Auckland 1)

I do think that students need support and things in a fourth year but I think that whole thing about being employed is what makes a transition and so I would like the fourth year to be around supporting in practice. (Dunedin)

In debating the fourth year, one participant stated, “I can see it being useful for people who want to go into education and research but I would actually think the intern year is actually better for most people going into practice” (Auckland 1). The notion of an intern year appealed to participants: “I think it would be a great idea if they had a internship the last year, you know a bit like the physios... making it four” (Nelson) and “We talked about if it’s going to be four years maybe that intern year would be paid” (Auckland 1).

However, participants were mindful of the current government and economic climate of the health system acknowledging, “I like the idea of an intern year, I think that funding is a big issue” (Nelson). Others were also nervous about internships “because I think internships will fix people into DHB and hierarchical structures...” (Dunedin). Another option suggested was a restricted year of practice:

I think it’s pharmacy that has the notion of approved first year placements which means that you can only, your first year post registration has to be in a setting, that has been approved for you. I mean pharmacy has the choice of whether it’s you know industry, whether it’s retail or hospital, because they can do it in different sorts of ways, that would let NGOs and private practitioners and other organisations employ somebody but there would have to be somebody that has a supervised arrangement and I reckon that might do it in terms of relatively cheap staff, but some structure. So that would be my preference I think that the fourth year is like a restricted practice year. (Dunedin)

This theme: Preparation beyond Current Undergraduate Training revealed that supervision and time to be working as a new practitioner underpinned new graduates’ preparedness for practice. Given these findings, the first two sub themes pointed to the idea that perhaps the current undergraduate training needed to be extended. Overall it seems that participants are in favour of an additional year of training, if that training were to prioritise more practical, clinical experience for the students.

5. Preparation Influenced by Experience and Attitude

You can’t put all your OTs into one basket. (Dunedin)

The previous four themes have discussed the preparedness for practice of new graduate occupational therapists, as one group, without distinguishing between where the graduates trained or who they are as individuals. Yet, participants acknowledged that graduates are individuals and that they bring unique experiences and attitudes that influence their preparation and readiness for practice:

It can be the way that organisations are structured... you know, it's not that we don't want to support people it's just the reality of the way that some places are structured and organised. So that can actually make a difference and again, if you've got someone who's going into, you know some new graduates might have say got a job in a NGO somewhere that's never had an experience of having an occupational therapist before. And again that is very much people have to find their own way and it's very much dependent on their own skills, their own maturity, a whole, all sorts of factors as to you know how they manage that or not. (Dunedin)

Life experience, encapsulating events such as travel, other training and parenting, was seen by many participants as being an added strength that older graduates brought to their practice. Having this life experience gave the graduates more confidence in their abilities:

The people who might have a bit more life experience and might have trained in something else, their confidence levels can be quite different as well.... often they're more assertive as well, so they're able to say what they can or can't do as well, yeah when they're older. (Nelson)

They might have travelled first after school, they may have done another course and then decided to go onto OT. I mean I think that gives them some, understanding of who they are as a person and they seem to come with a bit more confidence than maybe a new graduate straight from school, through OT school. (Auckland 1)

It was interesting going out on placement because you got from supervisors, oh Otago are more practical, AUT were you know the theorists. And yes it was quite interesting. They all remarked on our four placements that they felt that I had that balance... that was only because I've been a parent and all of those other things that you know contribute. (Auckland 2)

The importance of life experience and the added strength it can bring to a graduate's preparedness for practice was recognised as “really important” and that “there does need to be a way of helping mature students to get in there and do it” (Palmerston North). However, whether graduates come to practice with life experience that extends beyond their undergraduate training, “whatever way you get, whether you're a bit older or have further years of training, it's a lot about the person gaining some professional self confidence and personal self confidence” (Auckland 1). Furthermore, as highlighted in the previous theme, Preparation beyond Current Undergraduate Training, confidence comes through supervision and preparing in practice, actually working as an occupational therapist.

In addition to life experience, the participants acknowledged that the underpinning attitudes of new graduates could potentially facilitate or challenge the transition and

readiness to practice, but that again “varies a lot by personality and I’d not expect a new graduate to come out full of confidence. In fact the new graduates I have come across that have been full of confidence have scared me a bit because I think that you need to come out appropriately reflective about the things that you need to learn” (Nelson). The idea of being reflective and able to recognise individual strengths and weakness was deemed an important attitude and the “the best ones you know are the ones that, recognise that you know they’ve still got a way to go and, and give themselves some time to consolidate those skills and, and have good role models and all the rest of it to go with” (Dunedin).

In further exploring the notion of underpinning attitudes as influencing preparedness to practice, the focus group participants noted some of the following attitudes as important:

I think an openness, that you know to learn that they don’t know everything. So they’re not coming in thinking we can conquer the world. (Auckland 2)

Mine would be, professionalism. (Auckland 1)

Dedication... utilising themselves. (Nelson)

Summary

In this chapter the findings from the focus groups have been discussed. Analysis revealed five key themes that influence the preparedness for practice of new graduate occupational therapists: Preparation for OTBNZ Competencies, Different Places: Different Preparation, Preparation for the Changing Face of Healthcare, Preparation beyond Current Undergraduate Training and Preparation Influenced by Experience and Attitude. In the next chapter, the findings from the literature review, survey and focus groups are discussed and recommendations for preparing new graduates for practice are noted.

Chapter 6: Discussion and Recommendations

This chapter reviews the key issues from the literature review, survey and focus group data, which need to be considered when considering the preparedness for practice for New Zealand new graduate occupational therapists and makes key recommendations for further developing the preparedness for practice of new graduates. From the data, three key areas for discussion have been highlighted. These are: Review of Competencies for Registration, Preparation for a Changing Health Workforce and Review of Current Entry-Level Programmes. Each key area will be discussed, followed by a consideration of the limitations of the current study, before the recommendations are presented.

Review of Competencies for Registration

Internationally, competency frameworks have been recognised as critical both for informing the training of new occupational therapists and for ongoing professional development. Although there is no one framework used across occupational therapy registration boards, given the international variability in entry-level programmes, this is not unexpected. That said, the findings from this study lend support the competency framework currently used by the OTBNZ. For instance, the table below highlights the Australian occupational therapy profession's perspectives of the minimum skills, knowledge and attitude required of a new graduate as reported in the *Minimum Competency Standards for New Graduate Occupational Therapists* produced by Occupational Therapy Australia (OTA). Table 7 reveals that these perspectives are comparable to the competencies currently used by the OTBNZ.

Table 7: Comparison of New Zealand Competencies and Australian Standards

Occupational Therapy Board of New Zealand	Occupational Therapy Australia
Culturally safe practice	Professional attitudes and behaviour
Management of self and people	Information gathering and collaborative goal setting
Implementation of occupational therapy	Intervention and service implementation
Management of environment and resources	Service evaluation
Communication	Professional communication
Continuing professional development	Professional education and development
Safe, ethical and legal practice	Professional practice responsibilities

Drawing on the survey and focus group data, the findings revealed a number of similarities with regards to how the New Zealand occupational therapy profession view the preparedness for practice of graduates in relation to the competencies. The survey data revealed that therapists rated new graduates preparedness in relation to Communication as *very good* and Continuing Professional Development as *excellent*. Both these competencies were seen as strengths by focus group participants. Similarly, focus group participants perceived new graduates as being weaker in Implementation of Occupational Therapy and Management of Environment and Resources which were rated by survey respondents as *poor* and *fair* respectively.

Overall, the findings suggest that the current competencies OTBNZ have in place for registration are appropriate for new graduate occupational therapists. However, given that data reveals new graduates are not well prepared in some of the competencies, there is a need to review how well competencies are currently being integrated into undergraduate education as part of preparing new graduates for practice. Furthermore, when analysis of survey data compared the preparedness across competencies with therapists' practice setting, findings revealed that the training new graduates are receiving is perhaps not preparing them to meet the competencies required for a changing health workforce.

Preparation for a Changing Health Workforce

Recently the OTBNZ responded to a workforce service review by Health Workforce New Zealand (HWNZ). The New Zealand government's health targets echo the standard of health services desired by the WHO, which in its more recent reports has emphasised the public, primary and community health approach. This has implications for the delivery of health services and the training of health professionals, such as occupational therapist.

Primary health and private practice are two areas in which occupational therapists are starting to branch into. Yet, the findings of this research reveal mixed results as to whether or not new graduates are being prepared in their training to enter these new work environments. Discussions in the focus groups revealed that as a profession it was unclear where the direction of occupational therapy was heading; therefore it was difficult to know *how* or *what* to include in undergraduate training. This may have reflected the survey results in which those therapists working in primary health and/or private practice were more likely to rate new graduates as *poor* or *fair* across the competencies of Communication and Management of Self and People. Concurrently, focus group data revealed that new graduates are more prepared to enter changing health environments than therapists who trained 10 years ago.

Another issue that has been raised in the literature and across the focus groups is the importance of new graduates attitudes and professional skills. HWNZ has promoted the notion of flexible workers, perhaps with a longer term view of developing a generalist rehabilitation professional. Participants in this study felt unprepared for practice when it came to professional skills such as working with team dynamics, managing a changing caseload, planning and prioritising. In addition, Culturally Safe Practice was raised as a competency which received mixed responses with regards to preparedness. In the changing health care climate and the complexity of the scope of occupational therapy practice, these are critical skills needed by occupational therapy graduates.

Review of Current Entry-Level Programmes

The review of the literature and current entry-level occupational therapy programmes internationally, reveals that Australia, Canada, the UK and the USA are all preparing graduates with at least a four year qualification. In New Zealand, the current pre registration training is a 3 year bachelors degree. In comparison to other health professionals in New Zealand, occupational therapy profession seems to have been hesitant to engage in the discussion to align the training of occupational therapists with international programmes and national shifts in healthcare practice. Occupational therapy is a diverse profession in terms of its scope of practice with individuals and community populations and the findings from the survey and focus group indicate that there is limited time within the current curricular to deliver all the skills, knowledge and attitudes that new graduates need for changing practice.

Analysis of survey data and focus group discussions indicate the profession is ready to consider extending the current entry-level programmes here in New Zealand. On the whole, the profession has indicated an interest in exploring a four year qualification. There is no real clarity on what such a four year qualification could like; however, the majority of participants felt that one aspect of a four year curriculum would need to include more clinical placements. This aligns with the conclusion by most participants that the ‘practical’ aspect of Implementation of Occupational Therapy was one of the weaker areas for new graduates. The OTBNZ in its response to HWNZ indicated that their vision for 2020 would include increasing duration before entry to practice, with an option of a four year qualification. Findings from this study challenge this notion and suggest that the vision needs to be revised and brought forward to 2015.

In discussing the concept of ‘entry-level’, OTA has defined this as the first two years after graduate. In New Zealand, as with Canada, the UK and USA, entry-level refers to ‘upon graduation’. One of the themes arising from the focus group was Preparation beyond Current Undergraduate Training. This discussion supports the notion that preparedness continues in the workplace setting, which places demand on employers and occupational therapists in the profession to actively and support new graduates in their first two years of practice. In addition, there is the need for this support to provided

in a consistent manner nationwide, thus ensuring that new graduates receive an integrated approach to transitioning between the role of a student and that of a therapist.

Limitations of Current Study

The electronic survey yielded a 16.7% response rate. Given the general difficulty in recruiting for any surveys this was seen as a relatively positive response. However as it is a low percentage of the target group, care must be taken in generalising the findings as a response from the whole profession. Results could be more reflective of those who feel strongly positive or negative about the issue of new graduates. Further, it was specified by OTBNZ that e-mail addresses of registered occupational therapists may not have been current as this information is not regularly updated. Hence, a recommendation would be that the OTBNZ should try to ensure it has current e-mail addresses of all members.

Furthermore, in relation to the electronic survey, limitations were noted in the survey design. First, therapists were able to indicate they were employed in multiple fields of practice. This meant that the data may not have accurately captured individual practice areas. Second, some respondents did not complete all survey questions. This may affect the reliability of the percentages for individual variables.

With regards to the focus groups, the project team experienced difficulty with recruiting therapists and managers, across a range of employment settings, to take part in the study. This difficulty may have been due to work commitments; however this is an assumption as the majority of people contacted to take part simply did not respond to the invitation. As a result, some participants were approached directly through contacts of the project team; which may bias views presented perhaps to be more positive about new graduate capabilities. .

A second point in relation to the focus groups, and related to recruitment difficulties, is that there were limited new graduates and employers of occupational therapists who participated. It may be that those new graduates who did participate provided more measured responses in front of more senior colleagues. The absence of managers or employers may have meant that another perspective in terms of what occupational therapy graduates need in their undergraduate training to work in a changing health environment has not been fairly represented. Regardless of these limitations, these results provide the opinion of a large number in the New Zealand occupational therapy profession and are useful in terms of helping determine future strategies.

Recommendations

Drawing on the outcomes of the research, it is recommended that to further new graduate occupational therapists preparation for practice, the following should be considered:

At an educational institution level it is recommended that Otago Polytechnic and AUT University:

- **Identify the emerging fields of practice for occupational therapists and associated skill sets required for each of these fields.** Emerging fields, as identified by the WHO and survey respondents, include private practice, primary health care and community development. Each of these fields requires a diverse range of skills which need to be incorporated within current training.
- **Actively monitor the OTBNZ competencies, making explicit how these are being addressed within the current programme.** Within these competencies, there is a need to incorporate the education of core ‘professional skills’ as required across health professionals to assist in the role transition of student to practitioner. These skills include, but are not limited to:
 - Report writing
 - Interdisciplinary communication / professional relationships
 - Workload management
 - Self management
 - Research / evidence based practice
 - Resource management

At an organisational level it is recommended that the OTBNZ:

- **Consider adopting Occupational Therapy Australia’s definition of entry-level occupational therapy practice**, as the first two years after graduation. This may assist consolidation of the core minimum competencies, within the entry-level practitioners first year.
- **Work with the New Zealand Association of Occupational Therapist, as the professional body, to develop a training package for supervisors of new graduates in the work context**, to support and enhance the preparedness for practice beyond current undergraduate training. Such a training package could include:
 - Identification of learning styles
 - Amount of supervision expected for a new graduate and the type of supervision styles available
 - Active incorporation of OTBNZ competencies

- Education regarding support of new graduates as more than just supervision but learning critical skills such as Management of Environment and Resources to support practice
- **Review current pre-registration education requirements with the view to mandating that the minimum pre-registration education is a four degree by 2015.** This strategy would require an active role in educating the profession on what a fourth year qualification would mean for registration, nationally and internationally. In addition, research and evaluation would be required to ensure that a fourth year of education meets the expectations of both the occupational therapy profession and the wider health workforce. Furthermore, the OTBNZ would need to work in conjunction with current education providers to present a case to the Tertiary Education Commission regarding the need to fund a four year degree.
- **Educate the occupational therapy profession on what is involved with a Masters entry level, pre- registration qualification.** Given the international trend towards Masters entry level programmes for occupational therapy graduates, it may be that a four year undergraduate degree will soon be out of date. Therefore, the OTBNZ needs to keep looking to the future and ensure that the discussion of preparedness for practice of new graduate occupational therapists is ongoing.

Conclusion

This research is a positive step in growing New Zealand evidence regarding the preparedness for practice of New Zealand new graduate occupational therapists. Overall, the profession has not raised any serious concerns about the preparedness to practice; however, this is an area that warrants further exploration and the discussions should not end with this project. Thus, this research has to be seen as a beginning towards fostering the growth and preparedness of new graduate occupational therapists as they transition from their undergraduate training and role as students, to that of the work setting and therapist.

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Appendix A - International Entry-Level Degrees

Country	Minimum Entry-Level	Governing Authority	Registration / Licensure Requirements
Australia	Bachelor degree (4 year – some institutions have an honours stream available within the 4 th year)	<ul style="list-style-type: none"> • Occupational Therapists Board of South Australia (OTBSA) • Occupational Therapists Registration Board of Western Australia (OTRBWA) • Occupational Therapists Board of Queensland • Occupational Therapists Board of the Northern Territory 	<p>Currently four of eight Australian states and territories require registration. This is expected to change in 2012 as Australian occupational therapists will be joining the National Registration and Accreditation Scheme. (Occupational Therapy Australia, 2011)</p> <p>Of these governing authorities requirements are as follows:</p> <ul style="list-style-type: none"> • Proof of identity = all 4 authorities • Qualification verification = all 4 authorities • Fitness to practice = 3 authorities (not WA) • Insurance = 2 authorities (not WA, QLD) • Adequate command of English language = 2 authorities (not WA, SA) • University letter of eligibility = 2 authorities (not WA, QLD) • Employment and registration history = 1 authority (only QLD) • Reference from practicing occupational therapist = 1 authority (only QLD) <p>The other four states currently without registration do require the applicant to complete the COTRB practice audit</p>
Canada	Master degree	Canadian Association of Occupational Therapists (CAOT) Regulatory Organisations as follows: College of Occupational Therapists of British Columbia	Successful completion of a registration exam and meeting one of the 10 provincial regulatory organisations different requirements. (Information from two provincial regulatory organisations was not utilised. One due to the regulatory organisations website malfunction (PEIOTRB), the other due to the new graduate

		<p>(COTBC) Alberta College of Occupational Therapists (ACOT) Saskatchewan Society of Occupational Therapists (SSOT) College of Occupational Therapists of Manitoba (COTM) College of Occupational Therapists of Ontario (COTO) Ordre des Ergotherapeutes du Quebec (OEQ) New Brunswick Association of Occupational Therapist (NBAOT) College of Occupational Therapists of Nova Scotia (COTNS) Prince Edward Island Occupational Therapists Registration Board (PEIOTRB) Newfoundland and Labrador Occupational Therapy Board (NLOTB)</p>	<p>registration content being in French (OEQ))</p> <ul style="list-style-type: none"> • Proof of qualification = 8 regulatory organisations • Successful completion of CAOT certification examination = 8 regulatory organisations • Liability insurance = 5 regulatory organisations (COTBC, ACOT, SSOT, COTO, COTNS) • Proof of membership with CAOT = 2 regulatory organisations (NBAOT, NLOTB) • French and/or English fluency = 2 regulatory organisations (COTNS, COTM) • Identity verification = 2 regulatory organisations (COTNS, SSOT) • Supervising OT and employment information = 2 regulatory organisations (COTBC, ACOT) <p>Three regulatory organisations (ACOT, COTM, COTO) have a provisional registration which new graduates can utilise while waiting to sit the CAOT certification examination. While using provisional registration they must be supervised and are not able to sign as a ‘registered occupational therapist’, ‘occupational therapist’ or ‘OT’, but must use ‘provisional occupational therapist’. Use of the provisional register is 3 years, 1 year and 60days respectively.</p>
New Zealand	Bachelor degree (3 year)	Occupational Therapy Board of New Zealand (OTBNZ)	<ul style="list-style-type: none"> • Fitness to practice namely: Criminal convictions; communication and English language proficiency; physical and mental health; and disciplinary proceedings. • Qualification confirmation from education institute. • Practicing certificate application • Competence requirement for practicing in the general occupational therapy scope of practice

			<ul style="list-style-type: none"> • Identity verification <p>In the first year of practice a ‘New Graduate’ occupational therapist must have weekly supervision as a condition on their registration.</p>
United Kingdom	Bachelor with Honours degree (3 year except Scotland 4 year)	Health Professions Council (HPC)	<p>HPC have six standards that are to be met and maintained for registration. These are:</p> <ul style="list-style-type: none"> • Character (a police check and character reference from a health professional) • Health • Standards of proficiency • Standards of conduct, performance and ethics • Standards for continuing professional development • Standards of education and training
United States of America	Post-baccalaureate degree (equivalent to masters or doctoral degree)	<p>National Board for Certification in Occupational Therapy (NBCOT)</p> <p><u>States requiring licensure</u> Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Guam, Idaho, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North</p>	<p>Pass a national entry level examination under the NBCOT and meet state requirements for licensure, certification, or registration (see Appendix D).</p> <p>4 states of 51 have limited access to information otherwise requirements are:</p> <ul style="list-style-type: none"> • All 47 states with access to information about licensure required verification of NBCOT certification. • 36 states require assertion of good moral character or fitness to practice. • 35 states require verification of entry-level education • 41 states require proof of identity, typically by notarised applications and with 5 of the 41 requiring fingerprints. • 30 states offer a temporary license/limited permit to new graduates to practice with supervision until the first available NBCOT exam or a number of months.

Carolina, North Dakota, Ohio,
Oklahoma, Oregon, Pennsylvania,
Puerto Rico, Rhode Island, South
Carolina, South Dakota,
Tennessee, Texas, Utah, Vermont,
Virginia, Washington, West
Virginia, Wisconsin, Wyoming
Registration Hawaii, Michigan
Certification Indiana
Trademark Colorado

- 11 states require references or recommendations.
- 9 States require Jurisprudence exam or questionnaire.
- 4 states require assertion of good standing with the like of child support, student loan, taxes and unemployment compensation.
- 2 states have age minimums - District of Columbia = age 18 and New York = age 21.
- Florida requires the additional education of a 2 hour course relating to Prevention of Medical Errors.

Appendix B - Paper Descriptors

AUT University (AUT University, 2010a)	Otago Polytechnic (Otago Polytechnic, 2010)
<u>Year One</u>	<u>Year One</u>
536253 <i>Experiencing Occupation</i> (15.00) Develop an understanding of occupation through experience and reflection. The meaning and characteristics of a range of occupations will be explored.	BT125001 <i>Kinesiology for Occupational Therapy</i> : The analysis of movement in the context of every day activity, drawing on related disciplines of anatomy, physiology, and kinesiology. The main focus of the course is normal movement.
536254 <i>Professional Practice for Occupational Therapy I</i> (15.00) An introduction to occupational therapy in Aotearoa/NZ, within a supervised practice environment. To initiate the development of attitudes, skills and knowledge related to the occupational therapy process and communication within the practice setting.	BT126001 <i>Psychology for Occupational Therapy</i> : Explores a range of theories, perspectives and issues related to psychological functioning in the context of everyday activities.
536256 <i>Personal and Environmental Factors in Occupation</i> (15.00) Examines the dynamic relationship between occupation, personal factors and the environment.	BT127001 <i>Adaptive Living - Occupation</i> : Enables students to recognise and analyse the activities through which humankind constructs its world, and learn how to make them work for themselves and others.
556301 <i>Methods of Research and Enquiry</i> (15.00) Develops knowledge of the enquiry process and an applied understanding of qualitative and quantitative research design.	BT128001 <i>Therapeutic Communication</i> : Equips students with the basic skills for successful communication in a range of therapeutic situations.
555101 <i>Psychology and Lifespan Development</i> (15.00) Provides students with an understanding of the processes of and influences on human development. Psychological concepts and theories are considered in relation to the study of the developing individual from the time of conception to old age and death.	BT129001 <i>Fundamentals of Inquiry</i> : Provides students with basic skills essential to being able to locate, read, understand and critique information, including literature, research and other sources.
555301 <i>Knowledge, Enquiry and Communication</i> (15.00) Introduces the principles of communication, knowledge, academic and scientific literacy.	BT130001 <i>Fieldwork 1</i> : This placement will prepare students for entry into professional practice. Students will gain an appreciation of the day to day work of an occupational therapist and contribute to the occupational therapy process at an introductory level.
555201 <i>Human Anatomy and Physiology I</i> (15.00) Introduces the fundamental concepts of human anatomy and physiology.	BT131001 <i>Social Anthropology for Occupational Therapy</i> : Introduces students to concepts of culture and society (using frameworks of anthropology and sociology) with particular emphasis on understanding these concepts in relation to Aotearoa New Zealand. Concepts explored will have an occupational focus. Students will be able to reflect on their own social and cultural circumstances.
555401 <i>Health and Environment</i> (15.00) Introduces global health and environmental issues and applies these in the context of Aotearoa New Zealand.	BT132001 <i>Humanities for Occupational Therapy</i> : Enables students to gain an understanding of human work and play through those disciplines that explore the ways in which men and women interpret, represent, express and communicate their experience
OR	
555339 <i>Maori Health, Development and Environment</i> (15.00) Provides an introduction to Maori concepts of health	

AUT University (AUT University, 2010a)	Otago Polytechnic (Otago Polytechnic, 2010)
<p>and environment and their implications for practice. Fosters critical enquiry into and reflection on Maori health and links to Maori development.</p>	<p>of the human world.</p>
<p><u>Year Two</u></p>	<p>BT133001 <i>Adaptive Living - Technology:</i></p>
<p>536201 <i>Enabling Physical Performance for Occupation</i> (15.00)</p>	<p>Students are introduced to the concepts of generic design, and adaptation, drawing on related disciplines already studied as well as introducing ergonomics and engineering psychology. The students will further develop their understanding of analysis and the interaction of people, task and environment so as to make adaptations which will facilitate participation.</p>
<p>Explores the impact of physical impairment on occupational performance across the lifespan. Introduces occupational therapy interventions commonly used to overcome occupational performance issues related to physical movement and sensation.</p>	<p>BT134001 <i>Reflection in Practice:</i></p>
<p>536202 <i>Enabling Cognitive Performance for Occupation</i> (15.00)</p>	<p>Students reflect on fieldwork experience to develop deeper understandings of their practice experiences and gain insight into outcomes achieved through reflective processing.</p>
<p>Explores the impact of cognitive impairment on occupational performance across the lifespan. Introduces occupational therapy interventions commonly used to overcome occupational performance issues related to information processing.</p>	<p>BT135001 <i>Concepts in Health:</i></p>
<p>536203 <i>Enabling Affective Performance for Occupation</i> (15.00)</p>	<p>Students explore specific concepts in health and disability. Students will explore these issues at a number of different levels, (from the individual through to international) and from a variety of perspectives.</p>
<p>Explores the impact of affective impairment on occupational performance across the lifespan. Introduces occupational therapy interventions commonly used to overcome occupational performance issues related to psycho-emotional factors.</p>	<p>BT136001 <i>Fieldwork 2 Longitudinal:</i></p>
<p>536204 <i>Creating Enabling Environments</i> (15.00)</p> <p>Examines social, cultural, institutional and physical environmental barriers that create or exacerbate disruption to individual occupational performance and participation. Introduces occupational therapy interventions commonly uses to overcome barriers in the environment.</p>	<p>This placement will provide the student with an opportunity to participate in an existing occupation services within the local community.</p>
<p>536205 <i>Enabling Occupation for Groups</i> (15.00)</p>	<p><u>Year Two</u></p>
<p>Develops knowledge, skills and attitudes related to facilitating occupational performance and participation for small groups of people.</p>	<p>BT227001 <i>Disability, Function and Occupation (Year Long Course):</i></p>
<p>527872 <i>Maori Health Promotion</i> (15.00)</p>	<p>This course is designed to allow students to develop their understanding of specific health conditions, with particular reference to the relationship between human capacity and participation in occupation. Students will be introduced to three specific groups of health conditions and the effects of these conditions on an individual's participation in occupation.</p>
<p>Provides a critical overview of concepts fundamental to Maori health and reviews the origins and evolution of Maori health promotion. Fosters understanding and critical analysis of Maori health promotion models and practice. Locates Maori health promotion in relation to Maori development,</p>	<p>BT228001 <i>Assessment:</i></p>
	<p>Introduces students to the purpose of assessment/evaluation within occupational therapy.</p>
	<p>BT229001 <i>Teaching and Learning Applied:</i></p>
	<p>Assists students in understanding and using learning principles that are appropriate for group and one-to-one client teaching and educational programmes.</p>
	<p>BT230001 <i>Participation in Occupation 1:</i></p>
	<p>This course will enable students to focus on participation of meaningful occupation. People today</p>

AUT University (AUT University, 2010a)	Otago Polytechnic (Otago Polytechnic, 2010)
<p>generic health promotion and indigenous health promotion. Informs effective health promotion practice in New Zealand in both mainstream and Maori-specific contexts, and within international indigenous contexts.</p>	<p>are increasingly engaged in occupations that use technology Students will explore the different ways technology can be used to bring about engagement in occupation of people who have occupational needs, and to consider how technology can be used to enhance therapy services to clients.</p>
<p>537333 <i>Evidence and Practice</i> (15.00) Development of knowledge of evidence, including research, related to practice. Critical analysis of evidence leading to formulation of practice recommendations.</p>	<p>BT231001 <i>Designing for the Individual</i>: Develops the students' ability to assess for and recommend adaptation of an environment or equipment as it relates to a specific individual.</p>
<p>537334 <i>Rehabilitation and Participation</i> (15.00) Promotes and integrates the concepts of rehabilitation and participation within health related contexts and considers implications for future practice.</p>	<p>BT232001 <i>Integration of Practice (Year Long Course)</i>: Focuses on how occupational therapists help people to return to participation in occupation that is meaningful for them. This course will prepare students for collaborative work and foster skills in justifying their decision making.</p>
<p><u>Year Three</u></p>	<p>BT233001 <i>Fieldwork 3</i>:</p>
<p>537302 <i>Enabling Systems Change</i> (15.00) Consider how the occupational environments of people within Aotearoa/NZ society are shaped by broad philosophical beliefs, public policy, legislation, and social strategies. Explore the nature of occupational therapy practice when acting to promote systems change.</p>	<p>This placement will provide students with the opportunity to engage in aspects of involvement with individual clients and groups and will enable students to evaluate their planned intervention, develop specified professional skills, and raise awareness of team work.</p>
<p>537304 <i>Professional Reasoning for Occupational Therapy</i> (15.00) Critically evaluate occupational therapy processes in relation to ethical, legal and cultural concepts to inform decision making and interprofessional working in a range of practice environments.</p>	<p>BT234001 <i>Disability, Function and Occupation (Year Long Course)</i>: This course will allow students to further their understanding around specific health conditions, with particular relevance to the relationship between human capacity and participation in occupation. Students will be introduced to four specific groups of health conditions and the effects of these conditions on an individual's participation in occupation.</p>
<p>537361 <i>Promoting Occupational Justice and Participation</i> (15.00) Knowledge, attitudes and skills to develop and implement evidence-based enabling occupation processes for organisational, community and societal change that will enhance health and well-being of an identified group that experiences occupational disruption, disadvantage, or injustice.</p>	<p>BT235001 <i>Introduction to Frames of Reference</i>: Develops the students' understanding of the role of theory in occupational therapy practice.</p>
<p>537306 <i>Preparation for Occupational Therapy Practice</i> (15.00) Develops knowledge, attitudes and skills for occupational therapy practice, focusing on core concepts and legitimate tools of practice.</p>	<p>BT236001 <i>Group Work</i>: Explores theories and principles related to group work and to equip students to take account of the multiple factors that influence successful facilitation of group interaction.</p>
<p>537311 <i>Transition to Occupational Therapy Practice</i> (15.00) Promotes transition from student occupational therapist to beginning practitioner within a practice</p>	<p>BT237001 <i>Collaboration and Consultation</i>: Explores the ways in which occupational therapists work with others within varied contexts. BT238001 <i>Participation in Occupation 2</i>:</p>

AUT University (AUT University, 2010a)	Otago Polytechnic (Otago Polytechnic, 2010)
<p>environment. Builds on and integrates skills, knowledge and attitudes for autonomous practice. 555339 (<i>Te Ara Hauora Maori – Maori Development perspective – instead of 55401 Health and Environment</i>) <i>Maori Health, Development and Environment</i> (15.00)</p>	<p>This course will explore the things which people do, focusing on the characteristics of the occupation rather than the individual doing them. BT239001 <i>Integration of Practice (Year Long Course)</i>:</p>
<p>Provides an introduction to Maori concepts of health and environment and their implications for practice. Fosters critical enquiry into and reflection on Maori health and links to Maori development. 527872 (<i>Te Ara Hauora Maori – Maori Development perspective - elective</i>) <i>Maori Health Promotion</i> (15.00)</p>	<p>Builds on students’ existing knowledge of person-occupation-environment. Students will examine this relationship whilst focusing on supporting and maintenance of individuals within a given environment. This course also aims to make links with appropriate frameworks for practice and the occupational therapy process. BT234001 <i>Fieldwork 4</i>:</p>
<p>Provides a critical overview of concepts fundamental to Maori health and reviews the origins and evolution of Maori health promotion. Fosters understanding and critical analysis of Maori health promotion models and practice. Locates Maori health promotion in relation to Maori development, generic health promotion and indigenous health promotion. Informs effective health promotion practice in New Zealand in both mainstream and Maori-specific contexts, and within international indigenous contexts.</p>	<p>This placement will prepare students for autonomous occupational therapy practice in a supervised setting with individual clients and groups. It will provide formal opportunities for students to direct their own learning.</p>
<p>567431 (<i>Te Ara Hauora Maori – Maori Development perspective - elective</i>) <i>Applied Primary Maori Mental Health</i> (15.00)</p> <p>Provides a critical overview of concepts fundamental to application of Maori mental health in a primary health setting.</p>	<p><u>Year Three</u> BT359001 <i>Practice Models</i>: Assists students to understand how a theoretical framework develops over time and to evaluate the validity of the use of all, or part of, an approach in practice settings. BT360001 <i>Evidence in Occupational Therapy Practice</i>: Develops students’ abilities to search for research, locate existing systematic reviews, critique individual articles and develop recommendations for practice on the basis of the existing evidence.</p>
	<p>BT361001 <i>Fieldwork 5</i>: This placement will provide an opportunity for students to demonstrate emerging competence in the occupational therapy process with particular focus on integrating occupational therapy practice with the contextual issues that impact on clients. BT362001 <i>Community Project/Fieldwork 6</i>: Enables students to develop the knowledge, skills and expertise necessary to analyse, plan, implement and evaluate a community orientated project in collaboration with an appropriate agency.</p>

Appendix C - Curricula Comparison

Year	AUT University	Otago Polytechnic
One	<p><u>Theoretical based learning</u></p> <ul style="list-style-type: none"> • Occupation – it’s meaning an characteristics • Introduction to occupational therapy in local context • PEO Model • Psychology and lifespan development • Human anatomy and physiology • Global health and environmental issues and relationship to local context OR • Maori health, environment and development <p><u>Skill Based Learning</u></p> <ul style="list-style-type: none"> • Fieldwork • Research methods and enquiry process • Communication, knowledge, academic and scientific literacy 	<p><u>Theoretical based learning</u></p> <ul style="list-style-type: none"> • Theories of psychological functioning • Basic communication • Societal and cultural concepts • Experiencing human occupation • Health and disability concepts from individual to international <p><u>Skill based learning</u></p> <ul style="list-style-type: none"> • Analysis of normal movement • Activity analysis • Fieldwork • Critiquing literature, research and information • Practice reflection • Using technology for adaptive living • Longitudinal fieldwork
Two	<p><u>Theoretical Based learning</u></p> <ul style="list-style-type: none"> • Physical impairments on occupational performance • Cognitive impairment on occupational performance • Affective impairment on occupational performance • Rehabilitation and participation OR • Maori health promotion <p><u>Skill Based Learning</u></p> <ul style="list-style-type: none"> • Creating enabling environments • Group work • Evidence based practice 	<p><u>Theoretical based learning</u></p> <ul style="list-style-type: none"> • Conditions (Year Long) • Purpose of assessment and evaluation • Meaningful occupation with technology • Theory of occupational therapy practice • Occupations and their characteristics • PEO Model and occupational therapy process – supporting individuals in given environments (year long) <p><u>Skill Based Learning</u></p> <ul style="list-style-type: none"> • Group and 1:1 teaching skills • Adaption for environment and equipment • Participation in meaningful occupation – collaborative and decision justification skills • Fieldwork • Group work • Interprofessional
Three	<p><u>Theoretical based learning</u></p> <ul style="list-style-type: none"> • Institutional systems change <p><u>Skill based learning</u></p> <ul style="list-style-type: none"> • Professional reasoning • Occupational justice and participation • Fieldwork • Preparation for practice • Transition to practice 	<p><u>Theoretical based learning</u></p> <ul style="list-style-type: none"> • Theoretical frameworks <p><u>Skill based learning</u></p> <ul style="list-style-type: none"> • Evidence based practice • Fieldwork • Community project/fieldwork

Year	AUT University	Otago Polytechnic
Elective papers	<u>Theoretical based learning</u> <ul style="list-style-type: none">• Maori health, development and environment (year one)• Maori health promotion (year two)• Applied primary Maori mental health	

Appendix D: Electronic Survey

1. Demographic Information:

1. What is your gender?

- Male
- Female

2. What year did you complete your occupational therapy qualification?

3. In what country did you complete your occupational therapy qualification?

4. What is your original occupational therapy qualification?

- Diploma
- Bachelors
- Masters (entry level – i.e. to obtain registration to practice as an occupational therapist, you needed to have completed a Masters degree in occupational therapy)
- Other (please specify)

5. Do you have any other tertiary qualifications?

- Yes
- No
- If Yes - please specify

6. When did you obtain your other tertiary qualifications?

- Prior to your occupational therapy qualification
- After your occupational therapy qualification

7. If you have other tertiary qualifications, are these relevant to enhance your practice?

- Yes
- No
- If Yes - please indicate the qualification and highlight the OT skills aspects that have been enhanced by this qualification.
qualification _____ research skills
 physical specialisation e.g. hand therapy
 mental health specialisation e.g. counselling skills
 other

8. How many years have you been practicing as an occupational therapist?

9. What are your fields of practice? (e.g. community or primary care , hospital, inpatient mental health). Please list in order of main time spent to least time spent in the field.

- 1 –
- 2 –
- 3 –

10. What best describes the geographical location/context in which you now mainly practice?

- Remote – population less than 5000 people
- Rural – population between 5000 to 99,000 people
- Metropolitan – population greater than 100,000 people
- Other – please explain

11. Do you currently have a New Graduate Condition on your scope of practice? If yes, how long have you had this condition?

- Yes (months/years)
- No

2. Survey Questions:

1. In your opinion how capable are New Zealand new graduate occupational therapists, you have observed in the last two years, of:

Please score each area on a scale of 1 to 5 (1 = poor and 5 = excellent)

- a. Facilitating and enabling occupations for people through engaging their needs, preferences, and capacities in the context of their environment to optimise ability and functional independence (implementation of occupational therapy)
- b. Acting and justifying actions, in compliance with ethical, legal, professional and safety requirements (safe, ethical, legal practice)
- c. Providing a service that takes into account the socio cultural values of the client/tangata whaiora, family/whanau and significant others (culturally safe practice)
- d. Using a range of communication skills to establish and maintain effectual therapeutic and working relationships (communication)
- e. Managing performance and monitoring personal resources to ensure performance is professional, collaborative, and supportive of service and team goals and colleagues (management of self and people)
- f. Managing the environment to contribute positively to the client's/tangata whaiora experience and their ability to participate and ensure effective use of resources (management of environment and resources)
- g. Seeking and using opportunities to continually develop professional knowledge and practice (continuing professional development)

2. Please rank in order (from most prepared to least prepared) the areas of practice for which new graduates are prepared:

- a. Facilitating and enabling occupations for people through engaging their needs, preferences, and capacities in the context of their environment to optimise ability and functional independence (implementation of occupational therapy)
- b. Acting and justifying actions, in compliance with ethical, legal, professional and safety requirements (safe, ethical, legal practice)
- c. Providing a service that takes into account the socio cultural values of the client/Tangata whaiora, family/whanau and significant others (culturally safe practice)
- d. Using a range of communication skills to establish and maintain effectual therapeutic and working relationships (communication)

- e. Managing performance³ and monitoring personal resources to ensure performance is professional, collaborative, and supportive of service and team goals and colleagues (management of self and people)
- f. Managing the environment to contribute positively to the client's/Tangata whaiora experience and their ability to participate and ensure effective use of resources (management of environment and resources)
- g. Seeking and using opportunities to continually develop professional knowledge and practice (continuing professional development)

3. In your opinion overall how prepared are New Zealand new graduate occupational therapists for practice?

Scale of 1 to 5 (1 = not prepared and 5 = well prepared)

Please explain why you feel they are well prepared and/or not prepared for practice

4. The current undergraduate degree programme is three years. Do you think New Zealand should move to a 4 year undergraduate occupational therapy degree?

Yes

No

Please explain your reasoning for the above answer:

5. Do you think an extended undergraduate occupational therapy degree should include (Please tick one of the following):

- More practice hours
- More theory hours
- Equal amounts of both

6. Do you think New Zealand should have graduates who enter the workforce with a minimum of a Masters degree in occupational therapy as the only option?

Yes

No

Please explain your reasoning for the above answer

7. Overall please rank in order (from most to least favoured) what would be your preference for training future occupational therapists:

- a. Three year undergraduate Bachelor's degree
- b. Four year undergraduate Bachelor's degree
- c. Masters entry level degree

Please explain your reasoning for the above answer

8. How would you describe your ideal graduate?

9. What do you think are some of the critical competencies needed by occupational therapists for the future?

Appendix E: Focus Group Questions

Questions:

1. Some people say that new graduate occupational therapists have an imbalance in their knowledge of theory versus practice. What is your experience of their first six months? What is your experience after their first year? (seek to capture level of competence and enablers/inhibitors)
2. The practice of all health professions is changing. Occupational therapy needs to encompass stronger contributions in localities and outside hospitals. What is the role of occupational therapy graduates in meeting those needs?
3. What do you imagine the allied health workforce will look like in 5-10 years time?
4. What do you see as the skill deficits for new graduate occupational therapists?
5. What do you see as the specific strong skills of new graduate occupational therapists? How could these be further enhanced?
6. Do you think that new graduates meet all the 7 competencies listed here:
 - Implementation of occupational therapy
 - Safe, ethical, legal practice
 - Culturally safe practice
 - Communication
 - Management of self and people
 - Management of environment and resources
 - Continuing professional development

If not, which ones stand out as needing further work?

7. What do you think are some of the critical competencies needed by practitioners for the future? Do you think occupational therapy graduates currently meet those competencies?
8. How prepared are new graduate occupational therapists for taking on clinical leadership roles?
9. What are your thoughts about an intern year for new graduate occupational therapists?
10. Currently New Zealand occupational therapy registration occurs after a three year undergraduate degree.
 - Should occupational therapy move to a four year undergraduate degree?
 - Should occupational therapy move to a Masters entry level degree?
 - Why or why not?
11. How would you describe your ideal graduate?

Appendix F: Focus Group Participants - Demographic Data

	Auckland 1	Auckland 2	Palmerston North	Nelson	Dunedin
Number of Participants	6	7	4	4	7
Female/Male	5/1	6/1	3/1	3/1	5/2
New Graduate	1	2	2	1	2
Senior Therapist	4	4	2	3	-
Manager	-	-	-	-	2
Educator	1	1	-	-	3
Ethnicity	New Zealand/ European	Maori New Zealand/ European South African	New Zealand/ European	New Zealand/ European	New Zealand/ European
Qualification Obtained prior/after 2000	5<2000 1>2000	4<2000 3>2000	4>2000	3<2000 1>2000	3<2000 3>2000 1 non OT
Country in which Qualification Obtained	New Zealand	New Zealand South Africa	New Zealand	New Zealand England	New Zealand
Original OT Qualification	5x Diploma 1x Bachelors	1x Diploma 6x Bachelors	4x Bachelors	2x Diploma 2x Bachelors	1x Diploma 4x Bachelors 1x Certificate of Registration
Other Tertiary Qualifications	2x Doctorates 1x Masters 1x PG Cert	1x Bachelors 1x PG Dip	2x PG Cert 1x Diploma	1x Bachelors (Hons)1x Diploma	2x Masters 2x Bachelors 1x Diploma
Relevance of Tertiary Qualifications to Practice	Research skills Mental health specialisation Theory development	Research skills Mental health specialisation	Research skills Mental health specialisation	Research skills Mental health specialisation	Research skills Mental health specialisation Management

Fields of Practice	Community adult physical Community adult mental health Education	Community adult mental health Private practice	Inpatient adult mental health Community child mental health Hospital, physical	Community adult physical Community adult mental health Private practice Rehabilitation	Mental health Education Community Rehabilitation Management
New Graduate Condition	1x yes	2x yes	No	1x yes	2x yes