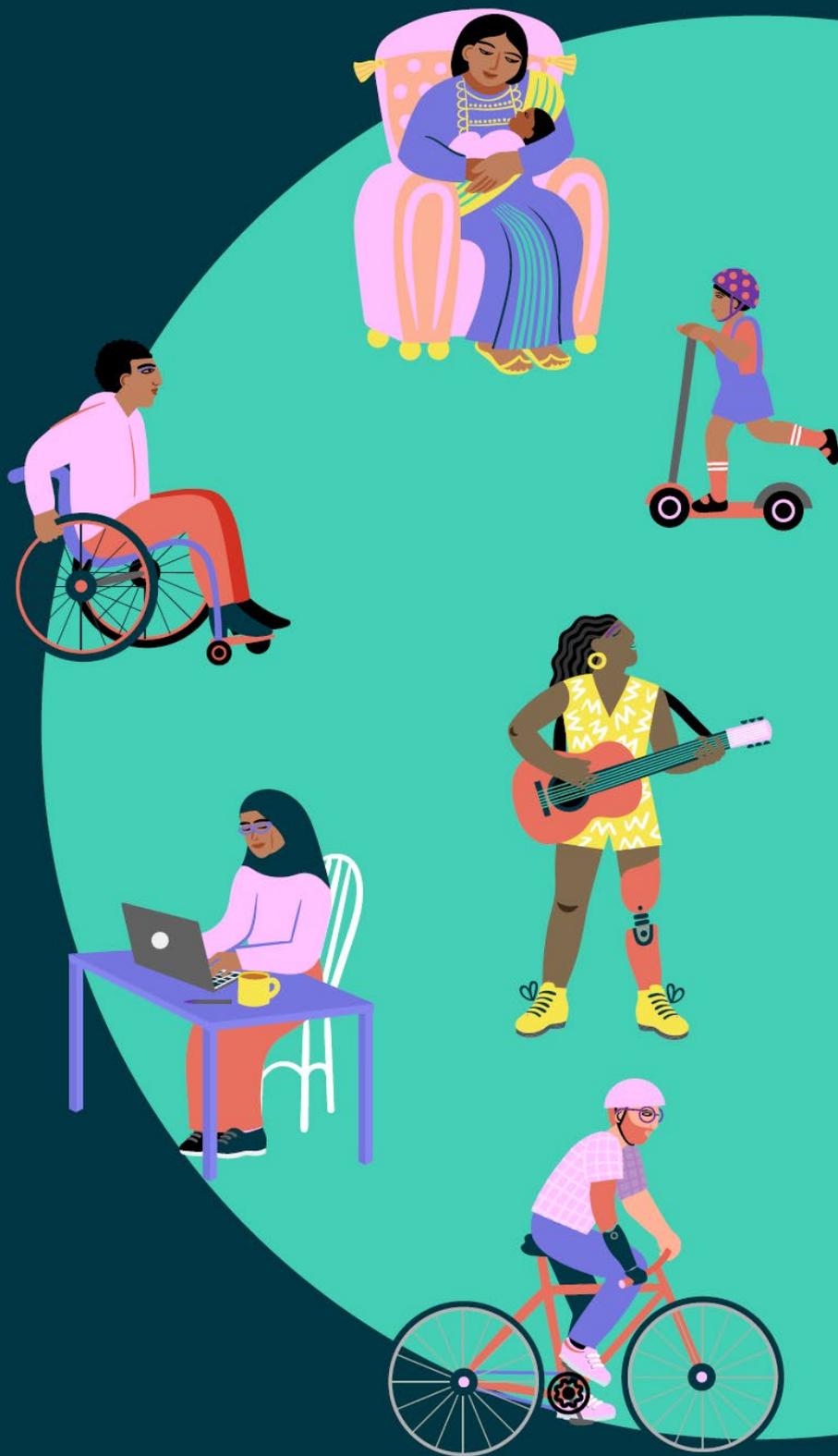


Occupational therapy workforce strategy

2024–2035



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We're proud to share our Workforce Strategy 2024–2035

Occupational therapy is the solution to the UK's health and care needs.

Through this strategy, we'll present and apply real-world and academic evidence to emphasise how extra investment in the occupational therapy workforce will help resolve the challenges that our systems are facing.

This strategy is based on the views and needs of our members and their service users, as well as our external stakeholders.

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An introduction from Odeth Richardson

Occupational therapy is the solution to many of the UK's health and care needs. Its unique focus empowers people to do what they want and need to do to live fulfilling lives, aligning perfectly with the public health shift towards personalisation and prevention. As a key driver of integrated care systems, occupational therapy demonstrably delivers better outcomes, reducing strain on healthcare resources and creating a more sustainable system for all.

Those of us working in the profession know its potential – but staff shortages and lack of investment are stopping us from providing our services in the places where it would be most effective and reach more people at the right time.

I welcome the launch of RCOT's Workforce Strategy. Recognising the need for a more efficient and effective health and social care system, this strategy outlines where we can help reform health and social care services using the life-changing power of occupational therapy.

Our strategy is member-driven! Through open communication with members, volunteers, staff, and stakeholders, we've identified surging demand for occupational therapy since the pandemic, and the exciting opportunities this presents for the profession. This insight has empowered us to prioritise our efforts effectively and move positively towards 2035, when we will have an expanded occupational therapy workforce positioned to have maximum impact in improving people's lives.

As we progress through our action plan, we'll support the development of occupational therapists and support workers, especially those from under-represented communities,

throughout their careers. We will build the profession's capacity for leadership, learning, research, and innovation. This will improve retention, career progression and satisfaction, and lead to better-informed workforce positioning and planning.

With this strategy our occupational therapy workforce will become a powerful movement – boldly negotiating where we should be positioned to have the maximum impact for the UK's communities, armed with robust evidence about what occupational therapy brings to health and social care.

Odeth Richardson

BAOT/RCOT Chair of Council

An introduction from Steve Ford

Occupational therapists are changing lives and shaping healthier, more inclusive communities – I see it every day. Their work is nothing short of essential. Yet too many people who would benefit from occupational therapy services don't receive them. This workforce strategy is about fixing that. It's about making sure everyone who needs the support of an occupational therapist can access those vital services.

By 2035, we'll have a much larger occupational therapy workforce making life-changing impact on people's health and wellbeing. We'll focus on working directly with local communities, making sure everyone can easily access occupational therapy. By prioritising prevention and early intervention, occupational therapists help people manage their health and reduce the need for crisis interventions and care services. Putting occupations at the forefront, they will empower people to take part in activities they value and contribute to society.

We're tackling the key challenges that members and stakeholders have told us about and seizing the opportunities available to us as a profession. We recognise the need for a strong and adaptable occupational therapy workforce to keep up with the changing population of the UK.

We're committed to building a strong body of evidence, by collecting reliable data and examples from our members that showcase the value and impact of occupational therapy. With this evidence, we'll create a robust case for occupational therapy and be better positioned to advocate for change, campaigning in three key areas – primary care, community rehabilitation and schools.

We'll also address job satisfaction and actively support career progression and development within the profession, encouraging a thriving and dedicated workforce, with occupational therapists in influential leadership roles.

This journey towards a brighter future needs collaboration. We invite you, our members, partners, and stakeholders, to join us as we work to make sure that occupational therapy continues to play a vital role in the UK's health and wellbeing.

Steve Ford
RCOT Chief Executive

“By 2035, we'll have a much larger occupational therapy workforce making life-changing impact on people's health and wellbeing.”

Why we need to change

Where occupational therapy is today

The occupational therapy profession is experiencing a crisis. Parts of the south east of England and London are reporting up to 40% vacancy rates and higher in specific services. This is down to a wide range of factors, including fewer recently registered occupational therapists choosing to work in the NHS beyond two years, and a widening of opportunities putting pressure on the existing occupational therapy workforce. The shortage of affordable housing and the rising cost of living makes it challenging to recruit, not only in cities, but in rural and coastal areas, particularly in community services where a car is essential.

Health and care policies are already in place to move towards preventative, personalised delivery supporting people to avoid long-term conditions or to live well with existing health conditions or disabilities.

Occupational therapy's focus on what matters to the person, and what they want and need to do, is a good fit for this public health approach, but current funding continues to be spent disproportionately on hospitals and crisis care. A sizeable number of the workforce are based in services and in roles where they're not using their occupational therapy expertise but are filling gaps to meet demands within services.

This leads to dissatisfaction, eroding of professional identity and confidence. Too many newly registered occupational therapists are employed in environments where they're not able to apply their full scope of learning and practice, creating a disadvantage to the people they work with.

The UK has approximately six occupational therapists per 10,000 head of population. Annual growth of the profession has

typically been at around 2% but governments now recognise that this doesn't meet population and service need.

For example, the Welsh Government has increased the number of commissioned pre-registration places by 10% for 23/24 and Northern Ireland has seen a 15% increase.

“The UK has approximately six occupational therapists per 10,000 head of population.”

Commissioning of the workforce is based on numbers for the NHS, although other sectors such as social care are vital to key NHS activity and in tackling the social determinants of health that impact on society and productivity. Current solutions, such as recruiting internationally, are not sustainable in the long term. While return to practice initiatives only result in small numbers (for example 117 between 2017–2019).

Assistant practitioners, pre-registration apprenticeships, a wider range of pre-registration routes to registration and widening career pathways are starting to extend our pipeline, but this is only in England. The number of learners undertaking pre-registered occupational therapy programmes from previously under-represented backgrounds has risen to 25% but are not yet reflected across career levels. Education and training are vital for securing a future workforce and for retaining and maximising the confidence and capability of the existing workforce. Educator capacity in higher education institutes, and across occupational therapy practice, is struggling to meet demand.

There is also significant variation in occupational therapy representation and leadership at a systems level. This can result in gaps in understanding how and where occupational therapy can have the most impact.

This is further compounded by limited UK-wide data on occupational therapy workforce numbers, and their positioning and spread across sectors.

We need more accurate recording of occupational therapy workforce data across education, social care, the private and voluntary sector, as well as in the NHS, to understand numbers and skills mix needed within hospitals and the numbers required to move to community services.

Allocation of resources and recommendations for evidence-based practice is hampered by the lack of research and real-world impact evidence for many areas of occupational therapy. There isn't a consistent culture of support and opportunities for research, learning and innovation at every level. Although many occupational therapy practitioners are problem solving and driving change within their organisations, practice is not being adequately captured, reported, and built upon.

How the UK will look in 2035

Improving population health and wellbeing is vital to the health and economic sustainability of the UK.

By 2035 the UK population is projected to be over 70 million, with two-thirds of adults aged over 65 living with multiple health conditions. This means that life expectancy will increase by three years, but healthy working life expectancy will be shorter. Without proactively improving how we manage our health, policies and initiatives to extend working lives are likely to fail.

We'll still be seeing health inequalities. People living in more deprived areas will continue to have shorter lives and spend more time living with ill health, with people of Pakistani,

Bangladeshi and Black Caribbean ethnic backgrounds most affected. Inequalities in health start at an early age, with higher rates of mental health conditions and chronic pain developing as early as the late teens.

We will need over four million extra homes by 2035 and the UK government's target of building 300,000 a year has yet to be realised. Much of our existing housing stock is old, with four million people living in substandard accommodation and more than half of homes not meeting energy efficiency rating C or above.

Living in housing that is poorly insulated increases the risk of a range of preventable health conditions, such as respiratory and cardiovascular diseases.

The UK will be affected by global changes in climate and competition for resources, by migration and changes to the economic order, including technological transformation.

With the advance of Artificial Intelligence (AI) and digital technology, the impact on education, employment and our daily lives will be significant. AI and digital technology are seen by governments as part of the solution to meeting health and care needs. Technology enabled care is already providing telecare, telehealth and telecoaching but further application of this technology is potentially restricted by the limitations in digital capability within the current workforce. And while digital inclusion is increasing, people with physical and learning disabilities, or mental health conditions, are disproportionately affected by the digital divide. By 2035, the older population will be more digitally literate but without targeted intervention, that divide may still be present for people with lower incomes and people living with disabilities.

We can therefore assume the number of people with multiple, complex health, housing and social needs will increase, within a society adapting to rapid global change and evolving technology. We will need to improve access to advice and expertise to make sure people can continue to contribute to society and fulfil their roles and responsibilities while managing their health and wellbeing. That combined expertise already exists in a registered health and care profession – occupational therapy.

“Combined expertise already exists in occupational therapy.”

Occupational therapists work with people to improve their performance and ability to take part in occupations.

They consider if the environment (for example home, work or school, social and familial) supports taking part in those occupations or hinders and needs adjustments, either modifications, strategies or technology. Focusing on occupation leads to improvements in people’s ability to do the things they need and want to do, their social relationships, communication and connections as well as mobility, mood, rest and sleep. These are the vital elements that allow people to live well, be productive, feel connected and belong.

Going forward, occupational therapy has a vital role to play and should be included in the strategic planning and allocation of resources to manage health, education, housing and care needs across the UK.

“Occupational therapy has a vital role to play and should be included in the strategic planning and allocation of resources to manage health, education, housing and care needs across the UK.”

Our workforce vision

Our vision is for an expanded occupational therapy workforce positioned to have maximum impact in improving people's health and quality of life.

By 2035 we will have an occupational therapy workforce that is:

- **confident and skilled in championing inclusion** and advocating for occupational justice, focusing on the right of every person to have the choice and opportunity to engage in a diverse range of activities and roles
- **based primarily within communities** working closely with local populations to meet their health and care needs and ensuring that services are accessible to everyone
- **positioned to focus on prevention and early interventions**, minimising the need for crisis interventions and dependency on care services
- **putting occupations at the forefront of their practice**, empowering people to do the occupations that they value, manage their health and care needs and contribute to society.

Our workforce priorities

Optimising occupational therapy

We will:

- **support** occupational therapy practitioners to be changemakers, using their skills and knowledge to lead and co-design innovative products, interventions and services that improve people's lives and wellbeing
- **champion** innovative service delivery models that improve access to occupational therapy and achieve health equity for all.

Retention and career development

We will:

- **support and promote** the development of all occupational therapy practitioners, especially those from historically marginalised and under-represented communities, to be where they want to be, at each stage in their career
- **build** our profession's capacity, confidence, and capability to incorporate leadership, learning, research, and innovation into practice.

Demonstrating value and impact

We will:

- **build** our real-world and research evidence for occupational therapy and justify investment in the occupational therapy workforce by quantifying the impact
- **work with our leaders** to put the case for how and where to deploy our expertise to add the most value for people and their families, the wider health and care system and to avoid critical shortages within the occupational therapy workforce.

Effective workforce planning

We will empower the occupational therapy workforce to:

- **contribute** to, access, and use the workforce planning data and intelligence available to them
- **use the data** and intelligence to make informed decisions about their positioning within the health and care system.

Positioning occupational therapy for the future

[There is an image on page 11 of the standard print version containing the following information:

There are five concentric circles. The inner circle contains the text “Individuals, families, communities and populations”. The next circle is split into four segments, the text in each segment reading clockwise from the top left are “Optimising OT” “Demonstrating value and impact” “Retention and career development” and “Effective workforce planning”. The next circle is coloured yellow with the text “Specialist”, the following one is coloured purple with the text “Targeted” and the final outer circle is coloured teal with the text “Universal”

There are seven labels bridging the yellow, purple and teal circles reading in a clockwise direction from the top:

- Prevention/ early intervention
- Housing
- Acute and emergency care
- AI and tech enabled care
- Schools
- Community Rehabilitation
- Primary Care]

Prevention and early intervention

Occupational therapists can support people to prioritise their health and wellbeing and balance work and life roles to live healthier for longer. To meet population need, a focus on prevention and early intervention will help people living with

multiple health conditions to manage their symptoms and reduce the need for hospital and specialist services. We will help people to live well in their communities despite having a long-term condition(s).

Positioning occupational therapy in community and primary care services will make sure:

- families and schools have access to occupational therapy to prevent physical, learning and mental health difficulties from escalating, giving young people the best chance to realise their potential
- education environments are more inclusive, supporting more children and young people to attend school with their peers
- people can access occupational therapy assessment, advice and rehabilitation through their GP, including advice on returning or remaining in work and driving
- there is fair and equitable access to needs based, therapy-led rehabilitation, whether that is tackling mental health, physical health, social or vocational needs
- new builds or repurposed housing stock, prison and care home environments are designed to be inclusive and adapted to work for all age groups, particularly older people.

Acute and emergency care

Hospital at home/virtual wards will reduce how often older people and people living with ongoing health conditions need to be admitted into hospital. There will, however, always be a need for hospital services when people experience injury, mental health crisis or need medical interventions such as surgery. Occupational therapists based within hospital and emergency care will be confident and capable to:

- work with complexity of need in critical and emergency medical environments
- assess immediate and potential ongoing rehabilitation needs
- assess and manage risk
- refer on to community services and specialist pathways.

To do this they need to be in therapy teams preventing admission at the front door, in critical/intensive care to make sure rehabilitation starts earlier, in therapy-led rehabilitation units and on specialist rehabilitation pathways.

AI and tech enabled care

Occupational therapists will use digital health and care technology to enable people to safely carry out their daily occupations to live well. Building on existing technology such as sensors, wearables and apps, we see AI and technology augmenting the role of occupational therapy. Practitioners will work with people, families and care givers to inform and create a tailored system based on those people's needs and goals. This would include rehabilitation, compensatory strategies, managing risk, symptoms, medication and lifestyle management to prevent further deterioration in health and quality of life.

Occupational therapists will also be co-designers of:

- AI systems that assist services to effectively manage referrals, waiting lists and caseloads
- VR (Virtual Reality) programmes to support learning in occupational therapy pre-registration education and post education learning and development
- bespoke VR rehabilitation programmes to learn or relearn skills to enable participation in occupations
- upgrades to existing everyday technology to improve accessibility.

Universal, targeted and specialist delivery

To make the best use of occupational therapy expertise, services will be designed based on a universal, targeted and specialist tiered delivery.

Expanding our reach beyond individual referrals to working at a population level – a universal offer will support people and their support networks, including the wider workforce such as support workers, social prescribers, work coaches, care staff and housing officers, to access our expertise. This will help to create a culture that gives people and families greater autonomy with timely information and advice.

Targeted delivery will allow occupational therapists to work with local communities and the support workforce to design and tailor services to ensure they are open and inclusive to everyone in need and offering timely support, minimising the need for crisis or specialist intervention. A tailored, specialist approach will then be more readily available for people with complex needs.

The occupational therapy workforce will be confident and capable of adopting a culture of research engagement and innovation at every level of their career. This will make sure that services are evidence based and quality improvement and impact is at the heart of our work, improving the health and wellbeing of the people we work with.

Workforce planning and retention

Occupational therapy practitioners will expect to have several careers during their working life and will seek a working culture that embraces inclusion and offers flexibility, including portfolio working. Planning of workforce numbers will need to reflect these expectations, to allow for higher numbers of occupational therapists working outside the statutory sector. When and where the NHS cannot meet demand, independent providers of occupational therapy will offer services to people who can self-fund. This market will mostly grow in England, where fewer people are eligible for state funded care.

To realise this future and to transform and expand the occupational therapy workforce we have a three-year action plan on our website: rcot.co.uk/workforce-strategy

How we developed our strategy

Our strategy has been informed by the occupational therapy workforce across the UK, including our members, staff and stakeholders such as the Executive Director of World Federation of Occupational Therapists (WFOT), Chief Allied Health Professions Officers/Adviser, AHP national and regional leads and representatives from government departments with responsibility for workforce.

The findings were drawn from a series of 10 workforce summits, an education summit and a workforce survey. We also held a roundtable with stakeholders in each nation, and used our RCOT Boards, working groups and forums to develop our vision and scope.

We also referred to the WFOT HR Strategy, policies and delivery plans in each country.

Scope of the strategy:

The themes that are in scope of our strategy include:

- real-world and academic examples of workforce models and impact metrics that have led to improved outcomes (ref IHI Triple aim)
- how to use and contribute to data and intelligence about the occupational therapy workforce
- recommendations of ways to grow, reform and retain the occupational therapy workforce at all levels of practice
- the importance and value of occupational therapy leadership in workforce transformation to meet people's needs.

The themes that are out of scope are:

- the promotion of occupational therapy as a career, attracting people into the profession to build the workforce. Instead, we will do this through our marketing activities
- the collection of data and intelligence about the occupational therapy workforce. Instead, we will do this through data sharing agreements with key partners and stakeholders including NHS England, NHS Scotland, NHS Wales, Health and Social Care Northern Ireland, Health Education and Improvement Wales, Skills for Care, Health and Care Professions Council and our pre-registration occupational therapy education providers
- the setting of continual professional development standards across career pathways for the occupational therapy workforce the working terms and conditions of the occupational therapy workforce. We will do this through our partnership with UNISON.

Supporting this strategy, on our website you can also find:

- a three-year action plan
- bibliography and useful terminology
- frequently asked questions.

If you need further help, please email us at:

yourviews@rcot.co.uk

rcot.co.uk/workforce-strategy

RCOT: Royal College of Occupational Therapists

We're RCOT, the Royal College of Occupational Therapists. We've championed the profession and the people behind it for over 90 years; and today, we are thriving with over 36,000 members.

Then and now, we're here to help achieve life-changing breakthroughs for our members, for the people they support and society as a whole.

rcot.co.uk/workforce-strategy

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