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Viewpoint

The need for evidence and new models of practice education to meet the 1000 hour requirement

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Introduction

Practice education (PE) is an integral part of an occupational therapy student's learning experiences, development of their identity as a practitioner and professional socialisation. During PE, students have the opportunity to put into action the theory and practical skills studied in the academic environment (Towns & Ashby, 2014). It provides a 'real-world' context where students practise alongside a qualified occupational therapist to consolidate and develop skills learned in the classroom while working with clients, applying professional reasoning skills, and interacting with other professionals. When occupational therapy students are asked to identify the highlights of their professional education, it is the PE component of their studies that they frequently identify (Gray *et al.*, 2012).

The internal and external drivers that impact occupational therapy PE are constantly shifting, evolving, emerging and changing. This article will provide a brief overview of the current context of PE and review the major drivers that impact on occupational therapy PE. We contend that it is timely to examine the relevance of the 1000 hours of PE required to meet OT Australia and the World Federation of Occupational Therapists (WFOT) requirements, including a review of how PE is configured to meet Australian graduate competencies.

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Context of practice education in Australia

There are several other factors that are currently impacting PE in the occupational therapy profession in Australia. Firstly, there has been a substantial increase in the number of occupational therapy programmes available in Australia with study opportunities now available at 21 university campuses – one in the Australian Capital Territory, five in Victoria, two in South Australia, two in Western Australia, five in New South Wales and seven in Queensland (Occupational Therapy Australia, 2015). Nine of these programmes have commenced in the last 5 years. In instances when this expansion has occurred in close proximity to existing programmes, such as in Queensland which now has five entry-level programmes within a 150 kilometre radius of Brisbane, there has been an exponential degree of pressure placed on the profession in terms of both PE, training and workforce employment opportunities. This is particularly evident when the expansion has occurred during a period in Queensland when the disability and health sectors have experienced budget cuts with subsequent workforce reductions and a climate of relative job insecurity. The instability within occupational therapy positions has the potential to further reduce the relative pool of practice educators during a period when occupational therapy student numbers are climbing precipitously.

Secondly, most Australian university education programmes use a variety of placement models to provide students with a varied PE experience. Traditionally PE in occupational therapy has been provided with 1:1 supervision over a period of time in which the student is expected to learn from the practice educator and gradually become more independent in their professional practice. This PE model is expensive both in terms of staff time and may be limited in the scope of learning opportunities for students. Other models of practice education are being promoted such as one practice educator to 2–3 students, role emerging placements, project placements, volunteer experience or service-learning placements, part-time placements and 'long-arm' supervision placements (Rodger *et al.*, 2008). All of these models offer

opportunities and have limitations. There is a need to formally evaluate the effectiveness of these various PE models so that informed decisions can be made on best education evidence.

A third influencing factor was the 2009 Federal Government decision to remove caps on student numbers for bachelor's degrees. This decision resulted in pressure on existing education programmes from within universities to increase their annual student intake for budgetary and funding reasons. For example, over the last 6 years, Monash University has gradually increased its undergraduate enrolment numbers from 60 to 110 students per year while the University of Queensland increased enrolments from 105 to 135. In addition, there has been a move by several universities to commence graduate-entry masters (GEMs) programmes in addition to bachelor degrees offered or as their only occupational therapy course offering. For example, Curtin University, the University of South Australia, the University of Sydney, and Monash University offer two entry-to-practice pathways, one at the undergraduate and the other at the GEMs level. In contrast, the University of Canberra commenced a new occupational therapy course offering a GEMs programme only and the Swinburne University of Technology will start offering a GEMs course in 2016. Currently, an eighth program is mooted in Queensland with a GEMs programme under development at Bond University.

The larger number of enrolled occupational therapy students place extra demands on agencies and practice educators to provide PE opportunities. This leads to larger numbers of new graduates seeking employment upon graduation; however, the current job market for occupational therapy positions in many jurisdictions appears to be saturated due to funding cuts and hiring freezes in public health care, social care and education (McKinstry & Fortune, 2014). For the first time, new graduate occupational therapists are not finding a position soon after finishing their degree.

A final factor for consideration is that some occupational therapy education programmes are encountering a direct monetary cost for PE placements. For example, in 2014 the rate for Victorian university programmes set by the state government was set at $35 per day of fieldwork per student. This is occurring against the landscape of increasing costs associated with university programmes managing and financing PE when higher education budgets are being reduced. Some university programmes have to fund both the direct fees for PE plus pay for the costs of running an education programme (e.g., staff salaries, service charges, equipment).

Each state faces a range of contexts and issues regarding paying directly for PE. In Victoria, the state government has stated overtly that each university programme has to pay per day of student fieldwork while in Queensland, there are no fees levied currently for PE. Other academic programmes have individual contractual and financial agreements with health, social and education agencies to provide PE opportunities exclusively for students from specific education programmes. This then raises the issue of equity and accessibility to PE prospects for students across different Australian states and territories.

The increased number of education programmes, increased enrolment numbers, clinical staff reductions and payment for PE placements all combine to greatly increase the pressure and demand on health, social, community and education systems that are already strained. This raises issues of formal and informal competition between individual education programmes for the scarce resource of PE placements, increased cost of meeting the PE 1000 hour WFOT requirement, and the sustainability of the increased numbers of new graduates entering the job market. The changing political landscape at the state and federal government levels also have impacts locally and nationally for PE placements. The establishment of the Health Workforce Agency by the federal government to increase PE capacity actually established the expectation that PE placements will be paid for even though HWA funding has now ceased.

We contend that as a profession, we have reached a critical point regarding the provision of *quality* PE placements while at the same time meeting the increasing *quantity* of placements needed. There are many different players involved in the provision, administration, financing, evaluation and regulation of PE placements including universities, health-care networks, professional association, accreditation bodies, clients and families, students, and state and federal government departments. How do we manage and coordinate the equitable distribution, financing and management of PE placements so as to meet the multiple and often competing demands in a transparent, feasible and fair manner? A related issue is the development and implementation of several new PE models by university education programmes (e.g., service learning, volunteer experience, long arm supervision) as a means of meeting the 1000 hour PE requirement without sufficient evidence that these new PE models assist in meeting professional competency standards.

PE placement requirements

The accreditation standards for entry-level occupational therapy education programmes state that they must include a minimum of 1000 hours of clinical experiences including one placement that is at least eight weeks long (Occupational Therapy Council, 2013). The students should have a range of experiences working with people across the lifespan, with a range of conditions and within different practice contexts. It states that PE placements should allow the student to demonstrate the integration of theory into practice. The guidance provided for university programmes serves as a foundation for the development of a suite of PE experiences across

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the four year (undergraduate programmes) or two year (graduate entry programmes) of study.

Questions have arisen regarding the origin of the 1000 hours requirement and whether this is the most appropriate way for students to develop the competencies required for entry into the profession (Stagnitti & Robertson, 2012). A better understanding is required of how these 1000 hours are allocated within programmes, and an exploration is needed to determine how much time is required to meet each of the Australian Minimum Competency Standards for New Graduate Occupational Therapists. A traditional PE experience with a

TABLE 1: *Comparison of practice education requirements for other health disciplines*

Discipline	Accrediting or registration authority	Hours of practice education required prior to graduation	Other requirements
Speech Pathology	Speech Pathology Australia (2011)	Number of clinical hours that must be undertaken in clinical training is not specified	Need to demonstrate entry-level competencies in the practice areas of language, speech, swallowing, voice, fluency and multi-modal communication
Physiotherapy	Australian Physiotherapy Council (2014)	Not specified. Graduates need to meet the Australian Standards for Physiotherapy.	Assessed across the core areas of musculoskeletal, cardiorespiratory, and neurological physiotherapy, covering the required range and depth of clinical placements for all students in all key areas of physiotherapy, across all ages and in acute, rehabilitation and community practice settings.
Podiatry	Australian New Zealand Podiatry Accreditation Council (2014)	Approximately 1000 hours	Indicative of 1000 hours. 60% of clinical practice conducted in the internal clinical facilities, with staff-student ratios reflective of patient safety at 1:4 to 1:10 dependent on risk and task requirements.
Pharmacy	Australian Pharmacy Board (2010)	Not specified	An average of 350 hours prior to graduation, however, pharmacy requires 1824 hours of supervised practice post-graduation before registration
Social Work	Australian Association of Social Workers (2012)	Minimum of 1000 hours	Field education subjects must be taken over 2 years within the professional social work programme of study. No placement will be shorter than 280 hours. No placement will be an observational placement.
Dietetics	Dietitians Association of Australia (2011)	Minimum of 20 weeks or 100 days	Ten to twelve weeks full-time (or equivalent, with a minimum of 10 weeks) to develop the skills required to meet the competency standards for safe practice in managing nutrition care of individuals. At least 4 weeks should be undertaken in a clinical hospital setting where at least two full-time equivalent dietitians are employed. Placements within private practice and clinics not part of the public health system may also be undertaken provided they meet the supervisory and assessment requirements.

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length of seven to ten weeks may consist of periods of time when the student is not engaging in tasks that require the integrate theory into practice. Does this then bring into question the validity of those hours? How can we as a profession be so prescriptive about the specific number of hours when there appears to be limited evidence to support the need for this number of hours?

There is a great variation between education programmes about what is actually included as PE hours. For example, some education programmes count community project placements where an occupational therapy supervisor is not present towards the 1000 hour requirement plus traditional PE placements whereas other programmes just have students complete traditional PE placements. This raises the question of how is the 1000 hour requirement allocated between different PE experiences, what is the optimal mix of PE placement experiences, what is the effectiveness of the different PE models that are currently used, and what methods of quality control are in place to ensure that students have consistent PE experiences? Indeed, only some companion professional groups require a range of minimal fieldwork hours with most placing emphasis on demonstrating specific competencies irrespective of fieldwork hours. Table 1 has a comparison of other health disciplines' PE requirements.

Within Australia, the Student Practice Evaluation Form – Revised Edition (SPEF-R) is used to document students' performance on PE placements and to evaluate students' professional competencies. A recent Canadian study explored the development of competencies with their own tool, the Competency Based Fieldwork Evaluation for Occupational Therapists (CBFE-OT), and found that the students gradually increased their level of competency across the 1000 hours of fieldwork (Holmes *et al*., 2010). The authors contend that there are some competencies for which more than 1000 hours may be required, including practice knowledge, professional reasoning, and facilitating change. However, an alternate view may be that more dedicated time is required within the 1000 hours to assist the students to develop these skills.

Alternate approaches to PE

There has been an increase in the uptake of alternate forms of PE. Many university programmes have introduced or are investigating the use of simulation as an option to meet PE requirements. In a Health Workforce Australia project (Rodger, Bennett, Fitzgerald & Neads, 2010) led by the University of Queensland, the Australian Health Professional Registration Agency has agreed to accept students undertaking up to 200 hours of simulation as part of the 1000 hours. Although funding has been provided to assist with establishing the use of simulation within the occupational therapy curriculum, there is no ongoing funding commitment regarding the cost of simulation infrastructure for PE. Role emerging placements are not a recent innovation with reported use documented by Bosser, Cook, Polatajko and Laine (1997). Many of these placements do not have a qualified occupational therapist on site but use 'long arm' or external supervision from an occupational therapist. Should these PE hours count towards the 1000 hours?

While common in the United States, service-learning is only just being introduced in Australian occupational therapy education programmes, however, should this type of PE be considered as contributing to the 1000 hours of PE? In some instances, service learning may be comparable to community project placements already included in the curriculum of some education programmes in Australia. Students learn, develop and practise a number of essential occupational therapy competencies such as communication skills, professional behaviours and self-management skills although they are not supervised by an occupational therapist. Given the diversity of practice contexts, is PE supervision by a qualified occupational therapist required for students to develop the required professional attributes to practice? A dearth of evidence about the effectiveness of alternative models of PE delivery exists.

Conclusion

An active dialogue and debate is needed about this issue that involve all parties concerned. At present, minimal coordination between health education providers, education programme accreditation bodies, professional associations, government departments or workforce planners occurs. A synchronised and evidence-based approach to PE requirements is needed. Rigorous evidence is needed to demonstrate that the 1000 hour PE requirement and the new PE models being implemented are effective to ensure quality and to adequately prepared graduates to meet future societal needs.

References

Australian Association of Social Workers. (2012). Australian Social Work Education and Accreditation Standards. Guideline 1.2: Guidance on field education programs. Retrieved from http://www.aasw.asn.au/careers-study/education-standards-accreditation.

Australian New Zealand Podiatry Accreditation Council. (2014). Accreditation Standards for Podiatry Programs for Australia and New Zealand. Retrieved from http://www.anzpac.org.au/files/Accreditation%20Standards%20V1.1%20280909%20(Final).pdf

Australian Physiotherapy Council (2014) Accreditation of Entry Level Physiotherapy Programs – a Manual for Universities. Retrieved from http://www.physiocouncil.com.au/accreditation/APCAccreditationGuide15052014.pdf

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Australian Speech Pathology Association. (2011). Competency-Based Occupational Standards for Speech Pathologist Entry Level – Revised 2011. Retrieved from http://www.speechpathologyaustralia.org.au/professional-standards-ps/competency-based-occupational-standards.

Bosser, A., Cook, J., Polatajko, H. & Laine, C. (1997). Understanding the role-emerging fieldwork placement. *Canadian Journal of Occupational Therapy*, *64*(1), 70–81.

Dietitians Association of Australia. (2011). Manual for accreditation of dietetic education programs. Retrieved from http://daa.asn.au/wp-content/uploads/2011/03/DAA-accreditation-manual_v1.2_Oct-2011.pdf

Gray, M., Clark, M., Penman, M., Smith, J., Bell, J., Thomas, Y. *et al.* (2012). New graduate occupational therapists feelings of preparedness for practice in Australia and Aotearoa/New Zealand. *Australian Occupational Therapy Journal*, *59*, 445–455.

Holmes, J. D., Bossers, A. M., Polatajko, H. J., Drynan, D. P., Gallagher, M. B., O'Sullivan, C. M. *et al.* (2010). 1000 fieldwork hours: Analysis of multisite evidence. *Canadian Journal of Occupational Therapy*, *77*, 135–143.

McKinstry, C. & Fortune, T. (2014). Realising our social and occupational value: Could a graduate oversupply push occupational therapy in the right direction? *Australian Occupational Therapy Journal.*, *61*, 284–286.

Occupational Therapy Australia. (2015). Work and Study. University Courses-list. Retrieved on 9 January, 2015 from http://www.otaus.com.au/work-or-study/university-programs/university-courses.

Occupational Therapy Council. (2013). Accreditation Standards for Entry-Level Occupational Therapy Education Programs. Retrieved from http://otcouncil.com.au/wp-content/uploads/2012/09/Accred-Standards-December-2013.pdf

Pharmacy Board of Australia. (2010). Registration Standards. Retrieved from http://www.pharmacyboard.gov.au/Registration-Standards.aspx

Rodger, S., Webb, G., Devitt, L., Gilbert, J., Wrightson, P. & McKeeken, J. (2008). Clinical education and practice placements in the allied health professions: An international perspective. *Journal of Allied Health*, *37*(1), 53–62.

Rodger, S., Bennett, S., Fitzgerald, C. & Neads, P. (2010) Use of Simulated Learning Activities in Occupational Therapy Curriculum. Retrieved from http://www.hwa.gov.au/sites/default/files/simulated-learning-in-occupational-therapy-curricula-201108.pdf.

Stagnitti, K. & Robertson, N. (2012). *"1000 hours: To be or not to be" Evidence for 1000 hours of fieldwork in occupational therapy*. Discussion paper prepared for ANZCOTE meeting 19th June, 2012. Geelong, Vic.: Deakin University.

Towns, E. & Ashby, S. (2014). The influence of practice educators on occupational therapy students' understanding of the practical applications of theoretical knowledge: A phenomenological study into student experiences of practice education. *Australian Occupational Therapy Journal*, *61*, 344–352.

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