

# Occupational therapy workforce strategy action plan

England

2024–2027



# Workforce Strategy action plan

## England

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# Introduction

In March 2024, we published our first ever **Workforce Strategy** for the profession to the year 2035.

This action plan sets out how we'll implement our Workforce Strategy in England over the next three years. It will:

- present the current position of the occupational therapy workforce
- support the occupational therapy workforce to transform and plan for its future
- give examples of workforce modelling that can help organise skills and make sure staffing levels are safe.

We've based our plan on the following **principles**:

- occupational therapy services should be accessible to everyone who needs them
- occupational therapists should be able to work to their full potential and contribute to the best possible outcomes for people
- the occupational therapy workforce should be diverse and representative of the population it serves.

Developing our action plan has been a team effort. We'd like to thank the member volunteers in our Workforce Strategy England Advisory Group who've helped to shape it.

Along with this action plan, please refer to the Workforce Strategy on our website where you'll also find a bibliography, useful terminology and frequently asked questions: [rcot.co.uk/workforce-strategy](https://rcot.co.uk/workforce-strategy)



# Our vision and goals

**Our vision is for an expanded OT workforce – positioned to have maximum impact in improving people's health and quality of life. By 2035, we'll have a 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.

# The position of the occupational therapy workforce in England

There were 21,454 occupational therapists working in the NHS in 2023/2024 (NHS Digital, 2024). There were a further 3,800 occupational therapist filled posts working in adult social care, most of which were employed in the local authority sector (3,200 filled posts), as well as 650 occupational therapist filled posts in the independent sector (Skills for Care, 2024).

While there has been steady growth in the number of occupational therapists in England over recent years, the workforce is facing many challenges. By looking at the workforce data from Skills for Care and NHS Digital, and listening to our members, we found:

**1 Access to occupational therapy services is poor.** Complicated referral processes and a lack of understanding about what occupational therapy is makes it difficult for people to access the support they need. This is a problem particularly for those with complex and urgent needs. This exacerbates health conditions and makes health inequalities worse.

In July 2024, 8,957 adults and 19,070 children and young people were waiting to see an occupational therapist in the community (outside of hospitals).

**2 The workforce isn't positioned for maximum impact.** While community health services play a critical role in helping people live independently, they account for just 13% of daily NHS activity. Most resources and staffing are concentrated in hospital care. This is made worse by severe occupational therapy shortages in rural and coastal areas, as well as specialist areas like mental health, social care and services for children and young people. For example, in the Hull area, there's a 50% vacancy rate for occupational therapists in social care.

**3 Too many occupational therapists are leaving the profession.** The average annual leaver rate is 8%, higher than the 6.9% among other allied health professionals. This issue is particularly severe in some regions, reaching 9.4% in the south-east and 10% in London. There's a national vacancy rate of 11.4% among NHS employers, including 26.1% in Mid and South Essex Integrated Care System (ICS). This rate differs depending on specialism, employer type and location.

We asked people why they intend to leave the profession. The most common responses were work-related stresses and because they're unable to provide the standard of service they would like.

**4**

**Many occupational therapists are in roles which don't make full use of their skills.**

This happens when systems don't make full use of the training which practitioners receive in occupational science but instead use them to fill gaps in services. This leads to dissatisfaction, eroding of professional identity and confidence. And many occupational therapists aren't receiving adequate training from employers. This risks our ability to adapt to the changing needs of the population.

**5**

**The workforce isn't diverse and turnover among practitioners recruited internationally is higher than average.** 83% of occupational therapists employed by NHS England are white and 90% identify as a woman. The 12-month rolling turnover for international occupational therapists in June 2024 was 19.8% compared with 12.8% for domestic. These figures are consistent with those working in social care.

As part of our Equity, Diversity and Belonging (EDB) Strategy, we aim to make the profession more attractive and accessible so that in 2035 it better reflects the diversity of the UK. Our EDB Strategy action plan includes 44 actions over the years 2024–2027 to create a culture of authenticity and belonging, where everyone is welcomed, celebrated, recognised and valued.

## Access to data and evidence

Poor workforce data makes it difficult to get a full picture of occupational therapy in England. This makes workforce planning difficult. We'll address these gaps by collecting better information from our members and by building relationships with UK Government, NHS England, local authorities and other employers.

You can read more in Appendix 4, key data and statistics.



# Navigating policy shifts in health and social care

**Demand on health and care services is rising with population growth and changing health and social care needs. We'll embrace innovative ways of working, flexibility and new technologies to deliver high quality care.**

**The 2024 Labour Government has committed 'to build an NHS fit for the future'. They've set out three strategic shifts to achieve this:**

- shifting care closer to people's homes, to improve access to treatment and help delay or prevent severe health issues later in life
- moving to a system which emphasises preventing illnesses before they occur
- adopting new technologies to improve diagnostics, treatment delivery, and communication across health and social care services.

**To facilitate these shifts, the UK Government has committed to:**

- use the independent sector to help get waiting lists down
- direct a greater proportion of NHS funding towards out-of-hospital care to speed up hospital discharge
- reform the NHS to give mental health the same attention and focus as physical health
- deliver the NHS England 15-year Long Term Workforce Plan, proposing a 3.6% annual growth in commissioned places for occupational therapy until 2037, with 25-50% of these positions being filled through the degree apprenticeship route by 2031/32
- boost economic growth by supporting people back to work.

In Spring 2025, the UK Government will publish a 10 Year Health Plan, outlining how these aims will be delivered. We'll work with stakeholders, systems and members to ensure this facilitates our vision for an expanded occupational therapy workforce positioned to have maximum impact in improving people's health and quality of life. In the longer term, we'll campaign to ensure plans for a National Care Service maximises occupational therapy.

# Putting occupational therapy at the future of health and social care

Our action plan will advocate for the crucial role that occupational therapists can play in achieving these goals. By prioritising prevention and early intervention, occupational therapists help people manage their health and the need for crisis interventions and care services. They help people to take part in activities they value and contribute to society. There are examples of innovative occupational therapy services we can learn from.

Occupational therapists in the **Northwich Primary Care Network** set up a service to help people with memory concerns. Those seen by an occupational therapist were diagnosed on average 16 days earlier and the number of inappropriate referrals was reduced by 23%. The number of occupational therapists in the primary care network has risen from zero to three since 2022.

Multidisciplinary teams involving occupational therapists in **Somerset** are using Artificial Intelligence (AI) to identify individuals at risk of unplanned hospital admissions. Those identified are invited to take part in an occupational therapy assessment. Pilots have reduced resident falls by 35%, attendances to emergency departments by 60% and ambulance callouts by 9%.

Children's occupational therapists in **Birmingham** redesigned their service based on the tiered (universal-targeted-individualised) approach. This means children and young people have better access to the occupational therapy they need. In 12 months, the longest wait for occupational therapy went down from 161 to 47 weeks, and the number of open referrals from 1,760 to 949.

Vocational rehabilitation occupational therapists in **Hackney Marshes Primary Care Network** support patients with common mental health and musculoskeletal conditions to return to work. Over 12 months, the service reduced sick leave from 77% to 21% post-discharge and increased access to reasonable work adjustments from 5% to 30%. Unemployed patients are assessed and signposted to local vocational services, with 82% engaging in further support.

You can read about these services in more detail in Appendix 2.



# How we'll deliver our Workforce Strategy in England

To realise the vision of our Workforce Strategy, we'll work with our members, partners and stakeholders to:

- develop new models of care that make better use of occupational therapy skills
- support the development of occupational therapists' careers, including through education, training and development opportunities
- promote occupational therapy as a rewarding and challenging career choice
- ensure all education providers have RCOT accreditation
- help members to promote the life-changing power of occupational therapy.

Through our influencing work and collaborations, we'll:

- support members to develop and trial new models of care along with other health and social care professionals and stakeholders. We'll promote innovation and shared learning and help members to take transformative action locally.
- lobby for increased funding and investment in education and research, continuing professional development and lifelong learning. And, for this funding to be equitably available and accessible.
- campaign to improve the recruitment, retention and reformation of the OT workforce in England.



We have four priorities to achieve this. The tables overleaf set out what we will do, together with our members, to deliver this.

## Workforce priority one: Optimising occupational therapy



- We will support occupational therapy practitioners 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 use the Innovation hub to build our knowledge and confidence to drive innovation and demonstrate the impact of OT.</p> <p>We will theme requests for innovation and good practice examples to illustrate diversity of practice.</p> <p>We will create opportunities for funding, mentorship and networking to help innovators turn their ideas into reality.</p>	<p>Number of and diversity of improvement journeys submitted to the Innovation hub.</p> <p>Number of people attending innovation drop-ins.</p> <p>Quarterly summary of evidence trends and gaps from improvement journeys.</p>	2024 to 2026
<p>We will highlight the value and impact of practitioners working at enhanced, advanced and consultant level of practice.</p> <p>We will promote retention of an upskilled workforce, facilitating study at enhanced, advanced and consultant levels.</p>	<p>Number of OTs working at enhanced, advanced and consultant levels of practice.</p> <p>Number of enhanced practice apprenticeships established and cohort size.</p>	2024
<p>We will collect a range of service and service user case studies.</p> <p>We will promote improvement journeys and the application of impact examples.</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>	2024 to 2026

<p>We will encourage submissions to the Greener Allied Health Professional hub to help deliver a net zero NHS and make our practice more environmentally sustainable.</p>	<p>Number of OT publications on the Greener Allied Health Professional hub.</p> <p>Number of improvement journeys on environmental sustainability submitted to our Innovation hub.</p>	<p>2024 to 2026</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 run a campaign to support members to raise the profile of OT.</p> <p>We will hold a series of Profile raising cafe's 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 our Profile-raising cafés.</p>	<p>2024 to 2026</p>
<p>We will map how the OT workforce is working within AI and digital health and care, ensuring OTs are at the forefront of using AI and digital tools to improve their practice.</p> <p>We will monitor growth, regional distribution and demographics of the OT workforce working in AI and digital/informatics roles.</p> <p>We will support practitioners to co-design AI and digital health and care tools, sharing examples and best practice with external stakeholders.</p> <p>We will provide resources and deliver workshops to make the workforce more confident using AI.</p> <p>We will bring together leaders across research, business, education and health and social care to expand our understanding of the potential role of OT in AI and digital health. We will publish a consensus statement.</p>	<p>Number and quality of responses to our mapping exercise.</p> <p>The number of OTs working in AI and digital/informatics roles, measured through our workforce survey.</p> <p>Number of practitioners who submit an AI and/or digital health and care improvement journey to our Innovation hub.</p> <p>Number of views of our consensus statement.</p>	<p>2024 to 2026</p>
<p>We will hold a workshop to understand the support OT practitioners need to prepare for portfolio careers.</p> <p>We will develop a toolkit for OT practitioners to help them progress their portfolio careers.</p> <p>We will work with our commercial partners and employers to create opportunities for OT practitioners to develop and sustain careers across economic sectors.</p>	<p>Workshop held with independent practitioners.</p> <p>Number of downloads of our toolkit for independent practitioners.</p> <p>Number of practitioners who self-identify as having a portfolio career.</p> <p>Tri-annual workforce survey and member database to monitor the distribution of the OT workforce across economic sectors.</p>	<p>2025 - 2026</p>

## 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, the wider health and social care system and to avoid critical shortages within the occupational therapy workforce.

Action	Measure	When
<p>We will create resources to help systems decide how to position their OT workforce – including a data sources repository for building business cases and evidencing impact.</p> <p>We will share guidance to support successful OT business cases and cases for change. We'll use these examples at a national and regional level to argue for best value positioning of OT services in systems.</p>	<p>Numbers of downloads of resources.</p> <p>Number and themes of business cases and cases for change in development.</p> <p>Number of business cases presented in our idea clinics.</p> <p>Number of examples included in national and regional reports.</p> <p>Adoption of recommendations from improvement journeys by our stakeholders and partners.</p> <p>Number of improvement journey recommendations that have led to financial investment reported by our members.</p>	2024 to 2026
<p>We will co-deliver workforce reform workshops to support and accelerate workforce transformation. These include workshops for independent practice and our role in public health.</p>	<p>The delivery of ten workforce reform workshops annually.</p> <p>Numbers attending each workforce reform workshop.</p>	2024 to 2026
<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.</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.</p> <p>Insights gathered through our workforce survey.</p>	2024 to 2026

<p>We will seek data sharing agreements with the Health and Care Professions Council (HCPC), Skills for Care and NHS England to help us understand the size, distribution, career levels and skills mix of the OT workforce.</p> <p>We will collect data through our workforce survey, membership database and workforce maps.</p> <p>We will monitor and raise critical shortages and associated risks in OT with the relevant government, NHS, and social care bodies.</p>	<p>Number of meetings with key stakeholders about workforce shortages</p> <p>Number of responses to workforce survey.</p> <p>Quarterly reports to RCOT's Council on our policy and public affairs activities to raise OT workforce shortages with our stakeholders and partners.</p>	<p>2024 to 2026</p>
<p>We will convene a planning group to co-design and co-deliver a series of national (UK-wide) workforce reform workshops to agree effective measurements for the profession.</p>	<p>Number of workforce reform workshops delivered.</p>	<p>2024 to 2026</p>
<p>We will share learning, celebrate successes and stimulate debate around workforce opportunities and challenges.</p>	<p>Number of annual events held on the theme of workforce.</p> <p>Number of delegates who attend the workforce sessions at our Annual Conference.</p> <p>Number of presentations on OT workforce at external stakeholder events</p>	<p>2024 to 2026</p>
<p>With other membership bodies representing AHPs, we will engage with UK Government to advance the case for prescribing rights for the OT workforce.</p> <p>We will develop evidence to support the case to allow occupational therapists in England independent prescribing rights.</p>	<p>Ministerial response received to parliamentary question and joint letter.</p> <p>Number of case studies collected to advance the case for independent prescribing rights.</p> <p>Number of responses to joint campaign action.</p>	<p>2025 to 2026</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 work with employers to understand and improve morale, job satisfaction and pride in the workforce.</p> <p>We will support research to understand the factors that affect the workforce’s sense of morale, satisfaction and pride for their practice.</p>	<p>Number of conversations with employers and in our leadership forum to understand the experience of our workforce and the interventions that have worked to date.</p> <p>Responses to our workforce survey.</p>	2024 to 2027
<p>We will review our learning and development standards for pre-registration education, expanding them to include early careers. This will help ensure new graduates have the skills and capabilities to excel in an evolving OT practice.</p> <p>We will embed the AHP principles of practice-based learning to ensure the capacity, breadth and quality of placement provision are improved.</p> <p>We will host education summits to gather insights on graduates and employers’ perceptions of them. This will help us align expectations and improve graduates’ transition into the workforce.</p>	<p>Number of pre-registration providers and programmes with RCOT accreditation.</p> <p>Number of education summits held.</p> <p>Number of attendees at our education summits.</p> <p>Number of partners and employers engaged in our Placement Cafés.</p>	2024 to 2026
<p>We will work with employers to spread adoption of work-based mentors to support the progression of OT practitioners through their career.</p>	<p>Number of work-based mentors that are employers of OT practitioners, tracked through our workforce survey.</p>	2025 to 2026
<p>We will work with education providers to understand the current position and needs of our academic educator workforce. We’ll explore the education needs of those registered for longer than five years and identify any gaps.</p> <p>We’ll support education providers to provide high quality education to those on pre and post education programmes.</p>	<p>Number and quality of insights developed from academic educators, providers and key stakeholders.</p>	2024 to 2026

<p>We will revise the Career Development Framework (CDF) and support members and employers to use the framework to nurture practice at all levels.</p> <p>We will develop a strategy to support the learning, development and career growth of our members.</p> <p>We will develop resources to promote the framework.</p>	<p>Revised framework published.</p> <p>Number of active users of the CDF.</p> <p>External citations of the framework.</p> <p>Evaluation of the active users' experiences of using the CDF.</p>	<p>2024 to 2026</p>
<p>We will update our guidance on supervision and publish resources to support its implementation.</p>	<p>Numbers engaging with the supervision guidance.</p> <p>Numbers engaging with our supervision tools.</p> <p>Reported experiences of using the supervision guidance and resources.</p> <p>Number of case studies submitted to our Innovation hub.</p>	<p>2024 to 2026</p>
<p>We will undertake an inclusive survey of the UK's OT workforce every three years to give us a deeper understanding of the challenges surrounding retention and career development.</p>	<p>Number of members taking part in our OT workforce survey.</p>	<p>2024</p>
<p>We will empower and encourage members to use their UNISON member benefit to make sure they get fairness and equity within the workplace.</p> <p>We will share intelligence and raise issues with UNISON on pay, working terms and conditions for the workforce.</p>	<p>Number of communications to members about UNISON.</p> <p>Quarterly reporting to BAOT Council.</p>	<p>2025 to 2026</p>
<p>We will implement our Equity, Diversity and Belonging (EDB) Strategy action plan.</p> <p>We will create peer support opportunities for practitioners recruited internationally on RCOT Communities.</p> <p>We will improve and promote our international recruitment hub for managers and practitioners recruited internationally.</p> <p>We'll share best practice for integrating practitioners who trained abroad through the Innovation hub.</p> <p>We will research to understand the different approaches to embedding cultural competence across different UK practices.</p> <p>We will share our recommendations across health and social care bodies.</p> <p>We will develop an EDB Strategy from the year 2027 to build on the progress of our current strategy and action plan.</p>	<p>Increased traffic to our international recruitment hub and RCOT Communities.</p> <p>Reduced turnover rate among practitioners recruited internationally.</p> <p>Progress against actions set out in our EDB Strategy action plan.</p> <p>Number of health and social care bodies our recommendations are shared with.</p>	<p>2025 to 2026</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 publish workforce planning tools for England to give members and systems comprehensive resources to help them make decisions on workforce planning.	Numbers using workforce planning tools and frameworks acquired through capturing website data and questionnaire feedback.	2024 to 2026
We will signpost our members and partners to resources that support access, use and application of workforce data. Our data sources include HCPC, Skills for Care and NHS England. We will use this data to inform policy development and influencing plans with UK Government.	Number of visits to RCOT's website of e-learning resources for data from HCPC, Skills for Care and NHS England. Number of engagements with the RCOT learner dashboard. Number of interactions with Innovation hub case studies.	2024 to 2026
We will publish co-produced plans for each of our priority areas for workforce growth including: primary care, children, young people and families, and community rehabilitation after a stay in hospital.	Numbers engaging with co-produced plans. Realisation of KPIs in each nation's action plan for implementation. Reports by our members via governance boards on their application of recommendations made in priority areas for workforce growth plans.	2024 to 2026



<p>We will gather and share examples of workforce models and skills configurations that have improved outcomes for people, teams and systems. Examples will include how to make our practice more environmentally sustainable and equitable.</p>	<p>Number of innovation case studies received on the Innovation hub.</p> <p>The number of improvement journeys submitted that cite 'Innovation hub resources' as an evidence source.</p> <p>Number of engagement events hosted to make our practice more environmentally sustainable and equitable.</p>	<p>2024 to 2026</p>
<p>We will establish data sharing agreements with our workforce and education data owners.</p> <p>We will work with NHS England to standardise how the occupational therapy workforce and their areas of practice are coded on workforce data dashboards.</p> <p>Where there are gaps, we'll fund work to create an accurate and complete data set of the OT workforce in England.</p> <p>We will work with our members and their employers to undertake an inclusive survey of the UK's OT workforce every three years.</p>	<p>Presence of data sharing agreements with HCPC, Skills for Care and NHS England. We will report these via our governance boards and events with our members.</p> <p>Initiation of a UK-wide OT workforce survey that will run every three years.</p> <p>Number of times data and intelligence from our workforce survey is used in regional and national reports, conversations and/or campaigns.</p>	<p>2024 to 2026</p>

## Monitoring and evaluation

We'll monitor progress through a workforce survey every three years. We'll collect data on a range of indicators, including the number of occupational therapists in England, 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 England. 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.



# Occupational therapy workforce strategy action plan

## Appendices

2024–2027



# Cognitive screening clinics – Northwich Primary Care Network (PCN)

## Background

**Occupational therapists working in a primary care network in England have developed cognitive screening clinics. This allows patients with memory concerns to book directly to see an occupational therapist instead of seeing a GP first.**

## Implementation

Occupational therapists created a new pathway that includes dementia screening blood tests when a patient contacts the surgery with memory concerns. This speeds up the referral process to psychiatry at the memory clinic for diagnosis. Occupational therapists perform standardised cognitive tests and holistic bio-psychosocial assessments. Patients are also screened for occupational therapy needs or necessary referrals, considering mental health, menopause, or neurological symptoms. Follow-up OT interventions are arranged if required.

## Impact

- **Reduced GP consultations:** over six months to July 2023, the OT service resulted in 52 fewer GP appointments across two services.
- **Expanded workforce:** before 2022 there wasn't an OT presence within Northwich PCN. They now have three occupational therapists. They are also mentoring local students.
- **Faster diagnosis:** decreased average time from first consultation to dementia diagnosis from 128 to 112 days.
- **Fewer inappropriate referrals:** 100% of referrals made by the new service were appropriate as compared to 77% of referrals made through the GP practice.
- **Proactive interventions:** all patients receiving OT screening wouldn't traditionally be referred.

# Brave AI

## Background

The 'Brave AI' (Artificial Intelligence) risk assessment tool helps health professionals identify individuals at risk of unplanned hospital admissions using machine learning to analyse patient records.

## Implementation

Multidisciplinary teams in Somerset are using machine learning AI which identifies at-risk individuals using patterns in registered patients' records. Those individuals then undergo a holistic assessment by a team of integrated health and care professionals, including occupational therapists, and receive personalised care plans. The tool is being rolled out to over 30 areas in the south-west, including practices in Somerset throughout 2024.

## Impact

- Fewer resident falls: They looked at data from over 500 care home residents across 35 care homes and tracked their health and care across 18 months. Brave AI reduced resident falls by 35%, emergency department attendances by 60% and ambulance call outs by 8.7%.
- Service expansion: The system will now be expanded to 30 further groups of GP practices in Gloucestershire, Wiltshire, Somerset, North Somerset, Dorset, Devon and Cornwall.



# Adopting the tiered model to reduce waiting times for children's occupational therapy – Birmingham Community Healthcare NHS Foundation Trust

## Background

There's over a million people living in Birmingham with 40% aged 0–25 years. 17% of children and young people in Birmingham have special educational needs, higher than the national average. In 2018, 306 children/young people were on the occupational therapy waiting list, waiting an average of 33 weeks for an appointment.

## Implementation

The team developed a service model based on the tiered approach, positioning their workforce where it was most needed. Of those on the waiting list, 99 were identified for individual input and 151 for targeted intervention such as access to a sensory needs or functional skills workshop. The needs of 56 could be met by signposting to the OT website and other resources. New web resources, an OT advice line and clinical pathways for children and young people to receive tailored support were established.

## Impact

- Fewer open referrals: in 12 months, open referrals reduced from 1,760 to 949.
- Reduced waiting times: the longest waiting time reduced from 161 to 47 weeks.

The service has used impact evidence to successfully bid for extra resources. This means children and young people now have more timely access to the level and type of OT they need to realise their potential and live fulfilled lives.

# Vocational rehabilitation – Hackney Marshes PCN

## Background

### **Occupational therapy-led vocational rehabilitation and the use of fit notes decreased sickness absence from work in a pilot project across several GP practices in east London.**

Hackney Marshes Primary Care Network (PCN) offers various healthcare services, including the Vocational Rehabilitation Occupational Therapy (VROT) service. This service supports patients across five GP practices with a range of conditions, including common mental health issues and musculoskeletal (MSK) challenges.

## Implementation

From April 2023 to March 2024, the VROT service provided interventions aimed at helping unemployed patients with mental health or MSK conditions manage their health and return to work. Examples of the interventions included helping patients manage their conditions independently, advising on work adjustments, conducting fitness for work reviews, and making return to work recommendations. Unemployed patients received guidance and were signposted to vocational services after an initial needs assessment.

## Impact

- Reduction in sick leave: 77% of patients were on sick leave at the start of the service, which decreased by 12 weeks to 21% post-discharge.
- Workplace improvements: 11% of patients who initially struggled at work resolved their difficulties within 12 weeks.
- Increased access to work adjustments: access to reasonable work adjustments rose from 5% at assessment to 30% at 12 weeks post-discharge.
- Improved health outcomes: perceived work ability improved from 38 to 66. The EQ-5D-5L index, measuring health-related quality of life, increased from 0.59 to 0.74

# Paul's story: Improving mental health through occupational therapy

**In January 2024, Paul Cooke, 36 from Giltbrook, reported that his mental health had improved significantly and he'd returned to work, following a programme of treatment from his mental health occupational therapist.**

'This service has really changed my views on mental health support. It's been a breath of fresh air. We've gone at my pace. It's not intense or imposing. It makes it easier to manage. When I was feeling negative, in a place of despair and a downward spiral, I needed to talk and get a sensible head back on. Occupational therapy helped me align more to my old self.'

Working with an occupational therapist, Paul learned practical strategies to manage his anxiety and emotional health. He also engaged in group therapy, which allowed him to share experiences and feel less alone.

'For me, it's been me talking a lot to someone neutral and getting snippets of advice. That's been the most productive thing, to be more open, listen to advice and go and apply it myself. I've now got the confidence to go forward and take responsibility for my own mental health.' Over time, Paul gained the confidence to take responsibility for his mental health. The support from the service empowered him to move forward independently. 'I've now got the confidence to go forward and take responsibility for my own mental health', he reflected.

Paul's relationships improved, and he found it easier to communicate openly about mental health, both with his therapist and the people around him.

## About the service

Occupational therapists are embedded within general practice surgeries and actively engage with local community groups. Residents have access to direct mental health support from an OT without needing a GP referral. This allows them to identify earlier those most in need and provide support.

A key feature of the service is the group therapy initiative, which promotes mental health conversations and provides practical, personalised steps for maintaining wellbeing. OTs work with individuals to manage anxiety, regulate emotions and reignite interest in hobbies and important life roles.



# Sarah's story: Overcoming challenges with occupational therapy

**Sarah\*, a woman serving time at HMP Low Newton, struggled with overwhelming thoughts and emotions from past trauma, including childhood adversity and abusive relationships. She often neglected daily tasks such as personal hygiene and housework, and her response to stress was to fixate on problems. This obsessive behaviour played a significant role in her offending, including an attempted murder charge.**

Upon joining the Primrose Service, Sarah began occupational therapy to help regain focus and manage her daily life. Her weekly therapy sessions started with simple tasks like woodwork and cooking, gradually increasing in complexity and independence. Over time, Sarah showed progress in her ability to complete tasks with more confidence.

'I just couldn't cope with life at all', Sarah said. 'Occupational therapy never gave up on helping me. I felt relief, an open door out from the hell of over thinking. It's helped more than I ever thought it could'.

The impact of the therapy was noted by the multidisciplinary team (MDT) supporting her. A prison officer reflected:

'Although she still requires prompting at times, Sarah's ability to complete harder tasks has increased. She may begin sessions with self-doubt, but by the end, she is usually proud of what she's achieved'.

**Other staff members also recognised the value of occupational therapy in Sarah's case. One said:**

'Occupational therapy has provided her with a tangible way to see her progress. It's allowed us to better understand her needs and tailor our work more effectively. It has been particularly beneficial for service users like Sarah, who struggle with traditional talking therapies'.

Through occupational therapy, Sarah's ability to focus improved, and she regained some control over her life. More importantly, she was able to reduce her obsessive tendencies, directly contributing to the broader aim of reducing her risk of re-offending.

\*for the purposes of this case study, the individual's name has been changed.

# Key policies and guidelines shaping occupational therapy practice in England

In England, occupational therapy practice is guided by a range of policies. These provide a framework for occupational therapists to deliver services effectively and ethically. They also support the health, wellbeing and independence of individuals. Here are some key policies and guidelines that influence occupational therapy practice in England:

## Policies and frameworks

- The NHSE Long Term Workforce Plan is the first comprehensive workforce plan for the NHS. It outlines priorities for the NHS, including improving outcomes for people with long-term conditions, integrating care, and enhancing mental health services. Occupational therapy is listed as having one of the greatest shortfalls in supply growth among allied health professionals. This is due to the education and training pipeline not keeping pace with expected demand.

It estimates a 3.6% growth in occupational therapists by 2036/37, with a focus on recruitment and retention. The Labour Government has committed to delivering the Long Term Workforce Plan. The plan estimates the proportion of entrants joining the occupational therapy workforce via an apprenticeship route will be 25-50% by 2031/32.

- The NHS Long Term Plan (2019) sets out a vision for the future of the NHS in England aimed at improving health and care services in England. The plan emphasises the development of integrated care systems and the use of multidisciplinary teams. It looks at the role of prevention and health promotions to reduce the burden of chronic diseases and improve overall population health.
- The Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge (2023) consists of guidance and recommendations that systems should consider for their intermediate care services. The framework is focused on step-down intermediate care for adults who need support after discharge from acute inpatient settings and virtual wards to help them rehabilitate, re-able and recover.

- ARRS (Additional Roles Reimbursement Scheme) Guidance provides a framework within primary care networks introduced as part of the NHS Long Term Plan. It enables Primary Care Networks to recruit a wider range of health and care professionals, including occupational therapists.
- A Workforce Strategy for Adult Social Care in England, developed by Skills for Care, sets out recommendations for improvements to build the adult social care workforce.
- Fair Society, Healthy Lives (otherwise known as the Marmot Review) investigates health inequalities in England and provides comprehensive strategies to reduce these disparities. It emphasises that health inequalities are largely the result of social, economic, and environmental factors, rather than solely individual choices or genetic factors.

## UK legislation

- The Equality Act 2010 protects individuals from unfair treatment based on certain protected characteristics. Occupational therapists frequently work with people who have protected characteristics, including disabled people, and must ensure that their practice, environments and services are accessible and accommodating. Understanding the Equality Act enables OTs to better support their clients in asserting their rights and accessing services without discrimination.
- The Health and Social Care Act 2012 reorganised the structure of the NHS in England, emphasising patient choice and integration of services. It was updated in 2022 to promote collaboration and integration across health and social care services, facilitating the introduction of integrated care systems across the NHS.
- The Care Act 2014 outlines local authorities' duties around assessing people's needs and their eligibility for publicly funded care and support.
- The Children and Families Act (2014) sets out the responsibilities of services to support children and young people with special educational needs and disabilities (SEND).
- Special Educational Needs and Disability (SEND) Code of Practice (2015) gives guidance to organisations working with children and young people with SEND, outlining the process for assessment and support.

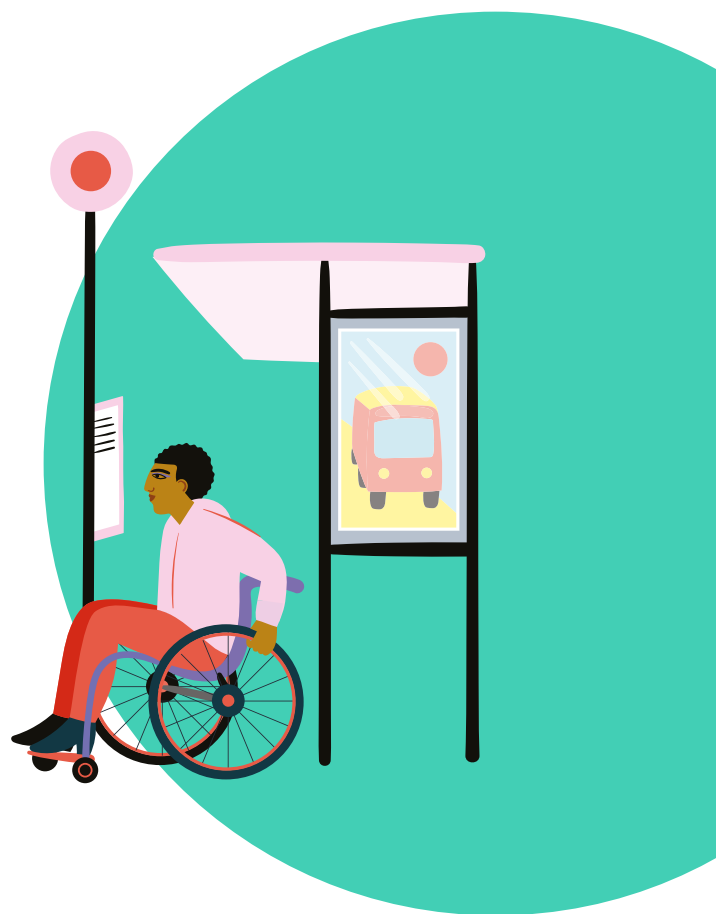
## Health and Care Professions Council (HCPC) standards

The HCPC regulates occupational therapists and sets out standards of conduct, performance and key ethics. Key documents include:

- The Standards of Proficiency for Occupational Therapists outline the skills and knowledge required to practice.
- The Standards of Conduct, Performance and Ethics set out the expectations for professional behaviours and practice.
- The Standards of Continuing Professional Development ensure that professionals continue to develop their skills throughout their career.

## Educational standards

- Quality Assurance Agency for Higher Education (QAA) Benchmark Statements outline the expected standards for occupational therapy programmes.
- HCPC Standards of Education and Training ensure that occupational therapy education providers meet specific criteria.



# 4.1 Breakdown of occupational therapists by employer type and estimated number of practitioners

Employer	Total
<b>NHS England*</b>	
NHS England - total	21,454
Acute Trust	10,430
Care Trust	188
Community Trust	1,949
Mental Health Trusts	8,075
Other	780
National Health Service (Primary Care)**	200
<b>Non-NHS</b>	
Local Authority Social Services	3,200 (Skills for Care, 2024)
Other:	
<ul style="list-style-type: none"> <li>• Independent Practice</li> <li>• Voluntary and Community Sector</li> <li>• Work rehabilitation services</li> <li>• Universities</li> <li>• Education</li> </ul>	There is limited information collected on the workforce outside of the NHS and local government.
HCPC registered OTs***	43,495

\*Source: NHS Digital, 2024. NHS workforce data, on the number of therapists employed by NHS providers, covers the whole of the NHS occupational therapy workforce, including assistants and support workers.

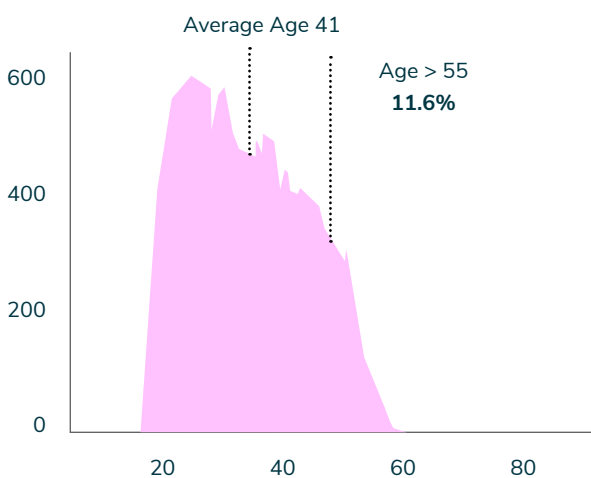
\*\*NHS workforce data, on the number of therapists employed by NHS providers, covers the whole of the NHS occupational therapy workforce, including assistants and support workers.

\*\*\*HCPC, the statutory regulatory body for occupational therapists, provides raw data on the number of registered occupational therapists. These will be delivering adult's, children's and young people's services, and in a range of sector settings: in the NHS, independent practice and other sectors. The published registration data does not pick up on these distinctions. These figures only provide a partial picture of the workforce, excluding non-registered therapy staff such as therapy assistants.

Caution is needed in interpreting the lower number of registered therapists in NHSE data than listed on the HCPC register. NHSE figures are for whole time equivalents and cover just England, while HCPC figures are a headcount and cover the UK. Part of the higher number of therapy registrants in the HCPC data is, however, a reflection of an increasing number of such workers employed in the independent sector.

# 4.2 Demographic breakdown of occupational therapists working for NHSE

## Age Distribution



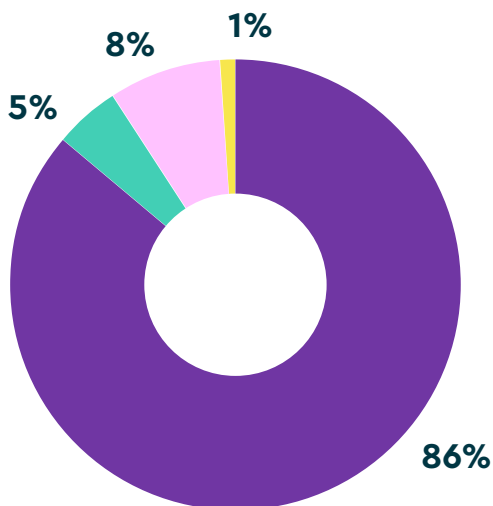
Percentage aged over 55:

**11.6%**

Average age of practitioners working in the NHS:

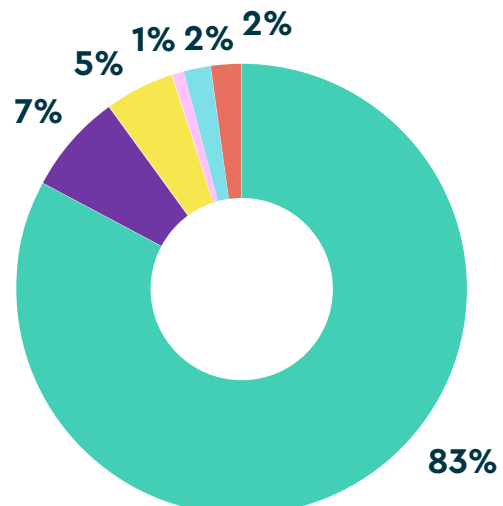
**41**

## Nationality



- UK
- ROW
- EU/EEA (excluding UK)
- Unkown

## Ethnicity



- White
- Asian
- Black/African/Caribbean
- Other ethnic groups
- Mixed/multiple
- Not stated

NHS Digital (2024)

## 4.3 Occupational therapy implied vacancy rates

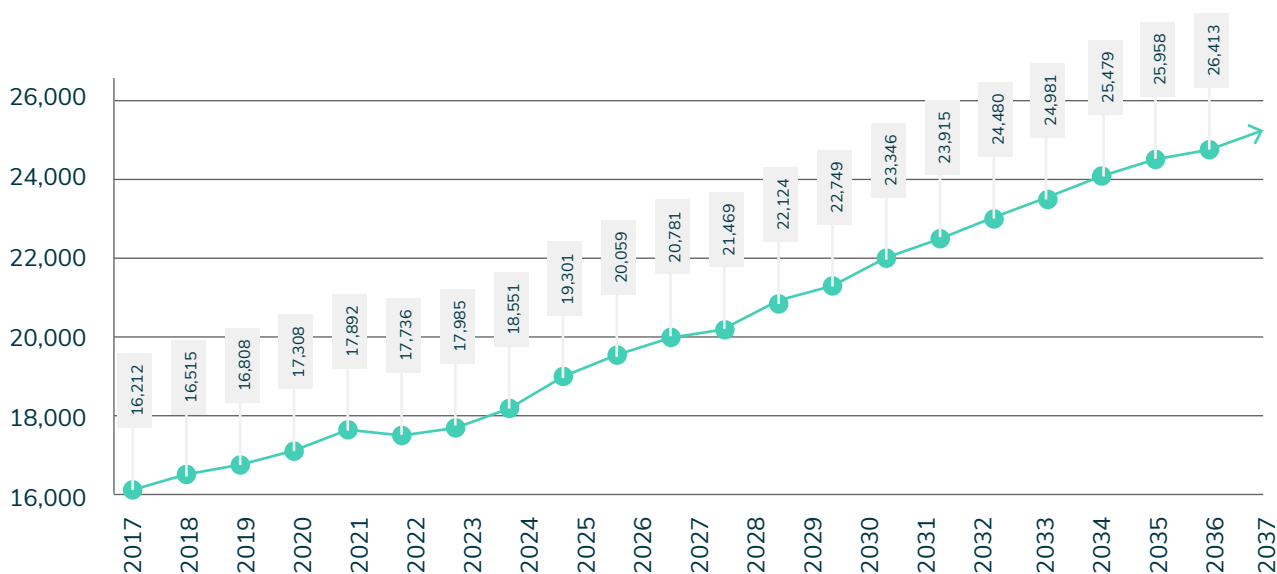
Employer	Implied Vacancy WTE - Mar 24	Implied Vacancy Rate % - Mar 24
National	2,312.40	11.4%
East of England	259.9	15.4%
London	731.4	19.2%
Midlands	339.1	8.9%
North East and Yorkshire	213.4	6.9%
North West	211.3	7.4%
South East	382.1	13.3%
South West	175.2	8.3%

NHSE multi-year operational plan 2024/25 (April 2024)



# 4.4 Historic and projected supply of occupational therapists in the NHS

## Historic and projected supply, 2017–2037



NHSE multi year operational plan 2024/2025



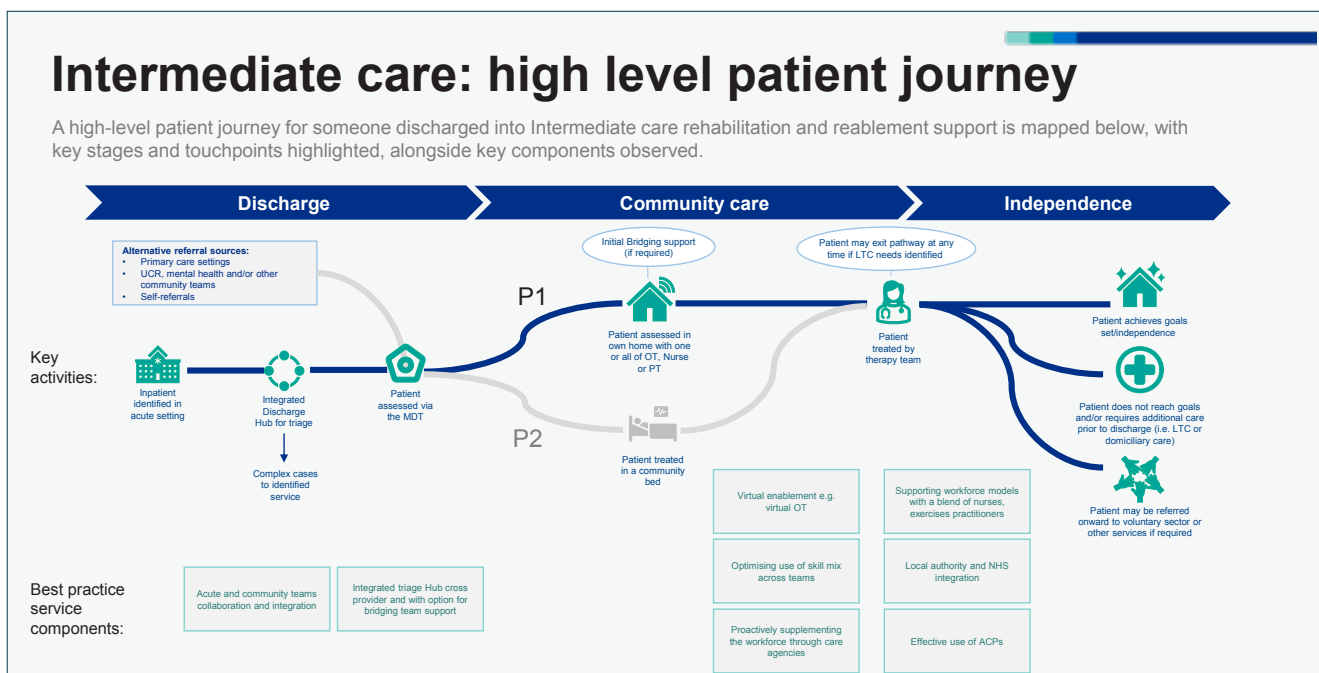
# 5.1 Intermediate care: high level patient journey

## Description

Published in September 2023, the intermediate care pathway (ICF) is a good practice guidance for integrated care boards. It builds on the work of discharge frontrunners and focuses on several recommended actions that systems should consider in partnership with their intermediate care services.

## NHS England: modern general practice model

Modern general practice is designed to meet increasing demand and complexity by incorporating an expanded workforce that includes occupational therapists. The model focuses on improving both patient experience and staff working conditions by offering multiple contact options—such as phone, online, and in-person—through user-friendly tools. It gathers structured information at the first point of contact to assess needs, uses a unified process to prioritize and address those needs efficiently, and ensures resource allocation is optimized through a multi-professional team. Additionally, it enhances the capabilities of the team with the support of data and digital tools.



Source: NHS England: intermediate care high level patient journey (2023)

## 5.2 Tiered model for children's services

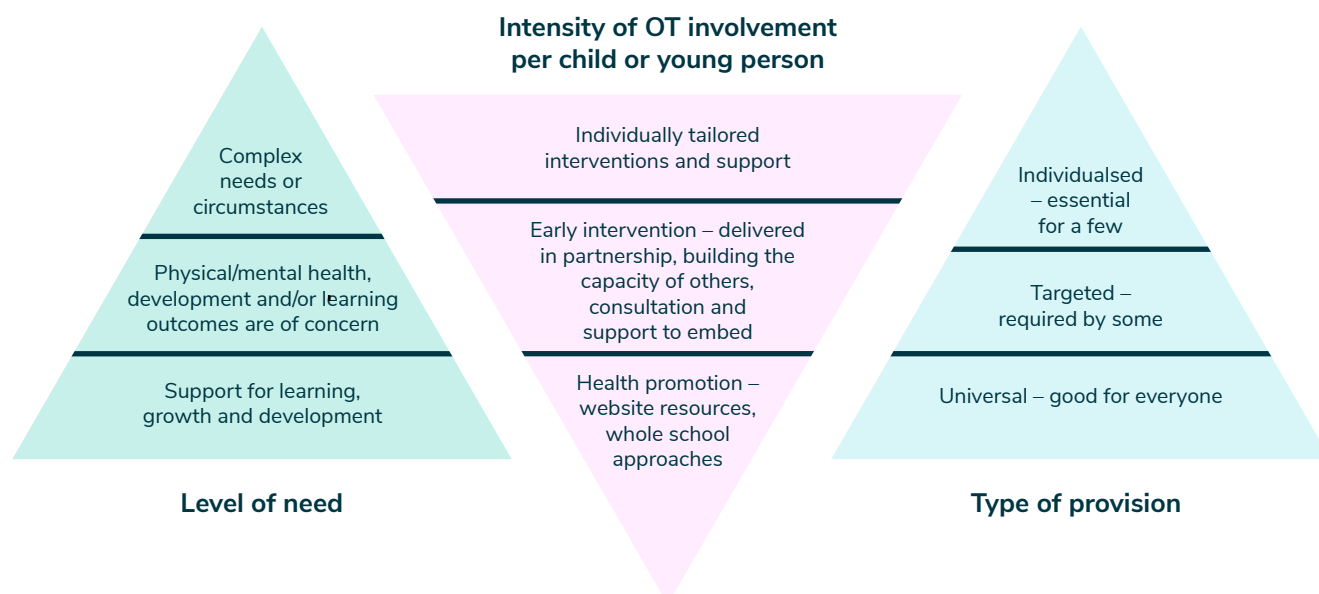
### Description

The tiered model is often used in children's services to illustrate levels of need. Historically, the occupational therapy workforce has been positioned at the top of the triangle, supporting children, young people and families with the most complex needs and circumstances.

As waiting lists grow, it's more difficult for people to get access to the occupational therapy they need. This model moves occupational therapy expertise away from the top of the triangle to work across the system. Using this model, OTs intervene early to prevent needs from escalating, work in partnership and build the capacity of others to improve children's outcomes and provide a higher intensity of individualised support for children, young people and families requiring tailored care. The OT workforce and expertise is spread across all levels of provision.

### Workforce deployment pyramid for integrated children's services

#### Tiered model for children's occupational therapy

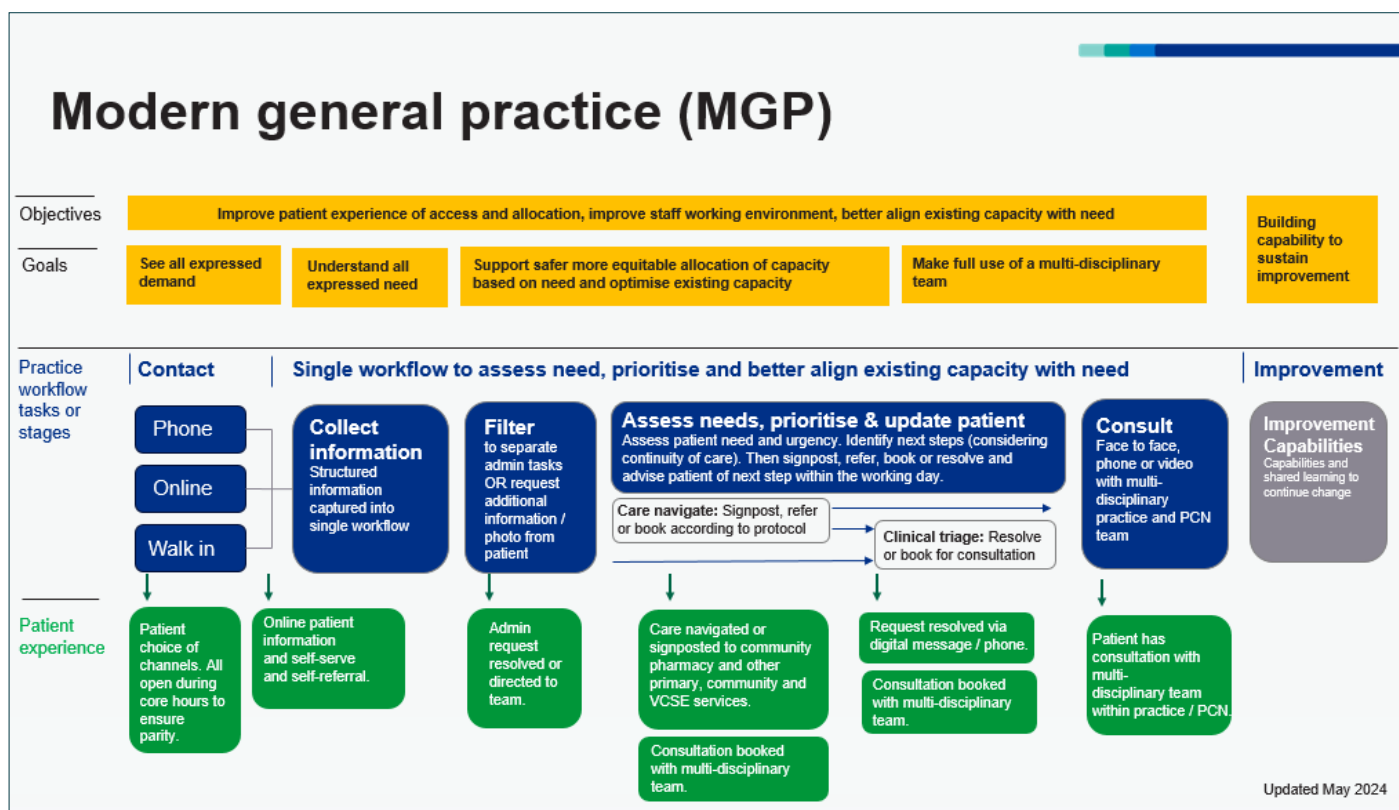


# 5.3 Modern general practice model

(NHSE, May 2024)

## Description

Modern general practice is designed to meet increasing demand and complexity by incorporating an expanded workforce that includes occupational therapists. The model focuses on improving both patient experience and staff working conditions by offering multiple contact options—such as phone, online, and in-person—through user-friendly tools. It gathers structured information at the first point of contact to assess needs, uses a unified process to prioritize and address those needs efficiently, and ensures resource allocation is optimized through a multi-professional team. Additionally, it enhances the capabilities of the team with the support of data and digital tools.



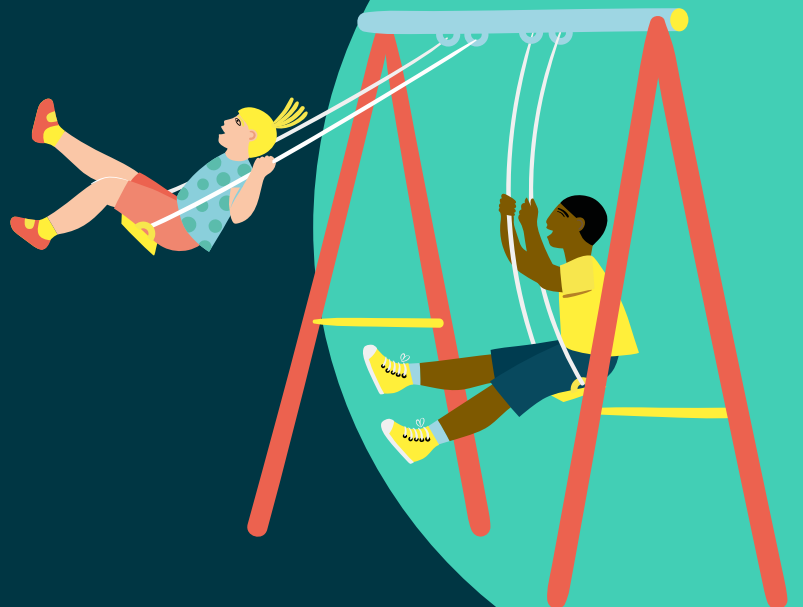
## The HEE Star

The HEE Star is a tool developed by Health Education England (HEE) to support workforce transformation within the NHS. It provides a structured framework to diagnose workforce challenges and identify solutions in five key areas: supply, upskilling, new roles, new ways of working, and leadership. The tool is used to facilitate discussions and create action plans tailored to specific healthcare system needs. Additionally, the HEE Star includes an interactive online directory that signposts over 300 resources such as e-learning, case studies, and toolkits designed to aid workforce planning and improvement efforts.



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](https://rcot.co.uk/workforce-strategy)