

Feedback on consultation

Consultation on a recertification programme for new registrants and for existing registrants returning to practice:

Induction and Orientation for Practice in Aotearoa New Zealand

Five responses were received to the consultation.

The following is a summation of the responses to the questions posed in the consultation. Because there were only five response the additional comments have also been included verbatim.

Question 1

Do you support the shift from the current practice of imposing conditions to a recertification programme as described in this document and as set out in the recertification programme document?

Yes = 4 Not sure = 1

Comments
<ul style="list-style-type: none"><i>The terminology makes a difference, as it implies that the practitioner is 'reigniting' their previous level of competence rather than being 'checked for incompetence'. Whilst personally the terminology doesn't really impact on me at a personal level, I think it could potentially undermine the public or employing organisation's level of confidence in the practitioner, especially if they aren't familiar with the NZOT Board's process.</i><i>I believe the wording makes the intention so much clearer.</i><i>Not sure whether this is a good move, means probably more work/input from employer and what if clinician works in environment with limited access to supervision. This comment applies to many of the questions below. Extra paper work and forms, not sure if I can support that.</i><i>I can see how the term 'conditions' might have negative connotations. Therefore, being misunderstood by the public etc..</i><i>Consistency, transparency, equity and predictability are essential for this process.</i>

Question 2

The Board wants to differentiate this recertification programme from the process of applying for an Annual Practising Certificate (APC) or short term practising certificate and the ePortfolio. Do you agree with the name for the recertification programme, *Recertification programme for new registrants and for existing registrants returning to practice*? If not, please suggest an alternative.

Yes = 4 No = 0 not sure = 1

Comments
<ul style="list-style-type: none"><i>That's great. I think it's important to make it clearly different to the APC process.</i><i>So far I think that recertification is a good name.</i>

- *I think the name will get confused. Even with the explanation attached to the word 'recertification', I believe the two processes will be muddled. It also implies that the individual has had certification in the past (REcertification) which is not the case. I think the programme could be call certification programme.*
- *I like the change of the word "process" to "programme". It implies a much more pro-active, self-managing approach, as well as some thing that can be tailored to the individual's needs.It's clear enough to me that there is a difference between the Recertification programme and the ACP, short term PC and ePortfolio processes.*

Question 3

Practitioners registering under the Trans-Tasman Mutual Recognition Agreement (TTMRA) are not currently required to work under supervision when they begin working in New Zealand. Under the new recertification programme requirements, they will be. Do you support this change?

Yes =4

No = 1

Comments
<ul style="list-style-type: none"> • <i>I think each case should be taken on an individual basis. If an experienced therapist is hired into a NZ position from Australia, it's likely that they have a great deal of transitional/moving happening in their life, without having to find a supervisor before they can begin their work. In cases of rural/specialist areas it can be very difficult and cost the employing organisation a loss of time. Perhaps they could be required to provide every other requirement e.g. bi-cultural learning, references, as a precursor to securing registration and a temporary practising certificate?</i> • <i>Then, perhaps they can be required to complete the 6 months supervision with a registered NZ therapist <u>WITHIN</u> their first year of practice, thereby giving them a grace period of 6 months to orientate to their workplace and be inducted into their role, without the added stress of finding a supervisor immediately.</i> • <i>I can only believe that there are differences when working as an OT in Australia. So it makes sense that when you come to NZ it may be more challenging than first identified especially around our bi-culturalism.</i> • <i>They need to get used to working in NZ, same as other overseas OT's cannot see why it should be different for this group</i> • <i>Yes, in principle, however I think there needs to be more definition of the parameters of supervision. At the moment, it seems to me that "any thing can go" as supervision. It would be good for the Board to give more direction around what constitutes appropriate professional supervision, how it is delivered and by whom. Also, some guidelines around the practicalities of supervision, for example If weekly supervision is required for 12 months, does this mean the clinician has to have participated in 52 supervision sessions? I What if they work part time? What if they take a break during the year for some reason? What if they are working in a non-traditional role and may not have a high clinical case load and are doing other tasks such as triaging, case management, project facilitating, developing resources, public health etc? More and more OTs will be assuming such roles in the future. I also agree that the timeframe for supervision requirements needs to be</i>

enforced...some times the process goes on and on, because there is no consequence if the process exceeds the 12 month period.

Question 4 (A)

It is proposed that recent and non-recent New Zealand graduates are required to undergo weekly supervision for the first 12 months.
Do you agree with the supervision requirements?

Yes = 3 No = 1 Not sure = 1

Comments
<ul style="list-style-type: none"><i>I think weekly for the first three months, then fortnightly is more realistic until the end of 12 months.</i><i>it would be ideal but am concerned it may not be feasible for many new graduates, not attractive either for employers possibly which can potentially then create a barrier for new graduates getting a job!</i>

Question 4 (B)

All other categories of practitioner listed in the following bullet points must undergo fortnightly supervision for the first 6 months of practice.

- all overseas trained practitioners registering for the first time – regardless of their pathway to registration (including TTMRA);
- any other practitioner registering in New Zealand for the first time (e.g., New Zealand trained, but moved overseas immediately after training without registering here);
- practitioners who have retained registration but are applying for a practising certificate for the first time after more than 3 years; and,
- practitioners who have been restored to the Register under section 145 of the Act.

Question 5

Do you agree with the supervision requirements?

Yes = 5

No = 0

Comments
<ul style="list-style-type: none">• <i>Yes but please note comments on TTMRA as I've written in Question 1:3. I think we should make transitions for therapists who have trained in Australia slightly less restrictive than those who've trained in other countries (note: therapist's trained in Australia as opposed to just registered or working in Australia) as they are a close source of skilled therapists who can contribute to New Zealand's workforce.</i>• <i>But I am also aware that supervision can look different for different OT's.</i>• <i>Supervision can be a question answered in the office, or on the ward or working alongside a multidisciplinary team member, when it is an issue of culture sometimes the learning comes from patient and family.</i>• <i>It may not always be addressed in formal supervision so I am not sure how that could be captured without the identification of the two weekly formal supervision recommendation where the above could be discussed and recorded as learning.</i>• <i>This is reasonable expectation I think and achievable though I do not agree that it needs to be different supervisor to APC as noted in the document. That will make it very difficult for many and again extra work I cannot see justification in that.</i>• <i>But again, my comments above apply.</i>• <i>I have supervised a number of OTs returning to practice after having a family, they are experienced and skilled practitioners, whose skills have been refined even more by their family and personal experiences. I have felt that the fortnightly supervision for 6 months has been a bit arbitrary and so we have been a bit "creative" with the guidelines....supervision probably needs to be defined a little more for these people, beyond the traditional idea that it needs to be an hour long session of face to face(virtual or real) contact. Also, what about those OTs who might be returning to part time work only...if you only work 1 or 2 days a week, in private practice it becomes very expensive to pay for fortnightly professional supervision, so again the parameters and definitions of how supervision is delivered/received need to be explored. Again, enforcing the 6 month period needs to occur.</i>

Unsatisfactory results of the recertification programme

Unsatisfactory results of the recertification programme may include:

- non-compliance with supervision requirements;
- failure to maintain a supervision log;
- identification, by the preceptor, of concerns related to the practitioner's practice that cannot be addressed through supervision; and,
- failure to submit the *Completion of Recertification Programme Form* and accompanying documents.

Under section 43 of the Health Practitioners Competence Assurance Act, if a practitioner does not satisfy the requirements of a recertification programme, the Board may make either of the following orders (under section 43(1)):

a. That the practitioner's scope of practice be altered by:

- Changing any health services that the practitioner is permitted to perform; or,
- Including any condition or conditions that the authority considers appropriate;

b. That the practitioner's registration be suspended.

If the Board proposes to make an order under 43(1), the Board will provide the practitioner a notice stating:

- why the Board proposes to make the order; and,
- that the practitioner has a reasonable opportunity to make written submissions and to be heard on the matter, either personally or by a representative.

Orders made under 43(1) remain in effect until the practitioner has satisfied all the requirements. The Board may, on the application of the practitioner, extend the period within which the practitioner is required to satisfy those requirements.

Question 6

Do you agree with the proposed action for those whose recertification programme results are unsatisfactory?

Yes = 3 No = 1 Not sure =1

Comments
<ul style="list-style-type: none"><i>I would like to think that an extension of extra time may be granted first, if the unsatisfactory results are a result from a change in circumstances.</i><i>E.g. Supervisor(s) rather than supervisee or unexpected family or health issue resulting in unexpected leave from work</i><i>I can see positive and negatives in this, whose side will board be on, there is potentially conflict. A new staff member needs to go through induction etc in their own workplace that is a challenge in itself at same time also comply with all OT board requirements. Any restrictions on APC have direct impact on employer, not sure if this is being considered. If OT's cannot get a job due to all these regulations our position in allied health world is not getting stronger but in fact weaker, are other disciplines doing this. From what I know PT's do not have any supervision of scopes on their practise no matter where they come from. I think we need to consider that as they will be chosen over OT's for that matter.</i>

Failure to submit the documentation required to confirm completion of the recertification programme

The Board is proposing that practitioners must submit a *Completion of Recertification Programme Form* and accompanying documents (supervision report and log etc) within two months of the expected completion date of their recertification programme. Failure to do so will automatically result in the Board considering its options under section 43 of the Act.

The Board will remind practitioners to submit the required documentation:

- 6 weeks prior to the expected completion date and, if necessary
- a second reminder 4 weeks after the expected completion date.

Question 7

Do you agree that two months is a sufficient period of time for a practitioner to get their documents in order and submit them to the Board?

Yes = 4 No = 1

Comments
<ul style="list-style-type: none">• <i>Make sure a copy goes to their supervisor. What is the consequence if the supervisor doesn't comply with their part of this requirement in a timely fashion? As in my comments above in 3:6, can there be some sort of process so that the practitioner is not the only person asking the supervisor to do the report? Can there be a route for the practitioner to explain their predicament if they can't meet the 2 month deadline?</i>• <i>On most occasions this should be enough time unless for a an unexpected change in circumstances.</i>• <i>as above, with all these "rules" I would rather remain wit current conditions on scope that is more then plenty and hard enough to comply with. I wonder at times why OT board have to make things so complicated. Even the APC, recertification everything feels like how can we make these processes complicated as from all allied health groups we have the most cumbersome processes and I cannot understand why. It does not add value and is in a way off putting. Does not make us any better clinicians on the ground, employers certainly in private practise may for that reason chose not to grow OT positions. From overseas staff we do hear why is it so complicated. The drive for bicultural practise is over rated in my view and far removed from daily practise. I often feel from various communications from the board that the people actively engaging in any discussion are the academics that are far removed from daily practise on the ground. For me it has created more of a gap rather then feeling supported.</i>

Fee

The Board is proposing a fee of \$59.00 to recover the cost of processing the documentation to confirm the practitioner has completed the recertification programme.

Question 8

Do you support the proposed fee?

Yes = 4 No = 1

Comments
<ul style="list-style-type: none">• <i>But it could be a flat fee of \$60.00</i>