

Sounding Board

Professional competencies in occupational therapy work practice: What are they and how should these be developed?

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Following the acceptance of South Africa's first democratic constitution and subsequent Disability Equity legislation, publications in South African occupational therapy literature, although very limited, indicate that occupational therapists are ideally placed and uniquely skilled to deal with the implementation of legislation and to be key role players in the work place by facilitating employment for people with disabilities [1–4]. Occupational therapists are ready to seize opportunities for service delivery in the work place.

After the implementation of Disability Equity legislation which has a direct impact on work practice service delivery, there was a flurry of activity in South Africa. Occupational therapists anticipated great changes in the field of work practice, and many workshops were presented in this field. Interest groups were established in many of the country's provinces and a multi-disciplinary society was formed focussing on collaboration in the field of work practice. The University of Pretoria developed the first and only postgraduate diploma in Vocational Rehabilitation in South Africa.

There was also a clear move from using "work preparation" to using the term "vocational rehabilitation". Occupational therapists were being employed in non traditional employment settings, such as insurance companies, with an explosion of therapists entering private practices with emphasis on work practice service delivery.

No longer did occupational therapists feel the need to explain who they were and what they did. Recognized experts in the field are frequently asked to address employers on the implementation of disability related legislation with guidelines on how to align work place services for people with disabilities. Occupational therapists flourish in the field of work practice and passionately share knowledge, skills and experiences.

When I started out on my journey as an occupational therapist and was given the privileged opportunity of student training in vocational rehabilitation, I implemented strategies and course content based on my, at that stage, very limited experience. Experience was context based, so I extended my basis by working in various hospitals and entered into private practice networking with the "sisterhood" in work practice. Where at all possible, role models in the field were invited to address students, not only to share their knowledge, but to increase the network amongst occupational therapists and to encourage mentorship. One of my philosophies in teaching was to create a passion for the field of work practice as this would cultivate a life long learning approach to professional development and a hunger to improve knowledge and skills.

And then the burning question? Perhaps rebellion? What do we as teaching staff need to teach? What does the practice demand of occupational therapists?

What do our customers require? And to crown it all, the nature of these customers who used to be medical team members, were now lawyers, occupational health practitioners, human resource managers, employers, union members, insurers and even the clients themselves. What knowledge, skills and values do we need in order to deliver effective and appropriate work practice services? What are the professional competencies required by occupational therapists in the field of work practice? And who defines these?

The Health Professional Council of South Africa through its Professional Board for Occupational Therapy is a key role player in defining course content and has allocated time frames, and thus indirectly, prescribed requirements for the development of professional competencies. However, with respect, many board members through their years of occupational therapy experience have usually become managers. Being in leadership positions, they are at times removed from the realities and demands of practice.

The realities and demands of work practice have changed and are ever changing in a developing socio-political context, and therefore professional competencies should not be defined by *past* experiences by occupational therapists in the field. It is imperative to involve therapists *actively* working in the field in a variety of practice settings relevant to work practice service delivery. A research process should be followed with collaboration from therapists in the field. The division between “academics” and “clinicians” should be bridged, with both being seen as partners and stakeholders.

In addressing professional competencies, therapists and clinicians should also examine carefully the competencies required of undergraduate as opposed to postgraduate students. Should undergraduate training prepare students for the field of work practice as a whole, or only for “aspects” thereof?

The first scenario: If a graduate therapist is expected to be able to perform any of the work practice services, then undergraduate training must be comprehensive and extensive. Should training not be adequate or sufficient, therapists would enter the field performing services which do not meet quality standards thereby closing the door for other therapists. This is a tall order as the field is wide and varied.

The second scenario: If undergraduate training is expected only to prepare students to perform aspects of the services such as rehabilitation and health promotion, then postgraduate training should focus on for example medico legal and prevention services. The

field of work practice would then become regulated and postgraduate training would become a requirement for this field of practice.

The third scenario: Undergraduate occupational therapy could focus on the preparation of students for certain practice settings with post graduate courses or other programmes preparing students for other types of work environments. This would imply that an undergraduate training qualification would enable a therapist to work in a hospital and workshop environment, for example, whilst additional qualifications would enable an occupational therapist to work in private practice and industry.

There are merits and limitations in all of the above. In addition to university training, other methods, such as the use of mentorship programmes, peer review, skill certification and appropriate experience could also facilitate the development of professional competencies.

The time is now. Research should spearhead further developments in the field of work practice by identifying professional competencies required in the field. This research should provide guidelines for under- and postgraduate training as well as indicate the use of other methods for furthering professional competency development. There should be a clear distinction between under- and postgraduate training. Postgraduate training should not only create depth in skills already mastered in undergraduate training, but should also increase the therapists repertoire of skills.

Mechanisms could be investigated and formally put in place to ensure that therapists have the required professional competencies and are able to strive towards professional excellence in the field.

References

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