



Department of
**Health, Social Services
and Public Safety**

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AN ROINN
**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O
**Poustie, Resydènter Heisin
an Fowk Siccar**

CONSULTATION ON A WORKFORCE LEARNING STRATEGY FOR THE NORTHERN IRELAND HEALTH AND SOCIAL CARE SERVICES 2009-2014

Before responding to this consultation please take note of the Freedom of Information requirements in Appendix 1 at the end of this questionnaire.

Responses should be sent to:

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Please reply by 9 March 2009

Please tick

I am responding as an individual

Or on behalf of an organisation

Name (Print): Kate Lesslar **Job title:** Policy Officer

Organisation: College of Occupational Therapists

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Email address: kate.lesslar@cot.co.uk **Date:**



“Consultation on a Workforce Learning Strategy for the Northern Ireland Health and Social Care Services 2009-2014”

Response from the College of Occupational Therapists

Introduction

The College of Occupational Therapists (COT) is pleased to provide a response to the consultation on “A Workforce Learning Strategy for the Northern Ireland Health and Social Care Services 2009-2014.”

The College of Occupational Therapists is the professional body for occupational therapists and represents over 28,000 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, voluntary and independent sectors, and vocational and employment rehabilitation services.

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

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.

General Comments

The College of Occupational Therapists welcomes this Workforce Learning Strategy for the Northern Ireland Health and Social Care Services 2009-2014. We believe it is extremely important to support members in their lifelong learning, both professional occupational therapists and associate members (occupational therapy support workers/ assistants, technical instructors). This is why as a professional body we produce pre-registration education standards and have two education frameworks, Post Qualifying Framework and Support Workers Framework to support them. (For more information about these documents please contact the College of Occupational Therapists at www.cot.co.uk.) As the professional body representing occupational therapists, the College has a life long learning strategy in place and would be delighted to contribute to the implementation of this Workforce Learning Strategy in the future. This strategy is broadly in line with the College’s life long learning strategy and we feel it would be important to look at how the two can work together.



Q1: Do any of the recommendations or proposals in this strategy have a potential adverse impact on equality of opportunity for any group of people?

Yes No

Please indicate any evidence – quantitative or qualitative – that would suggest a potential adverse impact.

Q2: The creation of this strategy affords new opportunities to promote equality of opportunity and good relations. How can the HSC best realise such opportunities?

The occupational therapy workforce should have the opportunity to participate in leadership programmes. Occupational therapists should be able to develop the qualities, gain the experience, the relevant qualifications and competencies to equip them to apply for leadership positions.

Q3: Do you agree with the vision and scope of the strategy as first described in Sections 1 and 2?

We strongly agree with the vision and scope of the strategy. In order to ensure this vision can be realised, there needs to be sufficient resources for staff, a proper infrastructure in terms of information technology and access to hardware and relevant up to date training on software. Some staff who have been in employment for many years are not familiar with the latest technology and other staff do not have access to the latest technology.

Q4: The strategy is based on a number of principles described at Section 3. Are these appropriate to the purpose and vision of the strategy?

We strongly agree with and endorse these principles.



Q5: Do you agree that appropriate key issues have been identified, and conclusions drawn for each of the main sections of the report, namely

• Core skills, standards and values	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
• Opening up learning opportunities	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
• Vocational education and development	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
• Professional education	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
• Leading and managing health and social care	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
• Infrastructure	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

5.10 We agree and would be delighted to participate in any planned dialogue regarding values.

6.2 We strongly agree. It will be important to empower staff in their own learning and for them to understand and sign up to being responsible for their own learning. Implementation of this strategy may require a considerable shift in the workplace culture and as with all change, staff may need support through this process.

The College would like to emphasise 8.3, as we believe that collaboration, co-operation and partnership are key elements in the implementation of policy.

Supervision is an important part of learning and an area that we feel needs more emphasis.

Widening Access Routes to Professional Education sections 6.6-6.9 There is no mention of the Allied Health Professions and therefore occupational therapists as part of this group (in fact at times the document seems very nursing and medical driven and the Allied Health Professions position is not explored).

Careers advice and information section 6.16 There is no mention of AHP professional bodies' roles within this. As noted before the College produces pre-registration education standards and have two education frameworks as well as careers information.

We would like to query 8.15 regarding the dual qualification mentioned of physiotherapy and occupational therapy (OT) (page 26). The dual qualification we know of used to be delivered at Glasgow Caledonian University (GCU), not in Northern Ireland and it was not a joint OT/physiotherapy qualification. It has been discontinued when the programme was re-designed to cover more OT specific learning and new developments. The University regulations no longer allow this dual qualification for full-time programmes. GCU awarded a dual BSc (Hons) OT and BSc Psychology to OT students but not vice versa. OT students were allowed to register for additional relevant Psychology modules to enable them to gain sufficient credits to be awarded a BSc (Hons) Psychology degree alongside their OT qualification.



Section 3 page 5, Bullet point 9 – There is a need to also recognise that the development of specialist skills and capabilities may not be available within the individual's workplace. Therefore learning opportunities may at times need to be sourced elsewhere.

The College believes there is a need to recognise that whilst potential students need a range of skills and we value this, entry to the profession is successful completion at degree level study and students need to have or be supported to gain basic academic ability (pre entry requirements) prior to the course so they can build on them to achieve the academic requirements of the course or we set up people to fail and struggle. (Key Recommendation: Professional education and development pg 28. Bullet point 3)

Infrastructure: We would like to see more robust plans for action

Q6: Have appropriate recommendations been identified to progress action in each area?

Professional bodies should be involved in the design, development and validation of post qualifying education and continuous professional development (CPD).

While there is an emphasis on multi disciplinary team working, the induction of staff should include gaining knowledge on the role and responsibilities of other staff members. It should be clear how each will contribute to the care of the patient as well as how jointly they can develop networks to share knowledge as well as do research to develop the evidence base, both uni professionally and multi professionally.

Professional Education: Please see the previous point.

Infrastructure: Please see the previous point.

Q7: Are equality issues adequately addressed within the strategy?

Support workers who wish to qualify on pre registration programmes need a part time route so that they can continue to earn whilst studying. This issue particularly affects women who make up the bulk of the workforce and who may well lack confidence in returning to education.



GENERAL COMMENTS

There needs to be a link between the workforce learning strategy and any current and future policy and service developments to ensure occupational therapists are equipped to deliver services for the next five years and beyond.

Consideration should be given to the workforce within health and social care and also those who work across other government departments but have a remit within health and social care, for example occupational therapists working within schools, condition management programmes or prisons.

We welcome the opportunity to make a contribution to this strategy and would like to reiterate the need for dialogue across all the key stakeholders so that best educational practice is recognised and more widely adopted. This will underpin the successful implementation of this strategy.

Thank you for your comments. Please return this form by **9 March 2009** to:

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The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation.

However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential. If you do not wish information about your identity to be made public please include an explanation in your response.

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- acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

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