

The value of occupational therapy learners in primary care. How you can support them.

General Practice is struggling with a workforce crisis because of more complicated medical and care needs, limited funding, and unmanageable workloads. Occupational therapists (OTs) can help address current system challenges. They're skilled in early intervention and prevention, offering a holistic approach that recognises the health benefits of meaningful activities. Occupational therapy is a good fit for primary care. It helps save money by easing the workload on GPs, keeping people independent at home, and reducing the need for specialist care (Chamberlain et al 2019).

The [RCOT Occupational Therapy Workforce Strategy 2024-2025](#) highlights the need for OT services to focus on health promotion and prevention. This involves working with people in their homes and communities, developing the primary care workforce, and increasing primary care placements for OT students or learners.

Placements provide valuable learning experiences and help shape learners (students and apprentices) into skilled and adaptable clinicians. Learners are the future workforce and need investment. There is a clear link between those who complete placements successfully and those who secure graduate roles in the same field (Wareing et al 2018).

The best placements are co-designed by services, communities, learners, and universities. To get started, check out the [Allied Health Professional Principles of Practice Based Learning](#) and contact your local university to find out how you can support occupational therapy learners. OT learners could support patients without extra cost to the GP practice and allow the practice to try out an OT role without financial commitment.

Examples from OT Learners in GP practices:

- Scoped potential OT roles in primary care by gathering data through GP questionnaires, patient consultations, and waiting room surveys.
- Planned how OT could help meet the Quality and Outcomes Framework, such as monitoring BMI, blood pressure, diabetes, dementia, and cancer reviews.
- Developed and presented business cases to support the ongoing input of OT at Primary Care Network (PCN) meetings.
- Shadowed general practice, in-patient and community consultations to engage with a range of stakeholders.
- Created a falls awareness package for community workers.
- Set up blood pressure hubs in retirement villages, seeing many residents and coordinating with the local hypertension lead at the GP surgery.
- Ran student-led clinics where pre-diabetic patients received health checks from student nurses, and OT students provided lifestyle advice on diet and exercise, information about local support groups, and guidance on memory loss, decreasing independence, and falls.
- Developed a Quality Improvement (QI) project based on data about the impact of OT in primary care.
- Used a list of High Intensity Users from the GP practice to focus on patients who frequently return for non-medical needs.

- Managed small caseloads, including assessment and intervention in the GP surgery and patients' homes, under supervision.

Resolving barriers to having OT learners:

- Lack of space: Offer hybrid placements where learners can work virtually, across multiple practices, or in care homes.
- Limited resources (laptops/mobile phones): Assign learners to a single practice to minimise the need for IT access across multiple locations.
- Supervision reducing clinical time: Consider group supervision, remote supervision, or requesting supervision support from the university. Having more than one OT learner at a time allows for joint supervision, mutual support, and shared learning experiences.
- Prioritising other learner placements over OT placements: Discuss how to manage placement needs across different professions. Separate learner timetables can prevent overlap, or joint learning experiences can be arranged. Local placement coordinators can manage learners across multiple GP surgeries.
- No registered OTs in the practice: Learners can be supervised by OTs from other primary care settings or by other clinicians in the practice.

GP and OT Views

I found the OT student was able to get much deeper into some of the root causes social and psychological. It's not the medicine that's complicated, it's the other bit (GP).

GPs are providing students with valuable experience and the opportunity to experience primary care as a career option. Practice placements influence the jobs students go into once they graduate (University OT lecturer).

My favourite aspect of the placement was the fact I was able to witness and contribute to early intervention for patients. Instead of sitting on a waiting list, patients were seen by OT to prevent a further decline in occupational issues. I loved my placement. I recently applied for a primary care OT role based on my practice placement experience and got the job. I'm looking forward to starting my career in primary care (OT learner).

OT students can help identify appropriate referrals, saving the GP's time and helping them to work more effectively (OT).

Students helped us reach our targets for the Quality and Outcomes Framework (OT).

To find out more about [Occupational therapy in primary care - RCOT](#) scan the QR code.



References:

Chamberlain, E., Truman, J., Scallan, S., Pike, A. and Lyon-Mariss, J. (2019) [Occupational therapy in primary care: exploring the role of occupational therapy from a primary care perspective](#), *British Journal of General Practice*, 69 (688), pp. 575-576.

Wareing, M., Taylor, E., Wilson, A. and Sharples, A. (2018). [Impact of clinical placements on graduates' choice of first staff-nurse post](#). *British Journal of Nursing*. 27. 1180-1185.