



Consultant Occupational Therapist

Published: 2018
Lead Group: Practice
Country relevance: UK wide

Introduction

The purpose of this briefing is to guide the development of consultant occupational therapy roles and support consultant occupational therapists in practice. This information should be read in conjunction with the national agreements on the introduction of consultants in allied health professions, where available and current.

Background Information

The NHS Plan (Department of Health 2000) and the *Allied Health Professional (AHP) workforce plan for Scotland* (Scottish Executive 2002) outlined plans to modernise healthcare in the United Kingdom (UK). As part of ongoing modernization, consultant occupational therapists are recognized as being pivotal in bringing about positive change in the National Health Service. As part of a team, they take a clinical leadership role in ensuring care is timely, effective and evidence based. A key part of any occupational therapy role is promoting self-management and recovery.

The Royal College of Occupational Therapists (RCOT), with other AHP professional bodies has been integral in developing the framework for consultant therapy posts and encourages members to be proactive in looking for opportunities where consultant posts can be established. The RCOT Consultant Occupational Therapists Forum is a recognised group and is supported by RCOT (Cusack 2013).

Roles are commissioned and approved through clinical commissioning groups, health boards and NHS foundation trusts.

The role of the consultant occupational therapist

Consultant occupational therapists are the pinnacle of the occupational therapy professional career structure (Cusack and Richards 2002) and represent both clinical excellence and academic capability (educated to at least Masters level). A consultant occupational therapist will work across traditional organisational boundaries and challenge current practices and ways of working. No two roles are the same, yet the principle purpose is to influence, driving strategic and service change. Research literature demonstrates that consultant AHP roles, including consultant occupational therapists have positively affected clinical practice (Stevenson et al 2011, Swift et al 2011).

The *Career Development Framework* (RCOT 2017), states that Level 8 encompasses 'most advanced and specialist knowledge: at the forefront of the profession; strategic leader; political influencer; original thinker; responsible for finances; service development and/or multiple teams; supervises staff/students; intuitively self-develops'. Consultant occupational therapists may consider themselves to be at this level after reviewing their interventions/practice.

The consultant occupational therapist role is focused around five core functions, as detailed below. Expert clinical practice is the core function of all consultant occupational therapy posts, accounting for up to 50% of the role. The level of emphasis on each of the four supporting functions will vary according to local need.



Examples are given of the activities undertaken in each of the five core functions:

1) Expert clinical practice

- Locally and nationally recognised expert clinical skills in own area of practice, including demonstration of advance clinical reasoning, knowledge and skills.
- Promoting and demonstrating best, evidence-based practice.
- Exercising the highest level of personal, professional and clinical autonomy involving complex situations that require analysis; making decisions where a precedent may not exist.
- Developing local and national best practice standards and clinical guidelines.

2) Practice and service development

- Influence and develop local, regional and national policies, strategies and clinical guidelines for own area of practice.
- Influence practice/service development/improvement through clinical leadership and clinical effectiveness networks across health and social care.
- Promote and facilitate service user involvement in the planning and delivery of practice and service development/improvement.

3) Professional leadership and consultancy

- Providing innovative, visionary and strategic leadership, motivating and inspiring others to deliver best practice at local, regional and national level.
- Provide clinical leadership and influence for strategic planning and service delivery across professional and organisational boundaries.
- Represent and influence occupational therapy and own practice area at national level.

4) Research, audit and evaluation

- Develop and facilitate a research culture, which supports others to engage in research, evaluation activities and service improvement.
- Engage in scholarly activity and disseminate knowledge by presenting work at peer-reviewed conferences and through writing for peer-reviewed journals.
- Influence the development, use and evaluation of research and audit methods to review practice standards, delivery and service development.

5) Education, training and development

- Promote and develop the learning environment within area of practice and across service boundaries using a collaborative approach.
- Work in partnership with Higher Education Institutes to develop, deliver and evaluate undergraduate and/or postgraduate education in area of practice.
- Provide training and education in own specialist area of practice to meet the needs of the organisation and profession.



Benefits of the consultant occupational therapist post

The following includes some of the benefits perceived according to the perspective of the purchaser, provider and service user:

- High standard, cost-effective, streamlined services with capacity to work across traditional services and professional boundaries.
- Rapid access to highest level of expertise, advice and mentoring
- Raised profile of service/organisation, to attract new business, funds and/or improve recruitment or retention of staff.
- Practice based on rigorous evaluation and application of evidence with risk management audit and research.
- Inspired, creative models of multidisciplinary and trans-disciplinary practice to ensure best use of resources.
- Design, coordination and delivery of education to expand the pool of expertise and promote growth of future specialists.
- Increase and promote inter professional understanding and respect locally and nationally.
- Experienced, rational and imaginative contributions to policy and strategic plans.
- Challenge existing systems and practices, precipitating change and modernisation, ensuring quality and value for money.
- Initiation and drive of innovative schemes that improve quality and user experience.

Development of consultant posts

Posts are identified through service redesign and recognition of need for a clinical leader who can provide expert practice, clinical and professional leadership, research and evaluation, educational and service development. Consultant posts can be funded out of existing budgets identified via service redesign or an increase in staff budgets.

Proposals for consultant occupational therapists will be based on an identifiable patient need, supported by the host organisation in accordance with national guidance. Information required may vary locally but should include:

- an outline of service benefits of establishing the post and the specialty involved.
- a draft job description, job plan and assessment of salary.
- a timetable and details of appointment process.
- an evaluation of the consultant occupational therapist post against the National Job Profile for Allied Health Professionals Consultant, Band 8a,b,c,d or equivalent.

The consultant occupational therapist:

- must be a registered practitioner with the Health and Care Professionals Council (HCPC).
- ideally should be a member of the professional body, the Royal College of Occupational Therapists.

The nature of the consultant post requires a portfolio of career-long learning. Further study and postgraduate education is considered essential in terms of providing evidence to commitment to higher level learning and research.

The College requests that they are informed of any developing bids and newly establish posts in order to link with existing networks and professional developments.



Impact of a consultant occupational therapist
Contribution of expert clinical skills, which they would not only utilise with complex service users in their own clinical practice, but also contribute to clinical guidelines.
Leadership of multi-disciplinary Services.
Responsible for key modules / schedules of work at undergraduate / postgraduate level at an identified University.
Fostering and maintaining links with local higher education institutions
Developing concepts for how services can be delivered more effectively; piloting and evaluating proposals.
Undertaking practice based research as part of a PhD or clinical doctorate
Providing an interface between clinical practice and clinical commissioning
Acting as a Research Facilitator for the organisation
Facilitating teamwork across an organisation and between organisations
Taking responsibility for meeting and reporting targets

Further Reading:

Anonymous (2015) New consultant OT appointed in vocational rehabilitation. *Occupational Therapy News*, 23(5), 20.

Anonymous (2010) First AHP consultant post for mental health in Scotland. *Occupational Therapy News*, 18(10), 19.

Anonymous (2009) New consultant OT post in assistive technology. *Occupational Therapy News*, 17(1), 6.

Benner P (1984) *From novice to expert: excellence and power in clinical nursing practice*. Menlo Park: Addison-Wesley.

College of Occupational Therapists (2015) College of Occupational Therapists: *Code of Ethics and Professional Conduct*. London: College of Occupational Therapists.

College of Occupational Therapists (2017) *Professional Standards for Occupational Therapy Practice*. London. College of Occupational Therapists.

Craik C, McKay E A (2003) *Consultant therapists: recognising and developing expertise* British Journal of Occupational Therapy 66(6), 281-283



Cusack L (2013) Consultant OTs: How did we get there and where are we now? *Occupational Therapy News*, 21(10), 42-43.

Cusack L (2008) Consultant OTs: where are they all? *Occupational Therapy News*, 16(4), 36.

Mason K (2007) *An evaluation of a Consultant Occupational Therapists role and its impact within forensic mental health rehabilitation services*. *Mental Health Occupational Therapy* 12(3): 101– 103.

Masterson A & Humphris D (2000) *Developing New Clinical Roles: A Guide for Health Professionals*. Churchill Livingstone, Edinburgh.

Mickel A (2011) Leading from the frontline. *Occupational Therapy News*, 19(4), 38-39.

Royal College of Occupational Therapists (2017) *Career Development Framework*. Available at: <https://www.rcot.co.uk/practice-resources/learning-zone/career-development-framework> (accessed 16.2.18)

The Scottish Government (2010) *Consultant Nurse, Midwives & Allied Health Professionals (NMAHPs). Guidance for NHS Boards* Available from: <http://www.advancedpractice.scot.nhs.uk/media/618/sg-consultants-guidance-march10.pdf>

References:

Clark L and Jones E (2013) *Investing in our future leaders* *Occupational Therapy News*, 21(2): 28

Cusack L and Richards J (2002) *Occupational therapy consultants*, *Occupational Therapy News*, 10(2): 27

Cusack L (2013) *Consultant occupational therapists: How did we get there and where are we now?* *Occupational Therapy News* 21(10): 42

Department of Health (2000) *The NHS plan: a plan for investment, a plan for reform*. Stationery Office: London.

Royal College of Occupational Therapists (2017) *Career Development Framework*. Available at: <https://www.rcot.co.uk/practice-resources/learning-zone/career-development-framework>

Scottish Executive (2002) *Building on success*. NHS Scotland: Edinburgh.

Stevenson K, Ryan S, Masterson A (2011) *Nurse and allied health professional consultants: perceptions and experiences of the role*. *Journal of Clinical Nursing* 20(3-4): 537–544

Swift J, Mullen C, Gavin-Daley A, Kilgannon H (2011) *Workforce productivity and the role of consultant nurses, allied health professionals and pharmacists* *Health Service Journal* Available from: <http://www.hsj.co.uk>

All links accessed 22.2.18

The College would like to acknowledge and thank the following people for their contribution to this briefing: Rachel Dadswell, Consultant Practitioner; Ellie Jones, Trainee Consultant Practitioner; and Beth Clark, Trainee Consultant Practitioner.