

**Final Report of Organisational Developmental Study
of
All India Occupational Therapists' Association –
Gujarat Branch**

Study period: 20 Oct – 15 Nov, 2016

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Disclaimer: The consultant has paid utmost care in using words, tones and views which are inoffensive and intends to help the cause. Anything, if found otherwise are purely unintentional and should be seen in totality than in isolation.

Acronyms:

OD	: Organisational Development	EC	: Executive Committee
AIOTA	: All India Occupational Therapists' Association	KIMS	: Karnavati Institute of Medical Sciences
OT	: Occupational Therapy/ist	CPE	: Continuous Professional Education
COTE	: Continuous Occupational Therapy Education	PIL	: Public-Interest Litigation
WA	: WhatsApp	KYC	: Know Your Customer

Acknowledgement:

I would like to express my deepest appreciation to all those who provided me the possibility to complete the study. A special gratitude I would like to give to Dr. S R Apte, Convener of AIOTA – Gujarat branch whose contribution and encouragement was immense in the study. My sincere thanks to Dr. Brajesh (co-convener, AIOTA-Gujarat) who has been kind to visit Ahmedabad to share his perspective and association's status.

Furthermore, I would also like to acknowledge with much appreciation the crucial role of the participants (honorable members of AIOTA and other professional), who agreed to share their views and the necessary suggestions to make this study complete.

Introduction of study:

About AIOTA: All India Occupational Therapists' Association is an association of Occupational Therapists studying or practicing in India. The association was started way back in 1952 and is registered under Bombay Public Trust Act. AIOTA as national body self-governs/represents occupational therapy in India in lack of central council. AIOTA is founder council member of World Federation of Occupational Therapists. It has formed 15 state branches in 13 states (Maharashtra has 3 branches).

AIOTA Gujarat state branch (to be called as 'association' hereafter in the document) is also active since last many decades. The principle activities of state branch include: co-hosting annual conferences, conducting academic programs (continuous OT education/COTE), contributing in IJOT/newsletter, awareness, advocacy and representation at state level. Executive body (decision making body) usually elected by members and consisting of 7 members currently.

Since its creation, the association has seen many highs and lows. Until now 3 OT schools have seen its existence in Gujarat among which one is still running. Significant number of students passed from these colleges have either left the state/country or profession due to various personal and professional reasons. One of the reasons for migration is found to be little recognition/awareness of OT in Gujarat and overlapping practices with Physiotherapy & special education. Currently, there are around 40 professional members in state¹. Meetings of association takes place variably with varying attendance of members. The association has accomplished some motivating milestones in last few years. In spite of some fruitful achievements, the satisfactory involvement of members remains to be seen. The association faces several challenges of different nature and hence its effectiveness remains debatable.

Looking at the context above, it is decided to conduct an assessment (to be called as Organisational Development² study hereafter) of association to understand the strength and challenges to know the way forward. OD intends to analyze formal and informal parts of the organization. The formal parts of the organization include Mission, Vision, objectives, structure, policy, human resources, stakeholder mapping, and compensation. The informal ones include values, attitudes, social relationships, etc. OD focuses on performance and health of the entire organization, not on an individual. It is designed to achieve organizational goals that will lead to the satisfaction of people in the association.

¹ OT directory published in 2015 has the details of these members but it is under represented.

² Organisational Development (OD) is system-wide and value-based collaborative process of applying behavioural science knowledge to the adaptive development, improvement and reinforcement of such organizational features such as the strategies, structures, processes, people and cultures that lead to organizational effectiveness.

Specific objectives:

1. To know the opportunities for individual and group development.
2. To understand the communication system between leaders – members – members and state & national level.
3. To understand the members' participation, problem-solving and decision-making at various levels.
4. Evaluate strengths, areas of improvement, opportunities and threats, if any.

OD will help association to become more viable, to adapt to new conditions, to solve problems, to learn from experiences, to move towards greater maturity and develop ability to create a high quality of life for its members.

Vivek SINGH has been hired as consultant to analyse OD processes through a different perspective and with non-biased view of the organization's problems and needs. The consultant was also in advantageous position because of his in-depth understanding of key issues particular to the association and his ability to secure the trust and cooperation of key players in the association.

Areas of OD assessed:

1. Mission and vision of AIOTA
2. Information flow and decision making
3. Organizational structure
4. Governance,
5. Financial oversight and management
6. Management of members
7. Stakeholder engagement & retention
8. Technology and infrastructure
9. Organizational renewal

Methodology for the Study

The study used mix of secondary and primary research activities. A desk review of relevant documents obtained from branch (please refer annexure -II) and those collected through field work has been done. In addition, qualitative research approach like in-depth interviews were conducted to understand situation, gaps and inform findings. A meeting of member is also planned to present the findings and get their feedback as part of the methodology.

A master list of OD questions (issues like budget, structure, information sharing, governance etc taken into account, please refer annexure – III for details) has been developed and used to prepare different tools for conducting investigative interactions at the EC and membership level. A purposive sampling strategy (**Total 26 persons have been contacted**, please refer annexure – I for more details on sampling) was employed to obtain views from a diverse range of stakeholders. Geographical representation has also been considered.

Key findings and suggested recommendations:

1. **Mission and vision of AIOTA:** The constitution and bylaws of AIOTA does not mention mission & vision however constitution's Article 3 describes aims & objectives and can be interpreted as shown in Table - I:

S.N	Aims & objective	What it means
A	To promote the use of Occupational Therapy.	Promotion
B	To maintain the standards of education and training in the field of Occupational Therapy.	Standardisation of OT education
C	To promote research & development in the areas of interest.	Promotion, evidence

S.N	Aims & objective	What it means
		creation
D	To regulate the ethics, promote the advancements & practice in the profession.	Regulation
E	To serve the community using preventive, curative & rehabilitative dimensions as required.	Service provision
F	To collaborate with international organizations including World Federation of Occupational Therapists (WFOT) to promote advancement in Education.	Partnership for promotion
G	To serve as an Advisory Body of the Govt. of India, to State Governments and other non-governmental national & international organizations or institutions requiring technical assistance & guidance in matters of establishing councils, OT education centers, departments, rehabilitation units or other activities related to profession.	Policy & practice advise
H	To publish a Journal, Newsletter, Books &/or Pamphlets (as the official publications of the association) and such that may be required for the furtherance of the aims & objectives of the association.	Information dissemination, knowledge management
I	To provide Occupational Therapy education and incept educational institutions in India & overseas.	?Educational service
J	To engage in any other professional activities by organizing conferences, workshops & seminars etc. that may be considered advantageous to the profession and its members.	Knowledge sharing, assessing situation and adapting as needed.

Protection of members (from exploitation, legal dispute³ etc) has been an issue of concern for members which has not been articulated well in constitution but point 'D' & 'J' above provides window for such opportunities. Advocacy, though not mentioned clearly, point 'J' does cover it. State branch is not well positioned to play advisory role as described in 'G'.

Suggested recommendations: Being self-regulatory in nature, AIOTA needs to state terms for protection of members and actions should be directed toward malpractices. Positioning on issues like role of OT in various settings, organizational structure of OT clinical departments etc could be helpful. Having advocacy paper at AIOTA level could also be helpful.

2. Information flow and decision making:

Currently internal communication and information sharing channels exist (WA group, occasional meetings) but an enforcement mechanism lacks to ascertain that staff meetings are held regularly, relevant decisions and reports are timely disseminated to members. The flow of information is rather informal and hence there is need to improve internal communication.

Information sharing among EC members found to be through phone on urgent and important issues while a WhatsApp group⁴ has been created for all members. WhatsApp group is found to be useful in sharing information like referral, important notices (meetings, events etc), consultation on

³ In recent years, the number of legal cases accusing doctors of negligence have gone up by 400% in the Supreme Court. With increasing consumer awareness and malpractices in country, this menace is likely to get high. No records of such cases against OT is found however, private practitioners can get financial and legal protection when they are sued for negligence, malpractice or mistakes if they have professional indemnity cover. Association may think of group insurance which covers professional indemnity.

⁴ Named as 'OT's Club of Gujarat', created on 19-05-2013 has almost 60 members. Few of these members are out of state, majority of them are passed from Ahmedabad college. Very few OTs passed from Anand are part of it (they have their own group). OTs from KIMS are also not included.

important issues, resources etc. Admin's role appears to be limited and unclear. Objectives and criteria of membership is also vague at the moment (no document could be found where criteria have been mentioned). Many members were not finding the WA group very resourceful and few hinted it to be platform for derogatory discussion. Likes, wishes of festivals/events etc floods the group at times. The resources shared here is difficult to retrieve as it may get lost due to various reasons.

In spite of having WA group, there is communication gap and activities of EC is not being communicated well. Even, members' participation in fruitful discussion is found to be limited. Few members shared their fear in participation as their views are not respected or misinterpreted. So, few members are more active and many others are receiver.

"The WA group 'IOTG_40T' is very good, resourceful and managed professionally. The one we have is useless; members are busy in fighting here."

- A member of AIOTA - Gujarat branch

It was surprising to know that many of members I met were members of 'IOTG_40T' WA group but none of them has made an appeal in 'OT club of Gujarat' to join that group.

Communication with national body is on case to case basis and usually convener/co-convener reaches the appropriate office bearer. In general, the response is found to be timely and helpful. It appears that not many support has been sought hence there is limited liaison.

Association has 7 leaders in EC (refer table - I below) who manages any opportunities in the state. Since all of them are in full time job and are very busy, at times, few opportunities arise at conflicting time. Other members are not adequately involved and hence few opportunities could not be utilized well e.g. post card campaign for council did not yield any result as it was not followed up sincerely. Recently PTs & nurses have been recruited in large number and with the election nearing, the government may find it logical to advertise vacant positions for OT too.

3. Organizational structure

As per AIOTA by law - IX (state branches), the structure of EC should be as described in Table - II here:

Requirement	In Gujarat	Sex
Convener: 1	✓	Male
Co-convener/ Treasurer : 1	1 co-convener and 1 Treasurer	1 male & 1 female
Executive Member Minimum 4	4 EC members	All males

OTs passed from KIMS are not in the membership base while they are practicing in the state. There is no database of members except a directory which has 40 members and WA group which has 60 members. OTs passed from Anand have not been included well in any of these initiative (Anand OTs have 2-3 WA groups for various purposes).

Majority of the members interviewed have not read the constitution and bylaws of AIOTA. They were not very much aware about their role as members. Many of them were unclear about who is in the EC (A change in convener has happened but not many were aware). Management responsibilities among EC is also not that clear at least among members. Though, few EC members are responsible for IT, external communication like developing fliers, brochures etc.

Suggested recommendations: Gender equality needs to be taken care of in the EC. Representation from other regions should also be encouraged. It is important that AIOTA takes a clear stand on OTs

passed from KIMS as AIOTA registered OTs are facing the competition. A membership drive needs to be taken where all OTs in Gujarat (with few exceptions) can be included and same needs to be updated annually.

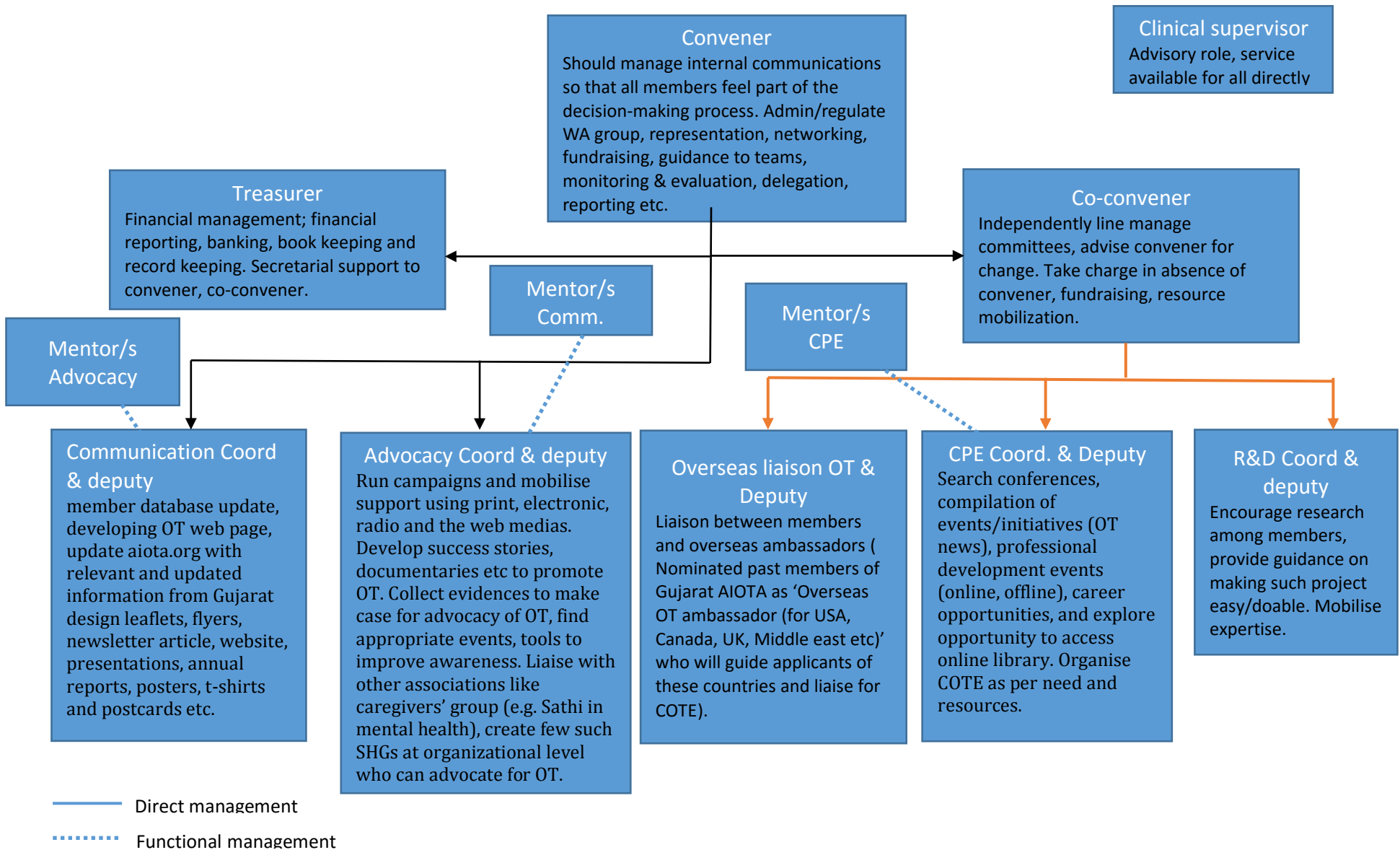
To improve regional representation and effectiveness, the branch can nominate eligible and interested members as per the region described below in Table - III:

Ahmedabad representatives				
S.N.	Zones	Areas	Zone Coordinator	Comments
1	North Zone	Sardarnagar, Noblenagar, Narodamuthiya, Kubernagar, Saijpur, Meghaninagar, Asarwa, Naroda road, India colony, Krushnagar, Thakkarnagar, Saraspur		
2	South Zone	Maninagar, Kankaria, Baherampura, Danilimda, Ghodasar, Indrapuri, Khokhara, Vatva, Isanpur, Lambha		
3	East Zone	Bapunagar, Rakhiyal, Gomatipur, Rajpur, Amraiwadi, Bhaipura, Mahavirnagar, Viratnagar, Odhav, Arbudanagar, Vastral, Ramol, Nikol		
4	West zone	Sarkhej, Vejalpur, Jodhpur, Bodakdev, Thaltej, Bopal , Ghatlodia, Chandlodia, Ranip, Gota, Kali, Paldi, Vasna, Ambawadi, Navrangpura, Stadium, Naranpura, New Wadaj, Juna Wadaj, Sabarmati, Chandkheda, G'nagar		
5	Central Zone	Khadia, Kalupur, Dariapur, Shahpur, Raikhad, Jamalpur, Dudheshwar, Madhupura, Girdharnagar		
Gujarat representatives				
1	Western Region	Rajkot, Bhavnagar, Junagadh, Porbandar, Amreli, Jamnagar, Surendra nagar and Kutch.		
2	South Region	Surat, Valsad, Dang, Navsari and Tapi		
3	Central Region	Anand, Bharuch, Dahod, Kheda, Narmada, Panchmahal, Vadodara		
4	North Region	Banaskantha, Mehsana, Sabarkantha and Patan		

The regional representatives will be useful in case of getting consultations and conveying the messages effectively. It will also bring more members in leadership role hence can show improved commitment. Even referral through these representatives could be easy.

A clear organogram of EC with description of who is doing what should be readily available for reference. One such model organogram has been suggested on page - 7.

An emphasis on the value of teamwork and small groups is pertinent as members may find themselves engaged and any resistance should largely overcome through the efforts of small teams and/or individuals. Looking at huge work load of leaders, it is suggested that organisational structure can be changed to accommodate small committees with following purposes:



4. Governance

Dr. Apte is being seen as fatherly leader who welcomes ideas, puts logics on different issues and does most of the work in EC. As per 1 member, *"He is giving full time for association activities and guides us well"*. Dr. Brajesh has also been recognized as powerful, visionary and active leader but his recent apathy toward association due to various reasons has affected the branch activities.

Various activities have been done at leadership level but has not been communicated to members e.g. Dr. Brajesh/Association initiated 'post card campaign' to establish OT state council, conducted mass awareness (especially in schools) for OT awareness and have conducted research etc. Other activities of association like filing PIL, successful organization of few events etc have not been documented well and hence yet to reach to members as it should.

Few members hinted of groupism, favoritism and opportunism which needs to be tackled. A clear trust gap, miscommunication have been noticed between general members and EC. Few leaders are in the position of conflict of interest (it is not intentional as the structure of AIOTA is such; leader/s of AIOTA is manager/employer of few members also). Expectations of such members (who see AIOTA leader as employer/manager) is very different and they want the leader to behave as leader all the time. For leader, maintaining a balance is not easy. Hence relationship between members and EC is found to be varying in terms of respect and productivity. Few incidents like poor participation of members in branch activities/meetings, no turn up in events after taking up responsibilities etc validates the conclusion made above.

Suggested recommendations: There is need to involve motivated, energetic and technically competent members in leadership/advisory positions. The conflict needs to be resolved amicably and behavioral approaches to be applied where necessary. For the branch to flourish, it is important that everyone feels counted and relates to the objectives of association.

Good documentation is need of the hour to communicate well. Members can build their capacity by taking the opportunity to write minutes, event reports, concept notes etc where they can get guidance from seniors. Having good therapy skills coupled with good documentation skills can do magic.

OTs who are in managerial position should conduct frequent meetings with OT colleagues to know their views, ideas and advocate for adapting the organizational systems to create a learning and flourishing environment. Quality rehabilitation approach⁵ should be adopted to optimally utilize the potential and avoid dissatisfaction.

5. Financial oversight and management,

Dr. Hetal and Dr. Apte are signatories of association's bank account and EC members are by and large aware of financial procedures and transactions. General members are usually not informed as there are hardly any financial activities so far as bank account is considered. Recently, account has been reactivated (KYC done) and such information shared with members which is good initiative. Maintaining of account is found to be good but centralized to treasurer/convener. Withdrawing money through cheque is not that quick as both officials have to sign (they need to meet for this purpose).

No action plan found corresponding to budget. Most of the activities/expenses are being managed by

⁵ Client satisfaction study, multidisciplinary team meetings/case conferences, learning and professional development opportunities, appraisal system etc.

sponsorship and hence bank account remains untouched. No specific fund raising strategy is in place however significant amount of money has been raised for few important events like OT directory, OT day celebration, PIL, post card campaign etc. Currently, the fund raised are not routing to bank. No system of annual report is in practice currently.

Suggested Recommendations: To make financial procedures hassle free, online banking can be used for generating statement, paying invoices etc. Few cheques signed by one signatory remain with another so that in short notice, money can be withdrawn. Email/WA can be used for deciding on the financial expenses between the signatories so that record can be found easily.

For financial transparency, it is important that annual account statement along with activity report is being shared with members. It may not be a herculean task to document all events. Accountancy document (ledger) can be made available through google doc for members to know the details of expenses.

There are various ways of mobilizing the resources and hence managing branch activities. Few of the measures are already being taken but have not been realized. Please see in the Table-IV:

Individual Donations*	Membership Fees*	Non-Financial Support	Fund Raising Events	Prizes/Awards
There are individuals who are willing to offer support to certain causes if they understand the cause and identify with it. <i>There were instances when member has spent from pocket for printing, courier, transport etc. A PIL has been filed without any cost to association.</i>	It may be a regular and assured source of income for the association's activities. To motivate members to pay their yearly/monthly fees the organization should make the members feel engaged in and informed about the association's activities. <i>e.g. Getting directory printed could attract good amount but developing action plan with budget requirement could give more visibility to members.</i>	Assistance from any organization on a specific issue or space, snacks for meetings etc. <i>The branch has received such assistance from Polio foundation, Veena rehab, Anoor, GSI etc. This needs to be capitalized further. Even technical support like this OD study is useful contribution.</i>	Though, there is limited opportunity to organize community, donor events for association but events like workshop, seminars could help in fund raising.	Though not in practice at state level, it could prove motivational for members. Few Awards/Prizes can be established where eligible members can be nominated with nominal fee. Their work can be acknowledged to keep motivation high.

*Currently receipt is not being issued after receiving the money. This does cause mistrust in few people and an excuse for further donations. To avoid this, it will be good if receipt could be issued timely (since AIOTA is registered in Trust act, it may have got 80G certificate and if so, members should be happy to donate as they will get IT rebate). Hence, association needs to take some steps which benefits members and encourages for donation also.

6. Management of members

As mentioned above, members have different expectations and majority of them are unaware of their role as member. Members expressed expectations like protection in case of dispute with employer/s, exploitation of any kind, organization of COTE/academic activities, advocacy, transparency etc.

There have been instances of conflicts between members. Few members reported that they left the WhatsApp group due to poor management of conflict.

Few members practicing since last 3 years have not attended any COTE as they are not frequently organized or are not accessible (*fee, transport, accommodation, security etc are common barriers*). They do express willingness to attend and realized its importance in their practice. ***Few topics where they feel COTE could be useful are – SI therapy, play therapy, dementia. Splinting, NDT, recent advances in pediatrics etc.***

As a member, you get opportunities in terms of -

Professional development, networking, support & guidance in your practices, journals with contextual research, career opportunities and sense of protection.

Members do not relate themselves well with association. They act isolated or do not feel existence of support in form of association e.g. a member joined govt hospital (where OT dept was nonfunctional since long) few years ago and struggled to restart the unit. The member created some brochures, interacted with resident doctors to improve referral, went through whole bureaucratic hurdles and now it is functioning much better. Unfortunately, in whole of this struggle, s/he could not realise the expertise available in association who could have provided support and supervision. Another member had to leave govt job as the authorities were uncooperative, OT has limited recognition in the hospital and hence was doing job of a clerk and s/he felt harassed. Association could have been crucial here.

I have my limitations to be active as member which has lot to do with my employment and personal life but I can contribute from backstage. It hurts when personal issues are brought to public platform and people try to gain edge out of it. It demoralizes and restricts urge to participate.

- A member of association.

“I was pregnant and the hospital authorities were not allowing me to join as it is stage of temporary unfit. I struggled, joined with the family support but after seeing the kind of work I had to do (clerical job) and continuous harassment, I quit”.

- A member who left govt job.

Suggested recommendations: Few of the concerns of members even if are beyond the purview of association should be heard and shared with national body to seek guidance. The decision may not be in favour of member but it may give an opportunity to not ‘personalize’ the decision. Conflict needs to be managed sensitively and behavioral approaches to be implied as and when necessary.

COTE/CPE is one of the well-recognized activities of any association and hence all efforts should be made to organize periodic, need based and accessible workshops/seminars. Members must be continually learning and improving their knowledge, skills and attitudes in order to respond to evolving needs, trends and advances in rehabilitation sector. Association need to explore new and interesting ways of organizing COTE. Few ideas proposed below:

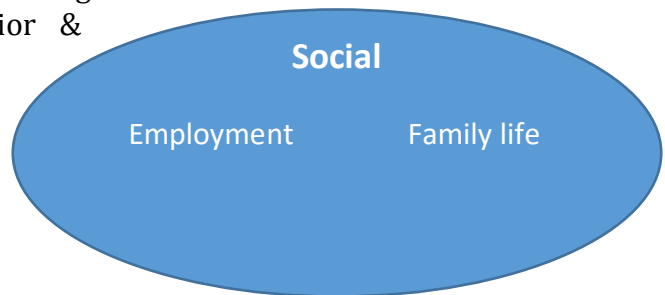
1. Expertise of members (few members are very good practitioner) can be used to organize COTE. OTs from outside state and country⁶ can also be invited to conduct workshops/ seminars. Fund for academic activity like COTE, research paper, case study, video documentary etc needs to be raised through various measures as mentioned in Table -IV.

⁶ Organisations such as “OT Without Borders” send volunteers in developing countries for social development, few foreign universities also place students for research. Hence these opportunities can be explored.

2. Use of webinar⁷ could be easy way to receive expertise in less cost. Coordination with the national EC of AIOTA should be strengthened to conduct COTE and publish publications.
3. Invite Psychiatrist through Indian Psychiatrist Association (Gujarat branch) and let's have 'talk on dementia and OT'. Similarly, invite other renowned professional for talk to improve their insight on OT.
4. Negotiate with overseas members to have a video conferencing on specific topic.

Members should be encouraged to ask questions, seek appropriate help as and when needed. A clinical supervision⁸ unit (appoint a member oriented in clinical supervision as clinical supervisor or find a Psychologist for the job) . Additionally, members need to be encouraged to relate themselves with association for which some of the measures mentioned below can be adopted:

1. Reward system for members for outstanding contribution to the profession at Gujarat level
2. Group health insurance schemes can be explored as many of young OTs who are working in trust are struggling to get it on their own and high cost of healthcare is adding to woes.
3. An emergency fund can be created which can be given to member in distress. Such fund can be virtual in nature agreed by some senior & flourished professional. This will provide social support to them. More such measures need to be taken so that members should feel socially supported by association.



Members are busy in employment and family while association's role is still to be seen as social support

7. Stakeholder engagement & retention

With the WA group, feedback and consultation has become easier and it is being done when necessary. Unfortunately, the members are less participative (due to various reasons explained above) hence consultation remains limited.

Internal communication has also been a big issue. EC has no provision of validating the messages before communicating to members. Documentation is weak hence the initiatives fail to reach to members (sharing of minutes of meetings, reports of events etc is irregular). All of these led to poor transparency in communication, miscommunication and misunderstanding.

“People are advertising their NGOs, clinics, personal interest on the name of association. They are doing their own branding for their personal benefits”.

- A member who apparently misunderstood some of the communications made

Association as such has no representation at govt department level hence hardly being invited in the consultation process of government on specific issues. Role of association as advocate for OT profession, advisor or a stakeholder in rehabilitation sector is yet to be established.

⁷ A **webinar** is a presentation, lecture, workshop or seminar that is transmitted over the Web using video conferencing software which has interactive elements integrated.

⁸ **Clinical supervision** is supporting guidance to the staff who care for clients. It helps in maintaining the professionalism of these staff while working with clients. Clinical supervision is separate but complementary to managerial supervision. The purpose is to provide a safe and confidential environment for staff to reflect on, and discuss their work and their personal and professional response to their work. It helps staff manage personal and professional demands created by the nature of their work.

Suggested recommendations: Members need to respect each other's views irrespective of years of experience, set up where they work, region which they represent. Admin of WA group should be proactive in moderating discussion and differentiate between what to share and what not in group. In fact, convener should be admin of WA group also so that internal communication can be better controlled by him/her.

In the proposed organogram (refer page - 7), advocacy cell should make sure that the association is included in departments' (Dept of Social Justice, Dept of Health etc) database.

8. Technology and infrastructure

Use of WA group for specific purpose is great. Having well written objectives, criteria for membership, do's & don'ts will further make it effective. The important documents circulated through WA may not be searched/retrieved easily.

There is no website of association and it looks expensive to have one hence cost effective options can be explored.

EC members or delegated members are not getting costs reimbursed which may cause risk to continuous motivation hence provision should be made to avoid out of pocket cost for association's work.

Suggested recommendations: Develop clear guidelines for WA group (including do's & don'ts for members).

Create OT web page (with description of OT in Gujarat, members' database etc) and host/link it with existing websites of Anoor, Veena rehab, AIOTA etc. It will be cost effective measure than having association's own website. Internal communication can be improved with the use of shared drive like Google **Drive** where important documents can be uploaded and shared which can be accessible for long time. Use of online survey (like monkey survey) can prove handy in getting feedback on specific issues. Cost incurred for official purposes should be reimbursed so that motivation remains intact and financial procedure of association gets boost. One can always donate to association and should be encouraged to do so through periodic appeal with details of bank account.

9. Organizational renewal:

2nd line leadership is biggest challenge in the current scenario. The older generation of OTs are not many and few of them have been in leadership position but found the job difficult.

The young lot though majority in number lack adequate experience to act as leader. Few of them approached are not very interested. A systemic approach to create new leaders from young generation is the demand of time.

Suggested recommendations:

Encourage members to take leadership role, be accountable and build their capacity through such role.

"I took lot of interest in AIOTA activities until few years ago but after realizing that I am not getting adequate due, I left everything. There are people who obstruct, create problems and hijack credits, if any. I am no more concerned with any activities of association and no way I can become interested".

- A dedicated member shared disappointment

A restructuring under mentors⁹ will prove useful for future leaders.

The time has come to get united, support each other and appreciate the contributions. Members have the talent but needs a framework to utilize them appropriately. A learning culture (Valuing people, recognizing diversity and climate of openness and trust) in association needs to be encouraged. **It is**

⁹ Experienced OTs with requisite expertise should mentor young lot and shape up their skills to become good ambassador of OT in Gujarat. The mentors should help young OTs in building the technical capacity and personality development to deal with the environment and trends.

ethical responsibilities of OTs (as mentioned in by laws' article X), to recognize his/her responsibilities in contribution to the growth and development of profession through the exchange of information, raising of treatment and educational standards and improving conditions or employment by supporting his/her professional organizations at the local, national and International Levels.

Way forward

All the recommendations suggested above needs to be clarified and those applicable should be put into action plan. The consultant will help in making action plan, if needed. The restructuring of association needs to be validated and agreed after which eligible members can be nominated. Though eligibility for these committees have not been mentioned but looking at the tasks, it is not difficult to speculate.

Annexures

Annex I: Participants of OD study

S.N.	Participant	Email/Mo	Criteria of selection	Mode of interaction
1	Dr. Sunil Gauriar	s_gauriar@rediffmail.com	Prev convenor, experienced, non profits	Face to face (FTF)
2	Dr. S.R. Apte	apte_ot@yahoo.com	Convenor, AIOTA Guj branch & focal person for study	FTF
3	Dr. Harshal Brahmbhatt	harshalbrahmbha @ipcu.in	Less than 10 yrs exp, pvt practice	FTF
4	Dr. Veena Ramnani	info@otpt.in	Experienced, Pvt & active member	FTF
5	Dr. Mukund	9724634452	Pvt practice in Kutchh	On Phone
6	Dr. Kelvin Patel	Kelvinpatel2001@yahoo.com	WA group admin, less than 10 yrs exp, corporate	FTF
7	Dr. Hetal Tripathi	hetal.tripathi88@gmail.com	Treasurer, Govt	FTF
8	Dr. Mritunjay Mukund	drmritunjaymukund@gmail.com	Past EC member, non profits, 10+ yrs	FTF
9	Dr. Krutika Gandhavra	Krutika2511@gmail.com	Pvt practice in Surat	On Phone
10	Dr. Parth Jani	parthjani5@yahoo.co.in	Active EC member, non profits	FTF
11	Dr. Apexa Jigar Desai	apexa.in@gmail.com	From Valsad, non profits	On Phone
12	Dr. Rashmi Patanwalia	rashmi278.in@gmail.com	From Baroda, Govt	On Phone
13	Dr. Sunita Maheria	sunitamaheria@gmail.com	Experienced, Govt	FTF
14	Dr. Brajesh Mishra	brajesh4ot@yahoo.co.in	From Anand, Co-convenor, academic/non-profit representn	FTF
15	Dr. Jalpa K Patel	9662136199	Corporate, Gandhinagar	FTF
16	Dr. Komal M Patel	Komal.in@live.in	Independent practice	FTF
17	Dr. Titiksh	9428353334	Govt	FTF
18	Dr. Hiral Khatri	hiralot@gmail.com	Communications Committee Delegate, OT Assoc of California	Email

S.N.	Participant	Email/Mo	Criteria of selection	Mode of interaction
			(OTAC); Student Leader- Student Committee (OTAC) & member of OTAC & American OT Assn (AOTA, USA); OTD-student.	
19	Dr. Priyanka Trivedi	ot.priyanka@gmail.com	Registered practitioner & member, CAOT in Canada	On Phone
20	Dr. Navin Nayan	+91 98919 48818	OT, Delhi (Registered with Delhi OTPT Council)	On Phone
21	Dr. Ruchir Joshi	+91 81978 74596	OT, Pvt, Karnataka	On Phone
22	Dr. Chandranath	+91 95872 31797	OT, RNT Medical college, Udaipur	On Phone
23	Mr. Manoj Yadav	0265-2420507	P&O, Vadodara	On Phone
24	Ms. Khushboo	+91 97243 25966	PT (A'bad), IAP member	On Phone
25	Dr. Jyothika Bijlani	+91 98209 64567	Dean ACOT & Convener AIOTA Branches	On Phone
26	Dr. Dipak Thaker	+91 9727063301	Member, A'bad Medical Association	FTF

Sample variation:

Pvt	Non-profits/corporate	Govt	Indep/home visit	Outside A'bad	M	F	Abroad	Other (PT ass, OT national, AIOTA in other state)
4	7	4	2	4	14	12	02	6

Annex II: List of documents reviewed:

S.N.	Name	Details
1	AIOTA bylaws and constitution	Aims and objective, functioning and structure of state associations
2	Minutes of events held since 2015	Minutes of last 2 meetings (30th April, 2016 and 12th May, 2016) have been reviewed.
3	RTI filed and responses received	Re. 1. OT, PT council, 2. Vacant OT positions in govt. set up, 3. Establishment of OT school
4	OT directory (database of members)	Only 40 members are mentioned majorly from Ahmedabad.
5	Copy of important applications, initiatives	1. Copy of multiple letters to Principal secretary, Health and Superintendent, Asarwa Civil Hosp re. OT council, 2. Letter to association by 4 members on salary standardization, 3. Resolution of association re. standard salary of OT in Gujarat, 4. Appreciation letter to Health & Care foundation on its support to OT, 5. Letter to national AIOTA president re. bank account, 6. Postcards written to Add. Director, Medical edu, GoG.
6	Any other useful report or documents	1. Copy of PT council gadget, 2. copy of petition in HC re. commencement of OT course, 3. Bank passbook, chequebook, 4. List of OTs contributed for directory and few invoices of expenses, 5. Flier of last year OT day celebration, 6. Report of 2013 OT Day celebration (Anand), 7. Letter to OTs for contribution in OT newsletter.
7	Websites of OT and other	http://aiota.org, http://www.ipcu.in, http://www.otpt.in,

S.N.	Name	Details
	associations/organisations	http://brbhattsadbhavna.org/aboutus.html , http://anoora.org , http://www.poliofoundation.org , http://www.opai.org.in , http://www.physiotherapyindia.org
8	Minutes of events held since 2015	2 minutes reviewed

Annex III: Master list of questionnaires

Sl. No.	Qns for AIOTA members in Gujarat	Respondent	Qns for AIOTA national body
1	Information flow and decision making		
TO	Do We have effective ways for members to communicate with one another, so that everybody has access to the information they need? <i>What are the modes? How they are working?</i>	EC, M	Q1: Is state branches involve as expected? What improvement do you see? Q2: Future plan for the growth of state branches? Q3: How do you rate the performance of Gujarat on a scale of 0 to 10 and why? Q4: Which state is doing best and why?
1.2	How WA group is working? <i>Whats good and whats annoying for you? Any suggestion to improve?</i>	Admin, M	
1.3	Relationship with national body (<i>communication mode, frequency, other support etc</i>)	Conv	
1.4	Does association take timely decision to utilize opportunities? Any example?	EC, M	
2	Organizational structure		
2.1	Do you know your role as member, what are those? Have you referred constitution of aiota?	EC, M	
2.2	Does management responsibilities are clear? <i>Do you know who is responsible for what in EC?</i>	EC, M	
3	Governance		Questions for other disciplines and other branches of AIOTA
3.1	Does the association have strong leaders with a clear vision, who inspire the members?	M	
2	Does working relations between members and EC are positive, productive and respecting?	EC, M	Q1: How do you see the performance of your association? Q2: What kind of support you get as member? Q3: Do you feel more should be done? Why it is not happening?
4	Financial oversight and management		
4.1	Who are involved in financial management? Internal control mechanism?	EC	
4.2	Do we have annual action plan against available budget/resources? How do we spend fund?	EC	
4.3	Do we have financial transparency (annual report)?	EC	
4.4	What kind of fund raising strategy exist? <i>How much fund, what has been the use so far?</i>	EC	

5	Management of members		Quests for overseas OTs
5.1	Do you know of your benefits as members? What are those? Are they enough?	M	
5.2	Does association deal effectively with conflicts when they arise? Any example?	EC, M	
5.3	How frequently COTE is organized? Do you get benefited? Do you think, it needs improvement?	EC, M	
5.4	What are the negativity in association: grievances, disputes, standards of work not achieved.	EC, M	
5.5	What problems exist, do you contribute? Solution?	EC, M	
5.6	Major demotivation?	EC, M	
5.7	Major motivation, reason?	EC, M	
5.8	Do Members feel supported in terms of supervision?	M	
6	Stakeholder engagement & retention		
6.1	Is there formal feedback system on how we are doing? Consultation mechanism?	EC, M	Q1. Can you please briefly describe your current professional activities/association? Q2. With current technological advances (in India too☺) and with your current responsibilities, do you think you can contribute (huge/small) for the welfare of OT profession in Gujarat? If yes, how? (probably you may be doing it already, I don't know). Q3. Do you know by any chance the current scenario of OT in Gujarat especially the functioning of Gujarat AIOTA branch? Please share your understanding on same. Q4. With your experience, can you please enumerate few points describing how OT association in your country functions differently than AIOTA.
6.2	Do we regularly and transparently communicate with members?	EC, M	
6.3	Do we have good working relations with the people outside our organization like Govt, donor, beneficiaries etc?	EC	
7	Technology and infrastructure		
7.1	Does the tools, equipment and processes used currently are suitable and adequate to produce high quality performance?	EC	
7.2	There are systems and processes in place to collect, track and report on information that is important to the work of association.	EC, M	
7.3	Does costs like internet access, phones, photocopier, and labour reimbursed?	EC	
8	Organizational renewal		
8.1	Do we know 2 nd line leadership?	EC	
8.2	Do you receive appreciation?	EC, M	
8.3	Current learning needs (do you realise, what are barriers?), Does association have capacity to meet such needs?	EC, M	
8.4	Does your feelings count?	M	
8.5	Does association used the talent of members for various purposes?	EC, M	
8.6	Any policy so that members can be effective and motivated for a long time?	EC	

End of report