The Casson Memorial Lecture 2001, given on 6 July at the 25th Annual Conference of the College of Occupational Therapists, held at the University of Wales, Swansea.

The Casson Memorial Lecture 2001: A New Synthesis – the Emergent Spirit of Higher Level Practice

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Foreword

Annwyl gyfeillion, anhrydedd mawr yw cael gwahoddiad i roi darlith mewn unrhyw gynhadledd genedlaethol. Anhrydeddus iawn yw cael ei chyflwyno ymhlith ffrindiau a chyfeillion yng nghymru, unigolion sydd wedi cael cymaint o ddylanwad ar yrfa rhywun.

I am truly honoured to be invited to present a lecture at the College of Occupational Therapists' (COT's) Annual Conference. It is a privilege to be presenting in Wales, in front of friends and colleagues, many of whom have inspired and influenced my career as an occupational therapist. To be presenting this year's lecture in memory of Dr Elizabeth Casson is particularly important to me and I hope that the content of this lecture will go some way towards celebrating and doing justice to her unique vision, determination and spirit of community service.

When thinking about the conference theme – Broadening Horizons – I found myself reflecting on the nature of a horizon. A horizon is that point where day meets night, where past and future commune in the present moment. With this in mind, I will integrate past and future thoughts of occupational therapy and identify what is emerging on the horizon of occupational therapy. In effect, I will articulate the emerging *spirit* of occupational therapy and how it does and will affect us all in the present day, making particular reference to the concept of higher level practice

I am presenting this lecture as an independent state-registered occupational therapist and I am grateful to all the elected members of the COT's national Council, respected individuals who represent all the United Kingdom (UK) countries, regions and specialist sections, for entrusting me with this honour. I would also like to recognise the privileged position that I have held as Group Head of Education and Practice within the COT. I have witnessed professional trends and fashions as they have come and gone; however, one consistent theme over the past 2 years has been the growing willingness amongst our profession to own that there is no longer a need to hide behind the 'jack of all trades' image and that we have the capability of also being masterful professional practitioners. Not that I suggest for one moment that one deserves to dominate over the other: I would argue that our uniqueness demands a healthy balance of breadth and depth. However, in mastering specific aspects of our professional skills and knowledge, can we aspire to be and be seen as experts and higher level practitioners within the domain of what we know to be occupational therapy?

Introduction

Back in 1992, Heater argued that occupational therapy was not sufficiently developed as a profession – that it lacked a sufficient self-knowledge, self-awareness or underpinning paradigm – to sustain a trend towards specialisation. In the same year, Professor Averil Stewart in her Casson Memorial Lecture put forward her vision and hopes for occupational therapy in the 21st century. In it she observed, and here I reflect again on the 'horizon' that is occupational therapy:

> ... an interaction between past, present and future and the threats and opportunities facing us. These challenges require a sense of direction in both one's professional and personal lifestyles and in achieving a balance between both (Stewart 1992, p296).

Nearly a decade on, never has there been so much of a need for this balance in modern education and practice in the UK, and never has there been so much call for effective leadership, for recognition by the powers that be – including service users – to recognise occupational therapy's unique and true potential for specialisation and higher level practice in all clinical and management areas.

While the context to which I am referring lends itself readily to the National Health Service (NHS), I am strongly advocating the same thoughts for the development of expertise and higher level practice in social care. I suspect, however, that organisational and management barriers appear too great to allow such developments to occur at the same pace. As intermediate care becomes streamlined into our health and social care culture, higher level practice in local authorities should equally become an exciting and viable career opportunity for social services occupational therapists. Time and vision will tell!

You will notice that I have already alluded to the use of two terms – specialisation and higher level practice – which

on the surface might mean the same thing but at the same time might cause some confusion. To complicate the matter further, many of you will be aware of the work currently in progress to define a new breed of consultant therapist, as outlined in both the *NHS Plan* and *Meeting the Challenge: a Strategy for Allied Health Professions* (Department of Health [DH] 2000a, 2000b). I will, therefore, take a lead from my learned friend and colleague Louise Cusack who, as the College's specialist sections officer, has been working in partnership with other professional bodies and the Department of Health in an attempt to dilute the confusion.

I will be working from a premise that a clinical specialist is someone who possesses a body of knowledge and skill in a particular area above that expected of an average practitioner. I will be using the term 'higher level practice' in two ways. One of these is from a definition given by a project on higher level practice in mental health care funded by the NHS Executive in Trent (Trent Regional Executive Group 2001), in which the term is used to describe a practitioner who 'performs roles and demonstrates skills of an advanced nature, beyond that currently expected of senior personnel' (p1). The other way in which I will use the term 'higher level' will be to allude to my belief that we need to consider more robustly aspects of our higher self, and to consider the spiritual context of our work as occupational therapists, as we advance our knowledge and skill. Given recent debates (for example, Roberts and Cusack 2001) and commitments by the government to develop allied health consultants, I will use the agreed Department of Health definition of a consultant therapist:

> ... an expert in their own specialist clinical field, bringing innovation, personal mastery and influence to clinical leadership and strategic direction in their specific area. They play a pivotal role in the integration of research evidence into practice. Their advanced level of clinical judgement, exceptional skills, knowledge and experience progresses the clinical governance agenda, by enhancing quality in areas of assessment, diagnosis, management and evaluation, delivering improved outcomes for patients and developing the parameters of the specialism (DH Steering Group 2001).

Themes and issues raised in the discussion are fed mainly by my personal observations of medical and occupational therapy practice. My own vision for health and social care is informed primarily by my own experiences, gleaned whilst working as a mental health occupational therapist and within the Education and Practice Group of the COT, and during training as an applied psychotherapist.

And so, with this in mind, I will go on to my paper. Following on from Dr Ann Wilcock's keynote address at the opening plenary session, in which she spoke about her fairy story and the Kingdom of Oz, I am going to follow in the footsteps of Dorothy Gale. Some of you will know Dorothy Gale. Those of you who do not, will certainly know about her journey to the land of Oz and the fact that the road she takes is rich in meaning. *The Wizard of Oz* book and film (Baum 1937, Warner Bros 1937, Green 1998) have an inspiring homespun philosophy of their own. As the film's opening dedication succinctly states: 'Time has been powerless to put its kindly philosophy out of fashion' (Warner Bros 1937). Could the same also be said of occupational therapy, I wonder?

In embracing this myth of our time, a story that has transcended generations, I will weave this presentation with some of the truths about humanity and our journey, captured so wonderfully in *The Wizard of Oz*. I have chosen this particular story to alert occupational therapists to the paradoxical nature of our professional journey, our career development and our continuing professional development and to offer my own view of the world of higher level practice. A central wisdom that I wish to embed in our profession is that we should not look beyond ourselves when searching for our answers.

Becoming a resilient profession

In the story, does the cyclone become a physical manifestation of Dorothy Gale's inner struggle for self-awareness, self-pride and determination? Is this also a description of her struggle to be seen and an indication of her resilience to survive? Struggling through the wind, might she be finally taking control of her life and maturing into adulthood?

I personally hold these same questions and reflections for occupational therapy today. In considering the further development of our profession and the advancement of knowledge and skill, there is a need for even more self-awareness, self-pride, independence of thinking and determination. More importantly, I feel that we need to be clearer about the need to embrace the transition from professional adolescence into what many would regard as professional maturity and adulthood. Holding all these together will demand a high level of professional resilience. Antonovsky (1979) a medical sociologist, came to view the key challenges facing us when progressing and deepening knowledge and skill as being dependent on three elements:

- *Meaning* – the sense that the challenge is worth investing energy and attention in
- *Comprehensibility* – the confidence that we will be able to find some order and understanding in the situation
- *Manageability* – the confidence that the resources required are accessible and manageable (Antonovsky 1979, cited in Stamp 2000).

For occupational therapists, these qualities of resilience make it possible to stay afloat in a professional world of stormy turbulence and uncertainty. So, rather than allowing stormy turbulence to overwhelm us as occupational therapists, as a resilient profession we should try to value it, accept it and make the most of it.

Within this, I would support the need for us to be able to trust the process and tend towards becoming resilient. I

would argue that there are specific beneficial outcomes for us as a profession:

- Tasking and trusting, shape discernment and judgement. This in turn allows appropriate-level specific decisions to be made. Tasking sets the limits and trusting encourages each occupational therapist to use his or her judgement to ensure that he or she is neither overwhelmed nor underwhelmed.
- Tasking and tending also ensure evaluation whereby managers keep in touch with the progress of work, checking that it remains appropriate as circumstances change and that the work remains relevant to the purposes of the employer and, more importantly, the service user. Tasking prepares us for review by establishing timescales and tending prepares for review by keeping systems, practices and people heading in the right direction and at the right pace.
- Trusting and tending ensure the sense of coherence and that occupational therapists need to sustain their belief that their work is important and has meaning. Trusting entrusts us with purpose and tending keeps that understanding alive through evidence-based practice and communication – the outcome is a shared, coherent understanding of our purpose so that every detail and decision is an expression of it.

With this in mind, I question whether higher level practice in occupational therapy really does benefit service users. I could argue that it may lead to enhanced skills of assessment, underpinned by effective and efficient clinical reasoning and a strong critical awareness and understanding of relevant research. But, in contrast, could these arguably be the skills expected of a consultant therapist rather than a higher level practitioner? In March of this year, a steering group made up of the allied health professions and the Department of Health to develop a framework for consultant therapists highlighted very similar skills (DH Steering Group 2001). Personally, I would argue that there are clear similarities; however, I see the continuing development of clinical specialists and higher level practice posts as effective career stepping stones towards a much more complex role of clinical expertise, management, leadership and research, as demanded by the emerging role of the consultant therapist.

On a journey

I would now like to consider: where are we as a profession? We need to be fully aware of where we are in order to take our next step. What are the key challenges? What are the important and fundamental 'roots' of the profession? And in which way can we grow further?

Against a backdrop of governmental directives, such as a whole-systems approach, promoting independence, partnership integration and new flexibilities, a renewed renaissance in occupational science is encouraging occupational therapists (amongst others) to reflect back on the fundamental roots of their profession and, in turn, the very basics of using occupation as a meaningful foundation for therapy. While much has been said about a positive return to this foundation, some have expressed anxiety and caution in relation to it. I would welcome a dialogue within the profession to highlight the need to embrace this paradox. Gray et al (1996, p297), for example, believed:

> The extraordinary complexity of occupation compels and inhibits its study. Seemingly ordinary, everyday occurrences in human engagement in occupation become elusive on close examination, emerging as the result of a complex system of interaction.

Others argue that greater specialisation in the arena we claim to be uniquely ours could lead to a narrowing, as well as a deepening, of professional knowledge, thereby limiting occupational therapists' perspective. In this sense, higher level practice in what is uniquely ours might actually weaken professional judgement because such a practitioner may not be able to take account of the full picture and options of care, which we have always prided ourselves on being able to do. Joined-up working, new ways of working, user empowerment, developing standards, defining care pathways and delivering on evidence-based practice are just a few examples of how we are having to own and engage in our uniqueness. However, let us not fear the gap that spans our understanding and our profession; instead, let us trust that something new is emerging from it that will more deeply inform our debate. Let us simply ask the question that is emerging from this debate and consider how it can enhance our higher level practice as occupational therapists.

In addition, if we are to see occupation as the central and unique 'selling point' of our profession and the one key aspect of practice which comfortably allows us to develop our expertise and higher level of practice, I would question the real extent to which our profession is able to embrace and move forward the higher level agenda. In taking stock, there are currently 12 specialist sections of the COT. In 2000, they experienced a 13.9% rise in membership. Because the strength of the specialist sections is their clinical focus, they are able to promote the development and advancement of specific clinical areas of practice within occupational therapy. However, all in all only 5000 members of the organisation – roughly one-fifth of the overall membership – choose to become members of their respected clinical specialist area. May this in itself open up a debate as to whether it would be to our advantage, as a profession, to offer automatic membership of a chosen specialist section once we become members of the professional body?

Although, on the whole, I must give credit to some specialist sections for their ongoing commitment in responding to certain key governmental policies and consultation documents, I also have reason to be concerned when there appears to be apathy in feeding into and responding to the equally important COT policy documents. In two key policy areas, only 14 and 17 responses were received from a total membership of 24,000. One of the consultation documents involved the Quality Assurance Agency's (2001) benchmarking academic standards exercise for pre-registration education. We must remember that this work will underpin future curriculum

developments for pre-registration occupational therapy education in the UK. The other refers to an invitation for comments on the COT's work on developing standards and a position statement on higher level and extended scope practice in March 2000.

I really do urge the profession not to deny the power to influence. We are not in Kansas any longer (Green 1998), we are on a journey in which the profession is evolving, and I believe in our part in the whole. This I see as a key challenge. We must express our views, otherwise we deny our power and our choice.

Delivering on a changing culture of health and social care

Let me now consider genericism versus specialism within occupational therapy. I ask the question: what are occupational therapy's 'ruby slippers' (quoted in Green 1998, p33)? And there is the central importance of occupation in embracing the new emergent scientific paradigm.

In celebrating the current revival of interest and pride in occupation, it is seen by many as the basis for constructing a curricular renaissance for occupational therapy. It is clear that current curricular developments and innovations have to produce new clinicians who are expected not only to 'hit the ground running' on graduating but also to deliver on a continually changing culture of health and social care. In addition, the early development of skills in leadership, management and higher level practice has to be seen as a partnership commitment between theory in college and practice in the field.

More importantly, it is our mutual and collective responsibility to ensure that the practitioners of the future are accountable and responsible to society. The COT's (1998) curriculum framework, which drives all pre-registration occupational therapy courses in the UK, guides the requirement to meet the minimum standards for state registration. 'An essential component is the integration of academic and fieldwork studies, from which students, we hope, consolidate the value of meaningful occupation and the dynamic integration of physical, cognitive, psychological, social, environmental, economic, creative and spiritual aspects.' This statement, taken from the recently developed Quality Assurance Agency's (2001, p10) benchmarking academic standards for occupational therapy, illustrates the complexity of our diversity and the even more complex nature of our central focus around occupation. Yerxa (1998, p371) stated:

> ... a curriculum centred on occupation will better describe occupational therapy and differentiate it from other professions, enhancing our communication with the public ... a curriculum focused on occupation will prepare our students to take their vision, enthusiasm, and infectious need to know into the unknown opportunities and demands of the world of the 21st century.

Does this belief, therefore, define our ruby slippers?

We live and work in a time where anxieties are running high at the ever-increasing threat of genericism within health professions. As we develop a uniprofessional higher level of practice, we are also being driven actively to consider extending our own scope of practice whereby occupational therapists are inheriting skills historically associated with other professions such as nursing and medicine. However, a word of caution: we cannot for one moment expect our profile to increase by extending our scope of practice without accepting other professions extending their scope of practice into ours. In a paper entitled 'On the way ahead', Craik et al (1998) commented on the diversity of practice:

> … two-thirds of practitioners indicating that they were involved with non-occupational therapy tasks. While many of these can be attributed to the move towards generic working, some seem to be taking occupational therapists beyond the scope of practice … There should be a greater emphasis on the core skills, function and unique approach of occupational therapy in research, education and practice (Craik et al 1998, p391).

From reading their observations, we can see that confirmation of the centrality and the direction of the profession seems to be taking us towards specialism around occupation. However, while we might be preaching to the converted amongst our own profession, I am fearful at times that there still exists an unacceptable naiveté amongst other professions about the unique and skilled attributes of a state-registered occupational therapist. For example, in a recently published Department of Health (2001) document entitled *The Mental Health Policy Implementation Guide*, it is stated that for each team there should be, within the staffing complement, an occupational therapist. It goes on, however, to say that the team will either have a fully qualified practitioner or train other team members to fulfil the role of the occupational therapist. I am also intrigued at the Chartered Society of Physiotherapy's recently published briefing paper on rehabilitation in which meaningful occupation is clearly included in its model of rehabilitation, as adapted by Hornby (1993, cited in Chartered Society of Physiotherapy 2001). Whilst on the one hand I welcome this move to recognise the collective importance of meaningful occupation, a paranoid cynic might question the intentions.

In 1997-98, the COT conducted a research priority consultation in which 25 workshops were facilitated throughout the UK. Ilott (1999, p322) reported the following information from a preliminary analysis of the results:

> ... the relationship between occupation and health was ranked as the fourth, of seven priority topics on a structured questionnaire. The top ranked topic was the effectiveness of specific interventions. Focused groups were used to elicit the reasons for the ranking of the topics. Establishing a scientific theory base to underpin occupational therapy was one of four themes which emerged from this qualitative data.

Occupational science was identified as a priority topic for three reasons. These were:

- Occupation is the distinct, distinguishing feature of occupational therapy
- It offers a non-medical paradigm which focuses upon health rather than ill-health
- Occupation is relevant to primary care, health promotion and the interface between lifestyle and mental health (Ilott 1999, p322).

Ilott (1999), in her analysis, stated that these preliminary results reinforce the need to invest in occupation, an observation more widely accepted now within the profession. However, I wonder if this investment can be channelled more forcibly by our own professional body and also those responsible for all pre-registration and post-registration education in this country? Should we also take individual responsibility to make clear that our intention to advocate and embrace specialisations within occupational therapy is driven by our advancement of knowledge and skill and, in turn, the deepening evidence base of and research into occupational science?

I am grateful to Dr Ann Wilcock (2001) for putting to bed once and for all my own mind-set about occupational science as I own up to my own stumbling block around the word science. I refer, in particular, to the definition that occupational science in essence means the rigorous study of humans as occupational beings. I will be much more content as long as we as a profession commit to and protect a healthy balance, whereby the evidence underpinning this knowledge is fed equally from a qualitative as well as a quantitative nature.

Sceptics do question whether any further move by the profession towards occupational science would be a retrograde step. Science, after all, claims to be bias-free; however, it is often anything but pure in its assumptions. Its superficial view looks to logic as primary to replace emotional and/or spiritual meaning, and may substitute 'the world as seen' for 'the world as experienced and felt'. Is scientific methodology, therefore, heavily biased towards rationality, emotional neutrality and impartiality? But what do these qualities imply? Should we as a profession be willing to re-frame this in an integrative viewpoint, whereby science may be intimately linked with emotional intelligence and spiritual awareness? To embrace the current paradigm shift in science that captures the energetic nature of matter, defined by Blavatsky (cited in Eastcott 1995, p10) as 'matter is spirit in its lowest point of manifestation, and spirit is matter in its highest evolutionary state'? If we truly believe that we value the person's unique individuality, and his or her personal wishes, perceptions, meanings, autonomy and choice, then how can we not embrace the concept of the higher self and spiritual essence of being human?

Keep taking risks

As we lead the profession along this road, what are our desires for occupational therapy? Do the current developments suggest more of a need for greater generalist expertise through lifelong learning rather than a narrowing of specialist skills within the profession? My sense is that we need to demand a more integrative model that embraces both.

We can develop the diversity of skill through cultivating an attitude of lifelong learning. Lifelong learners take risks. It is a matter of pushing ourselves out of the comfort zones and trying new ideas. The challenge is not for us to become set in our ways, but to keep experimenting. Risk taking inevitably produces both bigger successes and bigger failures.

In considering an outcome-based framework to facilitate lifelong learning and continuing professional development, I wonder if we could embed it in a humanistic and holistic philosophy, such as the one presented by Fish and Coles (1998, p414) in which they recognise that:

- Professional knowledge and advanced clinical practice are created in and during practice
- Knowledge and expertise are developed through critical analysis and reflective activity
- The application of theory to practice and theorising from practice are central to developing a higher level of competence to practise
- Continuing professional development enables practitioners to develop expertise and advanced practice skills through a process of continual change within practice.

Any framework might well need to follow the example of the United Kingdom Central Council (1998) as the regulatory body for nursing, midwifery and health visiting, which has developed an outcome-based approach to recognising higher level practice. From this work the COT, in partnership with the Royal College of Psychiatrists and the NHS Executive Trent, looked at higher level practice in mental health. As a result, the COT has commissioned a research study by Caan and Chacksfield (2001) to look at the competencies, role requirements and appropriate training for consultant occupational therapist posts in mental health. The study, soon to be published, demonstrates some important findings about the way that occupational therapists view higher level practice. In brief, there is agreement about the necessity for higher level practice in the profession, with 95% agreeing that using occupation as a foundation for practice is a core skill for consultants. Over 90% indicated a commitment to core occupational therapy practice and also to valuing and respecting other professionals.

I would propose that the next step along the 'yellow brick road' (quoted in Green 1998, p43) is a need to develop the reality of higher level practice with core skills around occupation at its heart. This will encourage the development of both a diversity of skills and a depth of specialism. Within this model lies the space for each occupational therapist to realise his or her heart's desire within professional life.

Cultivating an attitude to personal growth and learning

I have reflected on the following wise words from the wizard:

> ... knowing others is intelligence;
> knowing yourself is true wisdom.
> Mastering others is strength;
> mastering yourself is true power (Green 1998, p60).

How do we need to think intelligently about occupational therapy today? What is emerging from behind these words?

I celebrate the worthwhile gains that occupational therapists are making in transferring cognitive knowledge, awareness of psychology and care rationale to their students. Some of these intellectually awakened occupational therapists with research-mindedness are in touch with the world as taught and the world as we have discovered it to be and are alert to the world as felt, but they appear little the wiser about the world as imagined. Health care is alive with social defences and professional ritual, prophecies that distance practitioners from the mess and emotional chaos that arise from contact with disease and death (Grof and Grof 1986).

What is clear is that a move towards professional mastery at this higher level demands a balance with personal mastery. Personal mastery explores the very craft of the practitioner, where the individual occupational therapist models ideal personal and professional practice through a deepening self-awareness and his or her purposeful action. The shift is not only one of deepening and advancing technical and clinical experience, but also one where the occupational therapist consciously uses the self as an instrument in service, respecting the therapeutic power of his or her presence and relationships (Machon A, workshop on higher level practice and personal mastery, COT annual conference, Keele, 2000). Cultivating this attitude of continuous personal growth and learning, guided by both self-awareness and alignment with one's deepest qualities and values, results in the choice to take purposeful actions that produce the outcomes that one most ideally wants from life.

Considering a spiritual context

Here I will consider the place of the heart in occupational therapy practice and how, in opening the heart, we need to consider a spiritual context of our work, our values and how we value ourselves.

By being able to include 'spirit' in my title, I am reassured to an extent that modern-day health and social care is now beginning to recognise our own and others' spiritual needs. Even some of the government's white papers, such as *The New NHS: Modern, Dependable* (DH 1997), allude to it. I personally see this aspect of our work as one of the most important professional and personal components in the development of higher level practice. This said, spirituality has to be seen as one of the core requirements of practice at all professional levels.

Frankl, back in 1987, saw spirituality as a manifestation of a higher self, a spiritual direction or greater purpose which nurtures us through life events and choices, including our careers. In this context, I include spirituality as simply a personal feeling, an aspiration and, more importantly, a sense of meaning. Nowadays, many of us find it hard to believe in a spirit body, yet we may readily subscribe to scientific notions of a most fantastical nature; for example, a belief in an atom requires the same act of faith as a belief in a spirit body. However, I have been grateful to, and professionally influenced by, the Canadian Model of Occupational Performance (CMOP) for placing spirituality as a central core, as the essence of self. Here the spirit is seen as our truest self and as something that humans attempt to express in their interactions (Gutterman 1990, Egan and DeLaat 1994, Canadian Association of Occupational Therapists 1997). Recognising people as spiritual beings means recognising their intrinsic values and respecting their beliefs, values and goals, regardless of ability, age or other characteristics.

The CMOP outlines the key ideas about spirituality as:

- Innate essence of self
- Quality of being uniquely and truly human
- Expression of will, drive, motivation
- Source of self-determination and personal control … (Canadian Association of Occupational Therapists 1997, p43).

What I respect in particular about the CMOP is the willingness to state intrinsically that to include the spiritual aspect of humanity is to respect it as a manifestation of a higher self, direction or greater purpose which nurtures people through life events and choices. In considering spirituality in this sense, it is also a way of developing a clear appreciation of the uniqueness of each person in the occupational therapist/client relationship (Peloquin 1993). I fully endorse such models and congratulate those worldwide who strive to include spirituality in their practice, at a time when it still feels that the western scientific attitude to disease and health continues to be secular and pragmatic. Inherent in advancing our knowledge and skill into higher level practice is an open awareness of the commitment to include spirituality. I really do have to disagree with Professor Gary Kielhofner, who at last year's annual conference in Keele announced to the delegates: 'We need another model as much as we need a hole in the head.' Give me a hole in the head as long as we in the UK develop our own unique model, framework or discipline similar to that of the Canadians, taking into account our own understanding of what occupation means to us and in the context of what makes UK practice today unique.

Integrated into this aspect of our work is the whole issue around the extent to which we value ourselves in the UK and the process of being in service of the other. A factor often missing in the current culture of health and social care is time for reflection and time to appreciate and value our own and others' contribution to service. I am grateful to Hagedorn (1995) for highlighting that, as therapists, we not

only bring personal and professional values to the process of therapy, but that we also have values as individuals and needs to be valued by others. She goes on to refer to therapists as agents for change and a gateway to resources and information. But, most importantly, she attaches value to the concept of 'the therapist' and saw that 'valuing oneself as a skilled therapist is not egocentric; it is another aspect of maturity' (Hagedorn 1995, p326). Six years on since she presented her views, I wonder how far we have been able to travel in order to value ourselves truly as occupational therapists.

Letting go of fearing the outcome

Like Dorothy, we need to accept the paradox and see what is emerging. What are the challenges we face? What do we need to let go of?

One clear message is that we must be confident that any proposed framework for advanced practice (whether defined in terms of 'specialist' or 'expert') must be driven foremost by the need to protect the public. Never has there been such a focus on accountability and responsibility for our continued competence to practise. The need to embrace continuing professional development as a way to advance and consolidate our professional knowledge and skill is central to our work, especially as we aspire towards becoming experts in our respective clinical areas.

In order that we surrender to the move towards higher level practice, we must include both critics and sceptics. Paying attention to the arguments against specialisation is not saying that demonstrable benefits will not emerge from it, according to Donaghy and Gosling (1999). However, to date there is minimal empirical evidence to show that it enhances patient care, although some is now beginning to emerge. Only tentative benefits are implied by association, according to Jensen et al (1992). They claimed that this may suggest that the attributes of specialist practitioners produce greater efficacy and enhanced quality. However, there is still no substantial evidence that treatment outcomes differ. Many would argue that specialist services can disadvantage service users, particularly where there is a focus on developing a content-specific theoretical knowledge base that fails to take account of the wider context of client/therapist interaction and the social and moral dimensions of decisions taken.

Another dimension to consider is the way in which higher level practice is often blurred by the parallel process of extended scope practice. It is important to emphasise effectiveness within an individual's scope of practice, as well as safety and risk limitation needing to be implicit as broad attributes. Recognition of the limits of an individual's scope implies that a development in one area of practice will be balanced with a dilution in other areas of the professional work.

We need to let go of fearing the outcome before we have fully understood and evaluated the process and surrender to the fact that some of us might deliberately choose a generalist role, whilst others might specifically aspire to becoming experts in identified areas of practice. My own view is that we need to embrace both.

Being recognised as change agents

You may recall that the wizard gives Dorothy a challenge and sends her off on a fearful and problematic journey to the wicked castle. Having achieved her goal and retrieved the broomstick, she returns to realise that the wizard is, after all, a fraud. She challenges him for having consciously given her the responsibility for solving such a dangerous problem.

Being identified as experts puts another level of responsibility on us to be recognised as change agents with high levels of problem-solving skills. We may feel comfortable with this. Historically, occupational therapists have seen themselves as problem solvers and the occupational therapy process is a clear illustration of how we generally follow a pattern by which we identify a problem, assess, plan intervention and evaluate. We tend to focus on what is wrong or what is missing in the daily life of our clients and we tend to see everything through that filter or frame. However, there might be a danger in some instances that the filter or frame is our unconscious set of assumptions. We tend not to be aware of our frame and sometimes we may fail to notice that we disregard some information that may not fit our reality.

We have had many years of practising the art of problem solving and of being exhorted to be part of the solution. As we develop our knowledge and skill at a higher level, and as we fine tune our advanced level of clinical judgement, might we also need to consider a clinical and organisational culture in which we look for what works and find ways to do more of that? We seem to be obsessed with learning from our mistakes instead of appreciating our successes and enquiring more robustly why success has occurred. The primary focus is on what is wrong or broken; since we look for the problem, we find it. At this stage I will own my personal bias and give credit to individuals such as Dr Gaynor Sadlo for her work in problem-based learning because I believe that this experience at pre-registration level at the very least encourages the development of appreciative inquiry skills. The model developed by Cooperrider and Srivastva (1987) contrasts problem solving with appreciative inquiry and I invite you to consider its application in occupational therapy.

Aspiring to and developing appreciative inquiry skills is an exciting philosophy for change within occupational therapy. This applies equally to leadership skills, because a major assumption of appreciative inquiry is that in every organisation something works and change can be managed through the identification of what works and the analysis of how to do more of what works. Isn't this the fundamental basis upon which clinical governance and benchmarking is built? And yet the health and social care culture in which we

work as occupational therapists appears only to nurture the problem and the often time-consuming and costly exercise of solving it. If we own what we do well and share it with confidence then there is no reason to expect that there are any magical answers to change.

Readdressing inequities

Tony Blair (2001), in his introduction to the latest New Labour manifesto, described the choices that we would have to make to enable us to realise our aspirations: to be able to rely on a stable economy where hard work is rewarded. He went on to say that British people achieved magnificent things in the 20th century, but that for too long our strengths have been undermined by the weaknesses of elitism and snobbery, vested interests and social division complacency bred by harking back to the past. I feel that this also speaks to barriers that occupational therapists have to face. He does, however, go on to say: '... the glass ceiling that has stopped us fulfilling our potential. In the 21st century we have the opportunity to break through it because our historic strengths match the demands of the modern world' (p3). There is a similar challenge here for occupational therapists.

There are more and more expectations at both pre-registration and post-registration levels to deliver on outcomes, all of which have to be delivered on with increasing speed and demands for quality and expertise at the highest level, and also at the most cost-effective price. The government has set out its strategy to modernise employment practice in the NHS. Health Minister Alan Milburn announced that the health service should be the country's best employer and stressed that quality of care for staff and for patients went hand in hand. He said, 'Unacceptable variations in the way the NHS treats its staff are as out of place in a modern health service as unacceptable variations in patient services' (NHS Confederation 2000, p14). Among the changes within the Plan, there emerged a new commitment to readdress inequities in relation to career development for the allied health professions, including the recognition that occupational therapists amongst others also have capabilities and skills in leadership, management and higher levels of professional practice. Commenting on the strategy, the NHS Confederation (2000) welcomed the values stated and, in particular, the fairness, equality, flexibility, efficiency and partnership for professions other than nursing and medicine and added that these qualities must become reality through action, not rhetoric.

Honouring the human spirit in higher level practice

Might we already possess the attributes that we seek most passionately?

I have already stated my support of the need to go back to our roots and own our uniqueness around occupation. We must own the fact that after many centuries of centring on meaningful occupation as a means to health, it is occupational therapy that has refined its engagement to adapt our environment, by acting on it or by creating new environments through it. I also believe that integrated into this dimension of using occupation is an approach that is truly humanistic in its vision. As we potentially streamline our remit through higher level practice, it appears more important to adhere to this perspective of occupational therapy.

Back in 1997, some of us rejoiced at the inclusion of a humanistic vision in the English White Paper *The New NHS: Modern, Dependable* (DH 1997). To my knowledge, however, 'humanistic' does not explicitly appear in any formal definition of occupational therapy. 'Humanism' puts a high value on human experience and as such is alert to the uniqueness of each individual and to our ability to learn from experience. It also emphasises the authority of personal relationships, whereby feelings, emotions and intuition become recognised tools of inquiry. Yerxa (1993) saw occupational therapy developing new and mutually beneficial collaborative relations with disciplines sharing our humanistic values. The transpersonal (phenomena above and beyond the personal) helps us to embrace the unknown and unknowable. It also opens our eyes to paradox and to the possibility that there are powers deep within the person with a potential for healing and growth.

Many again question whether occupational therapy as a profession is evolving into a science too often isolated from its art. If it were a person it would be busy in thought and attuned to its senses, hard working and conscientious, but generally impoverished in imagination, denying feeling and consequently unskilled in developing empathy or managing intimacy in interpersonal relationships.

Some may believe that medicine at times seems to have lost its soul in the process of becoming scientific. Might occupational therapy be treading a similar path in striving for social acceptability and professional recognition?

Because of other people's often negative mind-set about what occupational therapy is, as occupational therapists we often start our careers from a base of wanting to feel loved while desperately needing to experience a sense of belonging and achievement. There is often little time or space to address the frustrations of the job and outlets for distress are usually blocked by the working culture. The person within the professional role learns to cope by splitting off emotions from the intellect, thus repressing painful experiences. Stressed out, dis-eased(?), unsatisfied people, attempting to comply with the tenets of scientific positivism in a professional education, may not have enough of themselves available to provide good quality care.

My work as an occupational therapist is based on the assumption that most people want to feel important and make a meaningful contribution. To me, this assumption represents my appreciation of the human spirit. I choose to

Gwilym Wyn Roberts completes his Casson Memorial Lecture to a standing ovation. (Photograph: Steve Broad.)

work as an occupational therapist because I aspire to see individuals as marvellous entities destined to do good. That is why I believe that occupational therapists on the whole continue to show the potential to recognise and honour the human spirit in all aspects of our work.

For those aspiring towards becoming experts, including this aspect of our work has to be seen as progress. As change agents, if we as occupational therapists start throwing everything away, then the baby may be thrown out with the bath water. I would like to feel that occupational therapists are generally proud to belong to this profession. That source of pride is often the most untapped natural resource within a profession. People want their profession to be seen and appreciated for doing meaningful and purposeful work and want to be a part of it.

Perhaps the greatest challenge facing us in these times is to sensitise our thinking and all our ways of knowing to the interplay of forces that shape our world as occupational therapists. This complexity reveals itself when we look at our historical situation and examine some of the great myths about occupational therapy, myths that seem to underlie many of the debates of our time. Our time of crisis presents us with an opportunity. We may now be able to see that inherent within the paradoxes that I have highlighted is the opportunity for a new synthesis which I believe is emerging from the tensions in our times. Philosophically, I sincerely believe that we really do need such synthesis and integration.

Ending

A higher level path is paved with paradoxes, apparent contradictions which yet hold in their depths secrets that stand as sentinels, guarding the approaches to wider fields. Only when we have discovered their hidden reconciliation do we reach a true point of balance in our professional and personal lives. I see this point of balance as our new horizon, an apex midway on the scales, only attained through long experience of trial and error. It offers a steady vantage point. Through long experiments, weighing, testing, trying, leaving, alternating and reassessing, might we emerge at last as a serene profession.

I hope that you've understood and embraced the messages in *The Wizard of Oz* (Baum 1937, Warner Bros 1937, Green 1998). The journey down the 'yellow brick road' can make a career in occupational therapy more worthwhile and meaningful. It does take courage, heart, brains and spirit to survive in a professional world that is constantly challenging and rewarding.

And this 'kindly philosophy' (Warner Bros 1937), as we have seen, is undoubtedly why *The Wizard of Oz* is one of the most beloved films of all time and a myth of today, a context in which to make meaning of our professional journey and the journey of our profession.

Thank you for your attention.

Diolch yn fawr am eich gwrandawiad.

And to Oz ...

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