Royal College of Occupational Therapists'
data and innovation strategy
2021–2023

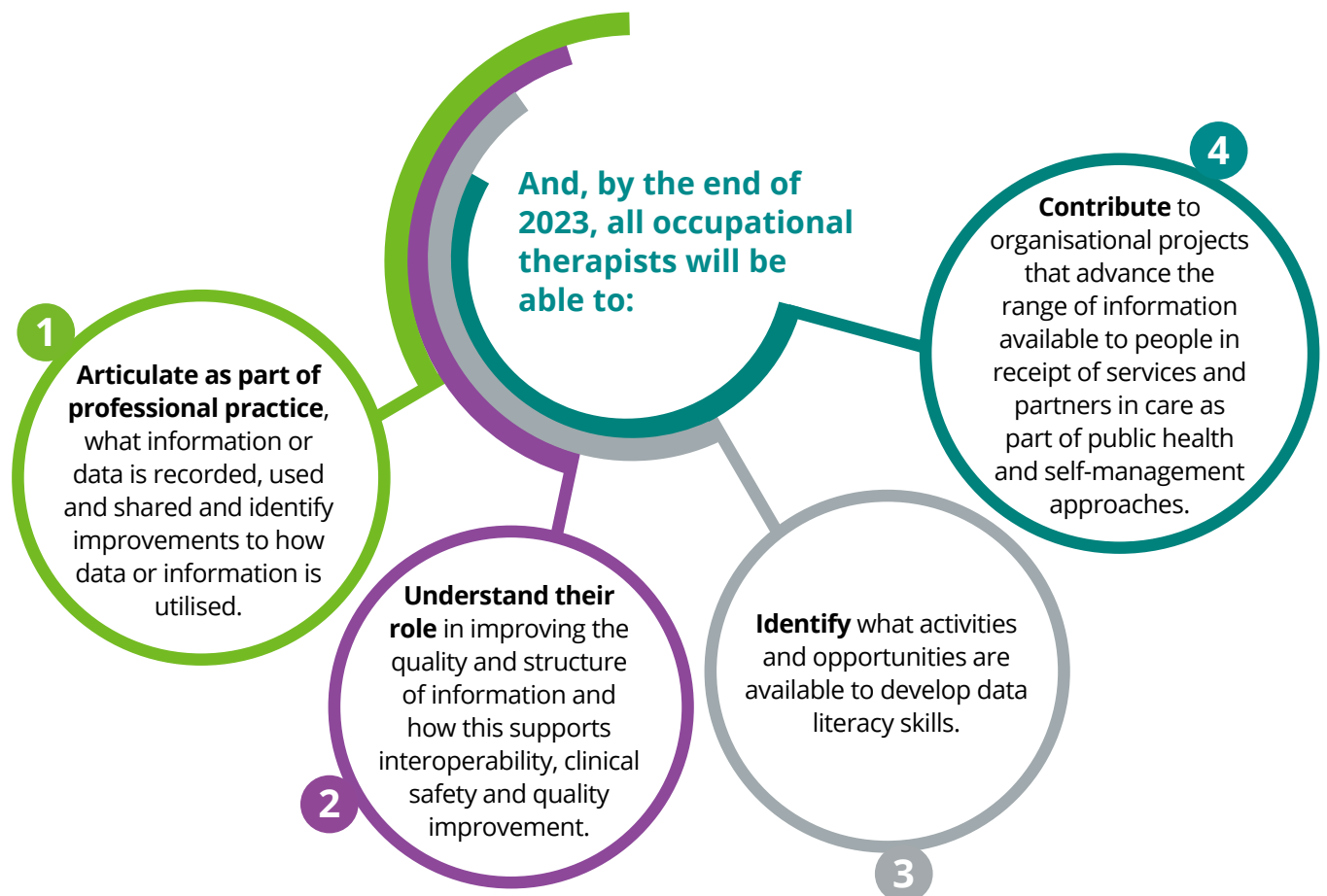Royal College of
Occupational
Therapists

1. Vision

It is important that all occupational therapists acquire a firm understanding of their information and data needs alongside those of their colleagues, partners in care, those who access their services and funders of their service.

Occupational therapists practise in an age of 'information abundance', and over recent years a growing number of different tools and communication channels have been adopted in practice to record, use and share information or data. Occupational therapists are therefore required to have a more sophisticated comprehension of where data or information sits alongside an understanding of the challenges and opportunities associated with different tools and communication channels.

Our vision is that:

Every occupational therapist is confident in engaging in a range of activities where data is used, collected and shared for the purpose of improving health outcomes. at the individual, service and population level.

And, by the end of 2023, all occupational therapists will be able to:

1 **Articulate as part of professional practice**, what information or data is recorded, used and shared and identify improvements to how data or information is utilised.

2 **Understand their role** in improving the quality and structure of information and how this supports interoperability, clinical safety and quality improvement.

3 **Identify** what activities and opportunities are available to develop data literacy skills.

4 **Contribute** to organisational projects that advance the range of information available to people in receipt of services and partners in care as part of public health and self-management approaches.

2. Introduction

The COVID-19 pandemic gave rise to significant developments in the way occupational therapists share information with colleagues, partners in care and those who access occupational therapy services. In many ways, the flexibility to use a range of different communication channels has resulted in an increased appetite to explore the further benefits of digital technologies.

Choice in one sense is good; however, it is important occupational therapists recognise that having a vast range of communication tools could further complicate how they share information across organisational boundaries. Given the diversity of the profession in terms of contexts of practice and the use of multiple systems and communication channels, occupational therapy information is recorded in a variety of formats and places. This has the potential to impact on the profession's ability to share information effectively across systems (interoperability) and can have a direct impact on patient or citizen care. Occupational therapists can make good use of their diverse positions within the health and care system by engaging fully in digital information sharing projects as they recognise the opportunities they have for delivering personalised care and supporting self-management. The Royal College of Occupational Therapists' (RCOT 2021) *Professional standards for occupational therapy practice, conduct and ethics* states:

You use the information you collect, with other national, local and professional guidance and research evidence, to improve the quality, value and effectiveness of the service/s you provide.

(RCOT 2021, p17)

For services to meet growing societal demands, occupational therapists need to offer a better balance of provision at universal, targeted and specialist levels. This means that occupational therapists must understand what knowledge or information is commonly required by colleagues, partners in care and those who access occupational therapy services at the different levels of service provision. They can then work collaboratively with these stakeholders to identify and use communication channels that enable information to be more easily shared. It is crucial that occupational therapists articulate these information needs and preferences and that these requirements influence the direction of local and national digital and data projects.

3. Data: an integral part of professional practice

Data intelligence or data literacy is about making sense of different forms of data, so that we can gain meaningful insights and make better decisions in the future. Occupational therapists have access to, and collect a wide range of, different forms of data including:

Population health data

Measurements of demand and capacity

Assessment and outcome measures

Patient or citizen reported outcomes

Workforce statistics

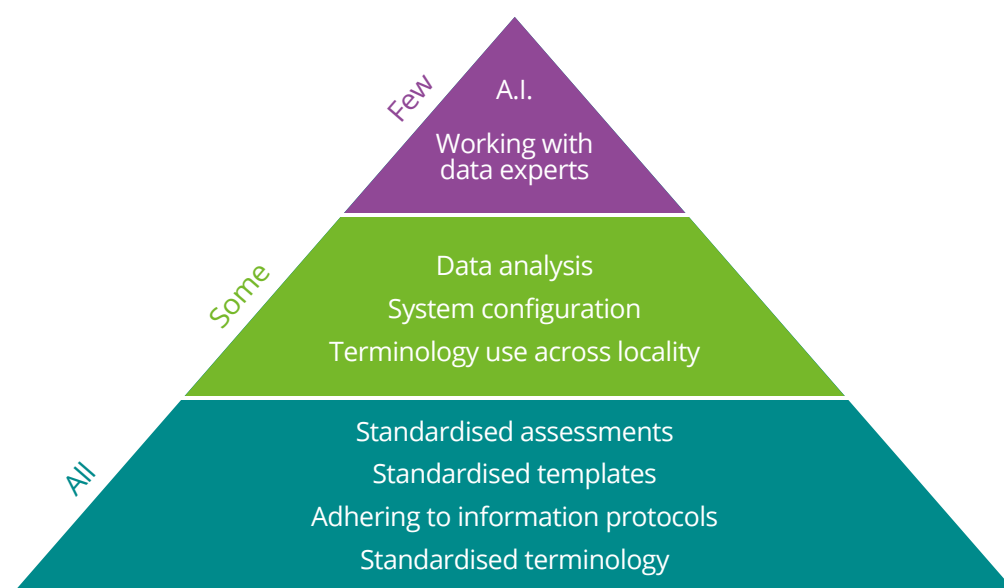**Staff satisfaction surveys**

These different forms of data can be triangulated to explore and answer questions such as:

- Are our services meeting the needs of our local population in terms of both our offer and accessibility?

- What evidence do we have for managing our resources effectively with occupational therapists working at the top of their license?

- Do the public and those in receipt of services have access to occupational therapy information that supports self-management, e.g. through accessible webpages and personal health and care records?

4. A tiered approach to data quality and innovation

The health and care sector is overwhelmed with unstructured and incomplete data, which hampers progress in both the sharing of information across systems (interoperability) and using that data intelligently. Occupational therapists work with data throughout their careers. However, the data skills occupational therapists need are context and role specific.

All occupational therapists need to understand their role in improving the quality of the data that they document and share. This includes using standardised terminology and assessments and outcomes, as well as adhering to information protocols as part of good record keeping practice.

Some occupational therapists will work with data in technical roles, e.g. system configuration, whilst others may need access to data as part of managerial, improvement or research roles. Occupational therapists working in both technical and managerial roles are likely to be interested in the quality and reliability of the data and may lead on user experience (for colleagues, partners in care as well as citizens), developing information protocols as well as training to drive up consistency in standardised terminology, assessments and outcomes. They are likely to be concerned with people, processes, culture, tools and technology, as they all impact on data quality.

A few occupational therapists will work in specialist roles that enable them to collaborate with data experts outside of the sector, e.g. in maths, computer science and health economics. Working with data expertise, occupational therapists in specialist roles will be able to better understand the opportunities available to the profession for using clinical data more intelligently. This could include gaining insight into how anonymised occupational therapy data can be used to better understand patterns, trends and inconsistencies in care.

5. Recommendations

To support the occupational therapy workforce with developing data literacy skills and contributing to national, local and organisational data projects, the Royal College of Occupational Therapists (RCOT) has developed the following three recommendations and goals to steer members' activities until the end of 2023:

Recommendation 1: Improve the structure and quality of occupational therapy data recorded in electronic health and care records

The profession needs to improve the structure and quality of electronic health and care records (EHCRs) by moving towards a common language and set of expectations. This includes using computer-readable terminology such as SNOMED-CT and developing information protocols or standards that support a consistent approach to structuring content in EHCRs.

Goals to be realised by the end of 2023:

1. All occupational therapists need to work with organisational information leads to develop standardised templates, terminology, assessments and outcomes that reflect the occupational therapy process.

2. All occupational therapists must adhere to information protocols as part of good record keeping practice.

3. Some occupational therapists who take on data leadership roles or responsibilities within their organisations need to ensure that the information requirements of occupational therapists are represented in digital and data projects.

4. Some occupational therapy leaders will work with RCOT to identify and, where appropriate, develop data literacy resources that support members with structuring and improving the quality of occupational therapy data in EHCRs.

5. Some occupational therapy data leaders will work with RCOT to review and update the RCOT (2018) *Keeping records* guidance, considering new ways of communicating and recording information in EHCRs.

6. RCOT will continue to work with other allied health professional body data leads to influence national policy by representing members' information requirements in national EHCR programmes of activity.

Implementation plan for recommendation 1

Recommendations

Recommendation 2: Become interoperability ready

Occupational therapists are often required to access and input into a variety of different information systems to carry out the occupational therapy process. Occupational therapists frequently work with a variety of different stakeholders across sectors, e.g. equipment providers and the voluntary sector, and therefore more attention is required to ensure that the right information is available to the people at the time it is needed. More effective information sharing between different systems, teams and organisations is essential. This includes increasing the opportunities for people who access services to contribute to their own personal health and care records, e.g., sharing their own activity and environmental information. Occupational therapists need to explore the benefits, user experience and information governance issues that surround the likely increase of citizen-inputted data at different points of the occupational therapy process.

Goals to be realised by the end of 2023:

1. Some occupational therapists will work with RCOT to represent occupational therapists' information requirements in national interoperability projects.

2. Some occupational therapists who are contributing to local information integration projects will ensure that representation from all occupational therapy personnel working in those areas is included in local interoperability projects.

3. Some occupational therapists who are involved in projects that engage citizens in accessing and contributing to their electronic personal health and care records will work with RCOT to disseminate learning to the wider membership.

4. A few occupational therapists will work with RCOT to identify and, where appropriate, lead on the development of resources and FAQs on becoming interoperability ready. These resources will be available to members from the RCOT website.

Implementation plan for recommendation 2

Recommendations

Recommendation 3: Develop data leadership skills

Occupational therapists are required to collect, share and analyse a range of different types of information throughout their careers. Every organisation needs an occupational therapist (or AHP) to voice and champion the information requirements of the AHP community. Some work has already begun to look at the data literacy skills of the AHP community; however, the occupational therapy workforce is diverse, and more attention needs to be paid to the different information requirements of occupational therapists working in different contexts of practice, e.g. social care, education and independent practice. Whilst there are a growing number of AHPs working in data leadership roles, there are disparities across the health and care sector, e.g. access to fellowships for those working outside of the NHS. Further still, occupational therapists working in data leadership roles often fall into these roles, so more needs to be done to support occupational therapists with developing data skills that enable them to more confidently work with data as part of professional practice.

Goals to be realised by the end of 2023:

1. A few occupational therapists will work with RCOT to develop a career development pathway that builds on existing four-nation AHP strategies and survey data, e.g. Health Education England's (2021) AHP Informatics core competency work.

2. Some occupational therapists will work with RCOT to identify what CPD and fellowship opportunities members can access to develop their data literacy skills.

3. A few occupational therapists will work with RCOT and arm's length organisations to champion an end to the disparity currently facing occupational therapists who want to develop their careers in data.

4. A few occupational therapists will work with RCOT to plan and lead on a virtual event to highlight innovative occupational therapy data projects.

Implementation plan for recommendation 3

Actions for 2022

To achieve our recommendations, immediate actions for 2022 are:

RCOT will:

1. Establish an expert reference group (ERG) for each recommendation to actively support the development of a data innovation community that will advance the capability and capacity in the profession across the UK.

2. Build on the Health Education England's (2021) *Digital competency framework for allied health professionals* by using RCOTs (2021) *career development framework: guiding principles for occupational therapy* to identify the data and innovation skills, knowledge, and ways of thinking that occupational therapists need at different points of their career.

3. Link current continuing professional development (CPD) resources and opportunities to the data and innovation career pathway.

4. Identify gaps in CPD resources and opportunities, and work with the ERGs and experts outside of the profession to develop resources and new opportunities.

RCOT asks the following of its members:

1. Use the tiered approach to understand your role in improving the quality and structure of information and how this supports interoperability, clinical safety, and quality improvement.

2. Take a proactive approach to building individual, departmental, organisational, and local networks of mutual support and expertise in data and innovation.

3. Make links with organisational and/or local data and innovation working groups to ensure that there is an occupational therapy or allied health professional (AHP) voice to champion the information requirements of the profession.

4. As part of the induction for students and new members of staff, encourage an appetite for data and innovation by demonstrating the impact they can have on professional practice.

5. Engage with RCOT by sharing examples of how you individually or your service/department are meeting the recommendations of the data and innovation strategy. RCOT can share these examples with the wider membership and as part of our national influencing activities.

6. Work with partners in care and those who access occupational therapy services to find out what improvements can be made to ensure that occupational therapy information is available when needed.

6. Implementation and evaluation

Each recommendation has an implementation plan that accompanies this strategy and details the activities, timeframes and metrics that will be used to capture progress and successes.

RCOT data expert reference groups will be formed at the beginning of 2022 to steer the activities contained within the implementation plan for each recommendation.
During the winter of 2023, RCOT will report on the outcomes of the strategy and invite members to contribute to an updated data and innovation strategy for 2024–2026.

7. Acknowledgements

RCOT would like to thank the occupational therapists who participated in the RCOT data workshops (November 2020–March 2021). The feedback from these workshops was themed and fed into the overarching vision, this strategy and its three recommendations. In addition, specific pieces of work identified by occupational therapists working in data roles have been incorporated into the implementation plans.

8. Glossary of terms

This strategy uses the following terms:

Communication channels: A range of technologies that can be used to communicate and share information, e.g. telephone, social media and email.

Data leadership: refers to roles that entail co-ordinating activities that seek to improve or change the way information is collected, collated, analysed or shared within and with those outside of an organisation.

Electronic health and care record (EHCR): A real-time, person-centred record that enables information to be available instantly and securely.

Information: Relates to personal, professional, service and population level data used within the health and care context.

Interoperability: The capability of multiple EHCRs to exchange and make use of information co-operatively – a key part of digital transformation.

SNOMED-CT: A clinical vocabulary readable by computers.

Quality improvement: The process of improving the quality of health and care service delivery to ensure safe, effective, person-centred, timely and equitable practise.

Systems: Relates to the different places where clinical information is documented and shared with others. An electronic health and care record is one example of a system; however, occupational therapists are often required to input or share information through different systems, e.g., in order to purchase equipment or request other services.

9. References

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