



OTC update on COVID-19 global pandemic

The Occupational Therapy Council of Australia (Ltd) (OTC) is aware that many aspects of occupational therapy practice are impacted by the current COVID-19 global pandemic.

Our highest priority remains the health and wellbeing of OTC staff, occupational therapy education providers and their students, and the broader occupational therapy community. We recognise the uncertainty of the current times and the importance of clear communication and attention to the advice being provided by the Australian Government Department of Health, the World Health Organization (WHO) and State Governments.

Of particular interest to OTC are accreditation of occupational therapy education programs and access to review of qualifications and supervised practice for internationally-qualified practitioners seeking registration in Australia. The following statement addresses these OTC responsibilities and is designed to provide information for education providers, students and practitioners.

Information for Education Providers and Students

The core aim of accreditation is to ensure education programs produce safe and competent practitioners at the point of graduation. This requirement of the Health Practitioner National Law Act 2009 remains in place.

However, in response to the COVID-19 global pandemic, education providers have made rapid changes to the ways in which learning is delivered. These include:

- changes to delivery of learning activities;
- reduced access to practice education placements, and
- changes to scheduled accreditation preparation activities, including site visits during 2020.

The pandemic has placed significant additional responsibilities on education providers and service providers which support the education of students. Hence the OTC has made some changes to the accreditation process to reduce reporting requirements and provide flexibility in how it assesses occupational therapy programs and providers against the approved accreditation standards.

Curriculum changes

Education providers are usually required to advise the OTC when major changes occur in occupational therapy programs, however it is accepted that all providers have moved to online learning as the primary mode of delivery and there have been major changes to the structure and timing of practice education as a temporary changes in response to COVID-19.

The OTC does not require regular updates of these or other temporary changes from providers. We will seek a report of major change from accredited program providers in July 2020 as part of our usual annual monitoring. The report template will be sent to programs early June, 2020 and seek a short summary of the temporary changes made or planned to each program and impact on final year student outcomes and overall program delivery.

Any other planned permanent changes will still need to be reported in accordance with the usual OTC Report of Major Change procedure.

Clinical/practice education placements

Occupational therapy programs have been proactive in developing innovative practice education experiences to replace usual clinical and other placement opportunities being withdrawn in response to COVID-19.

A set of national principles for clinical education during COVID-19 has been agreed by the Health Professions Accreditation Collaborative (HPAC) Forum, Ahpra, National Boards and the Australian Government to guide professions, accreditation authorities, education providers and health services when making decisions about student clinical education. OTC has been part of the process to develop these principles through our membership of the HPAC Forum.

Read the National principles for clinical education during the COVID-19 pandemic (<https://www.ahpra.gov.au/News/COVID-19/National-principles-for-clinical-education-during-COVID-19.aspx>).

Occupational therapy programs must continue to ensure the quality, quantity, duration and diversity of practice education experiences are sufficient to ensure graduates are competent to practise across a range of client groups and environments reflective of current and emerging contexts. Practice education must remain congruent with national and international comparators, including those set by the World Federation of Occupational Therapists (WFOT 2016).

A statement by the WFOT in regard to the expectation of 1000 hours of practice is available at <https://www.wfot.org/news/2020/covid-19-and-wfot-minimum-education-standards-statement>

Assessment of programs against accreditation standards

Occupational therapy accreditation standards are primarily outcome focussed so flexibility remains as to how learning occurs. No changes have been made directly to these standards as a result of the pandemic.

The HPAC Forum has developed a consensus statement (<http://hpacf.org.au/news/>) to detail the collective position of accreditation authorities in response to COVID-19

The Tertiary Education Quality and Standards Agency (TEQSA), Universities Australia (UA), the Australia Council of Professions (ACoP), Independent Tertiary Education Council Australia (ITECA), Independent Higher Education Australia (IHEA) and the Australian Collaborative Education Network (ACEN) Have also produced a set of principles for the higher education sector.

These principles are available at <https://www.teqsa.gov.au/latest-news/articles/joint-statement-principles-higher-education-sector-covid-19-response>

Accreditation site visits during 2020

Accreditation activities will continue during 2020 and 2021, with flexibility as to how these requirements are met, for example: on-site interviews will be replaced by video-conference where there are restrictions on travel. Arrangements will be made with each education provider in order to recognise local factors and timing that will be responsive to demands on education provider staff as well as the programs external stakeholders.

Information for internationally qualified practitioners and supervisors

Alternative supervision requirements during COVID-19 for internationally-qualified occupational therapists undergoing the Stage 2 period of supervised practice

Due to the current COVID-19 pandemic, the OTC acknowledges that direct supervision and observation of practitioners undertaking their work may be compromised for applicants and may need to be delivered in alternate methods.

Currently the OTC accepts the following as 'direct clinical observation':

- **Face-to-face:** supervisor observing face-to-face sessions between practitioner and patient.
- **Recorded:** recorded sessions of patient contact for use in a supervision session with the practitioner. For example, the supervisor is not actually present for the session, but able to give direct feedback and supervision on the session with the applicant after the event.

Please note the use of the term 'patient' can be substituted for 'recipient of service' or other preferred language.

It is likely that usual practice in a range of settings becomes telehealth (video-based or phone contact) services due to the COVID-19 outbreak. In such circumstances the OTC requirement for 'direct clinical observation' remains. The method of 'direct clinical observation' will be required to be articulated in the supervision log.

'Direct clinical observation' can be actioned in the following ways:

Video based Telehealth Sessions:

- The supervisor is located in the room with the practitioner, keeping social distancing requirements in place, while the patient is on the video-based telehealth line. The supervisor is required to have clear view of the practitioner and patient.
- If the above is not possible, recorded sessions, either face-to-face or video-based telehealth is acceptable. The requirement of the supervisor having view of the practitioner and the patient remains in place during this type of supervision session.
- If the workplace can facilitate a real time three-way consultation via video-based telehealth, this is acceptable, if the supervisor has view of both the practitioner and the patient.

Telehealth Telephone Consults (No Vision):

- If the practitioner is undertaking telephone consults only there would need to be some vision for the supervisor of the practitioner. For example, the supervisor is in the room with the practitioner, listening to an audio of the conversation with the practitioner, undertaken in real time.
- A video recording of the practitioner in the session with audio of the person on the other end is acceptable. Audio only is **not** acceptable.

The OTC needs to be confident the following is in place:

- The supervisor has a good view of the practitioner to assess communication skills including body language etc.
- The supervisor has a view of the patient if the practitioner is viewing the person on a screen. This way the supervisor can see if the practitioner is responding to cues from the patient as the session progresses.
- If the sessions are telephone sessions only with the practitioner, with no associated vision of the patient, the supervisor needs to be able to view the practitioner and their responses to the person with whom they are interacting. This could be achieved by being present in the same room in real time with the practitioner or on a screen with vision of the practitioner in real time, or a video recording of the practitioner on the telephone with clear audio of both practitioner and patient during the session.

The workplace has sole responsibility for managing all procedures around privacy and confidentiality, and informing the patient of the presence of the supervisor during supervision sessions.

Occupational Therapy Australia has telehealth guidelines available, which may be of use to practising occupational therapists, supervisors and applicants during the OTC Stage 2 period of supervised practice. Importantly, the privacy and etiquette of telehealth is clearly outlined and should be implemented across and within services.

Ongoing collaboration and communication

The OTC is continuing liaison with:

- education providers, directly, and through the Australian and New Zealand Council of Occupational Therapy Education (ANZCOTE);
- Occupational Therapy Board of Australia (OTBA), and
- other health professions, and especially through our membership of the Health Professions Accreditation Collaborative (HPAC) Forum.

CONTACT THE OTC

Education providers and program staff are encouraged to contact the OTC directly if they have any concerns or queries about any aspect of accreditation.

Supervisors or supervisees are encouraged to contact the OTC directly if they have any concerns or queries about any aspect of supervision.

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