

An in-service part-time undergraduate programme for occupational therapy support workers

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ABSTRACT: This short report outlines the success of an undergraduate programme designed specifically for mature students' participation while they continue with their work as occupational therapy support workers. The programme was established to meet a local need.

Key words: mature students, part-time, undergraduate.

Introduction

The Bristol In-service Occupational Therapy Programme was established in 1987. The concept of in-service education is based primarily on the principle of staff retention and maintenance of standards, through work-based education. Staff are released from their duties with the consent of their employers, and funding arrangements mean that this type of education is free for the participant. In this instance, the staff were occupational therapy support workers who were given the opportunity to study part-time for a professional occupational therapy qualification while still employed as support workers.

Background

National issues

In 1986 the National Association of Health Authorities stated that 19% of funded occupational therapy positions were vacant and predicted that a growth of 73% would be necessary to meet the demands for the next 10-year period.

The Audit Commission's report (1985) stated that there were only 1000 domiciliary occupational therapists employed in local government in England and Wales, at a time when successive governments had been promoting

community care. This same source reported that, given the growth in the number of older people and people with disabilities, the situation was likely to worsen. The commission emphasized the central contribution of occupational therapy in rehabilitating and maintaining people in their own homes. It concluded that the shortage could be a result of the limited number of institutions offering occupational therapy undergraduate programmes. By the time the Bristol in-service programme was established, the shortage of occupational therapists had risen to almost 30%.

The national shortage was attributed to the increase in the demand created by national policies that reduced long-stay hospital provision and increased community-based services. The shortage was compounded by the fact that occupational therapy was, and continues to be, a predominantly female profession. Many occupational therapists had left the profession to have a family and had chosen not to return (Audit Commission, 1985).

Local needs

In 1986, Bristol and the area immediately surrounding the city had three health authorities providing hospital-based services and one large local government authority providing domiciliary services. All of these employed occupational therapists. In the hospital-based services, out of a possible 148 qualified occupational therapy positions, 32 of these were vacant (22%) and had been vacant for a considerable period of time. The figures for the domiciliary services are not available, although anecdotal evidence indicates that there were many vacancies, which was restricting developments in the service. In contrast, out of a possible 135 occupational therapy support workers employed in the hospital-based services, there was one vacancy (0.74%) (Part-time Diploma Course in Occupational Therapy, Validation Submission by Bristol Polytechnic, 1987).

For the purposes of administration and management of the health service, the UK has been divided into regions. Bristol is located in the South West region. Apart from the shortages in and around Bristol, there were many vacant positions in this region.

In 1987 there was a well-established full-time undergraduate programme offered by St Loye's School of Occupational Therapy in Exeter. This was the only source of professional occupational therapy education in the region and it took three years for students to qualify for state registration. The funding arrangements at the time did not restrict graduates from this programme to taking up positions only in the South West region and, as a result, many took up positions outside the region.

The in-service programme was established to help to address this specific and acute regional shortage of occupational therapists. Funding was provided by the South West Regional Health Authority and was limited to support workers employed in the region. Employers agreed to staff being released for

regular study for one and a half days each week for four years, with five field-work education placements, each lasting five to six weeks. The graduates were then obliged to secure their first positions in the region.

It was hoped that by educating the support workers who had strong work and family ties to the region, these people would be less inclined to move away once they were professionally qualified. This, in conjunction with the graduates from the full-time programme at St Loye's, would have a stabilizing effect on the regional occupational therapy workforce.

Location of the programme

The local occupational therapy managers in Bristol were anxious to resolve their recruitment and retention crisis and Bristol Polytechnic was keen to expand its role in the education of health and social care professionals. The distribution of a full-time programme at St Loye's in Exeter to the south of the region and the in-service programme in Bristol to the north seemed comprehensive and complementary.

Developments in the programme

The programme has a biennial intake and since 1987 has graduated more than 70 students with professional occupational therapy qualifications. A high proportion of these graduates have found their first positions in the South West region – see Table 1. Those who went to their first positions outside the region did so because of family relocation. Anecdotal evidence suggests that graduates who found their first position in the South West region have continued to work in the region.

TABLE 1: Cohorts and first positions at state registration				
Intake year	Cohort size at start of programme	Cohort size at state registration	First positions in SW region	First positions outside SW region
1987	21	17	14	3
1991*	18	15	14**	1
1993	25	21	21	0
1995	20	18	17	1
Total	84	71	66	5
1997	19	***		
* No intake in 1989 owing to organizational changes ** One diplomate unable to work through ill-health *** This cohort will graduate in 2001				

Contextual changes

The biggest impact has been the influence of changes in health and social care organization and delivery in the UK. The changes in the geographical boundaries of the region have meant that the South West region has expanded. The main issue here has been in securing sponsorship for students and ensuring availability of fieldwork placements. Funding students for this programme has become complex and is now critical. At the outset, employers agreed to release staff for the stated amount of time. However, funding has not been provided to assist the employers to secure cover for the temporary absences of the in-service students from their work duties. This is now becoming a major issue in recruiting in-service students for the future.

Institutional changes

Since the programme started, Bristol Polytechnic has acquired university status and is now the University of the West of England. The affiliation of the programme in the university has changed several times, each move reflecting changes of structures in the university. Currently, the programme is under the Faculty of Health and Social Care in the School of Physiotherapy and Occupational Therapy.

Programme changes

The programme now offers a four-year Bachelor of Science Degree with Honours instead of a Diploma in Occupational Therapy. The programme is delivered over two consecutive days a week, with four eight-week fieldwork placements.

Current programme

The programme continues to be validated by the College of Occupational Therapists, the Council for the Professions Supplementary to Medicine and the University of the West of England.

The programme

Table 2 presents some of the content of the programme.

Knowles' (1990) adult learning theory model of androgogy is used to underpin much of the delivery of this programme. For example, for the adult learner, experience is the best resource for learning, therefore the programme team facilitates deep analysis of fieldwork experience when the students return from placements. Similarly, in the assessment of the students as adult learners, the number of examinations is kept to an absolute minimum, so a variety of assessment methods are used to measure the students' progress. These include team presentations, poster presentations, open book exams and modified essay questions.

TABLE 2: Some of the content of the programme and stages			
Year 1 – level 1	Year 2 – level 1/2	Year 3 – level 2	Year 4 – level 3
Basic sciences	Basic sciences	Occupational therapy core skills and therapeutic concepts including fieldwork placement	Management and professional contexts
Sourcing evidence*	Sociology*		Health promotion and education*
Occupational therapy – theory and practice including fieldwork placement	Occupational therapy process	Basic research skills*	Occupational therapy professional project
	Occupational therapy and specific physical health issues**	Issues in health and activity*	Fieldwork placement
	Occupational therapy and specific mental health issues	Occupational therapy and specific learning disabilities	
	Fieldwork placement	Sociology	
* These modules offer shared learning opportunities with other professions			
** As part of this module the students have been offered the opportunity of shared learning with physiotherapy students			

The programme team makes every effort to support all the students in having a full, varied and equitable experience.

In harmony with the monitoring and evaluation system in the university, the students are invited to formally evaluate each module in terms of delivery, content and relevance. Many changes have been made to the programme as a direct result of students' evaluations. These changes in turn are monitored and evaluated for their impact.

Student-centred learning and experience

The programme has always focused on student-centred learning and is developing problem-based learning as its preferred approach. The students use learning contracts in academic work as well as on fieldwork placements. Methods of support for these mature students include a mentorship scheme in the workplace, a student network and on-site counsellors. Individual tutorials are also available and can be face-to-face, by telephone or by email.

The students

Several of the students travel for up to three hours in order to attend classes and must stay overnight. The students have to contend with serious

restructuring of family and work life. Not all of the students have had the opportunity to study since completing their formal education. In spite of this, they are very committed to the programme.

Supporting the supporters

The students' employers and mentors meet regularly with the faculty. Fieldwork educators are invited to attend courses to assist them to facilitate the students' learning on placements, and newsletters are distributed throughout the year.

Commitment from employers

Commitment from the employers is vital for the success of the students and the continuation of the programme. Without this commitment, it would be impossible for staff to be released from their duties and to be given the ongoing support that they need.

The difficulties of in-service occupational therapy education

Students report that the weekly change of role from support worker to student can be difficult to accommodate. Even harder for some students is the issue of returning to their own workplace on completion of a fieldwork placement:

It will be difficult returning to work as an occupational therapy assistant in a hospital. This is partly due to the increased responsibility and sense of achievement felt from working here, but also the frustration of working in a hospital which means that you get the patient home and then cease contact. (extract from a student's written evaluation of her fieldwork experience)

The issue of 'role change' is also apparent in the students' social context. Most, though not all, of the students are female with dependants. Harmonizing working life, family life and studying can take its toll on some students, but all of them have found coping strategies that are to be envied. A small number of the students have had babies, several have coped with bereavement, others with major illness, some relationships have suffered, and a few students have changed jobs and moved house and still managed to complete the programme.

Future directions

The programme is undergoing some new challenges. The College of Occupational Therapists states that the shortfall of occupational therapists is 20% (*Occupational Therapy News*, February 2000) and once again this is being attributed to new policies and insufficient numbers of graduates. In addition

there is a decreasing number of occupational therapy support worker positions, mainly because of financial constraints. These same financial constraints mean that many occupational therapy service managers find it almost impossible to release staff to study for two days a week over four years. In addition, the eight weeks in fieldwork education during each of the four years increases the financial pressure on these managers. As a result there seems to be fewer occupational therapy support workers who might wish to enrol in the programme.

Over the past two years there has been a steady increase in opportunities for part-time undergraduate education available in the UK. Correspondingly, there has been a substantial increase in the number of enquiries about the Bristol programme from support workers in other health and social care professions who wish to undertake a part-time undergraduate programme in occupational therapy.

The future of this programme would seem to rest in two areas: first, in finding a way to recompense employers who release staff, so that they can purchase resources to cover the duties usually undertaken by the in-service students. Second, the feasibility of widening access of this programme to support workers from other health and social care professions needs to be explored.

Summary

The Bristol in-service programme has contributed successfully to the reduction in the shortage of occupational therapists in the South West region. Its continued success depends on changes in funding arrangements and widened access.

References

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