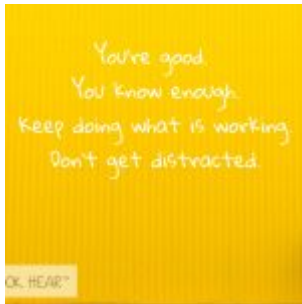


# How to set up an Occupational Therapy Private Practice – Step 1



This is the first blog in a three part series outlining how to set up a private practice. Take a look at Step 2 and Step 3!

Please note – this is specific to the United Kingdom, however most principles can be applied to other countries with similar registrations/processes for Occupational Therapists.

## TOPIC:

Are thinking of taking on a few private clients, or maybe you work part time or want to eventually have a full-time private practice income.

Maybe you are wondering what to expect, what you need to actually do, and how much it is all going to cost... where do you start.

Well; we have done it all (both in the UK and Australia!) so let us give you our tips and advice to help inform your decision about whether you want to proceed and become an independent provider!



Its not hard to make it easy.

It's not hard to make it easy

## **WHAT:**

Setting up a private practice can really take as much or as little work as you would like it to. There are of course key things that need to be in place, but a lot of the other stuff is really up to you.

This information is for those who are already HCPC registered professionals with the relevant experience and expertise. The information below is not suitable for non-qualified professionals.

This blog is aimed at those who want to set up their own private practice; there are loads of companies who are able to help you and guide you to do this. We didn't use anyone specific in the UK and used the WONDERFUL and AWARD WINNING Crunch Practice Solutions in Australia. It depends on how much money you want to start with and pay for with the setting up, and how much you want to do.

A word of warning though, often there are accounting fees are going to be so you are prepared.

## **WHY:**

- You might just want to see if you can do it!
- You might have loads of ambitious long term goals!
- You might just want a little bit of extra work on the side!
- You might want have more flexibility in your life!
- You might just want to be your own boss!

There are so many reasons why you might decide to explore the idea of private practice!!

## **HOW:**

Please read through the whole blog posts (here and here) before you rush off and start registering for things; there is a lot to consider, which we have tried to outline for you!

Take a look online for '90 day business plans' – there are a huge range of options. Basically you split the next 3 months into Days 1-30, 30-60 and 60-90 with set tasks to achieve within them. At LHA we do this regularly! It is easy to over estimate what you can achieve in a year, but under estimate what you can achieve in a month. We do this when we have new ideas (which can be distracting) and find clarity in working through this process. Typical Occupational Therapy – task analysis and breaking things down into manageable steps!

## **The must haves:**

1. Become a registered company with Customs House. You will need to have a Name for your company (and there are rules about what you can/can't be called) and fill in all the forms and pay the fees. Most private practices will be set up as limited company's (but just make sure you read carefully depending on the goals of your business).
2. Get a business bank account; again this can cost as

little or as much as you want it to, there are of course the big banks that offer business accounts, and there are also lots of App based accounts and software that is free or low cost. We use Tide, though there are lots of similar options including Stirling, Anna, Counting Up to name a few. Again have a think about how big or little you want to go and what you need the app to do for you. Some of these apps will also do things like invoices and expenses for you which is great; though we use a slightly different system as we wanted to be able to send PFD invoices with client notes.

3. Register with the Information Commissioners Office; this was something we completely didn't even know was a thing, but is incredibly important for GDPR and general data processing.
4. DBS (Blue Card in Australia) that you can produce. Many schools require to sight this on arrival, we have signed up to the update service so we know we are always in date.

OKAY – if you are up to this step now, you have a company, you are registered with all the people that are essential (I'll share the extras next).

## **Pause for thought:**

Before we move onto the 'should haves' and 'nice to haves', it is really important to consider how much or little you want to put into your private practice work.

If this is going to become your full-time job, and if you want to offer a polished and comprehensive service you might put in more time, money and effort. This may be different to someone who wants to have a small local caseload to compliment their work else where.

This is A LOT of work guys, even if you carry just a small

case load. There are lots of decisions to be made such as:

***Is there a conflict of interest with your current work?***

This is especially important when considering NHS services as there are often really clear guidelines available about conflict of interest. If you have left another company and want to set up yourself, make sure you read your contract for non-compete clauses. Often they will have a certain mileage and time frame {usually 12 months} before you can work in a similar area.

***What are you going to charge?***

What are other people charging in your area? Are you offering something really different from them? We have decided to post all our pricing online as it was important for families to know our price point. As a consumer, we like to know what things are going to cost so it was important that we extended this to our families.

***How are you going to store clinical notes (this must also be inline with the ICO regulations)?***

How are you going to send summaries to patients after sessions? Will you going to write notes in session for patients?

***Are you going to charge for travel?***

Reports? Letters to school? This is your time (and therapy is expensive), what are your thoughts around this?

***How are you going to ensure you are non isolated?***

Will you going to pay for external supervision? Join independent practice groups?

## ***How will you continue to meet all your CPD requirements?***

This is especially important if you are thinking of going full-time – you will still need to meet your requirements (normally 30 hours per year).

## ***What other services or schemes that you should or could be registered with or for?***

In Australia and other countries there may be programs where you can register for which rebate patients care. These may be standardised or you may need to meet other criteria e.g. be a certified Mental Health Professional. Consider reviewing what is local to you, and what steps you need to take to get registered.

## ***How are you going to get your name out there/advertise?***

This will be directly related to how many patients you are willing to take on (I would suggest you have a literal number in your mind to start with). Initially we started through word of mouth (through some other private professionals locally that we linked in with), as well as our website and some facebook posting.

If you have considered most of these things and have a plan or answer to these, excellent. If not, take some time to think about these things before launching in.

Occupational Therapy: Helping you do what you need and want to do.



What are your meaningful occupations?

## Take a look at our next steps blog here!

### **FURTHER READING AND RESOURCES:**

Take a look at the OT Hub, which has loads of great information. There are also lots of podcasts available around setting up your own practice too.

We also love the 'Dare to Lead' book by Brent Brown; not related specifically to setting up but is a great book about leadership and refer back to.

We will happily provide supervision to those taking these steps, having been through them ourselves. You can find our pricing [here](#).

# The time is now!



LONDON



NEW YORK



TOKYO



MOSCOW

## Connect with us



Is the time now for you? Let us know and comment below if we have missed anything!!

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## INSAR 2019 – Conference Day 3



Hi everyone, Tim here. I've been in Montreal last week at the International Society of Autism Researchers (INSAR) annual



conference. This conference brings autism researchers from around the world together to discuss and share the leading research into the autism spectrum.

## **Highlights from Day 3:**

### **Transitioning into adulthood**

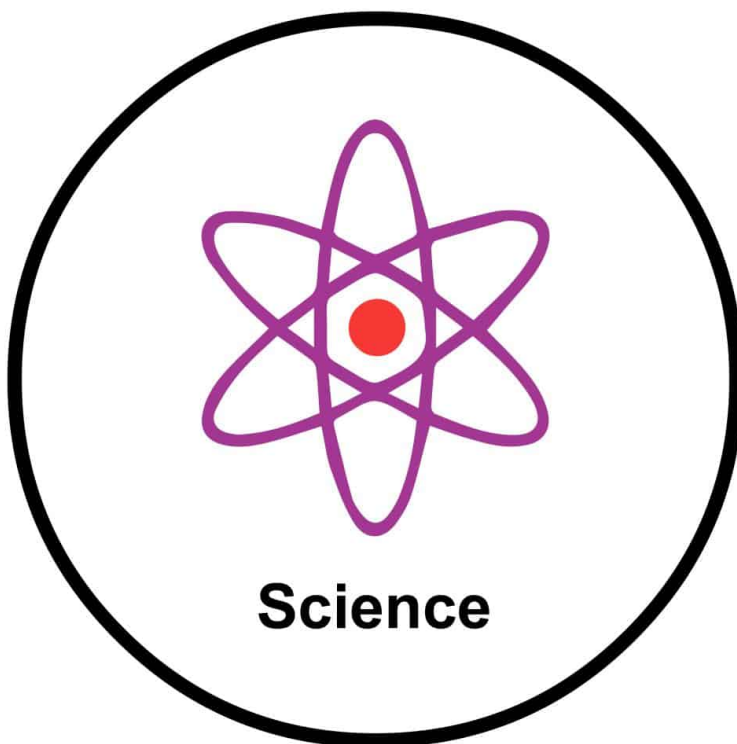
#### **Are healthcare providers ready to transition ASD teens to adulthood:**

Lisa Croen discussed research into clinical providers in California and their ability to support teens transitioning into adulthood.

#### **Sex differences in health outcomes:**

Julie Taylor discussed sex differences in ASD health outcomes, particularly in transition time points.

You can read more of Julie's research [here](#).



So much Science and Research over the last 3 days!

## **Take home message:**

Services are often underfunded in supporting ASD teens transitioning to adulthood, and this group is often underserved. Ongoing research is required to provide input to governments and service providers on best practice for transitioning teens.

**Also while at INSAR I have discovered so many other great resources, which we have listed below.**

- Bostons Children's Hospital
  - Wonderful stories on going into hospital and what to expect for those who need some preparation. We will be adding this to our resource page for Hospital and Emergency!
- Molehill Mountain
  - This was a new discovery for Look Hear from INSAR, we are yet to test it our selves but it looks awesome!
- Boston Medical Centre
  - This Centre has bucket loads of resources available, and are well thought out and visually pleasing. Also has information helpful for siblings too!
- Autism CRC
  - This is an Australian website that has loads of links to Universities throughout Australia and NZ, as well as lots of programs and resources available (we have done the Secret Agent Society Training and would recommend!!)



Happy Days! We hope you enjoyed our reflections on the INSAR Conference 2019!!

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## **INSAR Conference 2019 – Day 2**

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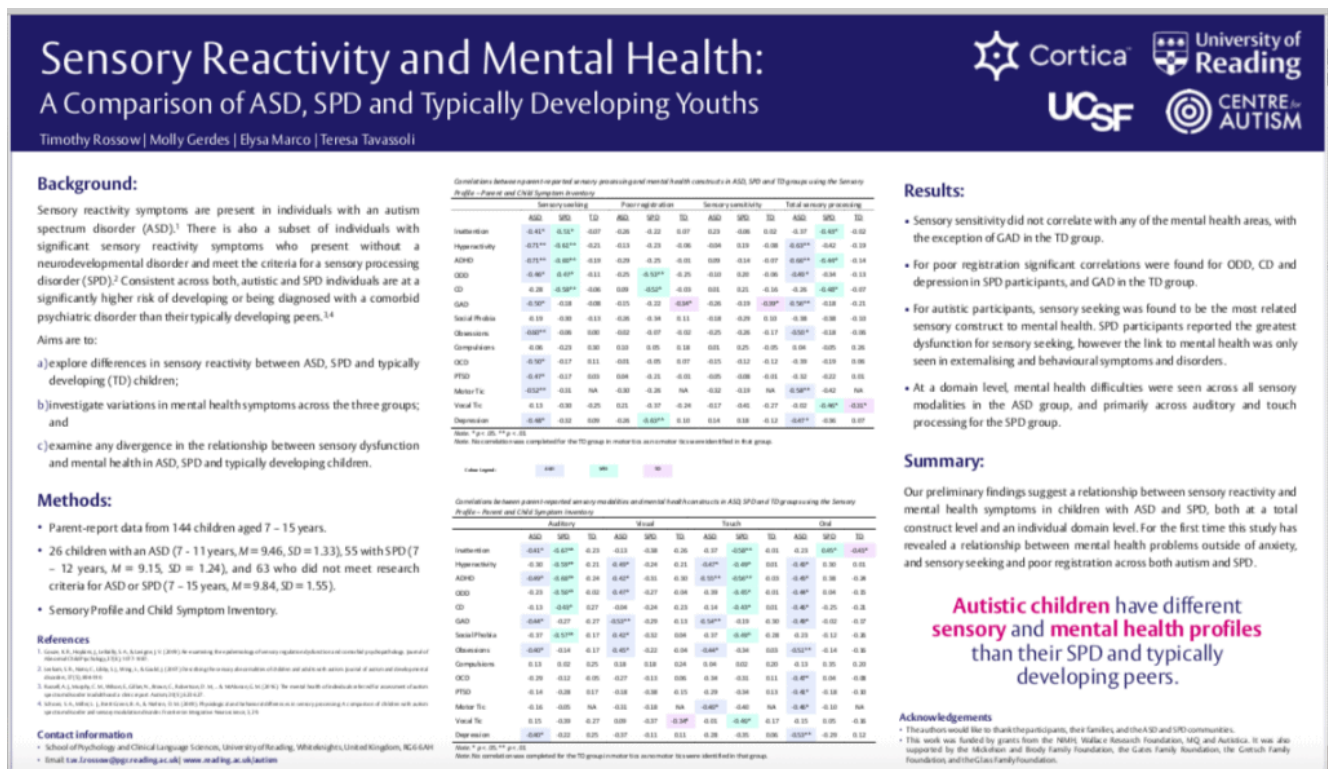
### **Highlights from Day 2:**

#### **Multimodal Measurement of Sensory Processing**

# Measuring sensory reactivity reliably:

Teresa Tavassoli discussed the difficulties in accurately measuring sensory reactivity in autistic individuals.

I am part of Teresa's team and you can find out more information here.



This is my poster! You can find a downloadable version here.

## Lessons from psychophysical studies of somatic sensation in autism:

Carissa Cascio spoke about psychophysics, and in particular how tactile perception relates to ASD traits.

You can find our more about Carissa's research here.

## Neural habituation of sensory stimuli:

Shula Green described sensory over-responsivity and functional neuroimaging. She discussed differences in neural connectivity to touch and sound processing, particularly over time.

## **Relating abnormal tactile processing and cortical dysfunction in children with ASD:**

Nick Puts continued the discussion on cortical differences in tactile processing in ASD individuals.

## **Take home message from these sessions:**

The assessment of sensory reactivity in autistic individuals requires a multimodal approach that takes into consideration both questionnaire and observational methods. This should include measurement of perception (internal state) and not just reaction (external reaction).

## **Psychiatric Comorbidities**

### **Adverse childhood experiences:**

This talk by Amy Barrett highlighted the large percentage of ASD children who have adverse childhood experiences, including trauma, and how this is often overlooked in research and in clinical settings.

You can find out more about Amy's research [here](#).

### **ASD and suicidal behaviours:**

Paul Lipkin advised on his research on suicide behaviours in children and adolescents with autism and their access to medication and interventions. In particular, he looked at exploring factors contributing to suicidal behaviours.

## **Emotion dysregulation as a risk factor for suicide:**

Caitlin Conner outlined her research and showed that increases in emotional dysregulation are correlated with higher reported suicidal ideation.

You can find out more [here](#).

## **Depressed mood and interpretation of neuroscience data:**

Katie Gotham spoke about how depressed mood in autism may obscure our interpretation of neuroscience research data. Analysing mood, anxiety and attention may help interpret research findings more accurately.

## **Group CBT for ASD and anxiety:**

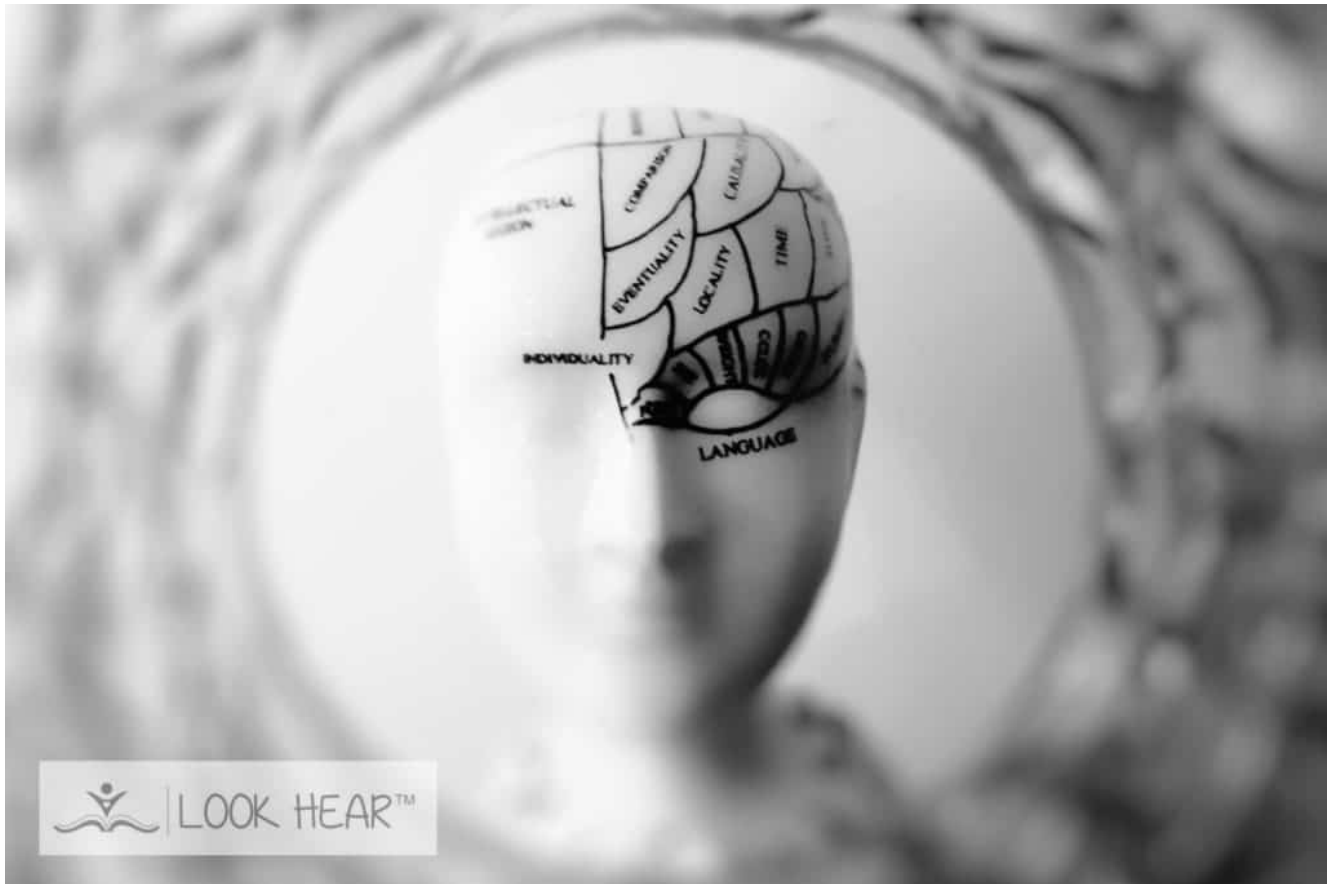
Audrey Blakeley-Smith presented on findings of a trial of group CBT for anxiety in a group of ASD teens with anxiety and intellectual disability.

## **Executive functioning:**

Laura Anthony discussed an online executive functioning intervention – Unstuck. This online program allows for a self-paced, parent led intervention with tips and support.

## **Take home message:**

Whilst research is making strides towards understanding psychopathology in autism, and in particular defining specific vulnerability profiles, there is still a lot to explore. Children with autism are also more likely to mask disorders like anxiety, or not be picked up by standard measures of psychopathology.



If you would like more information or resources, check out our pages on Mental Health or our HUGE Resource Library.

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## **INSAR Conference 2019 – Day 1**



Tim shares his reflections and information on the most up to date Autism research fresh from the INSAR Conference 2019!!

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# Liena – Hope for Boro Village



Whilst in Botswana, we met a young girl named Leina. Leina is 3 years old who lives in a small village in the Okavango Delta with her parents, grandparents and siblings. She was initially introduced to us as “the disabled child of the village” as she was unable to walk due to what appeared to be a congenital foot malformation. Leina’s movements around her house and village were restricted by walking on her knees, and there was significant muscle atrophy in her calves.

We spoke to the local guide and asked him if it would be appropriate to offer our assistance and take a look at Leina and her legs. Once consent was gained from her parents and Leina herself (through the local guide translating and explaining what we wanted to do), it was established that there is a good chance she may be able to walk with the support of appropriate equipment.





The Village and Leina's family taking in what was being discussed.

Leina's parents, the local guide and our tour guide all requested any help we could offer. It was explained to us lots

of tour groups drop off sweets and books but this does not help her to move about like her siblings and peers. In discussion with the group and Leina's parents, it was agreed that equipment could be utilised to support Leina walk and interact more with her peers. Given the terrain and availability of resources (not just physical resources, but also the ability to monitor her progress and ensure that she was safe with whichever equipment was provided), the most appropriate piece of equipment would be a walking frame. We have had previous experience building a wheelchair out of piping and we explained that with a trip to the local hardware store we should be able to whip something up in the afternoon.

<https://www.facebook.com/lookhearaustralia/videos/1682438525329440/>

The wheelchair we made out of piping previously.

We were able to source shin pads to protect her knees while she is learning to walk (as walking on her knees is her current mode of moving around), and were able to build a walking frame out of copper piping. What was special was that it was not just one person helping, but everyone wanted to be involved. The tour guide arranged the materials, the tour group purchased the materials, the camp site management organised two workers to cut and weld, as well as transport to and from the village, and the village got behind and were supporting the family. It really does take a village to raise, and support, a child.



### The Shin Pads

As a group we decided from the beginning that we did not want to just support Leina and her village for one day. Our overall goal is for Leina to be able to access education with her peers. We hope that we can continue to be involved with Leina and her community, and support the whole village in their journey.





The building...

You can find out more about Hope for Boro here.

You can support Liena here.

On The Go Tours, who we toured through have shared Leina's story here.