

General Discussion Following AHTA AGM August 2016 (transcription)

Any Questions?

Barb Hall - I just wondered if we could have an update on accreditation and where it is up to. That would be lovely.

Tracey Clark - I knew I wasn't going to get out of this meeting without having to say something! So the accreditation working party has been meeting periodically since our last AGM and where we are at the moment is that we have had some discussion with both Mental Health Nurses Australia and the Australian Physiotherapy Association regarding governance of proposed accreditation processes. Mental Health Nurses having already established this process in their Association for about 10 years. And the APA are looking to develop a similar model as their career pathway. So we have agreed in principle to share our governance policies which is going to be a great help to us in that we are not starting from scratch in developing ... there is a lot of policy that has to be developed around a process like this from application to compliance, to who forms the Council to assess the applications. So that's essentially where we are with the governance side of things.

Then, the other main arm of the accreditation process will be mentorship. So we have sourced a document that the HTCC has produced which they have made publically available for use and it is a very extensive document to mentorship of hand therapy and we are going to approach the HTCC formally about using that guideline to guide our mentorship component of the accreditation. And then, thirdly, is what makes up the education modules that allow you to apply and that's pretty much as what was originally proposed, so it would be that four AHTA modules would be needed to have been done. This would be the mobilisation / Immobilisation orthotics, fundamentals of hand therapy and trauma. Those courses are being reviewed by education so that they come into line with the learning outcomes of each of those courses and aligned to the competency standards for the practice of hand therapy which have been established by the American Association and adopted by the International Federation as the international competencies to practice hand therapies which incorporated Australian practice, with the addition of two elected modules. At the moment there are no elected modules that the Association runs and the other option was always that the CHT could be used as an alternative to elected modules. So, once the AHTA develops more courses that would be suitable as electives to add to the four core modules then they could be used as part of the application process for accreditation, but until that happens then CHT is the existing option for the two additional modules or units that would make up the education part of the application. And at the same time we have been having discussions with Deakin University about the possibility of getting a hand therapy masters up and running and that's looking very positive and it will be a collaborative masters with AHTA courses. So it is still very much in the proposal and planning stages and it is definitely not signed, sealed and delivered but where we are at in our discussions at the moment is that if Deakin would offer a Graduate Diploma in hand therapy and being able to extend that to a Masters by the addition of research modules and a research project. But the Graduate Diploma would be the four AHTA courses that I've just mentioned plus wound care, upper limb radiology and functional anatomy of the upper limb and a statistics research subject.

I'll be putting out a survey to members to see what sort of interest there would be with an idea of the costs involved. Ballpark once again of that, just to let Deakin know what the

level of interest is, and if there's enough interest for us to proceed with the negotiations further.

So moving forward, the plan is to have this accreditation rolled out on the 1st of January 2018 and the working party plans to meet face to face for at least two, if not three, meetings over the next 15 months in order to allow that to happen. We decided against the use of an external consultant. After talking to other Associations, it was found that it wouldn't be good value for money in that it is a very expensive process and the working party would end up doing the majority of the work anyway. So what we have decided is that when we have these face to face meetings that we would employ a facilitator for that particular component of the work that we were doing at that time. So if it is around governance, then we will have a facilitator to assist us with the policies and then, when the whole project is complete, it will go to an organisation that reviews governance and will have some legal review so that's our sort of alternative use of the proposed budget. So questions ...

Suzanne Caragianis- Tracey, for example, if the University wanted to run a wound care, and you just wanted to take up that module for example, is that a possibility?

Tracey Clark - Yes, each of those units that I've discussed which are proposed would be able to be undertaken as standalone units at the University.

Beth Taylor - I don't know if I missed this at the beginning sorry Tracey, but who is on that working party?

Tracey Clark - The working party is myself, Helen, Dave, Liz Ward and Jane Skeen.

Lauren Miller - I just wanted to know will you be a titled accredited hand therapist or what would be the title and the second part is, do full members currently transfer to that or do we have to fulfil the Deakin University criteria?

Tracey Clark - The working title for the Credential will be AHT (AHTA) - two reasons for that, because the British Association has an AHT as well, and their title is AHT (BAHT), Accredited Hand Therapist, British Association of Hand Therapy and we would be Accredited Hand Therapist, (AHTA) to distinguish the difference between the two. And the second part of the question is, would current full members need to apply for AHT? No, the decision was that for current full members there would be a grandfather period, over which current full members would be grandfathered into the scheme and it would only be new members or associates upgrading to full member who would then go to this alternative process that we would remove the level of membership which is currently full member and it would be replaced with Accredited Hand Therapist.

Nicola Cook - In terms of the AHT being what the designation would be, my understanding was that part of the accreditation was to give better presence to stakeholders and such like, but it also gives better presence to the general public so they know who they are going to. Does AHT actually mean anything to the general public, because if that is what we are going to put as our designation, should we not have a designation that actually means something? Does that make sense? Because I'm going to be AHT, BAHT, AHTA, that's 11 letters in a row that mean nothing to anyone apart from us. [I'm not trying to be mean I'm just trying to ...]

Tracey Clark - It's a bit of a chicken and egg thing, until we have the accreditation process up and running we can't then use that title to increase awareness of what it actually means to any key stakeholder. From a registration point of view, you know as far as our legislative framework of our registration goes, it really doesn't have any bearing on that anyway, it will be how the AHTA uses that credential to educate and lobby key stakeholders anyway so the public, being one of those key stakeholders, just like a CPA for example. That association has educated their key stakeholders about what that title means as an accountant, so we would then do that to our key stakeholders about what AHT represents.

Nicola Cook - Yes, I understand, but the example of CPA, they're going out to potentially a more highly educated level of consumer, we are going to the general public and we need, if we are going to use that, can I just put it to you to have little chat about whether it is accessible to the ... because some people don't even know that hand therapy exists so putting AHT as an addition probably to most people who are seeking care, because we want people to come to us for their care, because we have higher training levels that people who call themselves hand therapists ... is that, maybe I'm going off-topic.

Tracey Clark - I think there is a little bit of confusion about establishing a credential which is competency based which is what this process is and then educating key stakeholders about what that means which is a marketing process for the AHTA to let them know what AHTA represents. So they would need to occur together but they are essentially two different processes and the working party establishing the credential, their primary focus is not on educating those key stakeholders about what it actually means. It's about establishing a credential.

Barb Hall - It probably doesn't mean that you still can't on your business card, or your letterhead, call yourself an Accredited Hand Therapist. I think that is perhaps what Nicola is saying, there is no reason if you have that title doesn't mean you can't write it out in full which is what we are wondering. There is no reason why you couldn't do that is there Tracey?

Tracey Clark - No there is nothing stopping you from writing that, you are just prevented from saying that you are a specialist.

Barb Hall - What I'm saying is I think that Nicola's point is that the abbreviation may be lost on the public but there is absolutely no reason that just because we are calling ourselves an AHT, that any marketing you use, you can always call yourself an accredited hand therapist. All I'm saying is you could write it out in full. It's a bit like, if you are a certified hand therapist in Australia, [I can't actually write that because my,] we never used to be able to actually put that on our... on anything. But that's getting off topic, but you can still call yourself an Accredited Hand Therapist, you just write it out in full.

Tracey Clark - You can call yourself anything you like, as long as you are not misleading the public. That is the interpretation of the advertising guidelines from the registrations boards. You can't call yourself a specialist and you can't tell anybody that you have a qualification that you don't have. The rest is essentially up for interpretation. But our intention in working with particularly APA, in sharing governance, is that they have had quite extensive discussions with the physio registration board about their proposed process. We had a very productive discussion with APA. Their vision is that all allied health would develop a scheme at a similar level of accreditation for extended or advance

scope of process, which is essentially what our accreditation model is doing. It is saying hand therapy is an advance scope of practice of occupational therapy and physiotherapy. This is the space that it holds, these are key competencies and this is how we have accessed that our members have those things and they suggest that all registered allied health professions should have a similar model, and that if we all shared similar governance policies then that would make that easy for APRA to, not as so much recognise, but just see that it's constant across it all. They have had discussions with the registration board because they obviously, as we have, could see that there are potential problems in this in terms of titling and use of advertising and protected titles and words and so on, so we've got more work to do in that area. But I don't really see that it's an abject breach of the guidelines of advertising at this point.

Ray Jongs - Tracey, can I just ask about the Deakin University initiative. At the moment, I'm just thinking about some of the others masters courses which have kind of widdled away because of candidate numbers and I'm just thinking about the number of associates that normally go up to full members and how that might impair on all that work you've done with Deakin going forward.

Tracey - Is it a sustainable model?

Ray Jongs - Basically that's what I want to know, is it sustainable?

Tracey Clark - Of course, that's much more of interest to them than to us, you know is it economically viable for them to do this. But there is a, it seems, that there is an appetite for this industry collaborative model in developing university based post graduate education, and so, particularly in the strategic plan of Deakin, so we just happen to have been able to tap into that at this point in time and they're not looking just to do this for AHTA. They're obviously going to market this to APA and OTA as well because they want to have as many candidates as possible, but those people who are candidates who are not currently members of our Association would have to do our modules in order to be a candidate for the masters course so they're a potential captive audience for us as well in terms of membership. They seem to be able to think that it is economically viable but they are relying on us to give them some numbers about the interest and that's why I plan to send out a survey in the next few weeks, just to find out what level of interest there would be with the proposed costing model.

[Inaudible question/comment.]

Tracey Clark - Yes, so you could exit the qualification at a Post Graduate Diploma level as well if that was more appealing to people, rather than going onto the Masters. There are two points of exit.

Liz Ward - I just wanted to add to that, that with the Derby Masters course that is actually available to people world wide and there's no reason why this course also couldn't be available to people outside of Australia and a lot of the modules they are talking about being by distance education so it's quite accessible to people outside of Australia as well.

Olga Alkin - Coming from a New Zealand background and having been through exactly that same process about ten years ago now, when New Zealand Association gave their courses and gave their rules to run to Auckland University, I know that numbers are always a bit of a trick to gain but once you offer the course, many other professionals

such as junior physios would like to do the course as an upgrade, so I think the numbers would not be a problem because once you open it to a bigger, wider spectrum of therapists, say there are lots of junior physios who would like to do it as part of their masters, say in sports therapy, but they want to do a hand module, just to be a part, to get extra points to get their [inaudible word] masters in that. So once the course is actually up and running, it's actually very much a self-sustaining course, but with New Zealand we found that of course, Association will lose a substantial amount of income from the courses just because they have been... you know University takes over and of course they charge and then the lecturers are being paid as guest lecturers at the University, so obviously the lecturers on those courses, miss out because they just get paid, whatever little rate, so of course, it's up to us who is teaching those courses that, whether they are still going to be volunteering to do so. But that process is certainly viable for the Association as establishing the actual university credentials. So then we can say to stakeholders, well we've got our Masters Degree in that, it's absolutely necessary, I reckon that we do organise it and I think Tracey is doing a fantastic job with that.

Tracey Clark - I just wanted to reiterate that the AHTA would still own its courses and they would still be available for people to do who didn't want to enrol as a university candidate. So we will still own them and run them exactly as we had done, but if you were going to be a candidate of the University then you would do additional work to complete that module. So you would do pre-modular learning, and the University would handle your assessment component of that. But we will still retain and run the courses and own the IP. We thought that was very important, particularly if it turns out that this isn't a long-term sustainable option, that we wouldn't lose out. We won't lose out financially either because we will still be receiving the same payment for the attendance of that particular candidate at our course.

Nicola Cook - I think that's a really lovely way to do it Tracey - thank you very much to your committee for organising it all. But it sounds to me like the ones that are run by Deakin are going to be courses that actually are a bit more general. So upper limb radiology, statistics, they're things that other people will definitely want to access. And then the really, really hand specific people can do the AHTA courses, it keeps the revenue in the AHTA, I think it's a really lovely blend. I think it's a really intelligent way to bring in what we need to get it up there.

Tracey Clark - I must credit Pearse Fay, he's really driven this, because he could see that it's something that we wanted to do and that it would fit with the University's strategic plan so it wouldn't have happened if he hadn't been driving it.

Tracey Clark - Did anybody have any questions with regard to the mentorship component of the accreditation? So the HTCC have developed a mentorship programme. It's an on paper programme where they've developed an extensive model about how you can be mentored through the process of developing hand therapy skills and competency skills and we propose to use that model, but it will be so initially the accrediting council, which will be the body who assesses the applications for accreditation will need to appoint mentors. So there will be application process from existing full members to be mentors. And then when you apply to become an AHT, part of your agreement will be that you will then be a mentor within the next three years. So that's the only way that we can have a sustainable process so, we need to be satisfied that when somebody receives the AHT credential that they are at a level that they could

be a mentor. So, that's how we see that mentor process happening and I really feel that it is an essential component of the accreditation process.

Nicole Cook - In the minutes, I wasn't at the Conference last year, but one part of the discussion that came up was the concern over expense for people have to do the AHTA courses and, at the end of the day the course costs what it costs, but in terms of people having to travel to a different area, my only suggestion on that is there a way for us to develop a list of people who do have space where they could put someone up who is coming to attend that course, so if someone is going to Sydney or to Adelaide. If the courses are going to be in the bigger centres, because that's where it's easier to travel to and that's where you might get the higher attendance rates, can we have a list of people that are happy to put people up in their houses rather than people having to pay for hotels and such like. That may be a bit left field, but it was something that came up.

Tracey Clark - I think it is a good idea, but it is not within the working scope of the Accreditation Working Party, maybe it's something that Education could look at I think? [Inaudible comment from audience.] Yes, and I think as a result of that discussion last year we decided to further the idea of rural scholarships to allow people access as an alternative to running a course at a loss in a rural centre, it would be better for the AHTA to provide scholarships for those potential people who are going to do the course to come to a metropolitan centre to do it. For the other modules that Deakin proposes for run, they will be all online, so there will be no need to attend Deakin University.

Kylie Flynn - I've had lots of questions from associate members and perhaps they're not represented here this morning, but do you just want to clarify for everyone so they can tell people who they work with about how long they've got to upgrade their membership before we changeover to the accreditation.

Tracey Clark - Thanks Kylie, that's a good point. So I've said that this will be rolled out from the 1st January 2018, so existing Associate Members or, in fact, people who wish to join the Association have got until that time to upgrade to full membership under the existing scheme but no more applications for upgrades will be accepted after the 1st January, 2018. And we will still retain the Associate status of membership, it will remain unchanged.

Kylie Flynn - And just to clarify, to upgrade, you need to be an Associate Member for 12 months so you need to be an Associate Member by January 2017, or December, in order to apply in the following 12 months.

Tracey Clark - Thanks Kylie. Any more questions?

Barb Hall - I'm sure you already have it under control Tracey - do we have some sort of communication plan for, what are we, a year and a half, two years, to educate members about the process, especially Associates with what you've just said.

Tracey Clark - Yes, so this coming newsletter will be the third instalment of the update, so there's been a report in each of the two previous newsletters and that will continue quarterly. Then, anything that is particularly time sensitive, will be rolled out via E-news or as a global email if it is more sensitive than that. But, I see that it would be important to start putting red flags on dates for people as well if you want to upgrade under the existing scheme you have two more months left to do it. Yes, thanks Barb.

Helen Burfield - Thank you Tracey. Are there any other questions regarding anything else, apart from the accreditation process?

I guess if not ... [Inaudible comment] ... The Management System? Do you want me to tell people about that?

Jen has just suggested I let you know that we are looking at upgrading our system, not our website as such, it's a strategic system to do with membership before we get into the accreditation process so that is something we are just starting to undergo as a Management Committee, to look at it. Karen is running a subcommittee working on a proposal because these systems are enormous and quite complicated and we also have to make sure that we obviously get the right one to take us forward long term, because if we choose the wrong one you can be in all sorts of strife. It needs to manage this accreditation process, it needs to be able to manage the membership criteria, a whole lot of other things we want it to be able to fulfil so we are taking it very seriously and it will cost a little bit of money to do, but as we know our current website is very old, and clunky and needs improving so with the marketing promotions with Karen and a few other people we will be rolling that out over the next 6-12 months, hopefully getting it up and running well and truly before we start the accreditation process. So that should make life easier, especially for members, but will also make life for Sarah and Kate and Veronica to assist our members in making sure all the processes are online a lot quicker and easier, so yes, I think it is definitely time for that and we've discussed it a lot and got to that point of trying to make that come to fruition.

Suzanne Caragianis - I've had recently, on a different topic, I know as full members we have an agreement with BUPA, about helping to cover splints for our patients who have that coverage. Despite that numbers of my patients have had an hour a BUPA and not being able to get it. I've had enormous complaints and it's increasing, not decreasing. What is the committee's advice on that and where are we up to with that and how can we ensure that there's a smoother process for our customers where they don't call up abusing us because of BUPA's inadequate training or knowledge of their various staff?

Helen Burfield - Yes, thanks Suzanne, I acknowledge being in the same state. We seem to have similar problems. I don't know whether advocacy has had a look at that ... has that been something you've looked at in the last year or two? No? Well maybe it is something advocacy needs to look at again, I guess insurers are obviously one of those stakeholders that we need to constant keep in touch with. So we will take that on board. That's across Australia still isn't it? Just BUPA that does the splint rebates? Yes? Sarah is going to add to that.

Sarah Dixon - Suzanne, just to give a bit of general advice with the BUPA topic because obviously it comes through to me in the office, it's been in place for a number of years, and just some keys things to note that if you change practice, move to a new practice, you have to inform me in the office, and not BUPA. They won't accept the changes unless it comes through me directly. So what will happen is I will forward you the spreadsheet. You just complete your amendments, or deletions, or whatever it is and then that gets forwarded to my contact in BUPA. We try to make it clear in E-news and things like that, that is the process and contacting BUPA will have no effect, it has to come through the AHTA office. Advice that they have given me when we get complaints, I do follow up when you can submit a complaint or it is a particular process or a case that's going on, I will contact and speak to them about it. We need the name

of the person from BUPA, that the patient is dealing with, the patients name, and the BUPA office that they are dealing with. Any changes that are forwarded through by myself become updated on BUPA systems within 24 hours. I try to send them on the day that you send them to me.

Advice would be, and what I get from BUPA, is that the biggest issue they have is that the patients don't have the correct level of cover, firstly. Secondly, that provider numbers are different, they are reflective of what's going on with Medicare, so if the provider number doesn't match the Medicare record or the address doesn't match with the provider number, then that's a member issue to update and forward through again. I think that's about it. So basically their level of cover and that you have to bring those details to me and I can forward it to them to update. And that is the two biggest things, and as soon as that's done, everything gets resolved really. Any other issues, we can certainly highlight and put that through on a case by case basis.

Rebecca Crawley - Just on a practical level, and every now and again, you do get patients coming back with BUPA, do you have any suggestions just to tell them at the time. My approach at the moment, they'll come back, I didn't get anything for the splint, and I'll say to them. Usually what they say, is your name is not on the list. I've been a full member from prior to the BUPA stuff coming in, so my name has been on the list for the whole time. I go back and tell them to look in the hand therapy list as opposed to the orthotics list, just to make sure they are looking in the right section to try and solve the fact that my name isn't. Is that the sort of thing, or to ring the general hotline? Do you have any sort of practical suggestions? And I have contacted you previously and you sorted one out, because it was an old cover.

Sarah Dixon - Sure, and I think that is part of the issue again, it's a patient's level of cover or it was an old product that they purchased and it hadn't been moved over and we resolved that. They changed that didn't they for her level of cover? So again, it's case by case, but in general, I can certainly go back to them and say, look, maybe you need to educate the BUPA frontline staff, that they need to be looking in a particular place. But, as I say, I am assured that the database, once I send it to them it is rolled out and they are all educated that that's where they should be looking, but again, I think that's a BUPA issue with their staff.

Rebecca Crawley - Yes, should the patient just try again, or ring the general number?

Sarah Dixon - Yes, definitely keep trying and I would say to them, keep going back. If they get it knocked back one day, and then you've contacted me or we've made sure. First process, make sure your details are up to date with me. I can tell you straight away, check it; this is your provider number, this is the address. Has that changed? No. Then, no it's not an AHTA problem, it's a BUPA problem.

Rebecca Crawley - So the patient should just keep trying?

Sarah Dixon - Keep trying and I will in the meantime let the ancillary people that I deal with, let them know that there has been an issue and can you just double check your records and then hopefully they'll sort it.

Rebecca Crawley - So you are asking for us to let you know every issue, every time there is an issue?

Sarah Dixon - I think if it's a continuing issue, definitely. But I would advise you to make sure you're telling your patients, please, please check your level of cover as a matter of urgency. That's your first point of call. You know your details are there, I know your details are there so it's a patient/BUPA first if it's not be resolved and its dragging on, yes, let me know and I will certainly do what I can to resolve the issues.

Rebecca Crawley - Thank you.

[Inaudible talking.]

Sarah Dixon - Karen has just highlighted that maybe we need to go to BUPA and just ask them what level of membership patients are required to have in order to receive the rebate and also that we don't have to put splint codes on the letters or things that you're giving your patients to claim that rebate. So I can certainly take that back to BUPA and talk to them about what their requirements are for that person to get them and then you can feed that to your patients as well. [Inaudible comment.] Yes, that way it's a BUPA issue rather than an AHTA one.

Sara Brito - I'm covering some of the things that you've already said which is one that I always say to the patient, look there are just far too many levels of cover and many types of insurance so I never guarantee. Just setting them up that you can't know, I don't know which Medibank level and which BUPA and AHA and Airforce, anyway. The other one though that we found useful when claiming BUPA if they are doing it online, not face to face, they have asked us to use a particular code. I don't know if that's come out just to us or AHTA, 3063. So BUPA, we will everything under 3063, I haven't had any issues at all with what you are talking about.

Sarah Dixon - Sara, can I ask you to email through to me what you've just said and then I can forward it to my contact there and then ask them to clarify if that is the case. And if that is the case and that's what BUPA is bringing in then we obviously need to know and I'm sure they would've...

Sara Brito - I just do it by course, I just had a patient that said they had trouble claiming online and I went in face to face and they said you should be using that code so hopefully we are doing the right thing, otherwise I've just confessed my sins!

Sarah Dixon - I haven't heard of that, and I know that they would've informed us if that was the case.

Sarah Brito - Well then, it maybe wrong.

Sarah Dixon - If it is, I would like to forward it and we'll clarify because if that is the case that would make life so much easier wouldn't it? So if you could email me that would be great.

Helen Burfield - Okay, so that has covered BUPA, is there any other questions about any other aspect of the AHTA?

Louise Dreyer - Just in terms of, I know it's a horrible subject, but the worker's compensation thing. With being an occupational therapist, is there?

Helen Burfield - In what state?

Louise Dreyer - New South Wales. In terms of moving forward with worker's compensation and stuff is there something that the AHTA is looking at in representing us as unit OT's and physios together for that accreditation or something that I have to take up with my...

Helen Burfield - ... is this about the recent guidelines?

Louise Dreyer - Yes.

Helen Burfield - Okay, I pass over the Tracey again, only because she recently had teleconference on this. Were you at that teleconference?

Louise Dreyer - Yes. Well I read the notes on it.

Helen Burfield - Right okay, [To Tracey] would you like to speak on that at all? The work cover NSW, yes, as an OT. Is there anything else? Well [to Louise Dreyer] apart from what you've already read, I don't know whether there is any further update, but there isn't anything further that has happened. Tracey submitted to Sarah at OT Australia to try and advocate on behalf of the OT's in NSW. [Inaudible discussion.]

Suzanne Caragianis - Just our experience, we have a lot of work cover changes in South Australia and I think what I've done as an OT is I'm a member of OT Australia and I'm going to the OCC Health Interest Group meetings because they are the ones that have the direct link and all the negotiations go through OT Australia in South Australia from the OCC Health Interest Group. So now I've had influences had to become an active part of those monthly meetings.

Helen Burfield - Sure, that's what we have, what Tracey has done, has gone through OT Australia to try and do a combined push.

Tracey Clark - It's completely different in NSW, different system and rules. The underlying problem in NSW as distinct from all other states and territories is there is no agreement with work covering in Occupational Therapy. So there are no existing codes for Occupational Therapy, that the starting point that we are at with them so it's unfortunately at a low base [??]. And the proposal by Cera in a nutshell for all the other states is that they've established two tiers of providers. Tier 1 providers can provide 8 sessions without preapproval and Tier 2 providers need to seek preapproval for all provision or treatment and they've put OTs into Tier 2 so we are trying to negotiate around that.

Helen Burfield - I think that's all. Thank you all for attending this morning. Obviously got a bit of an extra 35 minutes of quick shopping!