

RESPONSE FROM THE ROYAL COLLEGE OF OCCUPATIONAL THERAPISTS
TO THE CONSULTATION: A HEALTHIER WALES: A WORKFORCE STRATEGY
FOR HEALTH AND SOCIAL CARE

In relation to the theme of valuing our workforce

1. Does this theme support the workforce transformation needed to deliver A Healthier Wales?

The Royal College of Occupational Therapists (RCOT) believes that it is a very ambitious aim to be the employment sector of choice by 2025. RCOT admires the ambition but questions the feasibility of delivering within the timeframe, given the renowned complexities of introducing and successfully embedding change in the health & social care sector.

RCOT suggests 2025 might be challenging if developing flexible career structures and portable pathways for people is not targeted until 2028-30.

2. If not – what is missing?

3. Are the emerging priorities and potential actions sufficient?

4. If not what else would you like to see?

RCOT agrees that when discussing flexible career structures and portable pathways, it will be imperative that career development frameworks have parity across the UK to enable professionals from other UK countries to be recognised for their existing career levels within the Welsh system. This is particularly significant at Advanced and Consultant levels.

In relation to the theme of seamless working

5. Does this theme support the workforce transformation needed to deliver A Healthier Wales?

RCOT supports the education, learning and development of the entire workforce. It is important to ensure everyone feels valued, including volunteers and carers.

6. If not – what is missing?

RCOT suggest that when considering the development of new roles, it will be important to use existing frameworks to map them to, in order for roles to fit in with existing career pathways. For example; does a service need an Advanced Practitioner (a role advertised to NMAHPs) or an Advanced Occupational Therapist? For the former, the Advanced Practice Framework would be the strategic document and for the latter it would be the RCOT Career Development Framework.

RCOT suggests there is also a need to agree on terminology relating to workforce development. The Welsh Learning and Development Framework for occupational therapists in social care clearly articulates the novice to expert continuum (levels of practice) verses the generalist / specialist continuum. However, there is still some confusion and different uses of the word 'specialist' (the recent AHP Advanced Practice Framework in Northern Ireland defined this as a level rather than a scope of practice) which impacts on how you talk about, plan for and support career development options.

RCOT would welcome ongoing communications, as the organisation is currently carrying out work considering levels of practice verses scope of practice and would be willing to share at a later date any resulting definitions and resources.

7. Are the emerging priorities and potential actions sufficient?

RCOT would like to know more about the cross-sector competence frameworks (p9). There is an amount of work going on in this arena across other countries in the UK – especially England – so RCOT would certainly encourage learning from others, not reinventing the wheel and at the very least, trying to ensure coherence and consistency between the various frameworks.

RCOT would like to know more about what 'implement cross-sector competence frameworks to inform education and training programmes' (p9) means. The document does not clearly distinguish between pre-registration and post-registration education – RCOT would like clarity on what the intention is here? The plan would need to consider carefully how any HEIW/HSCW requirements of pre-registration programmes might sit alongside those of the HCPC and relevant professional bodies, for example, and the challenges encountered by education providers when trying to meet the competing demands of many stakeholders in what are often only two or three year programmes.

8. If not what else would you like to see?

In relation to the theme of digital

9. Does this theme support the workforce transformation needed to deliver A Healthier Wales?

RCOT agrees that digital literacy is going to be incredibly important for both new entrants and the existing workforce (vision T3, p10). It might be the existing workforce (including the leasers identified on p11 as having a role supporting their staff in using digital technology) who require the most support to develop the required skills and adapt their way of working.

Digitally enabling learning and development resources (p10) to facilitate accessibility is premised on the intended beneficiaries having the appropriate skills to access the resources, otherwise this initiative will just change one form of inaccessibility (e.g. geographical) for another (based on digital literacy).

10. If not – what is missing?

11. Are the emerging priorities and potential actions sufficient?

Our Priorities

RCOT argues that as the only professional group who works across health, care, third and independent sectors, new roles should not be aimed solely at those in the medical professions but the job descriptions should be inclusive of occupational therapists knowledge, skills and education. Occupational therapists have the skills to take on digital transformation roles within organisations. Their knowledge of both the human and environmental factors of technology adoption supports them when leading on organisation-wide change projects that impact on the workforce. Similarly, we have a long history with supporting citizens to adopt technology and therefore our skills would lend themselves to citizen empowerment projects.

RCOT argues that there has been some evidence within England's Global Digital Exemplar programme of the value of an AHP digital lead within organisations. In particular, to support the AHP workforce develop the digital skills required to adopt and use technology within the workplace. An AHP lead can help anticipate barriers to adoption, design systems to overcome problems as well as be involved in the training of AHPs. Northern Ireland is taking a similar approach to their rollout of the national electronic health and care record.

RCOT suggests there is work carried out with education providers to ensure undergraduate programmes meet the needs of the health and social care's digital future.

Educators of pre-registration occupational therapy courses should not be excluded from training/learning events. In order for them to be able to train the future workforce, they need to have good links with their local organisations as well as being able to attend learning events alongside frontline staff.

12. If not what else would you like to see?

In relation to the theme of attraction and recruitment

13. Does this theme support the workforce transformation needed to deliver A Healthier Wales?

Need to consider the potential unintended consequences of (possibly – since it only says 'consider') introducing incentives and bursaries for shortage areas.

RCOT really like the idea of a national H&SC careers service (p13) – could be a really useful approach for coordinated, comprehensive careers promotion.

14. If not – what is missing?

15. Are the emerging priorities and potential actions sufficient?

RCOT again we would actively encourage learning from others, avoiding reinventing the wheel and trying to ensure coherence and consistency wherever possible to recruitment and retention especially from how to support recruitment in remote and rural areas – Scotland, Australia, Canada, etc.

16. If not what else would you like to see?

In relation to the theme of education and learning

17. Does this theme support the workforce transformation needed to deliver A Healthier Wales?

RCOT certainly agree that undergraduate programmes need to align to the needs of services (p15), but they must also meet the requirements of the HCPC and the professional body and offer a rounded, comprehensive education that enables new graduates to enter the professional register.

RCOT argues that even with the current two year requirement to work in Wales bursary requirement that they need also to recognise that a proportion of graduates might not necessarily go on to be employed by service providers local to the education provider, so their education must be of a nature that enables them to make viable applications for roles for which they are qualified anywhere.

RCOT would like more clarity on what exactly is meant by 'grow your own' (p15) would this refer to the re-emergence of work-based learning programmes? Need to carefully consider the mid-long term viability of these for education providers, i.e. how big is the potential pool of applicants? How long will it last? Is it worth the education provider investing in setting up the programme if it will only be able to recruit for a limited number of years?

What level is targeted in relation to 'specifying core and common educational requirements and inter-professional learning opportunities'? Is this pre-reg? Again – need to recognise the standards that pre-reg programmes must already meet – e.g. HCPC and professional body. It will be worth checking the existing content of these standards before introducing more/reinventing the wheel. Coherence is vitally important to avoid unnecessary complications.

In principle RCOT supports the transition of the workforce; however the concept must be backed up by realistic and proportionate operational mechanisms to make it happen. For example, mechanisms in place which allow a student to develop in a logical way (aligned to the needs of the workplace and people we serve).

18. If not – what is missing?

RCOT suggests that it would be better to talk about "Education, Learning and Development" so as to be more inclusive as a term to support professional development. With this in mind, we note there was no reference to credentialing - where units of learning and their subsequent application in practice are recognised with an award from different sectors e.g. Royal Colleges, as part of 'on the job learning', assessment against agreed capabilities. Furthermore, we saw reference to competencies but not capabilities - the latter term appears to have more traction these days and features heavily in career development frameworks.

Evidence of the detail of how the above point will be operationalised, it is easy to talk in principle about what should happen but it's important to understand how it will happen. For example, will there be sufficient practical opportunities for healthcare students to gain the necessary skills and experience on practice placement, are students going to be prepared to work across any service, even outside of Wales?

What about the professional and regulatory bodies who support the AHPs? No mention of the guardianship and quality monitoring of the professions which they provide.

19. Are the emerging priorities and potential actions sufficient?

Only if and when they are supported by adequate structures to provide the education required to increase the skills and knowledge of the workforce, e.g. a clearly defined action plan of the various levels of staff to be trained and how they fit into the systems (skill mix).

20. If not what else would you like to see?

In relation to the theme of leadership

21. Does this theme support the workforce transformation needed to deliver A Healthier Wales?

22. If not – what is missing?

23. Are the emerging priorities and potential actions sufficient?

24. If not what else would you like to see?

In relation to the theme of workforce supply & shape

25. Does this theme support the workforce transformation needed to deliver A Healthier Wales?

26. If not – what is missing?

27. Are the emerging priorities and actions we have identified sufficient?

28. If not what else would you like to see?

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