

# College of Occupational Therapists

Patron: Her Royal Highness The Princess Royal

President: Baroness Sally Greengross

Chief Executive: Julia Scott



106-114 Borough High St  
Southwark  
London SE1 1LB

T: 020 7357 6480

F: 020 7450 2299

[www.cot.org.uk](http://www.cot.org.uk)

Dear Sir or Madam,

## **Assessment of Workforce Priorities**

The College of Occupational Therapists (COT) is pleased to provide a response to the Assessment of Workforce Priorities.

The COT represents over 29,000 occupational therapists who are either working or studying across the United Kingdom. The college also supports a number of support workers who are known as associate members. Occupational therapists (OTs) work in the NHS, Local Authority Social Services and Housing Departments, schools, primary care settings, and a wide range of vocational and employment rehabilitation services.

Occupational Therapists are regulated by the Health Professions Council, and work with individuals of all ages with a wide range of occupational problems resulting from physical, mental, social or developmental difficulties. The philosophy of occupation therapy is founded on the concept of occupation as a crucial element of health and well-being. Practice is based on holistic, client centred care.

## **General Points**

Having worked very closely with the workforce team to produce the 2007 proforma for occupational therapy (which is a great improvement on the 2006 version), it was disappointing to see that many of the concerns raised about the narrow focus of workforce planning for occupational therapists, compared to the variety of domains in which they work to meet government agendas i.e. social services and DWP condition management programmes, has not been reflected in either the workforce proforma or the workforce priorities.

In fact many of the areas of work and evidence produced for the 2007 Proforma about key areas of OT engagement has not been reflected in the overall workforce assessment e.g. Stroke, Rehabilitation, Return to work, Health Promotion, Public Health needs of the population, emergency care, Care closer to home, Long term conditions and children.

The College has clearly stated, on many occasions, that approximately 20% of occupational therapists already work outside health and provide care closer to home.

We are frankly appalled that the Workforce Assessment priorities have not reflected the need for occupational therapists, particularly given that they are the second largest allied health professional group, who play a significant part in contributing to the health workforce offering ready solutions to many priorities for health.

The workforce priorities are very medically focused on doctors and nurses with the contribution of Allied Health Professionals (AHP) having a minimal profile and the impact of occupational therapy on user outcomes has been completely overlooked.

### **Areas of Omission**

#### **Public Health**

The document highlights the need to strengthen the numbers and skills of the public health workforce but the focus is entirely on nurses with no recognition of the role that other AHPs can play. Occupational therapists have a key contribution to play and have evidence to substantiate their success in this area (Public Health Intervention Advisory Committee have recently launched a scope on occupational therapy and older people). Users and citizens have the right to expect that the workforce has a breadth and depth of expertise and broadening the scope to be more inclusive of a range of professions, including occupational therapists, would be useful given some of the current workforce dynamics.

#### **Primary Care**

Whilst it is recognised that the role of the nurse practitioner within GP surgeries has been well established to reduce some of the routine care provided, a more dynamic and proactive approach could be taken with a contribution from other health care professionals within this setting. Given that occupational therapists work across both health and social care they could provide added value with positive outcomes working in this setting e.g. through falls prevention strategies for older people. There have been some GP practices that have used occupational therapists in this way but some DH pilots would be welcomed to be able to positively demonstrate the benefits of such an approach.

#### **Emergency Care**

Occupational therapists have been working in accident and emergency departments for many years helping to successfully reduce admissions to hospital although they have been omitted as a professional grouping for further training in this area.

#### **Stroke services**

Although, through the recent NICE guidance, there has been a raised awareness of the importance of imaging, the DH National stroke strategy also outlines the importance of rehabilitation and occupational therapy. Occupational therapy is obvious by its omission from the workforce assessment document although other AHPs are mentioned. The Stroke strategy acknowledges the important role that occupational therapists play (p 31, p41) as do the National Stroke Guidelines recently produced.

#### **Health Promotion**

The absence of reference to occupational therapy in health promotion, whilst only acknowledging physiotherapy, demonstrates an unfair bias when talking about the AHP contribution to flexible patient care, care closer to home, long term conditions and return to work.

The unique and integrated contribution to all these areas of work that occupational therapists currently offer has been completely overlooked.

### Return to work

Occupational therapists are imperative to the return to work and condition management programmes as evidenced in the 2007 occupational therapy workforce proforma. It is extremely difficult to understand why no mention has been made of their contribution.

### Social Care

The College has highlighted for many years that the numbers of occupational therapists employed within social care and the vacancy rates therein, have never been taken into account within any workforce recommendations. It is with a sense of some bewilderment therefore that suddenly one of the recommendations suggests that the future demand for physiotherapists in the social care sector be taken into account

### Mental Health

There is no mention of mental health workforce numbers or the need for occupational therapists in this field.

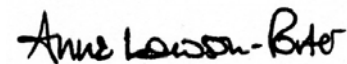
### Conclusion

In conclusion we would wish the following points to be taken into account:

- An urgent discussion with WRT to discuss and amend the recommendations in the 2007 workforce proforma for occupational therapists.
- That the areas of omissions and points raised above in respect of the WRT assessment of workforce priorities are reconsidered and amended and that the College is consulted on these changes,



Julia Skelton  
Head of Professional Practice  
College of Occupational Therapists  
Tel: 020 7450 2327



Anne Lawson Porter  
Head of Education and Learning  
College of Occupational Therapists  
Tel: 020 7450 2362