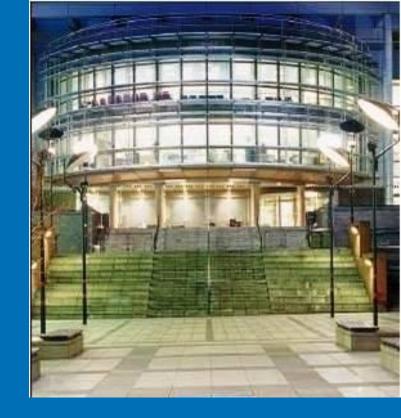
# Consultant Occupational Therapists in the United Kingdom



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# Session aims

## In this session I hope to:

- 1. Provide an overview of GCU and the programmes that we deliver
- 2. To outline the development of the 'Consultant' Occupational Therapist role in the United Kingdom
- 3. To share with you four case studies of practicing Consultant Occupational Therapists in Scotland
- 4. To encourage you to think about your future career plans and goals and how you might achieve them



### **GCU**

- 17,500 students from over 100 countries study in Glasgow
- Campuses in Glasgow, London, Oman and in New York
- Over 400 courses available
- Three large schools:
  - School of Health and Life Sciences
  - Glasgow School for Business and Society
  - School of Engineering and Built Environment









# School of Health and Life Sciences



## **School of Health and Life Sciences**

- Established in 2011 following the merger of two smaller Schools
- Brings together Allied Health, Nursing and Social Care disciplines together with Biological and Biomedical Sciences, Psychology and Vision Sciences
- The school is the largest provider of health care and life science education in Scotland
- Structured around three departments:
  - Department of Psychology and Allied Health Sciences
  - Department of Health and Community Sciences
  - Department of Life Sciences



# Occupational Therapy Subject Area

- BSc (Hons) Occupational Therapy
  - Four-year pre-registration programme
- MSc (Pre-registration) Occupational Therapy
  - Two-year pre-registration programme
- Post-registration (MSc/Prof. Doc./PhD)





College of Occupational Therapists 37th Annual Conference and Exhibition

Specialist Sections' Annual Conferences
Mental Health, Older People and Work

College of Occupational Therapists



18-20 June 2013 Scottish Exhibition and Conference Centre (SECC), Glasgow, Scotland



# Hello from Glasgow!





# Consultant occupational therapists in the United Kingdom



# **Background**

- The UK has 33,612 Registered Occupational Therapists
- Prior to the year 2000, clinical career progression for Occupational Therapists was limited
- To progress their careers, occupational therapists would often leave clinical practice and move into management, education or research roles
  - There was no incentive for highly skilled clinical staff to remain in a client-facing role

Occupational Therapist

Senior Occupational Therapist Head Occupational Therapist



# Why modernise the career structure?

- To create a more flexible and competent workforce
- To update career pathways and choices for professionals
- To better prepare professionals to take on clinical leadership roles
- To recognise advanced practice and extended roles being adopted in the clinical environment



# Implementation of 'Consultant' roles

- 'Consultant' posts were launched as a policy decision by the UK government in 1999, making it possible for Nurses, Midwives and Allied Health Professionals (including Occupational Therapists) to become Consultants
- The aims was to retain experienced and highly skilled practitioners in practice settings
- These new posts created a similar structure to that of the medical profession and provided the same level of autonomy for both medical and nonmedical Consultants





# Implementation of 'Consultant' roles

- Implementation of the policy was delayed by political devolution in the UK
- Responsibility for 'Health' was devolved with each of the four UK nations assuming full territorial responsibility
- Political divergence continues to influence the NHS - each UK nation is becoming increasingly distinctive in their approach to health
- First Consultant Occupational Therapist was appointed in 2004 in the area of stroke rehabilitation





# Implementation of 'Consultant' roles

 The policy has been most successful in Nursing – over 1000 in post. Evidence of their impact is limited – possibly due to methodological weakness of the limited research available

 In the UK we have around 30 Consultant Occupational Therapists (half of which are in Scotland)

What lessons can the occupational therapy profession learn?





# Principles underpinning the creation of Consultant roles

#### **Consultants will:**

- Contribute to better outcomes for patients, carers, families and communities
- Improve patient pathways and service delivery through influence and innovation at a strategic level
- Exercise advanced levels of clinical judgement, knowledge and experience
- Participate in, and influence, practice and service decisionmaking at NHS Board, regional and national level



# Consultant posts should be structured around five key themes

Practice and service development

Professional leadership and consultancy

Expert clinical practice

Research, audit and evaluation

Education, training and development



# Qualifications and expertise of appointees to Consultant roles

#### Post holders must have:

- Extensive clinical experience
- Strategic awareness
- Career-long learning and development
- An active engagement with research and evaluation
- Formal education links with an educational institution

Post holders must have a Doctoral qualification or a Masters qualification and be in pursuit of a Doctorate.



# The NHS career framework

More Senior Staff	-9
Consultant Practitioners	8
Advanced Practitioners	7
Senior Practitioners	6
Practitioners	5
Assistant Practitioners	4
Senior Assistants/Technicians	3
Support Workers	
Initial Entry Level Jobs	







Therese Jackson
Consultant Occupational
Therapist in Stroke



# **STROKE TELEREHABILITATION**

Linking rural stroke unit with specialist rehabilitation centre

Fraserburgh Hospital opened a 6 bedded stroke rehabilitation unit in January 2009 as part of NHS Grampians Stroke Managed Clinical Network strategy to deliver specialist care locally. Consultant input to the unit is provided by a Consultant Occupational Therapist in stroke based in Aberdeen, 44 miles away, with a journey time of approximately 60



National clinical guidelines (SIGN) and Stroke always an efficient use of time to travel long

Better Health Better Care (2007) recommended the use of up-to-date technology to improve access to specialists whilst also preventing the need for the patient to travel long journeys in poor

Government's Health Department from NHS Grampian's stroke rehabilitation team and procurement of a trolley based Tandberg 95 Edge video conferencing unit for the rural stroke unit. In spring 2010 the video conferencing unit was installed in Fraserburgh. This links via the NHS N3 IP network to the consultant's PC at the stroke rehabilitation unit in Aberdeen, which

Remote attendance by the Consultant Occupational Therapist for the unit at goal setting meetings is now being achieved through the use of telerehabilitation. Evaluation of the remote goal setting service is via patient and family satisfaction questionnaires & travel costs saved. The number of video consultations and reliability of technical systems is also being captured.

Specialist rehabilitation support, meetings, between stroke unit sites in order to provide and

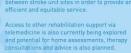
Consultant Occupational Therapist in Stroke











#### Contacts



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**Dr Jenny Preston** 

Consultant Occupational Therapist in Neurological Rehabilitation





Jean McQueen

**Consultant Occupational Therapist** in Forensic Mental Health





Elaine Hunter

Consultant Occupational Therapist in Dementia



# I want to be a Consultant, how do I get there?



## NHS Education for Scotland









# Identify your career aspirations

- Identify your development needs based on the career framework
- •Be bold!

#### Illustrating the support and development available for NMAHP Careers



A range of initiatives are led and/or supported by NHS Education for Scotland to develop Nurses, Midwives and Allied Health Professions across all levels of The Career Framework for Health. Some of these are also integral to Modernising Nursing Careers, Midwifery 2020 and Modernising AHP Careers. These initiatives are set out in the action plan for NMAHP's CURAM (SGHD 2009) which is dynamic and will evolve over the next few years.

NHS Career Framework for Health

Illustration of NMAHP initiatives in progress as at

#### LEVEL 9 - MORE SENIOR STAFF

Staff with ultimate responsibility for decision-making and full on-call

#### LEVEL 8 - CONSULTANT PRACTITIONERS

Staff working at a very high level of clinical expertise and/or have

#### LEVEL 6 - SENIOR PRACTITIONERS

A higher degree of autonomy and responsibility than level 5 in the

Non-clinical staff who woulld be managing a number of service areas.

#### LEVEL 5 - PRACTITIONERS

Registered practitioners consolidating pre-registration experience and getting ready for a higher level of functioning

#### LEVEL 4 - ASSISTANT PRACTITIONERS

Some work involving protocol based care under the supervision of a registered practitioner

#### LEVEL2 - HEALTHCARE SUPPORT WORKERS

Works under the direction and supervision of healthcare professionals and supports the multidisciplinary team in the delivery of high quality care Non-clinical examples are housekeeper and receptionist.

#### LEVEL1 - SUPPORT WORKERS

Non-clinical staff in roles that require very little formal education such as catering assistant or domestic assistant

#### Leadership

Consultant Practitioner Pathways and succession planning

Advanced Practice Pathways and succession planning

Practitioners with Special Interests

Senior Charge Nurse Educational Development Framework

Senior AHP Learning and Development Framework

Effective Practitioner

Ready4Work

Early Clinical Career Fellowships

Flying Start NHS

Healthcare Support Worker Development

HCSW toolkit including induction standards and codes

HNC/SVQ/PDA Development

Mentorship at every leve

Credit Qualifications Framework

and

Scottish

The Career Framework for Health is a UK wide development that was initiated by the Department of Health and has subsequently been developed by the UK Sector Skills Council (Skills for Health). The Career Framework is an enabling tool which sets out a common language to support career planning and progression both vertically and laterally. It does this by mapping the NHS workforce onto a nine level core skills and competence framework. Used in conjunction with the KSF it can illustrate career options more clearly helping staff moving from one role to another at the same level of competence or to prepare for the competencies needed when planning a vertical career move (Scottish Government, 2009b)

Contact the NMAHP Careers Team Inn Rae: ann.rae@nes.scot.nhs.uk

(SCQF





# Web-based learning programme for Nurses, Midwives and Allied Health Professionals

- Designed to be completed within the first year in practice
- Learner directed
- Provides a supportive, guiding learning environment
- Most successfully undertaken with the support of a mentor
- Easily followed with downloadable learner guides and useful web links
- Open to all healthcare settings for NMAHPs



# The Learning Programme

 10 Learning Units make up the development programme

Each has an aim and learning outcomes



Each sub-section contains learning activities

 All activities linked to NHS career framework



# Making it work together







### Other initiatives

- Early clinical career fellowships
- Effective practitioner programme
- Senior professional education and development programme
- Leading better practice



### The Knowledge Network

Knowledge into Action for Health and Care.

NHS Education for

Home

Portals and Topics

Communities

Library

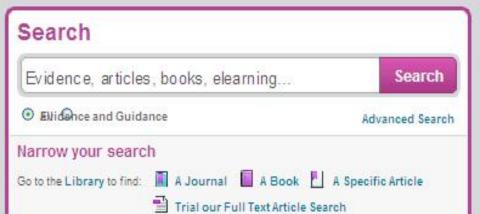
Learning and CPD

Keep Up To Date

Tools and Apps

DynaMed selected as NHS Scotland's primary point of care resource. More information







#### Welcome

The Knowledge Network provides evidence, information, e-learning and community tools. It supports all staff to find, share and use knowledge in day to day work and learning.



#### **Explore Knowledge Network Features**

#### Journals and Books



Full text journals, books, databases and point of care services

#### CLEAR



Clinical Enquiry and Response Service

#### **Training Sessions**



Free training sessions on The Knowledge Network and SSKS.

#### Point of Care Knowledge



Clinical decision making resources including Dynamed

# My current research

- Is concerned with understanding and explaining what Consultant Occupational Therapists 'actually do' in their day-to-day practice
- Is initially focussed on Consultants in Scotland
- Driven by two key questions:
  - ➤ What is the main concern of Consultant Occupational Therapists in their day-to-day practice?
  - ➤ How is this concern resolved?
- The research 'product' will be a conceptual theory that explains this concern and how it is resolved



# Thank you for your participation!

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