Recruitment and Retention
College of Occupational Therapists

Introduction

The College of Occupational Therapists (COT) is pleased to provide a response to this consultation. COT is the professional body for occupational therapists and represents over 30,000 occupational therapists, support workers and students from across the United Kingdom. Occupational therapists work in the NHS, Local Authority social care services, housing, schools, prisons, care homes, voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapists are regulated by the Health and Care Professions Council (HCPC), and work with people of all ages with a wide range of occupational problems resulting from physical, mental, social or developmental difficulties.

Occupational therapy improves health and wellbeing through participation in occupation. The philosophy of occupational therapy is founded on the concept that occupation is essential to human existence and good health and wellbeing. Occupation includes all the things that people do or participate in. For example, caring for themselves and others, working, learning, playing and interacting with others. Being deprived of or having limited access to occupation can affect physical and psychological health.

Summary of Recommendations

1. Consideration is given to finding ways where practice placements in remote and rural settings can be incentivised and encouraged with some financial support.

2. Where a Health Board has successfully recruited from Europe some financial assistance is given to support their HCPC application costs.

3. To assist with more senior and specialist posts could relocation packages be considered?

4. Some suggestions that could assist recruitment and retention are:
   • More imaginative and encouraging adverts that offer support specifically for specialist posts.
   • A ‘Golden Hello’ and also funding for long term retention
   • Seconding and funding staff who wish to train as occupational therapists
   • As part of recruitment package funding HCPC registration fee and membership of professional body
General Points

Occupational therapists differ from other Allied Health Professions (AHPs) in two ways as they are the only allied health profession that works in significant numbers in social care. Whilst this report is considering NHS, it will be important to consider occupational therapists who work in social care given their role and the drive for integrated services. In addition, occupational therapists are one of the five main professions working in mental health services with approximately 30% of the occupational therapy NHS workforce working in mental health services. They are the most significant in number of AHPs working in mental health.

There are 3,410 occupational therapists registered with the HCPC who live in Scotland. From the 2016 stats 2,348 (WTE) work in the NHS and 579 (2014 stats) work in social work departments. The recent quarterly report (March 2016) highlighted that occupational therapists were one of the AHPs with the highest vacancy rates of 4.7%=109.4 WTE.

The NHS Education for Scotland: Supporting Remote and Rural Healthcare report (August 2013) provides some useful information, however, there is no mention of AHPs and yet they total 13,515 of the total NHS workforce in Scotland and in consequence a significant part of the healthcare workforce.

There are three Higher Education Institutions (HEIs) in Scotland delivering pre-reg occupational therapy courses in Aberdeen, Glasgow and Edinburgh. All students are required to have 1,000 hours in practice placements. In Scotland, practice placements for all AHPs are brokered by an agreement (Practice Placement Partnership Agreement) between NHS Education for Scotland (NES) and each individual Health Board and Local Authority. Placement locations across Scotland sign up to a number of hours they will provide to each discipline on an annual basis, and this is audited to ensure that Boards are meeting their commitments.

Some HEIs ask students to sign an agreement that they commit to travel to remote and rural locations for placement (at their own expense) when they are in their first year at university. When placement offers become available, HEIs must factor in the following for each student: accessibility of placement, variety and any personal extenuating circumstances. Obviously, they need to ensure a student receives as much variety across their education. Sometimes students are out of pocket by as much as £600 and this is not reimbursed.

Providing practice placements is often a good way to encourage employment but if costs to have a practice placement is expensive, particularly in remote and rural areas; then opportunities to recruit new graduates in these localities will be difficult unless they are local and wish to return to their home.
Recommendation 1
Consideration is given to finding ways where practice placements in remote and rural settings can be incentivised and encouraged with some financial support.

Currently recruitment from Europe is an easier route to look towards recruiting versus International. The European countries where there is a healthy workforce are Ireland, Holland, and Germany. However any European occupational therapist wishing to practise in the UK is required to register with the Health and Care Professions Council. This process can take up to 16 weeks and will cost the individual up to £500.

As like most other AHPs, occupational therapists are not on the Migratory Advisory Committees ‘Shortage of Occupation List’ and, in consequence, this means that a number of requirements would need to be addressed if recruiting someone outside Europe. This can be costly and take some time with little guarantee that permission to work in the UK will be granted.

Recommendation 2
Where a Health Board has successfully recruited from Europe some financial assistance is given to support their HCPC application costs.

Questions
COT has had several responses from its members in remote and rural areas following a request for information and, in particular, from the Western Isles.

1. **In what areas are you experiencing the greatest difficulties in recruitment and retention?**
   There are problems in recruiting to specialist areas such as Paediatrics, Stroke, Neurology and in Social Work departments (at all levels). In social care, some of the problems are due to lack of career opportunities for occupational therapists and poor recognition of length of service and experience. The comparisons for level of responsibility within social care do not equate to those responsibilities expected within AfC Bands on a similar pay scale. This will need some further thought in preparation for integrated services.

   Recommendation 3
   To assist with more senior and specialist posts, could relocation packages be considered?

2. **What are the key barriers to recruitment in your area?**
   The most common reason mentioned was the costs associated with travel from the islands to the mainland and cost of living is higher on the islands than mainland. Although there is a Distant Island Allowance of £947 per year in recognition of these costs, this may need to be reviewed.
In other areas, difficulties in commuting were highlighted.

3. **Please provide examples of incentives/initiatives that have shown positive results in recruiting?**
   The only examples provided have been through the use of locums who had been appointed for a period of time but then proceeded to apply for permanent positions.

Recommendation 4
Some suggestions that could assist recruitment and retention are:
- More imaginative and encouraging adverts that offer support specifically for specialist posts.
- A ‘Golden Hello’ and also funding for long term retention.
- Seconding and funding staff who wish to train as occupational therapists.
- As part of recruitment package, funding HCPC registration fee and membership of professional body.

4. **What are the key barriers to retaining staff in your area?**
   In some areas once occupational therapy staff are established they do tend to stay but in most areas there is a fairly flat structure, which means that if someone wants to progress their career, they would need to move off the islands or out of a remote and rural area.

5. **Please provide examples of incentives/initiatives that have shown positive results in retaining staff?**
   The most frequently cited reasons from staff in relation to retention are: opportunities for learning and development, autonomy to do innovative service development, strong supervision and support locally and opportunities for mentorship.

6. **Over what period have vacancies been held?**
   One remote and rural area has not had a policy of holding vacancies locally. Gaps were addressed where possible through bank staff or use of locums (where there is a strong case made demonstrating impact on patients and carers if the service is not provided).

   The impact on service users and carers can be varied given where an occupational therapist may work but there would be a correlation between lack of occupational therapists and ability to discharge safely and with correct equipment; more expensive care packages due to lack of reablement / rehabilitation. Lack of rehabilitation could mean reduced opportunities for independent living for those with a mental health or physical disability.

   The College would welcome an opportunity to present further information and discuss in more detail the matters raised within this response.

   The NES Report on the occupational therapy workforce (January 2013) does also provide further helpful data.