

Letter to the editor

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Madam,

The editorial in the August 2009 edition of the SAJOT - 'Specialist registration in occupational therapy – is it desirable, should it be an option?' raises many questions.

It was stated in the editorial that specialists are 'critical for the growth of our profession'. We need to define what we mean by this, and whether our profession is ready in SA to 'grow' in this particular way. Specialisation needs to be examined against the needs of the whole health system, not just therapists' own interests or the interest of the profession.

The editorial states that 'the users of our services would be afforded the opportunity to obtain specialist interventions'. We need to see first exactly who the 'users of our services' are, in order to decide that the presence of formally recognised specialists would indeed provide access to specialist interventions. In our current health system, 15% of the population has access to a medical aid, and this proportion is declining year on year, mainly due to medical inflation making medical aids increasingly unaffordable¹. 85% remains medically uninsured and at least 40% of this proportion lives in rural areas, where occupational therapy (OT) services, despite the advent of Community Service, remain patchy and inconsistent. This significant proportion of potential service users is unlikely to gain any access to specialist OT intervention when they currently struggle to access even basic intervention.

The government health sector is struggling, both financially and administratively to implement a basic Occupational Specific Dispensation career path for OTs, a dispensation which is, to all intents and purposes, being designed to recognise and remunerate clinicians for additional skills, training and experience. Another level of recognition for additional skill and training in a government health system that is highly unlikely to be in a position to provide the structure or remuneration is problematic.

The editorial states that it is 'understood that such (specialist) service comes with additional cost implications'. Is this an implication that specialist status will be used as a bargaining tool for conferring higher medical aid tariffs for specialists, as in the medical profession? Such a situation could lead to clamouring for specialist status and its concurrent financial advantages, and remove therapists even further from populations that are in need of their input. A capped ratio of specialists to generalists on the register has been suggested but how would this be restricted or adhered to in practice?

The editorial states that 'much can be made of the argument that we can only offer the highest quality of care when we are additionally qualified.' But there are many ways, aside from additional qualifications, that high quality care can be achieved. If improved functional status is the ultimate goal of and motivation for OT intervention, we must be clear that 'specialist intervention' would indeed confer a better functional outcome for those who may be in a position to access it. The measurement of outcomes, both locally and internationally, is not sufficiently comprehensive or advanced at present to prove beyond doubt the advantages of specialist care in OT. An example of this was recently highlighted by a comparative study of specialist versus generalist OT intervention for flexor tendon repairs, which was inconclusive in part due to difficulties in measuring outcome². It is highly unlikely that specialisation linked to higher tariffs would be deemed acceptable by the National Health Reference Price List and medical aids without evidence linked to outcome, but if it were accepted, specialist OTs could still end up out-pricing themselves if consumers cannot perceive tangible benefits. A move to specialisation would also, conversely, negate the value of well trained 'generalist' therapists to the profession and its service users, particularly in disadvantaged environments. 'Family Medicine' such as that practised by GPs and primary healthcare doctors is increasingly recognised as a speciality in itself, and a generalist equivalent in OT should be equally appreciated.

Spiraling private medical costs and continued inadequate care and access in the government sector has led to recent vigorous debate over the restructuring of healthcare, evidenced by the move towards a National Health Insurance system. A move to OT



specialist registration, which has potential to confer benefits to a minority of therapists and potential service users, has come at the wrong time in the light of the possibility of major changes to the health system.

Interestingly, it appears that occupational therapists in other countries, for example the United States, UK, and Australia, have not felt a need to move towards a formally recognised specialisation at regulating body level. Neither have other rehabilitation professions in this country such as physiotherapy or speech therapy. This does not mean to say that South African OTs should not consider it, but we must then consider what is unique about our circumstance that warrants it. 'Growing the profession' is about reaching people who can benefit from our services, and providing interventions of high quality with effective outcomes. Specialisation is certainly not the only method of doing this, and probably not the most effective. If we wish to raise the profile and standing of OT, the focus should be on better use of evidence based practice, clinical research, setting and monitoring standards of practice, and proper measurement of treatment outcomes.

By all means promote specialisation - as in other countries and health professions this is an essential mechanism for promoting standards and growing knowledge. But this should not be linked with any cost implication in terms of tariffs or salaries. The profession is not ready for it, it would be complicated and resource-consuming to apply fairly, and the timing is inappropriate in our current climate of healthcare reform.

Yours faithfully
Helen Robinson
OT0027499

References

1. McIntyre, D & Thiede, M. 2007. Health Care financing and expenditure. Ch 3 in South African Health Review 2007. Health Systems Trust, Durban.
2. Rice, C. 2009. A pilot study to establish the outcome of flexor tendon injuries in specialised and non-specialised units treating hand injuries. Presentation, Occupational Therapy Association of South Africa Congress, 1st July, 2009.

❖ cc Mrs Kathy Holland and the Board Manager – HPCSA Board for OT

Reply to the letter to the Editor

Dear Ms Robinson

Thank you for your letter. In response, I go back to the heading of the original article. 'Specialist Registration, **Is it desirable? Should it be an option?**' ... Your feedback certainly raises a number of additional pertinent points.

As stated in the editorial, the purpose of the piece was to provide some background information and brief arguments for and against specialist registration in order to stimulate debate. That the Board has proposed to further investigate specialist registration does not make the matter a foregone conclusion, and it is understood by the Board that arguments around specialist registration need to be encouraged and heard. But what forums do we have to do this? As an OT myself, I would argue that one of the most commonly heard complaints is: 'I don't know what's going on ...'. Correspondence from, and interaction between and amongst the Board, the Department of Health, OTASA, the Forum for OTs in the Public Sector, INSTOPP, OTs working in the education- or the NGO sector, and the Disability sector (to name a few) and individual practising OTs has, in my opinion, not always been ideal in terms of frequency, agenda or representation. I'm acutely aware that many OTs are, for example, not even members of our Professional Association, OTASA, so are missing out on the debate being aired here.

In this brief reply I can't and wouldn't want to reply to the concerns you raise on a point by point basis. An Australian study¹, came to the conclusion that a link made between professional

excellence (further on the competency continuum in their opinion) and specialisation by the study's informants, lent credence to OT AUSTRALIA's ongoing exploration of the need to recognise specialists. At a national level, specialist registration is being considered by other Boards and other models of 'specialisation' are also being mooted. The Professional Board for Psychology has in principle approved the registration of a specialist psychologist, with specialisations in neuro-psychology and forensic psychology being considered in phase one. On the other hand, the Professional Board for Speech, Language and Hearing Professions has proposed that additional licensing, through appropriate post-graduate training, be required for their practitioners to render services in four identified 'specialist' areas, High Technology Augmentative and Alternative Communication being one of them.

I want to end by saying that as a profession we need to be talking about and engaging in current debates, specialisation being just one of them. We need to be considering career planning and development to embrace opportunities out there² mindful of the need to be offering the best we can, in the best way we can, taking our local context and the needs of our consumers into account.

Further correspondence in this regard would again be welcomed. To the reader, what are **YOUR** thoughts about specialist registration? How do you think we can best engage in this topic? OTASA branches, can this be an agenda item for your next open meeting? OTs in the public sector, will you make this an agenda item for next years National Forum? The Board would love to hear your views. As Crawford³ in a 1999 Editorial in the British Journal of Occupational Therapy wrote: "Ignorance – Cannot and Must not be Bliss"

1. Courtney, M. The meaning of professional excellence for private practitioners in occupational therapy. Australian Occupational Therapy Journal 2005; 52:211-217.
2. Withers, C and Shann, S. Embracing Opportunities: Stepping Out of the Box. British Journal of Occupational Therapy 2008; 71:122-124.
3. Crawford, M. Ignorance – Cannot and Must Not be Bliss. The British Journal of Occupational Therapy 1999; 62:1434.

Mrs Kathy Holland

