

Research and Development Strategic Vision and Action Plan for Occupational Therapists in Independent Practice

October 2004

Introduction to the Specialist Section

This document reflects the expert opinion and aspirations of Occupational Therapists in Independent Practice (OTIP). All are committed to offering the most effective services and interventions based upon the best available evidence. Independent practitioners are expected to adhere to the Code of Ethics and Professional Conduct for Occupational Therapists (COT 2000) and to operate in accordance with ethical business standards (Occupational Therapists in Private Practice 2002).

Occupational Therapists in Independent Practice (formerly Occupational Therapists in Private Practice) was one of the first Specialist Sections of the British Association/College of Occupational Therapists. Occupational Therapists in Independent Practice is different from other Specialist Sections in that the focus is upon a sector, rather than upon a specialist area of practice. Independent practitioners are a diverse group. Members possess expertise across the spectrum of practice, management, education and research. They work in a variety of voluntary, charitable and commercial organisations. Some are self-employed sole traders, whilst others operate small businesses providing services to the statutory sector, thus embodying the principles of public-private partnership.

Independent practitioners are engaged in a range of research and development (R&D) activities. This document concentrates upon the independent sector, as a whole. It gives minimal attention to independent practitioners' use of the best available evidence of clinical and cost effectiveness to underpin their practice. The latter responsibility rightly falls to each individual practitioner, rather than to OTIP. Such evidence is also covered in the research and development strategy documents formulated within the clinical specialities concerned. In similar fashion, this document does not consider applied research, service development, innovation or evaluation, where these are the services provided by independent practitioners. The fundamental place of research & development activity, whilst acknowledged as an integral element of ethical business, is also not the focus of this document.

Developing the Strategic Vision and Action Plan

This document is part of a series which tailors the 2001 College of Occupational Therapists' Strategic Vision and Action Plan (Ilott and White 2001) to each of the College's Specialist Sections.

Development work commenced in December 2002 with a meeting for research interested independent practitioners, convened by Nick Stone. A first draft of the document, using the six objectives taken from the College's Strategic Vision and Action Plan (Ilott and White 2001), was prepared. A two stage, virtual consultation process was then agreed. The first version of the draft document was posted on the OTIP website and all members were invited to comment. The second draft, incorporating comments from OTIP members and members of the research interested task group was reviewed at the meeting of the OTIP National Committee in May 2004. The resulting document was endorsed by the Research and Development Board of the College of Occupational Therapists in August 2004.

Objective 1: Contribute to the creation of a 5-year strategic framework for occupational therapy in collaboration with other allied health professions

This objective was endorsed with the rider that the concept of partnership be extended to encompass the diversity of independent practice. Practitioners work with many other professionals and agencies, depending upon the nature of their business. These include the court and claimants in medico-legal work, contract managers for service delivery projects and insurance companies in relation to return-to-work initiatives. Appendix 1 provides further examples of agencies with whom independent practitioners liaise in the course of their work.

Independent practitioners encounter different barriers and opportunities when undertaking research and development activity to those encountered by their colleagues who work in the statutory sector. Examples of these elements are provided in Appendix 2. In addition, many independent practitioners operate as sole traders or consultants, providing services to statutory, charitable and/or voluntary organisations. This means they do not have ready access to infrastructure services such libraries or research and development support units.

The entrepreneurial nature of independent practice means that services must be responsive to changes in the market place. This contrasts with the political and policy drivers that frequently influence the statutory sector. There may be great fluidity in the partnerships forged by independent practitioners, as such links are dependent upon changing needs and demands.

The following actions were agreed:

1. Encourage members to develop their awareness of data, and other information, which may influence future markets for their work.
2. Encourage members to network with independent practitioners from other health and social care disciplines.
3. Encourage members to attend conferences hosted by business partners and other stakeholders, where data related to independent practice will be presented.

Objective 2: Contribute to the inclusion of allied health professionals in policy formulation, implementation and evaluation

This objective was endorsed and expanded to include the wide range of independent practitioners' business partners (see Appendix 1). The diversity of independent practice means that practitioners must keep abreast of developments, evidence and resources within their sphere of expertise.

The following actions were agreed:

1. Encourage members to investigate opportunities to contribute to research and development activities. This could include seeking funding from employing organisations such as voluntary and charitable bodies; and using research findings related to specific interventions, equipment or service delivery.

2. Distribute the Research & Development Strategic Vision and Actions Plans published by the College of Occupational Therapists (2001) and Occupational Therapists in Independent Practice (2004) to national, regional and local research bodies as a means of raising the profile of independent practitioners' engagement in research.
3. Encourage members to submit material to the national Clinical Improvement Projects online database (CLIP). This contains summaries and contact details for completed and ongoing local clinical improvement initiatives (audits), with the aim of fostering the sharing of clinical experience and expertise (<http://www.eguidelines.co.uk/clip>).
4. Continue to work in collaboration with the other Specialist Sections via the Clinical and Business Fora of the British Association/College of Occupational Therapists.
5. Encourage members to become conversant with quality assured information sources such as the National Electronic Library for Health (<http://www.nelh.nhs.uk>) and the Electronic Library for Social Care (<http://www.elsc.org.uk>).

Objective 3: Support the establishment of centres of excellence with sufficient infrastructure to sustain a research-active community of occupational therapy personnel

This objective was endorsed in relation to the clinical specialities of individual members, rather than the business or sectoral aspects of independent practice.

The following actions were agreed:

1. Encourage members to incorporate data collection into their normal business processes, with due attention to ethical considerations and requirements of the Data Protection Act (Great Britain 1998).
2. Create a post for a Research & Development Officer on the OTIP National Committee to raise the profile of research within the organisation, to facilitate networks between aspiring research leaders in independent practice, to offer mentorship, peer support and assistance, as well as to explore opportunities for research funding in collaboration with the College of Occupational Therapists.

Objective 4: Reinforce the requirements and responsibilities regarding the research capacity of all members

Although this objective was supported, the autonomous nature of independent practice means that members must make the business decision to invest their time and resources in order to engage in research.

The following actions were agreed:

1. Encourage members to become informed consumers of research (Eakin et al 1997).
2. Ensure that research aware and active occupational therapists submit their details to the 2004 Register of Occupational Therapy Researchers administered by the College of Occupational Therapists.
3. Encourage members to negotiate access to local resources such as librarians, Research & Development managers and Research & Development Support Units.

Objective 5: Promote the priority research topics and diversity of methods

This objective was endorsed and a list of priority topics for the sector was identified. The identified topics focus upon understanding the scope, scale and range of independent practice. Increased understanding of these elements will provide a baseline for workforce planning, managing the interface between independent practice and other employment sectors and identifying business development opportunities.

The following actions were agreed:

1. Undertake a scoping study to identify the volume and range of independent occupational therapy practice in the United Kingdom, as well as the current trends informing such practice.
2. Use the findings of the above study to devise a ten year strategic plan, to inform future supply and demand in independent occupational therapy practice and to map the links between such practice and that in other employment sectors (including the statutory and voluntary sectors).
3. Explore the profile of members, to inform future COT recruitment, deployment and retention strategies.
4. Explore links with independent occupational therapy practitioners in other countries, to better understand global mobility and service standards.
5. Encourage members to research the nature, outcome and effect of their practice.

Objective 6: All members are expected to promote an evaluative culture to improve practice

The final objective was also endorsed. Independent practitioners are expected to comply with the College's minimum standard of allocating "regular, dedicated time within the work schedule for agreed research/quality enhancement activities for all occupational therapy personnel" (Ilott and White, 2001 p275). There should be evidence that the minimum standard of one half-day each month set aside for such activities is achieved.

The following action points were agreed:

1. Encourage members to record the time that they spend in activity that contributes to their continuing professional development (CPD), promoting the benefits of such engagement for both business and research outcomes.
2. Encourage all members to share their expertise at conferences and to add to the body of occupational therapy knowledge via publications in peer-reviewed journals, Specialist Section newsletters such as The Bulletin and the OTIP website.
3. Encourage regular research collaboration with occupational therapy programmes and multi-professional colleagues with the aim of building capacity, sharing resources and evaluating innovative practice to benefit service users.

Conclusion

Implementing this document will be challenging. Success will depend on such variables as the experience, commitment and resources of all stakeholders. Flexible partnerships will be needed between Occupational Therapists in Independent Practice members and others who work at the public-private interface. Progress towards achieving the action points contained in this document will be reviewed annually by the National Committee of Occupational Therapists in Independent Practice. In 2006, the College of Occupational Therapists is also due to review its Research and Development Strategic Vision and Action Plan (Ilott and White 2001).

Acknowledgements

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Great Britain, Parliament (1998) *Data Protection Act 1998*. London: Stationery Office

Ilott I, White E (2001) 2001 College of Occupational Therapists' strategic vision and action plan. *British Journal of Occupational Therapy*, 64(6), 270-277.

Occupational Therapists in Private Practice (2002) *Code of business practice*. London: Occupational Therapists in Private Practice.

Websites

Clinical Improvement Projects (CLIP) database www.eguidelines.co.uk Accessed 30.06.04

Electronic Library for Social Care <http://www.elsc.org.uk> Accessed 30.06.04

National Electronic Library for Health <http://www.nelh.nhs.uk> Accessed 30.06.04

The agencies contacted by independent practitioners in the course of their work include:

- Architects
- Benevolent funds
- Charities
- Clients/carers
- Disability appointment officers
- Employers
- Forensic services
- Higher education institutions
- Housing associations
- Independent health and social care practitioners
- Insurance companies
- Local Authority/Social Services departments
- Local Education Authorities
- Local government departments
- National Health Service Trusts
- Other business services
- Practice managers
- Private healthcare providers
- Residential care providers
- Schools
- Solicitors
- Surveyors
- Trade groups
- Voluntary agencies

Barriers to/opportunities for Research & Development activity in independent practice

Barriers:	Opportunities:
<ul style="list-style-type: none"> • Lack of research leaders to act as role models & mentors • Time costs money: need to balance investment in research & continued professional development with risk of loss of income & benefits of future opportunities • Practical problems with lack of access to infrastructure resources such as libraries, librarians & statisticians; or these need to be included in the contract on-costs • Lack of research knowledge & experience • Extra difficulties encountered when competing for funding as no association with academic or service settings • Obtaining ethical approval can be difficult, especially in organisations without a local research ethics committee • Ownership of the findings & gaining permission to disseminate them • Isolation of single handed practitioners & sole traders 	<ul style="list-style-type: none"> • Freedom to innovate, implement change & evaluate in response to needs • Expertise in conducting feasibility studies & costings as an established part of the business process • Access to a virtual network for contact & peer support via OTIP & the OTIP website • Independent practitioners are viewed as a proactive and entrepreneurial group • Individual research-interested members have experience of conducting small projects, audits & service reviews • Access to, acknowledgement/professional support from the College of Occupational Therapists • Competitive edge, reputation for/track record of continued professional development • Research record, which enhances members' credibility, status in the market place, ability to market their services & compete for contracts • Research is part of pre- & post-registration education programmes. This will enable links to be made between independent practitioners and higher education institutions (HEIs) • Potential to develop partnerships with charities, voluntary bodies & others • Opportunities to explore issues/topics with clients longitudinally, with due attention to ethical considerations • Access to technology, including the Internet

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