

**Responses to Survey - Board of Occupational Therapy Practice** Total responses: 24 (of which 3 out-of-state, 3 dual licenses)

<p><b>Highest Compliment</b></p>	<p><i>Ability to monitor on behalf of licensees</i> - 12  <i>Ability to keep profession from criticism because of bad actors</i> - 3  <i>Other:</i> - Keeps the public safe. -- As an employer, a board provides the ability to search for licensed personnel. -- Protection of the consumer.</p> <p><i>Ability to streamline Continuing Ed</i> - 3  <i>None</i> - 5</p>
<p><b>Biggest Complaint</b></p>	<p><i>Licensing fees too high</i> - 3  <i>Licensing renewal timelines too rigid</i> - 1  <i>Other:</i>-- With Occupational Therapists having a National Certification Board and given the fact that relatively few OT's have licensing issues here in Montana am wondering if the License for the OT is as imperative as perceived in 1984. It seems as though the National Certification Board could assist with any disciplinary actions that would need to be handled. -- In my situation a PT tried to harm me by saying that I was advertising myself (an OT), as a PT in the yellow pages. Another OT, that he worked next door to, advertised like this, and he did not submit a complaint against him. It was in response to a comment that I'd made about the PT's fighting massage therapy licensure for a decade, and in my opinion, retaliatory. I have not advertised in the PT section, but other OTs have. The issue was dismissed without prejudice. But it brings to mind that licensure laws can be used to harm other professionals, and I think there should be more clarification about when these arbitrary events occur, how to screen out if the complainer is appropriate or using the law to secure market share vs. protecting the consumer. I think that the licensure laws should be used for consumer protection, and if someone is using them to harm another professional, that should have some type of sanctioning as well. -- OT difficulty communicating. Emails are insufficient responses. Unable to speak to a live person in a timely manner.</p> <p><i>Lack of Information</i> - 3  <i>Board's response to unlicensed practice</i> - 2  <i>Regulations too strict</i> - 1  <i>None</i> - 13</p>
<p><b>Other reasons the board is important:</b> - As practice changes boards can screen for new areas of treatment and implement regulations that ensure the safety of the consumers. If someone is practicing in a way that endangers the public, there is a legal way to revoke the right to practice too.-- As a former small business owner, I was confident to hire licensed practitioners and be able to search the system to ensure there were no violations or complaints. As a member of the public, I am confident that the public trust is upheld through our licensing standards. -- In states where my profession is not licensed the quality of care and ethical conduct are lower---and this leads to other entities dictating what is appropriate care (almost always to make more \$ for the company, but necessarily appropriate for the patients). I think if individual practitioners are held accountable to their own licensure, then it gives them a way to respectfully disengage from unethical conduct, and protect their own livelihood. It's also a good way to screen new types of modalities and treatments as they arise and integrate them into practice so that training to use them, and apply them is consistent, thereby limiting potential harm to patients. I believe that state licensure is the only way for my profession, OT, to have oversight for local issues. We can still be reported on a national level for ethics, and are nationally registered every 5 years, but each state will have its own unique practice patterns too. We all have to work within insurance contracts, and Medicare guidelines too, to become a credentialed provider, but if we get a rogue therapist, who is harmful to the public, it allows the board to review practice. Also, the board members go to national meetings where the national certification personnel review changes in laws, so on a state-wide level we stay current. I've seen other states without OT licensure, and anything goes. It degrades what we can provide, we are working with the worst issues of a patient's life--we need to be held to the best of what we can do for the people of Montana. -- The public should be confident that their providers are competent and upstanding professionals. This is what I want for myself and my family when I am the consumer of services. -- Licensing boards monitor professional ability to perform Occupational Therapy, this keeps unethical persons from causing harm to public. Boards should monitor other states' licensing requirements to be competitive and up to date on regulations. -- It is essential so that unqualified personnel cannot claim my professional status, without proving their qualifications, and consequently cause a poor reflection upon my profession. -- The occupational therapy licensing board is important because it assures that OTs in Montana are up to date on continuing education and that new therapists meet the requirements for practice of the profession in our state. -- The board helps keep professional standards high. -- A board is essential to monitor for properly licensed individuals, otherwise it would be possible for people to "practice" without credentials, which is damaging to the profession and public. -- Any and all medical professionals should be licensed and held accountable for what we do in these respective professions, to prevent fraud and abuse of the healthcare system for senior citizens who are the most vulnerable.</p>	

<b>Public Health</b> - 5	<b>Public Welfare</b> - 1	<b>Public Safety</b> - 9	<b>None of these</b> - 0	<b>All or combination</b> - 9
<b>Scope of Practice:</b>	<b>Too Narrow</b> - 7	<b>Too Broad</b> - 1		<b>Just Right</b> - 16
<p><b>Problems with own or other professions' scope of practice</b> - None with own profession = 17 Yes - Board of Physical Therapy Examiners - 5  -- <b>Comments regarding too narrow a scope:</b> -- Limitations have been imposed by PT for regulation of modalities currently being taught in all OT schools and we are imposing additional regulations over this area. I also do not think we have the right regulation or criteria for monitoring OT assistants or aides and there is nothing in our current regulations that covers tele-health issues. -- We are extremely limited in our use of physical agent modalities. Although we receive the education in OT school and are able to use these modalities in other states, we cannot use them in Montana without going through an additional 8 hours of training for superficial agents and I believe 40 hours for deep agents. My understanding is that the physical therapy board pushed for this limitation. Were they afraid of the competition? Also, I am licensed for superficial agents, but I can only apply them to an upper extremity. Therefore, for example, when a patient I am seeing s/p knee surgery in an inpatient setting wants an ice pack for her knee, I am not allowed to apply it. That is ridiculous. -- In regards to superficial and deep modalities use, the board of OT practice places too high of a documentation burden on therapists who have used modalities in another state and move to Montana, It should be the employer who determines proficiency in modalities use for all therapists either PT or OT and not the state board.  -- <b>Comments regarding just right a scope:</b> -- It is in line with our national standards and serves the needs of the people of MT. -- Occupational Therapists are highly motivated and highly professional. OTs are aware of their scope of practice and are required to report to a national board and are monitored by this board.</p>				
<p><b>What laws/regulations have caused the most problems?</b> None =  To update our licensure law to reflect current practice in the shoulder and with modalities, it took years and time and money, and it was a very minor change to our practice law, and one that protected the consumers. There was strong armed lobbying by others. [We were] a small group going up against a bigger group with a lot of money, (in our case the PTs) protecting their "market share". In a rural state like Montana, we need to make things like that easier for folks with tech-y solutions that are reasonably priced. -- <b>Use of modalities 6.</b> {The process of opening up our licensure law to get it current by adding modalities to the shoulder was really a battle to fend off the PTs. They are very territorial in relation to other professions. This may be because of the school in Missoula having so many graduates each year, but I also see it as a national trend to keep a large market share by limiting the scopes of practice of other professions with overlap--like OT or massage therapy. I don't agree with that intent. We all have services to provide to the people of Montana. In other states all disciplines work together with enthusiasm and even joy. Each profession should have the right to monitor its own growth and to change things as technology and new practice patterns emerge. Because of the divisive nature of the PT's who fought our OT licensure, needed changes took 14 yrs to implement. I'd like to be able to change our licensure law more frequently to add in modalities that may be relevant to some parts of our profession. "Fighting" another profession is counter-productive when all of our professions are required for reimbursement in rehab centers, nursing homes, schools, etc, by law. The profession should be encouraged to update their practice acts as needed without the threat of a retaliatory (and very expensive) push-back from the PT's. -- In a rural state we don't have much continuing ed available, but online coursework has helped alot with that so we can get the required number of hours each yr. -- The OT Board should be more public about letting the OTs in the state know what is going on. I'm on the list serv as an interested party, but it's still difficult to read the minutes and know what was going on. (bracketed comments all from one person)} -- OTs may use ultrasound on the shoulder only. Ultrasound works on the body in the same manner no matter where applied. Limiting my practice to just the shoulder has limited my practice and treatment of other areas near the shoulder and benefit to my patients. Treatment should be about treatment of patients not about money. -- It is guided by our national standards and governing board. -- The requirements for use of E-Stim and Iontophoresis seem unusually strict for OTs versus PTs.-- Occupational therapists are honest, caring and need support from our governmental bodies, and the healthcare field in general, to continue to do what we do best: be an advocate for patients and assist them in healing/rehabilitation.</p>				
<b>Consumer complaint filed?</b>	No = 21			
<b>Nonlicensee comments</b>	Saying Board of Occupational Therapy Practice: Necessary for Public Health - 215, Public Safety - 128, Public Welfare - 118 Some respondents marked all or a combination.			