CONTINUING PROFESSIONAL DEVELOPMENT:
QUANTIFYING THE VIEWS OF OCCUPATIONAL THERAPIST MANAGERS IN AN IRISH CONTEXT

By

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List: CPD, Ireland, Occupational Therapy

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Abstract

Objective. The Irish healthcare sector has seen radical new reforms being initiated in recent years. The opening of three new schools and impending State Registration will place unheralded attention on the provision of, and engagement in, CPD. The purpose of this study was to quantify the views of Occupational Therapist Managers in Ireland on CPD.

Method A questionnaire was given to a sample group of 35 Occupational Therapy Managers. Respondents included managers from six different specialities of Occupational Therapy, in two locations (Hospital and Community).

Results. The results of the study show that CPD is a valued and important concept. A high percentage of respondents are in favour of mandatory CPD for registration. The study shows that Managers avail of CPD opportunities which are similar to those that their staff engage in. It highlights the absence of mentoring as a factor in CPD development for managers in Ireland. It also points to the availability of funding, time and increased staffing as key factors in the facilitation of CPD. While 6-10 hours a month allocated for CPD was reported by 19% of respondents, 14% of respondents reported no allocated time. Finally the study highlights that the mean years experience as a manager in Ireland is five years, indicating a relatively “young” management population.

Conclusion. CPD must be fostered and developed within all fields of Occupational Therapy, regardless of speciality and location. It needs to be intrinsically motivated, and therapists should not rely on fulfilling statutory requirements as the sole reason to engage in CPD. Adequate resources such as funding, time, mentoring and increased staffing will go a long way towards the effective implementation of CPD activities. CPD activities should demonstrate value for money, address competency, improve service provision and complement organisational strategic goals.
Introduction

Continuing Professional Development (CPD) is a term commonly used to denote the process of the ongoing education and development of health care professionals, from initial qualifying education and for the duration of professional life, in order to maintain competence to practise and increase professional proficiency and expertise (Alsop 2000). CPD is a continual, life long process of personal and professional development. It is widely seen as a necessary progression in the rapidly changing healthcare sector. Occupational Therapy is a rapidly growing healthcare profession, and CPD is an integral part of providing a high quality, cost effective service to its’ clients by knowledgeable and competent clinicians.

There is a considerable amount of literature on Continuing Professional Development (CPD) ranging from definitions, effectiveness, types, and applications of CPD. The College of Occupational Therapists (1994) in London referred to CPD as a career-long process that builds on what the practitioner already knows and prepares him or her for changing roles in service delivery. This concept of process is important because it refers to CPD as lifelong, ongoing throughout ones’ professional life, and not seen as just an end product.

Literature Review

Competency

The literature for CPD focuses much of its’ attention on professional competency within CPD. Many studies by the leaders of Occupational Therapy (Kielhofner 1997b; Wood 1998a; Fisher 1998; Youngstrom 1998; and Hinojosa et al. 2000) have reported on the importance of CPD for the professional competence of Occupational Therapists. The literature focuses for the large part on continuing or maintaining competency levels. CPD and competency, while related, are two very different concepts. Continuing competence is a dynamic, multidimensional process in which the professional develops and maintains the knowledge,
performance skills, interpersonal abilities, critical reasoning skills and ethical reasoning skills necessary to perform his or her professional responsibilities (Hinojosa et al. 2000). That noted, much of the literature on competency has relevance for CPD.

The literature debates the limitations of formal educational programs, which are usually the backbone of most mandatory programs. Formal continuing education programs often give a false sense of security, as competency is not ensured by attendance (Garganta, 1989; Kerry, 1998). Carpenito (1991a); and Swift, (1993) point out that active learning in work situations, professional conversations and visits with colleagues, observation of skilled clinicians, effective supervision, and mentoring also maintain competency. Without CPD life long learning and professional self-regulation would be difficult, if not impossible to achieve. Alsop (2000) concludes that the purpose of CPD is to ensure competent practise that will maximise the potential and the professional performance of the therapist, minimise risk to service users and lead to improvements in service efficiency and effectiveness.

Cooper (1978) notes that self-directed learning is not easily measured, and is, therefore, frequently overlooked as a valid method to maintain competence. Informal continuing education activities in some cases are perceived to have as effective an impact on continuing competency of occupational therapy practitioners as formal continuing education activities (Andersen 2000). The findings of the literature indicate not whether occupational therapists should be competent, but how they achieve competency. Effective implementation of the two together will require even further consideration.

**Healthcare Outcomes**

In a Cochrane review O’Brien et al. (2004) studied the effect of continuing education meetings (including lectures, workshops, and courses) on the clinical
practice of health professionals or health care outcomes. This systematic review concludes:

‘interactive workshops can result in moderately large changes in professional practice. Didactic sessions alone are unlikely to change professional practice.’

These types of CPD activities (workshops) are particularly relevant for occupational therapists. Occupation is the science of doing – and occupational therapists “do things”. Occupational Therapists must therefore seek CPD activities that enhance our knowledge and skills, but that are both useful to the patient, the clinician, the manager, and their organisation.

In the NHS White paper, the British Government committed itself to working with healthcare professions to agree principles to underpin CPD and to identify the respective roles in this area for agencies such as the professional bodies, individual practitioners and the state (Department of Health 1997). In a later publication, the British Government spells out the connection that it sees between CPD and quality of care:

‘Health professionals in all healthcare settings need the support of lifelong learning through CPD programmes. Individual health professionals and NHS employers should value CPD as an integral part of quality improvement (Department of Health, 1998)’

With the increasing expectation for accountability, value for money and better service delivery of healthcare in Ireland, the cost effectiveness of CPD must be addressed. In a critical review of the evidence, Brown (2002) reports that there “is a sizeable literature on the effectiveness of CPD interventions (over 100 randomised controlled trials by Davis et. al)” but that… the evidence on the cost effectiveness of CPD has not been systematically investigated”.

5
Motivation
Regardless of any statutory requirements for professionals to take stops to remain competent, every professional should see the personal benefits to be gained from engaging in development activity (Alsop 2000). Cervero (1998) reports that a great deal of evidence indicates that most professions now embrace the importance of lifelong professional education. Karp (1992) states that motivation is the “causal factor, the mediator and the consequence of learning”, and “although learning is the ultimate goal of CPD, before this learning can take place the learner must be motivated”.

Waddell (1993) in a meta-analysis of twenty-two studies of continuing education for nurses, found that motivational orientation was the primary factor in deciding whether to participate or not: more important than demographic factors such as income, level of education, age or marital status. Waddell goes on to note that cognitive interest was the strongest motivation, closely followed by external expectation (12% and 11% of explained variance respectively). This work provides further support for the conclusions drawn by Karp (1992).

Support personnel for Occupational Therapy in Ireland
There has been an increase in the number of Occupational Therapy Assistants in Ireland, and their development within the field is ongoing. Ireland currently does not have a formal educational process specifically for Occupational Therapist Assistants (OTA). There are ongoing developments within this field at time of writing. There are a growing number of OTAs in Ireland, and their input and assistance is invaluable to managers and clinicians. They too, must be given the opportunity and choice to engage in CPD activities as it relates to their field of work.

In the UK and the USA the opportunity for all grades of staff to participate in CPD has been highlighted in studies by Barriball (1992); Bagnall (1996), and
Fisher et. al (1992). These authors express concern that staff of lower grades have reduced opportunity to undertake CPD, along with staff not working in acute hospital trusts, and staff who are employed under part time contracts. Continual upgrading of knowledge and skills should be available and encouraged for all members of staff and all levels of grades. This is a professional responsibility of individuals, but increasingly there is a recognition that it is an organisational responsibility as well (Senge 1990 in Schell 1996).

Relevance of CPD within the Irish Healthcare Sector
Healthcare today in Ireland is undergoing a major transformation, and there is unheralded attention being placed on the service, its’ users and its’ employees. The publications of various reports and commissions, as well as the two major Health Strategies Shaping a Healthier Future (1994) and Quality and Fairness: A Health System for You (2001) have all led the way for a reorientation of the health services in its’ entirety.

Of particular importance to CPD and to Occupational Therapists was the recommendation that the career structure, management, workload and working practices for therapy professionals dovetail with the workforce planning needs.

This focus on the therapist professions follows on closely, and aligns itself with, the Personal Development Planning (PDP) initiative, which emerged from the 1997 management development strategy, Statement of Strategy, which made more than fifty recommendations to improve management development. The Brennan Commission on Financial Management and Control Systems in the Health Service (2001) stated that compared to other public or private enterprises, the health service presented “a unique management challenge”. Nonetheless, and in keeping with the various recommendations and expected legislation of registration and validation, Occupational Therapy Managers will be expected to take on more responsibility and initiatives towards the training and educational needs of their staff.
One of the major problems facing occupational therapy managers today is the fact they usually have both a clinical and a managerial responsibility. They then face the challenges of undergoing, maintaining and developing CPD for themselves as clinicians, as managers, and, ultimately for the staff under their management.

Given the recent strategies and changes in healthcare service delivery, particularly with regard to occupational therapy staffing levels, this will impact on how occupational therapy managers organise, maintain and manage their staff, their departments, and their service. The profession is undergoing great changes at the moment, namely the introduction of state registration, and the opening of three new colleges. The challenge is to be able to develop competent individuals who have the capacity to act with confidence, insight, skill and flexibility in a constantly changing world (Henry 1989).

Management development and CPD in Ireland

It would appear that there is a shortage of literature relating to the management roles and needs of Occupational Therapists in Ireland, and of their relationship to CPD there are still fewer studies. This may be due to the fact that occupational therapy is a relatively new and still developing healthcare service in Ireland.

It may also be said that management itself is an emerging role within occupational therapy, again particularly in Ireland and this has been addressed in the literature, and in a wider sense in Ireland, as part of the Clinician in Management (CIM) initiatives, laid out by the Department of Health in 1998. This initiative was designed to heighten the involvement of key health professionals in the planning and management of services (Office for Health Management 2004).

Clinicians generally enter the health service in order to make a clinical difference, not primarily because they want to manage. If their input into management and leadership is to be secured, there needs to be both preparatory and ongoing
management development of clinicians and support for them from professional business managers (OHM CIM Discussion Papers 3 and 4).

The Occupational Therapist Manager is often responsible for both managing and providing direct service, so he or she must juggle priorities to be a contributing member of the team providing service. (Robertson 1996). The literature points to the importance of CPD for occupational therapists, and managers must ensure that their own clinical skills are maintained so that effective service provision, supervision and mentoring can occur.
**Staffing Recruitment, Retention and Shortages in Ireland**

A major impact on the development and implementation of CPD in Ireland is severe staffing shortages within the Occupational Therapy profession that have resulted in difficulty with service planning, delivery and organisation. The Bacon Report of 2001 highlighted the severe shortage of therapists in Ireland. At existing levels they estimated a shortfall of 160% by the year 2015. Three new schools have subsequently opened. Figure 1 shows the projected requirements of therapists up to 2015 (Bacon 2001).

<table>
<thead>
<tr>
<th></th>
<th>Chartered Physiotherapists</th>
<th>Occupational Therapists</th>
<th>Speech &amp; Language Therapists</th>
</tr>
</thead>
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<tr>
<td>Gap 1: Current vacancies</td>
<td>58</td>
<td>60</td>
<td>78</td>
</tr>
<tr>
<td>Gap 2: Additional requirements</td>
<td>208</td>
<td>239</td>
<td>388</td>
</tr>
<tr>
<td>Gap 3: Quantitative trends</td>
<td>667</td>
<td>362</td>
<td>326</td>
</tr>
<tr>
<td>Gap 4: quality of service</td>
<td>395</td>
<td>214</td>
<td>193</td>
</tr>
<tr>
<td>Total additional requirements</td>
<td>1328</td>
<td>875</td>
<td>985</td>
</tr>
<tr>
<td>% increase over existing supply</td>
<td>102</td>
<td>159</td>
<td>328</td>
</tr>
<tr>
<td><strong>Total in 2015</strong></td>
<td><strong>2628</strong></td>
<td><strong>1425</strong></td>
<td><strong>1285</strong></td>
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</tbody>
</table>

**Table 1.0 Additional Therapists Required up to 2015**


These changes, both current and expected, within occupational therapy services, will likely have an impact on CPD, particularly where shortage of staffing is cited as an obstacle to CPD.
CPD and State Registration in Ireland

In Ireland, there is currently no statutory provision for therapists to engage in CPD after their admission to practise. Registration and/or licensure of occupational therapists is not required. Although CPD is voluntary now, it may inevitably become mandatory within the next few years. The Expert Group, commissioned by the Department of Health & Children, recommended the introduction of legislation, which will provide a framework for the regulation of health professions. Same legislation is currently underway (at time of writing).

The Department plans to progress this issue in consultation with all of the professional bodies. In a recent publication Proposals for the Way Forward the Department of Health and Children (www.doh.ie) outlines their proposals on the link between CPD and registration, and also on the link between the professional bodies involved i.e. AOTI, and CPD. It states, “there is a danger that, without a recognised, structured means of updating skills, statutory registration would amount to registration for life”. It stresses that the role of CPD in relation to statutory registration is therefore an important one, which was explored during the workshops with the professional bodies.

The proposal is indeed groundbreaking, and many of the issues raised are valid and welcome, particularly in regard to voluntary de-registration and Fitness to Practice.

The Department of Health distinguishes between the two main categories of CPD: professional competence and personal development such as management skills, financial skills, personal effectiveness, leadership and facilitation skills. (www.doh.ie) This should be seen as a welcome development, but in a climate of scarce resources e.g. funding, staff; concerns are already being raised on effective implementation. Despite the issues of implementation however, one thing is clear; State Registration will come into being and CPD for Occupational Therapists and Managers will undergo a major transformation.
With impending state registration the “voluntary” aspect of CPD for occupational therapists in Ireland could change. In effect, CPD could become “mass mandated”. This concern was raised by Brennan (1992) who feared that mass mandated CPD would “ultimately result in uniform and inferior learning as programmes are tailored toward the median needs of all”. Other studies (Arneson 1985a; Arneson 1985b; Cox 1984; Gaston and Pucci 1982; Huton 1986; and Pituch 1979 in Brennan) indicate that under a mandated system the quality and availability of courses actually increases.

This new initiative on State Registration is one of the most important developments for therapists and managers in Occupational Therapy in Ireland. It will impact on the role of the Occupational Therapist Manager in relation to CPD, both as managers and clinicians. The relationship between mandatory CPD and Occupational Therapists in Ireland is yet to be forged.
Method

Instrument
In quantitative research the questionnaire is one of the most utilised methods of data collection. Questionnaires are a method of seeking written responses from people to a written set of questions or statements (Parahoo 1997). As a research instrument it provides one of the quickest and least expensive methods to collect large amounts of data (Cowman 1998). A questionnaire was devised by the author, piloted and revised. An introductory cover letter was drawn up, to introduce the author to the intended respondents. The purpose and proposed benefits of the study, along with assurances of confidentiality were also included. A stamped addressed envelope accompanied each questionnaire for easy return. A comments section was included at the end of the questionnaire to gather additional information.

Sample
The target population for this study was Occupational Therapist Managers. Because the profession of occupational therapy is not currently a state registered profession in Ireland, a registered list of occupational therapists in Ireland does not exist. A convenience sample was used. The author concluded that 35 questionnaires would suffice for a convenience sample to conduct this study. The original sample size was thirty-six. One was excluded following the pilot of the questionnaire, therefore a total of thirty-five managers made up the sample.

Data Analysis
Questionnaires were entered into Windows Excel (Microsoft 2000)® for storage and preliminary analysis. Data were processed using SPSS (Statistical Package for Social Sciences Version 11®) and all graphs were created using EXCEL and/or Microsoft Office 2000®.
Results

21 respondents returned questionnaires, out of a possible 35, giving a response rate of 60%. Only the main findings are discussed in this article.

11 respondents (52%) stated they work in a community setting. 10 respondents (48%) stated they work in a hospital setting. No respondents stated they worked in a School, Long Term Care or “Other” location. The mean years experience as a clinician was 15 years. The mean years experience as a manager was 5 years.

Figure 1.1 shows the difference in the years of experience as a clinician and a manager.

![Graph showing the difference in years of experience between clinicians and managers.](image-url)
When asked if as a clinician the managers received structured CPD, 21 respondents (100%) stated they did receive structured CPD, with conferences (90%), educational courses (85%), and in-services (76%) being the most popular. When asked as a manager, which CPD structures do you facilitate your staff to attend: 21 respondents (21%) stated conferences, 19 respondents (90%) stated in-services, 18 respondents (85%) stated education courses.

When asked what factors would facilitate your own CPD development? 16 respondents (76%) stated mentoring as a factor; 15 respondents (71%) stated time; 14 respondents (66%) stated funding; 9 respondents (42%) stated increased staffing and 7 respondents (33%) stated other factors.

When asked what factors would facilitate your staff’s CPD development 16 respondents (76%) stated funding; 16 respondents (76%) stated that time; 15 respondents (71%) stated that increased staff; and 9 respondents (42%) stated that mentoring and 7 respondents (33%) stated that other factors would facilitate their staff’s CPD development.

Figure 1.2 demonstrates the difference between the factors facilitating the manager’s own CPD development and their staff’s development of CPD.
Manager vs. Clinician – factors influencing CPD

Figure 1.2 Manager vs. Clinician – factors influencing CPD
When asked which of the following resources do you provide to your staff to facilitate their CPD, (Part A. time) 12 respondents (57%) stated 1-5 hours per month; 4 respondents (19%) stated 6-10 hours per month; 1 respondent (5%) stated 11-15 hours per month; 3 respondents (14%) stated no allotted or specified time recorded; 1 respondent (5%) stated it was based on need

<table>
<thead>
<tr>
<th>How many hours per month</th>
<th>Number of responses</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>12</td>
<td>12%</td>
</tr>
<tr>
<td>6-10</td>
<td>4</td>
<td>19%</td>
</tr>
<tr>
<td>11-15</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>16-20</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>21+</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>No allotted or specified time recorded</td>
<td>3</td>
<td>14%</td>
</tr>
<tr>
<td>Based on need</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>21</strong></td>
<td></td>
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</table>

Table 1.1 Types of resources for staff - Time.
When asked how do you rate the importance of CPD for Occupational Therapists; 17 respondents (81%) stated they rate CPD for Occupational Therapists as very important, 4 respondents (19%) stated they rate CPD for Occupational Therapists as important.

![Pie chart showing responses to CPD importance](chart.png)

**Figure 1.3** How do you rate the importance of CPD
When asked do you think CPD should be required for registration?

- 19 respondents (90%) stated yes, they do think CPD should be required for registration
- 2 respondents (10%) stated no, they do not think CPD should be required for registration

Figure 1.4  Do you think CPD should be required for registration?
Additional Comments:

A section was included at the end for additional comments. These comments were beneficial in obtaining a deeper insight into the data, allowing for interpretation and a broader understanding of the data. Some of the comments were:

- “All funding for courses has been cut in our area, presenting huge problems with regard to CPD”
- “I think everyone is too busy with patient caseload to justify time for CPD. It is very difficult to get people to take time out to do informal CPD”
- “Our service is committed to CPD but may need to work harder to match individual needs”
- “The profession is continuously changing…. Occupational Therapists themselves and their clients must move forward”
- “CPD should be actively self driven and whilst managers and organisations must facilitate it, Occupational Therapists must take responsibility personally for it”
- “CPD is the way forward but senior hospital management and Department of Health need to be aware and support us in terms of resources”
Discussion

Occupational Therapy is a growing and developing healthcare profession in Ireland. It is experiencing significant change in its educational development and regulatory mechanisms. The literature reveals that CPD has a vital role, within Healthcare and within the realm of the Occupational Therapist Manager.

The findings of the study indicate that CPD is important to Occupational Therapist Managers, and reveal several factors that are crucial to the CPD development of the managers and the staff they manage. The study brings insights into the demographic areas that Occupational Therapist Managers may need to develop.

**CPD and management development**

While it is acknowledged that a sample population was used, and therefore may not be indicative of the total population, the findings of the study indicate that there are key management issues relation to CPD and the Occupational Therapist Manager. The data reveals that there is a relatively young management population within Occupational Therapy. It demonstrates that mentoring was a key factor in their own development of CPD, more so than funding and increased staffing. Other factors cited as important to Occupational Therapist Managers were: managerial and leadership courses, professional supervision and supervision.

There is a significant shortage of literature relating to the management roles and needs of Occupational Therapist Managers in Ireland. There is however, a great deal of literature relating to management in healthcare especially in the private sector. We must turn to these strategies and systems to address the management needs of the Occupational Therapist in Ireland.
Brown (2002) in his Cochrane critical review of the evidence suggests that the cost effectiveness of CPD has not been systematically investigated. CPD activities must allow for economical and effective use of resources. This author suggests that some CPD activities currently in place at organisational and departmental level in Ireland should be reviewed to ensure cost effectiveness and value for money is attained.

In light of the literature on CPD and cost effectiveness and on the relevance of knowledge management to the healthcare sector, it is imperative that a shared, learning environment be actively encouraged and allowed to thrive. There must be changes in thinking from a management perspective, one that moves from a “command and control” perspective to a culture where teamwork, sharing and empowerment are promoted. It must be acknowledge that this may be a difficult challenge, and while modern management thinking focuses on flexible organisations with fewer levels of formal structures, Occupational Therapist Managers must view this challenge as a potential opportunity towards the creation of a quality driven, client-centred approach to service delivery. Ideally they will embrace the impending change in the Irish healthcare environment.

The literature supports the importance of the integration of health professions into management, with the tacit agreement that management skills and techniques must be provided and / or developed. The author suggests that the study concurs with the literature, by noting that mentoring is the key factor (76% - higher than funding, increased staffing and time) in their CPD development. Marriott (1997) stated that Occupational Therapists are wary of management practices and that the “leap from clinical practitioner may be perceived as a rejection of their professional skills and identity”. And although the OHM (2002) is seeking to include Clinicians in Management (CIM) in their Reform Agenda, they acknowledge that:
‘If their input into management and leadership is to be secured, there needs to be both preparatory and ongoing management development of clinicians and support for them from professional business managers.’

**CPD and Financial / Budgetary Concerns**

The study shows that increased funding would assist with CPD development. However, it is a dangerous assumption to make that increased funding would lead to more effective / efficient CPD opportunities. Many people are under the assumption that the primary weakness of the Irish healthcare system is a lack of funding. Obviously in light of the recent reports and recommendations, this is not the case. We cannot continue to fund a service that is not providing an adequate return on its investment. As stated in the Report of the Independent Estimates Review Committee (2002) “we believe there is a growing recognition that shortage of funding may no longer be the key issue in the health services”.

In light of the recent *Quality and Fairness – A Health System for You* (2001) Strategy, there have been some initiatives to introduce devolved budgeting to line manager level. Potentially this could give Occupational Therapist Managers greater autonomy to provide a dedicated budget for the CPD development in their department. However, greater responsibility demands greater accountability – managers will need to be trained to a competent level in this regard given the requirement for legal and service plan accountability.

Accountability has been identified as a prime weakness in the Irish healthcare sector, and has been given considerable input, notably from the *Deloitte and Touché* (2001) report and the *Audit of Structures and Functions in the Health Systems (Prospectus Report)* (2003). In light of the resources previously poured into the system, and in consideration of the future resources needed to maintain
and develop the service, *accountability* will play a major role in the effective implementation of the Strategy. It is assumed that this accountability will also play a major role in the Occupational Therapist Managers’ provision of, and engagement in, CPD.

**Demographic Considerations**

The demographic findings from the questionnaire indicated that most respondents work in one of four main settings (Physical, Psychosocial, Intellectual Disability and Paediatric), which were divided between community and hospital settings. There were no respondents that work in a Long Term Care or in a School setting. This does not mean that there are no Occupational Therapist Managers working in these settings, as only a sample population was used and therefore results cannot necessarily be transferred to the target population. In the authors’ experience, these areas are generally seen as being underdeveloped in Occupational Therapy service provision in the Irish healthcare sector. This perhaps reflects how healthcare services have historically and continue to be planned, organised and delivered within the Irish healthcare sector.

The new health policies in Ireland are attempting to shift from care in the hospital/long term care to care in the community with an emphasis on clients being treated in the most appropriate care setting. Occupational Therapy may move into non-traditional areas of service provision in Ireland. The areas of Paediatric and Intellectual Disability come to mind, where children with disabilities being integrated in mainstream classrooms now more than ever. There were no respondents that worked in a School setting, and although this may reflect the particular characteristics of the sample population and not represent the total population, it may be indicative of some of the challenges that lie ahead for the provision of Occupational Therapy services and the importance of CPD.
The paradigm shift from activity focused outcomes to health and social gain in the Irish healthcare sector will challenge many service providers in the coming years. This expected move from preoccupation with budgetary and operational issues to strategic management for health and social gain will have implications for managers in how they plan, organise and deliver their service. Engagement in CPD will enhance the provision of EBP in areas where Occupational Therapists have traditionally held a strong philosophical and historical strength e.g. the psychosocial components of activities of daily living including play and leisure. Because of our holistic approach in education, training and provision of services we are in a unique position to build on the foundations upon which the profession was first developed.

**Motivational /Time / Registration Challenges**

The Occupational Therapist Managers in the study indicate that there are a wide variety of activities offered and engaged in for the pursuit of CPD in their departments.

81% and 19% feel that CPD is either very important or important respectively. Why then should engagement in CPD be anything but a foregone conclusion? Although the study does not directly ask whether motivation is a factor, some of the comments and indications in the “other factors” point to factors outside the control of the Occupational Therapist Manager. As one manager noted:

‘CPD should be actively self driven and whilst managers and organisations must facilitate it, Occupational Therapists must take responsibility personally for it.’

A manager can provide the time and funding and promote the culture and environment so that CPD can thrive, but if staff are not motivated, then the manager will face many challenges.
The author suggests that an allocated time set aside for CPD is crucial for developing a learning environment. The appointment of a CPD facilitator within a department, the availability of a CPD folder, activity logs and PDPs can all assist with engaging in CPD activities.

Occupational Therapist Managers work under an ethical code and are bound by the same professional principles as their qualified staff. In light of impending State Registration, engagement in CPD may become legally mandated for managers and therapists alike. The challenges that Occupational Therapist Managers will face is whether they will have the autonomy to choose what activities their therapists engage in, and the bigger question is do they have a right to decide what CPD activities are best for their organisation and their staff? If a therapist is bound by the law to engage in CPD activities in order to maintain state registration, then ultimately the responsibility lies with the therapist. However Occupational Therapist Managers have a vested interest in ensuring that engagement in CPD activities benefits several different layers within their realm i.e. organisational, departmental and most importantly, the end service user

Limitations

- The author acknowledges that the postal strike in Ireland in March and April 2004 may have affected returns of questionnaires. Non-responses to the questionnaire may also have been due to a lack of interest, or the pressure of work.

- With regard to the sampling frame, only Occupational Therapist Managers attending the conference were given questionnaires. There may have been other Occupational Therapist Managers who would have returned questionnaires who did not attend the conference.
The lack of a state registrar and/or an up-to-date listing of all Occupational Therapist Managers in Ireland inhibited data collection.

Qualitative methods may have yielded more descriptive data, allowing for a broader understanding and deeper insight into Occupational Therapist Managers’ views on CPD

**Recommendations**

In evaluating the literature review and in examining the results of the study, several key issues are consistent with CPD and the Occupational Therapist Managers. A list of recommendations is as follows:

1. The professional body (AOTI) should remain in close communication with the Department of Health & Children to ensure that State Registration protects, provides and monitors participation in CPD. An element of control is necessary for all stakeholders to be satisfied that State Registration benefits all.

2. Appropriate resources channelled to Occupational Therapist Managers to enable them to develop their management and leadership skills, of which CPD is an important faucet. Resources should include time, supervision and mentoring from professional business managers.

3. A dedicated ring-fenced and education budget be made available, at organisation and department level. Necessary financial skills should be developed to ensure that budgetary holders remain accountable. Input to the degree of control over time, usage, length and amount of budget is paramount to success.
4. Service Planning needs to be seen as a key management tool in the concept of strategic planning. If CPD is to be incorporated into strategic goals and objections, appropriate training in the area of Service Planning should be provided for all relevant personnel.

5. If a quality, consumer driven healthcare service is what is intended, the well documented needs of the professionals providing the service need to be taken on board. The challenges of engaging in CPD are hampered by decreased funding, staffing, and underdevelopment in specific healthcare sectors.

6. Active, ongoing research into the roles and needs of Occupational Therapists Managers in Ireland is much needed. There is a dearth of literature specific to this area, and with the expected increases of therapists into the job, the management population of this group will continue to evolve and grow.

**Conclusion**

Occupational Therapy is an exciting and growing profession, and CPD must take its place within this growth. Occupational Therapists must as professionals first acknowledge the importance of CPD, and foster a culture of ongoing learning and commitment to personal and professional growth. CPD should no longer be viewed as something “I’ll do if I have the time”, because the time is now here. As a growing profession occupational therapists must recognise the personal and organisational benefits of adapting to the concept of CPD particularly on the cusp of an exciting time for change for healthcare provision in Ireland. CPD will enable Occupational Therapists to remain focused on the skills and knowledge necessary to provide a cost effective, efficient service that benefits the client and the organisation. CPD will encourage our Occupational Therapist Managers to become actively involved in attaining a clear leadership role in the Irish
healthcare sector. The rewards for our self-growth and personal development are unsurpassed.

“To become obsolete we have only to stand still”

Florence Nightingale (1820-1910)
References


Office for Health Management (2004). *Manage the Change or it will Manage You.* Newsletter Issue 2: April 204. Dublin: OHM


