Editorial

Specialist Registration in Occupational Therapy. Is it desirable? Should it be an option?

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Are we as Occupational Therapists (OTs) ready for specialists in our profession? I believe it is critical for the growth of our profession and a natural progression for the profession, just as Foto¹ did when writing from an American perspective. I have observed an ‘informal’ trend with individual therapists limiting their practice by choice, and becoming more knowledgeable and skilled in that aspect of occupational therapy that they choose to engage in. An interesting observation made by Welles (cited in Foto¹) just over 50 years ago, was that: “In the last half century organised knowledge has moved forward so rapidly that it is no longer possible for one individual to be fully competent in even one branch of occupational therapy.” But, on the other hand some might argue that a country like South Africa can ill afford specialist registration. From a purely medical perspective, it has been estimated that 56% of the health resources and 63% of doctors serve just 16% of the population, while the other 44% of the resources and 37% of doctors serve 84% of the people². It is probable that a similar situation exists in OT. Can we therefore afford to go the specialization route that might deny a large group of people access to OT services because they either can’t access them easily or afford them? In addition, if we believe that the focus and purpose of our profession is holistic intervention does specialisation not negate this?

We already have a number of professionals who essentially function as specialists, as they by choice, limit or confine their practice and then seek post-graduate education and Continuing Professional Development activities to assist them in sharpening their ‘specialist’ skills and knowledge. This habit has seen practitioners limit their practice to impairment categories (e.g. hands, psychiatry), age groups (e.g. paediatrics, geriatrics) or place of employment (e.g. school based OT, private practice, programme management)³. Much can also be made of the argument that we can only offer the highest quality of care when we are additionally qualified⁴.

Perusal of Health Professions Council of South Africa (HPCSA) documentation⁵ and Act 56 of 1974 as amended⁶ identified the following: A specialist is a practitioner who has been registered as a specialist with their specific Board. This was achieved by submitting proof to the Board that, in addition to a defined number of years of specialist practice, s/he had obtained a specialist qualification accredited by the Board. This was achieved by submitting a proposal and questionnaire were developed and circulated to all registered therapists. The response rate was unfortunately very low (156 or 5.4% of registered therapists returned their questionnaire) and it was unclear at the time why more therapists did not respond. It however appeared that those who responded were therapists who either (1) already held (or were in the process of completing) a formal post-graduate qualification or some form of additional training (e.g. NDT or SCT) or (2) worked in private practice. These individual therapists possibly had most to gain from a proposal for a specialist register. The areas of Paediatrics, Hands and Upper Limbs and Work Practice/Vocational Rehabilitation were most frequently recorded as suggestions for speciality areas, and perhaps reflected their employment situation at the time. The Board then resolved to pursue speciality registration in these three areas, as it thought it prudent to initially propose a limited number of speciality areas/fields in order to avoid fragmentation, confusion and possible overlap of scopes of practice. Pate³ noted that a professional group needed to agree on how specialisations were recognised if the profession wanted understanding and acceptance by the public. The Board acknowledged that speciality areas would not be limited to these three areas, and that other areas could be added at a later date. These three areas also interestingly enough mirrored the post-graduate qualifications on offer at a number of the educational institutions.

The following arguments support specialist registration⁷.

Firstly, having specialist categories would be of value to the development of the profession as they would formally allow recognition of expertise within the different areas of practice. It would also regularise an already existing ‘informal’ development within the profession, and in this way increase our professional standing. Secondly, it would encourage the development of additional post-graduate education opportunities at Universities which would have positive spin-offs for the profession in terms of knowledge production. Finally, the users of our services would be afforded the opportunity to obtain ‘specialist’ intervention. It is however understood that such services come with additional cost implications.

On the other hand, a number of concerns have been raised⁷ as follows:

One concern was that the needs of the country need to be factored in, as we needed to ensure that an equitable service was offered to the population at large. With this in mind, a ratio of 75% generalists to 25% specialists had previously been mooted⁷ in an opinion paper requested by OTASA. This however needs further debate within professional fora like OTASA, the Forum for Occupational Therapists in the Public Sector and the Education sector. It is interesting to note that one of the roles of the Medical and Dental Professional Board is to determine, in consultation with the Department of Health, the required number of specialists in each discipline in order to meet the needs of the country. Secondly, a defined scope of practice (having to limit one’s practice) could lead to a conflict of interest in terms of appointments in, for example, the Department of Health, Education and NGO’s, especially where such employers could not offer the employee a ‘specialist’ position. The possibility of a practitioner wanting to change and/or expand his/her practice area also needed to be considered. Thirdly, there would be additional costs involved for the individual practitioner in terms of garnering the required post-graduate qualification and then registering as a specialist. Fourthly, concern has been voiced that specialists might also be predominantly urban-based⁷ as is currently the situation in Medicine. Finally, Universities might feel pressurised to offer only those post-graduate course-work Masters programmes accredited by the Board for specialisation purposes.

The matter is far from settled, and much exploration of opinions, motivation for, and work in terms of what would be required legally still needs to be done. Three areas of specialisation have been identified after the survey conducted in 2007/8 with the understanding that other specialisation areas would be phased in over time. As a start, the Scope of Practice for each specialisation needs to be clarified and defined by the Board. It is important that a specialist register does not become a licence for practitioners to practice outside the Scope of the profession. The Board would also need to develop criteria to accredit post-graduate qualifications for this purpose and then ensure that an acceptable standard of post-graduate education was maintained. The current University educational programme...
evaluation process whereby programmes are accredited does not include post-graduate offerings. The World Federation of Occupational Therapists also does not extend its influence to post-graduate education as its mandate is to ‘oversee’ undergraduate education. The registration process, establishment of the registers, costs and regulatory rules would need to be determined by the Board, as well as the policy for dealing with contraventions in terms of working outside the defined Scopes of Practice. The final recommendation by the Board in terms of specialist registration would then be forwarded to the Council of the HPCSA for their deliberation. Once approval has been obtained at this level, the proposed HPCSA regulations would then be forwarded to the Department of Health for promulgation. Concurrently, the Board would need to lobby the various Public sector employing bodies, through the already established system of annual meetings, to create the necessary post structures that would support such specialist services. Universities would also need to develop and obtain the necessary approval for a range of post-graduate qualifications to cater for this initiative. Much work still needs to be done……

I have written this piece to provide some background to the matter, and hope that I have prompted you to consider the matter further or possibly for the first time. Do you have any additional comments, views, or thoughts on this matter? Comments, in the form of a letter to the editor would be most welcome. The newly appointed Board will continue with this initiative in 2010, so comments can also be directed to the Board Secretary. (The Board Manager, HPCSA Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy. P.O. Box 205. Pretoria 0001). I wish to acknowledge the role of the task team members, the 2004– 2009 Board and especially Mrs S Beukes in the development of the final proposal submitted to the Board in 2008.

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A Framework for Staff Development in the School for Allied Health Professions, University of the Free State

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This article reports on the development of a staff development framework for the School for Allied Health Professions (SAHP) at the University of the Free State. The aim of compiling such a framework was to create a structure to serve as a master plan for staff development planning. A comprehensive literature study was done to identify the factors that influence staff development at Higher Education Institutions. A questionnaire was used to capture staff perceptions of skill development. Indicators from the literature as well as data from the completed questionnaires determined which components were included in the framework. The framework consists of three phases namely, planning, operational and evaluation phases. Each phase showed the complex interaction of factors that should be taken into account. The framework can serve as basis for the development of own modules for staff development within the different departments in the SAHP as well as other departments within Allied Health Professions in South Africa.

Key words: Staff development, Allied Health Professions, Framework for Staff Development

Introduction
In the light of the changes in the education and training of health professionals it has become imperative that educators be given the opportunity to undergo training and development. Staff development for health professionals should address their special needs. Reform in the training of health care workers is deemed necessary, not only to be in line with international trends, but also to ensure effective functioning within the health system in SA.