

**Australian Government
Department of Health**

***Aligning regulation across the care and
support sectors***

Occupational Therapy Australia submission

December 2021

Introduction

Occupational Therapy Australia (OTA) welcomes the opportunity to contribute to the Department of Health's process of aligning regulation across the care and support sectors.

OTA is the professional association and peak representative body for occupational therapists in Australia. As of September 2021, there were more than 25,300 registered occupational therapists working across the government, non-government, private and community sectors in Australia. Occupational therapists are allied health professionals whose role is to enable their clients to engage in meaningful and productive activities.

Occupational therapists operate across various government and compensatory schemes including the National Disability Insurance Scheme (NDIS), the Department of Veterans' Affairs (DVA) and the aged care sector. OTA would therefore welcome an alignment of the regulation across these sectors to improve the efficiency and effectiveness of the schemes while also ensuring the quality and safety of care for participants.

This submission outlines challenges and inconsistencies our members face when working across these sectors, and how the alignment of certain regulations may facilitate the delivery of care.

Current issues and opportunities for aligning regulation

IT Systems

Accessibility of documents and online information is vital to the effective provision of care in the digital age. Most care providers, including occupational therapists, utilise computer systems to efficiently handle documents and information for a multitude of clients. Additionally, much of the work done by our members is conducted in the home of their clients and due to the mobile nature of this work, many of our members use handheld tablets to conduct paperless visits. This efficient and time-saving practice is reliant on forms being available in the appropriate format.

When information and resources provided by the NDIS, DVA or the aged care sector are not consistent in their format or accessibility, considerable time is lost making these technologies work. Something as simple as providing documents in the same format across all sectors would allow for more effective use of care providers' time.

Additionally, as the use of online health platforms becomes more widespread, as seen through the increased role of Telehealth during the COVID-19 pandemic, online security and the protection of client privacy will become an increasingly significant factor in their utilisation. Aligning the security and privacy requirements of care providers working across the care and support sectors should be a key consideration in this reform process.

The creation of reference documents or resources for care providers to ensure their individual systems meet the required level of security should be a key element of streamlining and aligning regulations. Creating standards that are consistent across all care and support sectors would allow for care providers to more easily operate across schemes,

while also ensuring patient privacy is protected as technology becomes more central to health care.

Multi-layered registration requirements

OTA would like to draw attention to the substantial and growing bureaucratic burden placed on Australian health professionals that operate within the NDIS.

As raised previously in multiple submissions, OTA firmly believes that “certification by the NDIS Quality and Safeguards Commission is a disincentive to continued registration with the NDIS, in particular the prohibitive cost of the required audit” (OTA, 2019).

To become a registered occupational therapist, an individual must complete an accredited undergraduate degree and meet all registration requirements set by the Australian Health Practitioner Regulation Agency (AHPRA). These requirements cover criminal history, English language skills, professional indemnity and insurance arrangements, continuing professional development (CPD) and recency of practice.

Occupational therapists must also renew their registration annually and demonstrate that they continue to meet AHPRA’s registration standards.

Imposing any additional screening or registration requirements on occupational therapists simply duplicates regulatory functions. Such duplication is not only unnecessary, it has the demonstrated effect of disrupting workforce attraction and retention. It is therefore unnecessary for the NDIS Quality and Safeguards Commission to impose an additional – and very expensive – layer of bureaucracy on top of AHPRA registration.

Providers report that the costs of processes like audits – which can be upwards of \$15,000 – impact viability in the NDIS, particularly for small providers (DSS, 2021, p. 18). Of further significance, 72 per cent of allied health professionals ranked “excessive administrative burden” as one of the top three challenges impacting the productivity of the NDIS workforce (DSS, 2021, p. 19).

Allied health professionals, including occupational therapists, who wish to provide services to DVA clients are not required to undergo such stringent secondary registration requirements. Instead, DVA providers must simply provide their Medicare provider number and enter a tax agreement with the DVA (DVA, 2019).

The complexity of the NDIS process will drive clinicians from NDIS work and deprive NDIS participants of a wider choice of service providers – supposedly a central tenet of the scheme.

Recommendation 1:

OTA recommends the removal of NDIS Quality and Safeguards Commission certification on top of AHPRA registration. It duplicates already existing regulatory functions and provides a barrier to practice that has an impact on both the sustainability of the allied health workforce and the choice of care provided to scheme participants.

Communication processes

A number of issues arise from the lack of effective communication between regulatory bodies and schemes' participants and service providers. This leads to inefficient processes and delays in the provision of care to participants.

Particularly within the DVA sector, our members report issues and inconsistencies in receiving communication about changes to practice.

These issues may include:

- Inconsistent communication to providers on changes to Rehabilitation Appliances Program (RAP) schedule and forms;
- Inconsistent advice from allied health advisors across states; and
- Incomplete and inconsistent feedback on home modification applications.

Existing communication channels are inconsistent in advising care providers of changes to practice. The current system places the burden on providers to continually monitor all potential channels where these changes might be found, imposing yet another unnecessary administrative burden on them.

For example, our members report that they are no longer able to subscribe to *Provider News* updates from the DVA website and are therefore obliged to manually check online each day. In another instance, some members reported receiving an email advising them of updates to the RAP schedule while other members received no communication despite working within DVA for more than 20 years.

A centralised resource for all sectors where changes to practice and provider updates are advertised would ensure that providers who need information, know where to find it. Additionally, a system where providers are able to subscribe and unsubscribe from communication channels would ensure that relevant information is received by all who need it, especially when they move between sectors.

Recommendation 2:

OTA recommends an alignment of the regulations and requirements of the government bodies regarding communication with care providers. A centralised subscription system would ensure that communication channels are consistent and effective across all sectors. This alignment would not only provide assurances to our members that they are being kept informed and abreast of changes to practice, but also ensure delays resulting from incorrect procedures are reduced.

Conclusion

OTA appreciates the nuances and complexities that exist within each separate scheme. Accordingly, OTA firmly believes that a one-size-fits-all approach to regulation across these sectors is not beneficial to either providers or their clients.

However, the aforementioned challenges to practice across multiple sectors limit the ability of our members to provide the best care possible to those who need it. An alignment of

some rules and regulations across these sectors would markedly improve the efficiency of much of their work as well as making the wider allied health workforce more flexible and sustainable.

OTA thanks the Department of Health for the opportunity to comment on its consultation regarding the alignment of regulation across care and support sectors. Please note that representatives of OTA would gladly meet with the Department to expand on any of the matters raised in this submission.

References

Department of Social Services. (2021). NDIS National Workforce Plan 2021-2025: Building a responsive and capable workforce that supports NDIS participants to meet their needs and achieve their goals. Commonwealth of Australia: Canberra, ACT.

Department of Veterans' Affairs. (2019). *Become a DVA health care provider*. Commonwealth of Australia: Canberra, ACT. <https://www.dva.gov.au/providers/become-dva-health-care-provider#apply-for-a-medicare-provider-number>.

Occupational Therapy Australia. (2019). OTA submission to the Joint Standing Committee on the NDIS – Inquiry into General Issues Around the Implementation and Performance of the NDIS. Parliament of Australia: ACT, Canberra.