

Occupational therapy workforce strategy action plan

Scotland

2025–2027



Workforce Strategy action plan

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Introduction

Occupational therapy plays a vital role in health, social care and society. It enables people to manage their health and social care needs and to do the occupations they want, need and like to do. An occupation is any activity that supports physical, mental, emotional and spiritual wellbeing. By helping people manage their health, it saves money and reduces pressure on health and social care services.

In March 2024, we released a UK-wide Workforce Strategy and Action Plan with an ambitious vision for the future of occupational therapy. It addressed the challenges facing the profession across the UK and outlined steps for governments and stakeholders to secure its future. The plan takes into account Scotland's unique policies in areas like health, social care and education. It focuses on promoting quality, evidence-based changes, empowering people to manage their own health, introducing new community-based care models, ensuring fair access, encouraging collaboration and adopting Realistic Medicine principles. This plan details the actions we will take over the next three years to implement the Workforce Strategy in Scotland.

Developing and delivering this action plan for Scotland is a team effort. We're grateful to the member volunteers in our Workforce Strategy Advisory Group in Scotland who shaped this plan.



Occupational therapy in Scotland – what's happening now?

The occupational therapy workforce is facing multiple challenges.

Growing demand and increasing pressure. There's a growing demand for occupational therapy services in Scotland, due to an ageing population and the increasing prevalence of long-term health conditions. In the Scottish Health Survey, 38% of adults reported to have a limiting long-term health condition (Scot Gov, 2024). Scotland continues to record a significantly lower life expectancy compared with other countries in the UK and Western Europe (Scot Gov, 2024). This contributes to increasing demand on our services.

Recruitment challenges. The current workforce is under significant pressure, with staff shortages and retention issues impacting the capacity of the profession to provide essential services. This increases staff burnout and overall morale. The NHS occupational therapy WTE¹ vacancy rate is 6.4%, the third highest of all the allied health professions (NES, 2025). In some health boards, occupational therapy has the highest vacancy rate.

Limited data to inform workforce and service planning. Gathering national data on the occupational therapy workforce is challenging, for example there is no single source for understanding numbers and make up of the local authority occupational therapy workforce. When we don't know the full make up of our workforce, it's hard to plan services sustainably for the future. When we don't collect data nationally, such as on waiting lists, we are unable to identify what workforce models and delivery is most effective in meeting population need.

There's a lack of financial sustainability. Healthcare delivery in Scotland is not sustainable long term (Audit Scotland, 2024). Reduced budgets lead to service cuts, rising demand outpacing funding and limited investment in new facilities. To deal with these financial challenges, there's an urgent need to rethink how NHS and social care services are delivered. Positioning occupational therapy in community and primary care services will allow them to have the greatest impact on the communities they serve, whilst ensuring the ongoing delivery of essential occupational therapy services within hospitals and acute services.

¹ Whole Time Equivalent

Limited routes into profession. The lack of part-time programmes, no apprenticeship offer and limited student financial support means that occupational therapy can be inaccessible for many. Currently, full-time university programmes are the only way to become a registered occupational therapist in Scotland². This does not reflect the needs of the emerging population and limits the diversity of the workforce. Attending a full-time university course is not viable for many for a number of reasons. 93% of the NHS occupational therapy workforce are women and there is a turnover rate of 8.5% which is higher than the Allied Health Professional (AHP) average of 7.6% (NES, 2025).

Lack of parity for workforce career development: In the NHS, many leadership opportunities are open to nurses but not to AHPs. There are further challenges around the lack of clinical specialist and advanced practice roles. This restricts career progression for many to management roles which limits clinical advancement. Occupational therapists employed in local authorities, and in some Health and Social Care Partnerships, don't have the same opportunities for career development as in the NHS. Variation in career pathways limits the growth of the local authority workforce. This disparity can also be seen in pre-registration education with occupational therapy learners not entitled to bursary grants, unlike nursing and paramedicine learners.

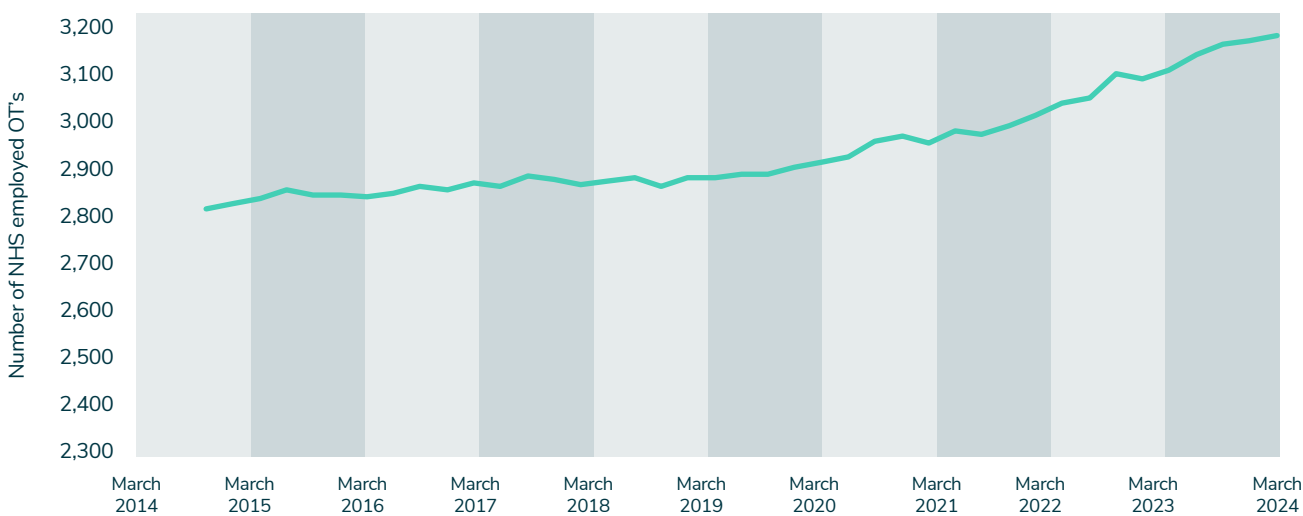
Building the evidence base. Funding remains a barrier for occupational therapists to undertake research. As well as funding, time and ability to scale and spread innovation within the NHS and social care services remains a huge obstacle. We need an occupational therapy workforce that is capable of finding, using and generating evidence and we need to share our learning widely with others in a continuous cycle of quality improvement.



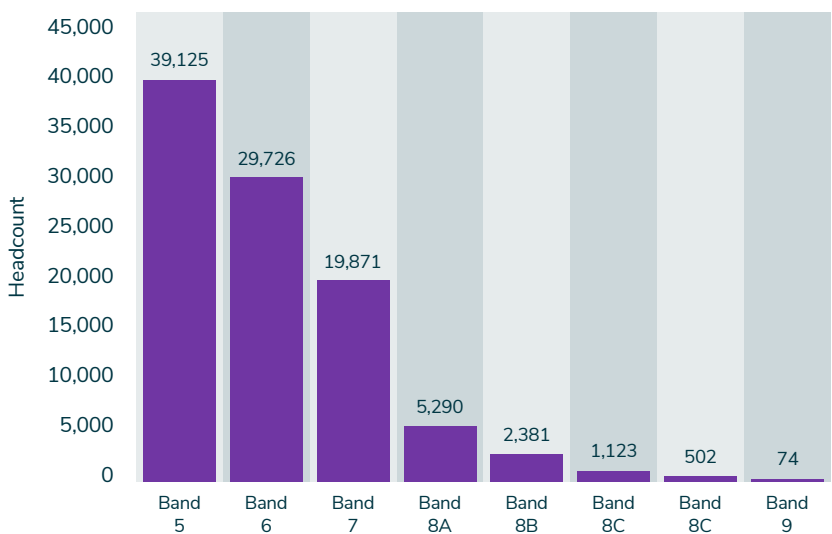
² Routes to registration as an occupational therapist in Scotland include a four-year undergraduate programme (BSc (Hons)), a four-year integrated Masters programme (MSc) and a two-year masters level pre-registration programme

Data from TURAS gives us the following information for NHS employed occupational therapists:

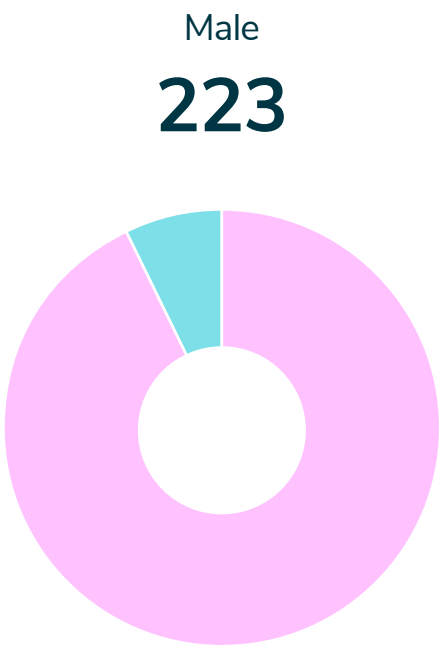
NHS Employment 2014 - 2024



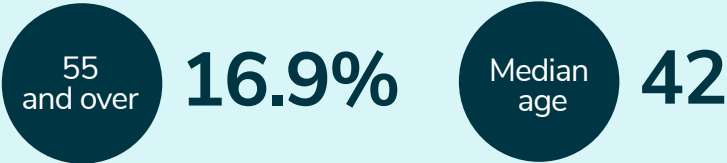
Employment breakdown by banding



Headcount



NHS Scotland



Female
2,923

Local authority and social care data

Analysing the workforce within local authority and social care teams is challenging as this data is not collected at a national level. To gain an estimate of workforce size, we submitted a Freedom of Information request in 2024 and received the following response:

Total FTE³ across all local authorities – 704.56

How health and social care is delivered in Scotland

Health and social care policy is devolved to the Scottish Government. The delivery of services is through 31 health and social care partnerships (HSCPs)⁴, which are jointly managed by the NHS boards and local authorities. There's a very mixed picture within local authorities between the different teams: education, social work and housing, and there is also support from those working in the third sector. These teams will have different priorities and opportunities.

While each HSCP is responsible for delivery, national policies from Scottish Government guide local plans.

³ Full time equivalent.

⁴ Note that NHS Highland has a different model of integration called the 'lead agency model' whereby all staff in adult services are employed by the NHS Highland, however they are in the process of changing to be an HSCP to be nationally aligned.



What is guiding health and social care policy in Scotland?⁵

In 2024, Scottish Government published its Programme for Government 2024-25: Serving Scotland. This document outlines key health and social care reforms, including reducing waiting times, investing in mental health, enhancing primary care, addressing delayed discharge, expanding digital health and advancing a National Care Service – offering significant opportunities for occupational therapy to contribute and grow.

The NHS Recovery Plan 2021-26 was published in response to the COVID pandemic. Key areas impacting occupational therapy include expanding primary and community care, increasing mental health services with a commitment to dedicating at least 10% of frontline health spending to mental health, supporting staff wellbeing and driving service innovation. Occupational therapists will play a crucial role in developing new care pathways, integrating digital health solutions and enhancing patient outcomes.

Workforce pressures, recruitment challenges and a challenging financial landscape remain despite this recovery plan. Now is the time to rethink how we deliver for our workforce and the populations we serve.

Discharge 2 Assess (D2A) – Moray HSCP

D2A is an intermediate, early-supported discharge approach where hospital inpatients who are clinically stable and no longer require acute hospital care are provided with short-term support. These people are discharged to their own home, where assessment for longer-term requirements is undertaken in the most appropriate setting.

Led by occupational therapists but with a multidisciplinary, multiagency approach., their recent evaluation showed:

- 92% of patients taken out of hospital on same day of referral
- 78% of patients have improved
- only 6% were readmitted.

⁵ See Appendix A for more detail on the policies.

Health and Care (Staffing) Act 2019

The Health and Care (Staffing) Act 2019 provides a statutory basis for providing appropriate staffing in health and care services.

The legislative duties are different for health service and care service providers. This means there will be different expectations or structures for occupational therapists to follow depending on which service they're working in.⁶

It should mean that there'll be:

- adequate numbers of occupational therapists in services where they are a core part of care delivery
- access to sufficient skilled and experienced occupational therapists to meet population need
- effective workforce planning including ongoing training, continuous professional development (CPD) and supervision.

It's important that we all use this Act as a framework to advocate for appropriate staffing level and resources, ensuring our occupational therapists can deliver against the highest standards of care.

Primary Care occupational therapy service – NHS Lanarkshire

The Lanarkshire Primary Care occupational therapy service moved to a blended delivery model in 2017, offering consultations via Near Me, phone, home, community and in-person. Users of the service, which supports individuals facing functional decline due to physical or mental health issues, reported 86% improved function, 94% greater satisfaction with roles, and 93% improved mental wellbeing. Additionally, 60% of users required fewer GP appointments, increasing primary care capacity through OT interventions.

Parent Advice Line – Fife

The Children and Young People's occupational therapy team (CYPOT) in Fife adopted a quality improvement approach to reduce waiting times by introducing a parental advice line.

Before the team implemented the change, families were waiting 43 days on average to access universal support.

During the testing phase, they were able to reduce the average wait time for universal support from 43 days to 4.8 across the service.

Since the line has moved from test phase into their core service provision, their requests for assistance have reduced by 46%. The demand on the service remains the same but due to having a parent line available alongside their professional line, the demand is supported in a timely manner at these points of access.

⁶ There has been [guidance published by the Scottish Government](#) that occupational therapists can read to understand the remit in their role.

AHP Education and Workforce Review

The 2021 Programme for Government (Scot Gov, 2021) committed to reviewing Allied Health Professions (AHP) education and workforce in 2022 to align policy with current and future student and healthcare needs.

The review produced recommendations approved by the Cabinet Secretary for Health and Social Care. These fall into five themes: Workforce and Recruitment, Education Solutions, Advancing Practice, Practice-Based Learning, and Research and Innovation (Scot Gov, 2023).

We remain committed to supporting the delivery of the recommendations in the review to break down the challenges the profession is facing. We will ensure representation for occupational therapists throughout all workstreams of the review through engagement with those delivering them.

OT Assistant – challenges around the limited routes into the profession

David Clark has been an occupational therapy assistant in West Dunbartonshire for five years. He works in the community and older people's team and wishes to become a registered occupational therapist.

However, the current routes to study in Scotland are not viable to him. He wouldn't be able to leave his current job to study full time due to the financial implications. An apprenticeship, or 'earn as you learn' route would be ideal for David to upskill and become a fully qualified occupational therapist but it's not currently available in Scotland.

David said: 'Given increased waiting lists, recruitment and retention issues and a growing ageing population, I feel strongly that all types of occupational therapy apprenticeships should be explored. I believe they should be fully supported, as they are in England and as apprenticeships for other professions in Scotland are. Many current occupational therapy assistants already carry a large amount of occupational therapy-based knowledge and skills. From an employer and services perspective, it would be a simple solution to several major existing problems.'

[Read David's blog](#)



Research and innovation

Scotland has a thriving medical research sector and we want occupational therapists to have the skills and confidence to be an essential part of it. Our forthcoming Research and Innovation Strategy aims to achieve transformational impact and sustainable change, enabling services guided by evidence and equipping occupational therapists with the information they need to deliver the best services to the people and communities we work with.

Occupational therapy in Acute Oncology Unit – Beatson West of Scotland Cancer Centre

Ms N, a 33 year old female, was diagnosed with secondary cancer. Occupational therapy input was provided in the hospital setting whilst Ms N was receiving complex cancer treatment. Disease progression, including brain metastases, resulted in the loss of power in both legs and Ms N required use of a self-propelling wheelchair. Occupational therapy input provided within the hospital environment supported Ms N with both practical and psychological adjustment to significant changes in function as a result of disease progression.

Support included fatigue management, education on disease progression, and task modification with small aids for independence. An environmental visit assessed wheelchair accessibility and equipment needs. Rehabilitation continued alongside the multi-disciplinary team during palliative care. Emotional support was provided to her family, along with guidance for carers. Ongoing discussions ensured adaptive planning as her condition deteriorated.

Ultimately Ms N's condition deteriorated and occupational therapy input continued to support Ms N at end of life within the hospital setting, including making sure Ms N was able to take part in occupations meaningful to her and providing psychosocial support to both Ms N and her family.



Meet our researcher – Dr Gillian Sweeney, occupational therapy advanced practitioner in NHS Lanarkshire

Dr Sweeney became interested in the role of technology in stroke rehabilitation when looking at ways to modernise services, and had been along to visit the University of Strathclyde (UoS) in Glasgow because she was aware they were doing some research in this field (led by Prof Phil Rowe and Dr Andy Kerr). Her interest progressed to the completion of her PhD in the Biomedical Engineering department. She then went on a part-time secondment which the University funded through the charity Chest, Heart and Stroke Scotland.

Research that Gillian worked on included looking at how rehabilitation technology was a means to 'bridge the gap' between the recommended levels of rehabilitation after a stroke (three hours a day, five out of seven days a week), as advocated by the Royal College of Physicians Clinical Guidelines for Stroke, 2023 and what the NHS service are currently able to provide within current resources.

From taking part in this research, Gillian has an enhanced understanding of the huge potential that technology has in delivering rehabilitation. She said: 'Within the current financial situation, this is frankly impossible to achieve within the traditional model that is predominately based on one-to-one treatment. New models of service delivery will be needed in the future, and the use of a combination of one-to-one and group-based technology enriched rehabilitation may offer some part of the solution.'

(Source: advancing rehab, 2024)



Our workforce vision

Our vision is for an expanded occupational therapy workforce in Scotland – 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.

Occupational therapy service user reflections

“

This was a wonderful service delivered with dignity and care, five star service.”⁷

Primary Care occupational therapy service user in South Lanarkshire

“

The staff have been very supportive however there is not enough of them to provide the frequency or continuity of care required... I am truly thankful to the staff for saving my life and their patience and expertise.”⁸

Rehabilitation occupational therapy service user in Perth

“

I am now in the hands of two fabulous occupational therapists in mental health who are seeing me at my home on the Isle of Mull. I have a few more sessions to go but am very hopeful and also very grateful for all the amazing support I have and am still receiving.”⁹

Mental health occupational therapy service user, Isle of Mull

“

The ladies have been wonderful, they got me specialist equipment like handrails for the stairs and a walker.”¹⁰

Local authority occupational therapy service user, Fife

⁷ (Care Opinion, 2024a).

⁸ (Care Opinion, 2024b).

⁹ (Care Opinion, 2024c).

¹⁰ (Care Opinion, 2025).

Desired actions and outcomes for Scotland



Through our influencing work and collaborations, we will work with occupational therapy leaders, external stakeholders and decision-makers to:

- **establish an apprenticeship programme and alternative routes into the profession.** This would help to recognise the diversity of the local population and lead to more inclusive approaches to academic, research and career development opportunities
- **ensure continued high quality and effective education for learners.** This should include supporting our health boards, and health and social care partnerships, to ensure they can provide ongoing high-quality placements. We also want to see more placements in emerging areas such as research and third sector partners
- **provide greater financial support** for our learners equal to other healthcare professional learners such as nursing and paramedicine who both receive a bursary
- highlight the **value and impact of occupational therapy** by supporting and promoting research and innovation. We'll share learning to inspire local change
- optimise occupational therapy in primary and secondary prevention to **address health inequalities** by capturing service improvement and real-world evidence data on the impact of occupational therapists working in communities. This will help keep people in work and rely less on acute hospital services
- better **understand the barriers to leadership, management and career progression opportunities** within our local authorities. We will then work with members and stakeholders to break them down and ensure equal opportunity for our members
- **improve the geographical distribution of the occupational therapy workforce,** to tackle regional imbalance and ensure every citizen who needs it has timely access to the life-changing power of occupational therapy
- **campaign for strategies to retain** the current occupational therapy workforce in Scotland, including improved access to leadership, research and innovation opportunities
- **invest and upskill our occupational therapy support workforce,** who play a vital role in providing care and support
- **get on par with other registered healthcare professionals** across health and social care in career development, pay, and terms and conditions.

Workforce priority one: Optimising occupational therapy



- We will support occupational therapy practitioners in Scotland 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.
- We will champion innovative service delivery models that improve access to occupational therapy and achieve health equity for all.

Action	Measure	When
<p>We will raise the profile of occupational therapy within the health and social care landscape in Scotland through engagement with political and strategic stakeholders, including holding events in the Scottish Parliament.</p> <p>We will highlight the value and impact of OT practitioners working at enhanced, advanced and consultant levels of practice.</p> <p>We will provide principles for what it means to be working at enhanced, advanced and consultant levels of practice in collaboration with Scottish Government, including the Transforming Roles programme.</p> <p>We will highlight the value to employers of these advanced practice roles to ensure parity of funding opportunities with other healthcare professions.</p> <p>We will get employers ready to retain an upskilled OT workforce following study at enhanced, advanced and consultant levels of practice.</p> <p>We will continue to work with NHS Education Scotland and Scottish Government teams to implement the recommendations from the Education and Workforce Review.</p> <p>We will develop a toolkit for OT practitioners to help them progress their portfolio careers.</p>	<p>Engagement and greater awareness from politicians on issues relating to occupational therapy.</p> <p>Number of case studies produced from Scotland of people working at these levels.</p> <p>Number of OTs working at enhanced, advanced and consultant levels of practice.</p> <p>Produce document outlining the principles of different areas of practice as part of wider workforce reform project.</p> <p>Produce document outlining routes to these different levels of practice specific to Scotland.</p> <p>Continue to be a member of relevant working groups convened by NHS Education for Scotland (NES) and feed into Allied Health Professionals Federation Scotland (AHPFS) contributions in this area.</p> <p>Number of practitioners who self-identify as having a portfolio career. Tri-annual workforce survey and member database to monitor the distribution of the OT workforce across economic sectors.</p> <p>Number of downloads of our toolkit for independent practitioners.</p>	2025 to 2027

<p>We will work with our members to use the Innovation Hub as a digital platform to build knowledge and confidence to drive innovation and demonstrate the impact of occupational therapy.</p> <p>We will create opportunities for funding, mentorship and networking to help innovators turn their ideas into reality.</p> <p>As part of the Research and Innovation Strategy, we will:</p> <ul style="list-style-type: none"> • work in partnership with the Community for Allied Health Professions Research (CAHPR) to develop a stronger voice of AHPs together for lobbying and campaigning • lobby for funding and career development opportunities in all areas of OT practice, including clinical practitioner academic posts and research and innovation implementation delivery roles • undertake strategic influencing of funders, including charities in Scotland. 	<p>Number of improvement journeys submitted to the Innovation Hub.</p> <p>Number and demographics of members who are part of the Innovation Hub community.</p> <p>Quarterly summary of evidence trends and gaps from improvement journeys.</p> <p>Campaign plan developed and delivered.</p> <p>Number of lobbying activities carried out per year.</p> <p>Number of influencing activities carried out per year.</p>	<p>2025 to 2027</p> <p>2025</p> <p>2026 to 2027</p> <p>2026 to 2027</p>
<p>We will facilitate national reform conversations around occupational therapy within local authorities and social care settings alongside strategic partners, including Convention of Scottish Local Authorities and UNISON.</p>	<p>A series of workshops held on the various challenges facing OTs working in local authority social care teams.</p> <p>Number of workshop reform sessions held.</p> <p>Number of members from Scotland engaging in national workforce reform workshops.</p>	<p>2025 to 2027</p>
<p>We will work with our members to collect a range of service and service user case studies, as well as support members to generate new evidence and impact examples.</p> <p>We will promote improvement journeys and the application of impact examples.</p> <p>We will continue to contribute via our members to the AHPFS compendium which provides case studies relevant to government priorities.</p>	<p>Number of case studies collected from our members, stakeholders and partners.</p> <p>Number of improvement journeys and Innovation Hub case studies relating to our workforce priority areas.</p> <p>Number of improvement journeys used by external stakeholders.</p>	<p>2025 to 2027</p>

<p>We will create resources to help members measure and communicate the value and impact of their practice economically, socially and experientially.</p> <p>We will support members to engage with our campaign to raise the profile of OT.</p> <p>We will contribute to the Profile-raising cafés for members to develop their skills in promoting the profession.</p>	<p>Number of members and external stakeholders who download resources to evaluate impact of occupational therapy.</p> <p>Number of submissions to the Innovation Hub by our members.</p> <p>Increase in the number of completed improvement journeys.</p> <p>Number of attendees to the Profile-raising cafés.</p>	2025 to 2027
<p>We will work with RCOT staff to develop resources that help members measure and communicate the value and impact of their practice in one of three ways:¹¹</p> <ol style="list-style-type: none"> 1. Economically (for example, using return-on-investment models). 2. Socially (for example, using realist evaluation methodology). 3. Experientially (for example, using people's stories). <p>We will engage with local strategic leaders to share with them the impact and evidence generated by occupational therapists across Scotland and understand from them what information they need to know. We will also inform them of workforce challenges and opportunities.</p>	<p>Number of members from Scotland who download RCOT resources to evaluate impact of occupational therapy provision economically, socially and experientially.</p> <p>Number of attendees at roundtable meeting with leaders.</p>	2025 to 2027
<p>We will work with members in Scotland to identify and explore opportunities for artificial intelligence (AI) and digital technologies in the delivery of occupational therapy services This includes identifying outcome measures for our role in this area.</p>	<p>Develop and analyse number of members accessing briefings on assistive technologies, digital healthcare and AI This will be tracked via the analytics of our digital channels.</p> <p>Number of occupational therapy practitioners in Scotland who use AI and digital healthcare solutions in their practice. This will be measured via our triannual workforce survey and scoping review of AI.</p>	2025 to 2027

Workforce priority two: Demonstrating value and impact



- We will build our real-world and research evidence for occupational therapy to justify investment in the occupational therapy workforce by quantifying the impact.
- We will 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, and the wider health and social care system, and to avoid critical shortages within the occupational therapy workforce.

Action	Measure	When
<p>We will support the occupational therapy workforce in Scotland to modernise its practice in line with national and local policy priorities and engagement with key stakeholders. This will include developing resources to build business cases and evidencing impact of services. We will work with the Primary Care OT network in Scotland, who are already advancing this work to share their best practice.</p> <p>We will work with Scotland's children and young people OT community to highlight how they effectively embed new and innovative legislation into their practice.</p> <p>We will use case studies and service improvement journeys at national and local level to argue for the most impactful positioning of occupational therapy services in systems. Our RCOT Communities platform will host these so that members can adapt best practice.</p> <p>We will create a Scotland-specific space within the RCOT Communities platform to improve communication between members and encourage sharing best practice.</p>	<p>Number of engagements with occupational therapy practitioners and support staff.</p> <p>Number of engagements with resources by members, partners and stakeholders in Scotland.</p> <p>Number of examples included in national and regional reports by our members, partners and stakeholders.</p> <p>Number of recommendations from improvement journeys used by our partners and stakeholders.</p> <p>Number of members that have joined and engage with Scotland-specific group on the RCOT Communities platform.</p>	2025 to 2027

<p>We will develop and publish a new Research and Innovation Strategy, enhancing the capacity and capability of the workforce to embrace research and innovation. This will include all areas of services, including return on investment on impact.</p> <p>We will widely publicise the Research and Innovation Strategy to members and practitioners in Scotland.</p> <p>We will work with our members, partners and stakeholders to have a baseline understanding of our members' capacity and capability for research that we'll use to measure changes over time.</p>	<p>Number of downloads of our Research and Innovation Strategy.</p> <p>Number of members attending our Research Cafés.</p> <p>Number of members in our Research Connect community.</p> <p>Number and demographics of OTs working in evidence, research and development roles and the outputs and impact they have in that role.</p> <p>Insights gathered through our workforce survey.</p>	
<p>We will collect and draw on data through our workforce survey, membership database and workforce maps to understand the size, distribution, career levels and skills mix of the OT workforce. This will allow us to monitor and report on trends to inform our influencing activity and decisions about where we should be positioned within our health and social care systems.</p> <p>We will collect data to make the case to expand routes into the profession in Scotland, including development of an apprenticeship programme. We can also use the data to assess any changes in demographics of occupational therapy students.</p>	<p>Number of mentions of RCOT workforce data by key stakeholders, including by elected representatives in the Scottish parliament.</p> <p>Produce briefings for key stakeholders with challenges for the profession, as identified via our workforce survey.</p>	2025 to 2027
<p>We will deliver quarterly reports to RCOT's UK Council on our policy and public affairs activities to raise awareness of workforce shortages with our key stakeholders.</p> <p>We will advocate for national data gathering for all OT services across health and social care.</p> <p>We will work proactively and in partnership with our coalitions and networks including the AHP Federation in Scotland, Right to Rehabilitation to speak with one voice about the support needed for our members and the communities they serve.</p>	<p>Quarterly reports presented to RCOT's Council, outlining our policy and public affairs activities to raise OT workforce shortages with our stakeholders and partners.</p> <p>Number of influencing activities undertaken with coalitions and networks.</p>	2025 to 2027

<p>We will host either an in-person or virtual workshop for Scottish members and key stakeholders on the theme of the occupational therapy workforce, to share learning, celebrate success and stimulate challenge and debate around the future of the profession.</p> <p>When engaging with members, we will ask them how RCOT can best support them and meet their needs as professionals.</p>	<p>Number of annual events held on the theme of OT workforce.</p>	<p>2025 to 2027</p>
<p>We will work with members to consolidate a set of core outcome measures that sit alongside the national framework, to be consistent with national government priorities.</p>	<p>Number of briefings produced highlighting different outcome measures being used.</p>	<p>2025 to 2027</p>

Workforce priority three: 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.
- We will build our profession's capacity, confidence and capability to incorporate leadership, learning, research and innovation into practice.

Action	Measure	When
<p>We will make the case to Scottish Government to expand and diversify routes into the occupational therapy profession in Scotland, including apprenticeship programmes.</p> <p>We will work with members and stakeholders including NHS Education for Scotland (NES) to increase placement capacity and quality, particularly in role-emerging areas and across the four pillars of practice. We will support the workforce to better implement our and NHS Education for Scotland's' AHP principles of practice-based learning placements.</p> <p>We will showcase practice-based learning across the education, research and leadership pillars of practice to improve awareness and impact in these areas of work.</p> <p>We will collaborate with other AHP professional bodies to widen access to pre-registration education.</p>	<p>Number of meetings with key stakeholders focusing on alternative routes, to increase the variety of options to registration.</p> <p>Number of members engaging with us around placements.</p> <p>Number of case studies of different placements and experiences from learners.</p>	2025 to 2027
<p>We will review and develop learning and development standards for pre-registration education and early careers. These will be for education providers, practice-based educators and employers to use.</p> <p>We will use data from Flying Start to enhance our understanding of the retention and experience of newly registered occupational therapists, to support our identification of best next steps</p> <p>We will support members from Scotland to feed into this process and ensure their voices are heard.</p>	Numbers engaging with new pre-registration learning and development standards.	2025 to 2027

<p>We will make the case to Scottish Government and stakeholders to make placement funding available for OT students.</p> <p>We will work with AHPFS on this area of lack of parity with Nursing, Midwifery and Paramedicine students and advocate for parity of funding.</p>	<p>Number of meetings held with Scottish Government on this issue.</p>	<p>2025 to 2027</p>
<p>We will work with the NES AHP team and pre-registration placement educators to support the embedding of the AHP principles of practice-based learning, to enhance their confidence and capability to support learners.</p>	<p>Number of meetings held with relevant teams to advance this work.</p>	<p>2025 to 2027</p>
<p>We will support members to access post-registration qualifications that will facilitate career development and progression.</p>	<p>Number of work-based mentors in Scotland.</p> <p>Number of OTs in leadership and consultant level roles.</p>	<p>2025 to 2027</p>
<p>We will support our members and employers in Scotland to feed their input and perspective into the revised Career Development Framework (CDF) and support members to use the framework to nurture practice at all levels.</p> <p>We will feed Scotland perspective into the RCOT UK-wide strategy to support the learning and development of our members.</p>	<p>Number of stories gathered from members who have benefitted from applying the CDF to their practice.</p>	<p>2025 to 2027</p>
<p>We will work with RCOT staff in research and innovation teams to understand different streams of funding available to occupational therapists in Scotland.</p>	<p>Number of members engaged around research opportunities.</p>	<p>2025 to 2027</p>
<p>Working with our members and employers, we will undertake an extensive survey of the occupational therapy workforce across the UK. We will conduct this survey every three years and track the information. This will support us to better understand and demonstrate challenges around retention and career development.</p>	<p>Increase number of respondents to RCOT Workforce Survey from Scotland, with 2025 survey being the baseline.</p> <p>Number of meetings and engagements with stakeholders where results of the workforce survey are presented.</p>	<p>2025 to 2027</p>

Workforce priority four: Effective workforce planning

- We will empower the OT workforce to contribute to, access and use the workforce planning data and intelligence available to them.
- We will empower practitioners to use available data and intelligence to make informed decisions – so we are in the right place, offering the right service to meet local population need.



Action	Measure	When
We will collaborate with local NHS Boards, Health and Social Care Partnerships and other relevant bodies to gather comprehensive data on the occupational therapy workforce, including demographics, skill levels and service demand. Ensure link up and awareness for members of ongoing work by NES in this area too.	Number of times our data and intelligence is used in national reports or campaigns. Host webinar with NES once new dashboard and index live.	2025 to 2027
We will work with members and health board leaders to identify development and implementation of the Health and Care (Staffing) 2019 Act through developing materials to understand the impact.	Members engaging with materials we develop around the Act.	2026 to 2027
We will track and report on OT workforce data, structure of leadership teams and OT waiting list data each year.	Number of downloads of annual reporting. Number of times the data is referenced by stakeholders.	2025 to 2027
We will enhance our data collection and analysis in relation to pre-registration education to support our understanding of the challenges facing our learner population.	Number of engagements from Scotland with the RCOT learner data dashboard.	2025 to 2027
We will gather and share examples of workforce models that have improved outcomes for local communities.	Number of innovation journeys from Scotland received via the Innovation Hub. Number of improvement journeys submitted that quote Innovation Hub as an evidence source.	2025 to 2027
We will work with our members and their employers in Scotland to carry out an inclusive survey of the UK's occupational therapy workforce every three years. We will use the results to monitor and respond to quantitative, qualitative and demographic characteristics of the workforce.	Number of occupational therapy practitioners from Scotland responding to RCOT Workforce Survey. Number of times the data and intelligence from RCOT Workforce Survey is used in regional and national reports, conversations and/or campaigns.	2025 to 2027

Monitoring and evaluation

We'll continuously monitor and evaluate the implementation of the Workforce Strategy. This will involve collecting data on a range of indicators, including the number of occupational therapists in Scotland, the geographical distribution of the occupational therapy workforce, and the skills and knowledge of the occupational therapy workforce.

Conclusion

Our action plan represents a bold and comprehensive vision for the future of occupational therapy in Scotland. It aims to not only expand the workforce but also ensure that occupational therapy practitioners are well distributed, highly skilled, and empowered to provide holistic, person-centred care across all communities. By fostering collaboration with employers, educators, policymakers and key stakeholders, we can create an environment where occupational therapists thrive, helping to meet the evolving needs of the population and improving health outcomes. Together, we are building a sustainable, innovative and resilient occupational therapy workforce that is fit for the future.

We are pleased to launch our Workforce Strategy action plan for Scotland and look forward to working with our members, stakeholders and policymakers to deliver this action plan. Together, we can build a future where occupational therapy practitioners are empowered to continue to make a significant impact on the health and wellbeing of our communities in Scotland.



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Occupational therapy workforce strategy action plan

Appendix A

2025–2027



Relevant Scottish Government policies

This plan is aligned with the policy context in Scotland. There are numerous policy documents from the Scottish Government which have informed this work, including but not limited to: **Health and social care: national workforce strategy; National performance framework; A national clinical strategy for Scotland; NHS Recovery Plan 2021-2026.**

These strategies focus on quality, change guided by evidence, allowing people and communities to manage their own health, new models of community-based provision, equitable access, encouraging collaboration and the implementation of Realistic Medicine. The Scottish Government has produced many condition-specific strategies and public health preventative strategies of which occupational therapists are actively delivering against across Scotland.

Programme for Government 2024-25: Serving Scotland

The plan contains a number of commitments for the transformation required to deliver their vision of a Scotland where people live longer, healthier and fulfilling lives. The reform will focus on improving population health, prevention and early intervention, backed by increased productivity, maximising access to quality health and social care services.

Actions include:

- a. reducing waiting times and backlogs
- b. investing in mental health services to clear backlogs by 2025
- c. improving primary care services
 - i. including supporting multi-disciplinary approaches in GP and community services
 - ii. investment in the **Preventive and Proactive Care programme** to provide early intervention
- d. addressing delayed discharge through working with HSCP
- e. increasing use of digital technologies to improve outcomes and patient experiences
- f. continued commitment to a National Care Service to reform social care delivery and improve quality and fairness.

All these priority areas offer an opportunity for occupational therapy growth. We have a growing evidence base on the impact of occupational therapists in these areas and it's important we continue to grow and use it to influence for the profession. By delivering our vision for the occupational therapy workforce, we can support the delivery of the Scottish Government's aims and objectives.

NHS Recovery Plan 2021–2026

The recovery plan sets out how the Scottish Government will take forward their aim of increasing NHS capacity by at least 10% as quickly as possible, in order to address the backlog in care and meet ongoing healthcare needs for people across the country. This will include challenges and opportunities for our occupational therapy workforce.

What this means for occupational therapy:

- **expansion of primary and community care:** A significant focus is placed on enhancing primary and community care services to manage healthcare needs more effectively.
- **increase in mental health services:** The plan commits to increasing mental health spending, aiming for at least 10% of frontline health expenditure to be dedicated to mental health services by the end of the parliamentary session. Occupational therapists specialising in mental health will be integral in developing and delivering interventions that promote mental wellbeing and support recovery.
- **support for staff wellbeing:** Recognising the pandemic's impact on healthcare professionals, the plan includes measures to support staff wellbeing and resilience.
- **involvement in service redesign and innovation:** The importance of service innovation and redesign to create additional capacity and improve care delivery. Occupational therapists may be involved in developing new care pathways, integrating digital health solutions, and implementing best practices to improve patient outcomes.



Education and workforce review

The aim of the review was to consider what actions are necessary to ensure that policy for AHP education provision is congruent to the current and future needs of our students and the future health needs of the people of Scotland. The scope of the review was extended in December 2021 to include workforce considerations.

The review was led by a National AHP Strategic Oversight Group ensuring collaborative working across the AHP education and workforce sectors. The group produced a series of recommendations which the Cabinet Secretary for Health and Social Care agreed to and instructed Scottish Government to implement them. Within the recommendations, there are five thematic groups:

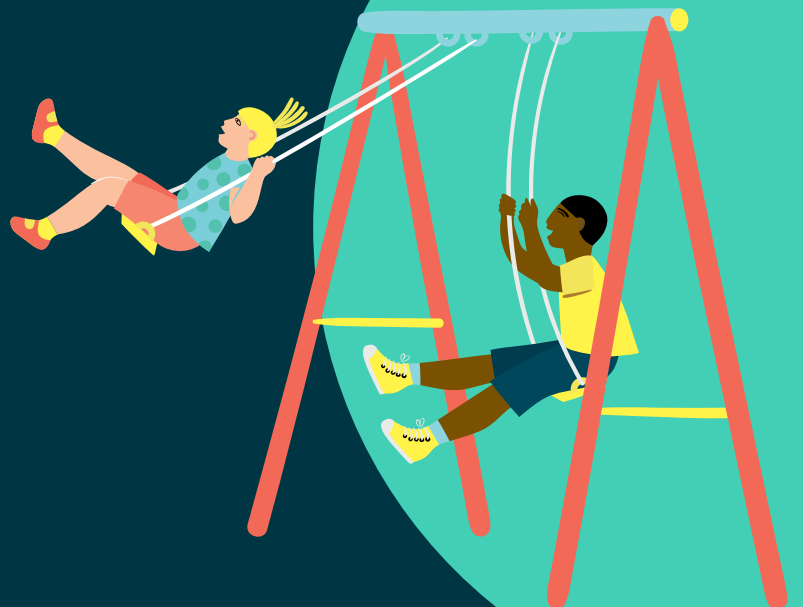
- 1. Workforce and Recruitment:** Focused on exploring workforce issues and recruitment strategies.
- 2. Education Solutions:** Examined educational approaches to meet future health needs.
- 3. Advancing Practice:** Investigated the development of advanced practice roles within AHPs.
- 4. Practice-Based Learning:** Considered the enhancement of practical learning experiences for students.
- 5. Research, Innovation and Relationships:** Explored the role of research and innovation in AHP education and practice.

A key stakeholder in the delivery of these recommendations is the AHP Practice Education team within NHS Education for Scotland. We have been encouraged by the outputs from NES in the last 12 months – particularly the **AHP Practice Education Development Framework** and their efforts to expand the scope of their outputs to be inclusive of those working in social care and local authority teams.

We know the policy team within the Scottish Government, headed up by the Chief Allied Health Professions Officer, is also working to deliver against these recommendations. Many of the recommendations align with our desired outcomes for the profession, particularly about finding alternative routes into the professions (such as apprenticeships or equivalent earn as you learn schemes). We will continue to engage with them on the implementation of the recommendations and offer support and input when required.

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