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**TRAINING FOR THE
REMEDIAL PROFESSIONS**

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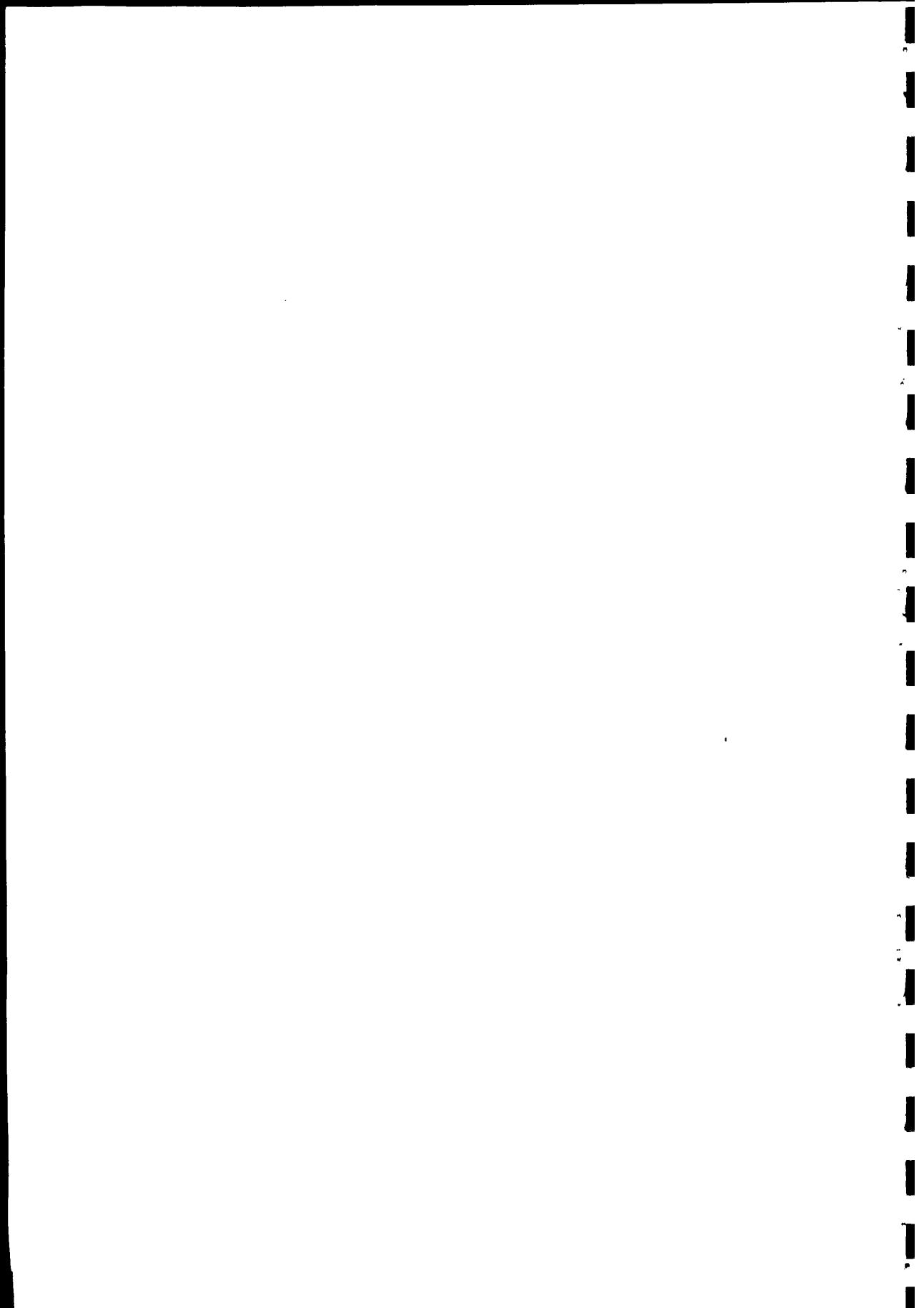
TRAINING FOR THE REMEDIAL PROFESSIONS
report of a working party set up by
the King's Fund College

September 1976

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FOREWORD

In 1973, the King's Fund College set up a working party to examine training for the remedial professions. The College, the Department of Health and Social Security, the Council for Professions Supplementary to Medicine and the Polytechnic of Central London were represented, together with members of the three professions, occupational therapy, physiotherapy and remedial gymnastics.

Subsequently the King's Fund agreed to support a small research team at the Polytechnic. Early in 1974, two research fellows, Catherine Paterson, an occupational therapist, and Helen Johnson, a physiotherapist, were appointed to provide more information to further the working party's deliberations.

Late in 1975, a working document, Training for the Remedial Professions¹³, reported the results of a postal survey of 3200 members of the profession and 300 students, which have been used to define attitudes to training and, incidentally, the reasons why qualified therapists do not practise.

The research fellows were joined in the autumn of 1975 by John Langridge, a remedial gymnast, to study the specification of therapists' jobs in a selection of specialties. This study, reported as a further working document, A Comparative Study of the Jobs of Occupational Therapists, Physiotherapists and Remedial Gymnasts¹², amplified the results of the earlier survey.

The working party maintained close touch with the research fellows throughout the research project. The results of the

surveys carried out on its behalf proved both stimulating and informative. The methods used in the surveys are not exhaustive but represent what could be achieved within the time and resources available. The research fellows had access to statistical advice and computational techniques both from the Polytechnic and from outside organisations. Whilst these researches provided a very firm foundation upon which the working party based its recommendations, it is impossible to ignore other reports and information or, more pertinently, an economic climate hostile to innovation of almost any kind. It is with all these factors in mind that the working party puts forward these recommendations on training for the remedial professions, which it hopes will help to crystallise opinions and lead to a much needed commitment to action on a significant scale.

Though the study has been supported throughout by the King's Fund and this report appears as a King's Fund Project Paper, the recommendations are entirely those of the working party and do not necessarily represent the views of the Fund.

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INTRODUCTION

Training for the remedial professions must be seen against a background of concern which has existed for at least the past decade. During this time, a number of reports have been published which have indicated a need for rationalisation of training facilities and for a review of training syllabuses.^{2,3,4,5,8,10,11} A strong feeling for partial integration of courses runs through these publications, together with the requirements that training programmes take account of the need for the professions to have a proper career structure and for the development of research into the professions' practices. Some of these suggestions have met with resistance from influential sections of the professions.

More recently, the study of training was given added urgency by the publication of figures for wastage in training¹, sometimes in excess of 25 per cent. This is much higher than that for further education generally⁶, and represents a loss both to the taxpayer, and to the professions themselves at a time when demands for their services are increasing. Financially, this cost can be conservatively estimated as £500 000 annually, made up of course fees and maintenance grants. A shortfall of 55 per cent in the number of occupational therapists, and of 35 per cent in the number of physiotherapists, employed in the national and local authority health and social services, has been indicated by a recent inquiry into the professions' pay and conditions.⁹ A shortage of specialist teachers for the remedial professions has compounded the seriousness of the situation.

Although part of the deficit in the number of practising therapists may be met by more successful training courses, it is significant that a considerable number of those who qualify do not remain in professional practice in the

national or local authority health and social services. For example, in physiotherapy, during 1968-1973, the number of therapists registered or qualified to practise increased by 2024 but, over the same period, there was only an increase of 299 in those practising in the public sector.

The demands on the services of the remedial professions are likely to increase or at least to change in emphasis if the recommendations of the consultative paper, Priorities for Health and Personal Social Services in England are implemented.⁷ An increase in expenditure was projected for services to the elderly, the mentally handicapped, the mentally ill, the physically handicapped and to children - areas where the skills of occupational therapy, physiotherapy and remedial gymnastics make a considerable contribution to the care of patients.

1 BASIC TRAINING

Length of Basic Training and Course Award

The majority of occupational therapists, physiotherapists and remedial gymnasts considers that a three-year qualification period is adequate preparation for present professional practice. A significant number is of the opinion that the training should lead to the award of a diploma and that there should be the option to convert the qualification to a degree in a fourth year.

However, among the physiotherapists who have been trained for less than four years, a significant number is in favour of a first degree course of three or four years' duration. Some degree courses for basic training are currently being planned and their implementation might influence the professions' attitudes to degree courses.

There is overwhelming support for a basic three year diploma course with a majority favouring 'end-on' degree courses.

Content of the Basic Training for Each Profession

The vast majority of therapists considers that the basic training for each profession should be a broad generic course covering a wide range of clinical practice, and that post-registration training should be developed in specialised areas. From the study of basic grade jobs, clinical areas can be identified which are suitable for newly qualified therapists. Other areas require post-registration experience or training before therapists are able to practise adequately in them.

A study of the job specifications indicates that although an introduction to all areas of practice should be included in basic training, emphasis should be placed on the preparation of students to work in the following areas on qualification - general hospital wards and outpatient departments, geriatrics, orthopaedics, rheumatology and medical rehabilitation. In addition, occupational therapists should be fully prepared for work in psychiatric hospitals with patients who are not receiving intensive group psychotherapy, with psychogeriatric patients and with patients who are mentally handicapped. Physiotherapists and remedial gymnasts must receive an adequate background in gynaecology, postnatal and intensive care work, which are aspects of general hospital work where occupational therapists are not usually involved.

During basic training, an introduction should be given to paediatrics, neurology, neurosurgery and the care of the young chronic sick and disabled, followed by more detailed post-registration training in these areas for all three professions. In addition, occupational therapists require some knowledge of specialised psychiatry and child psychiatry. Again, detailed study is more appropriate at the post-registration level. Similarly, physiotherapists and remedial gymnasts need a limited training in antenatal work, psychiatry, mental handicap and psychogeriatrics before qualification and opportunities to study these topics subsequently.

Basic training for all three professions should give comprehensive coverage of the types of problems, and services available, in the community and a knowledge of the roles of the professions in community care. Whilst recognising the growing importance of domiciliary services and the contribution the remedial professions can make to them, newly qualified therapists have insufficient experience to work in this area without adequate supervision.

Since it is recommended that basic training should not provide preparation for work in all clinical areas, it is the more important that students develop the attitudes and skills necessary for continuing education and for training after qualification. This should include a critical approach to their work and a willingness to recognise that patients' needs, and methods of health care, will change.

Clinical Practice

Significant numbers of practising occupational therapists, physiotherapists and remedial gymnasts consider that some contact with patients should begin in the first year of training; that there should be a wide variety of clinical placements for each student; that senior students should have some choice of clinical placements; and that work in the community should be included.

Clinical practice must reflect the emphasis on those areas where full preparation is required during basic training. Less experience is necessary in the more specialised areas. The evidence suggests that it is particularly important that all students should acquire a sound understanding of the care and rehabilitation of the elderly, and that interest should be stimulated in the less popular areas of physical handicap and psychiatry, particularly mental handicap and psychogeriatrics where the need is great, and where the remedial professions have an important contribution to make. To gain experience in the less popular clinical areas, it may be necessary for students to work under the supervision of experienced members of other professions.

Some schools already include nursing practice in basic training which is appreciated by the students and could be successfully extended. For example, students of occupational

therapy could work for short periods in workshops for the mentally handicapped under the supervision of industrial managers. Although the students may not have the opportunity to practise the skills of their own profession, they may gain valuable insight into specialties and their interest in them might be stimulated.

Whilst occupational therapists are more in favour of clinical supervisors being responsible for clinical teaching, physiotherapists and remedial gymnasts consider clinical teaching to be a shared responsibility of school tutors and clinical supervisors. All are agreed that theory and practice must be closely related and close links forged between the two, especially when placements cannot be made in the locality of the training school. The importance of clinical practice in basic training should be reflected by clinical supervisors being given more opportunity and encouragement to attend courses on educational principles and teaching methods.

Supervision of Newly Qualified Therapists

Although it is recommended that basic training should fully equip students for working in certain areas, all newly qualified therapists should have access to guidance from experienced members of the professions. At this stage, it is not considered realistic to recommend the introduction of a year of supervised clinical practice after the professional qualification, but every effort must be made to ensure that recently qualified therapists are given the opportunity to develop and consolidate their skills under supervision.

2 POST-REGISTRATION TRAINING

In-depth Clinical Courses

There is strong feeling within each profession that post-registration training courses should be further developed. From the comparative study of therapists' jobs, it is evident that such courses are required for all three professions in the following clinical areas - community care, paediatrics, neurology and neurosurgery, and the care of the chronically sick and disabled. Much of the training could be shared, although some of the skills of occupational therapy and physical therapy (physiotherapy and remedial gymnastics) may need separate consideration.

Occupational therapists require much more detailed post-registration courses in specialised psychiatry, particularly in the theoretical and practical aspects of group work and child psychiatry, whilst for physiotherapists and remedial gymnasts post-registration courses in antenatal work and the role of the physical and recreational therapist in psychiatry and mental handicap would be more appropriate.

Additional Post-registration Courses

The job specifications also indicate a need for courses in other areas to enable therapists to specialise in aspects of their work and to introduce them to new techniques. For example, further training in intensive care, the treatment of hand injuries, splinting, manipulation and hemiplegia is requested. Many of these subjects could be covered in courses common to the three professions.

Because of the general shortage of therapists in the clinical areas of geriatrics and also mental and physical handicap, special courses should be mounted as a matter of urgency to encourage therapists to enter these areas.

Refresher Courses

The postal survey showed that much of the wastage of trained personnel is due to the fact that many female therapists leave practice to care for their families. As well as the provision of facilities for children at the place of work, refresher courses would encourage some of these women to return to practice.

Teaching, Research and Management Courses

Post-registration training for teaching (for both school tutors and clinical supervisors) and in research and management is also required. Again, much of the content of these courses might be common to all three professions.

Integration of Post-registration Training

If some courses during basic and post-registration training are developed as common to the three professions, it is likely that the situation will evolve so that in some clinical areas the work of the professions will be interchangeable, as is already the case in some cerebral palsy units.

3 COMMON COURSE WORK AND SHARED FACILITIES

Remedial Therapy

When therapists were surveyed by postal questionnaire and asked which basic course would have best prepared them to meet the needs of their patients, very few occupational therapists or physiotherapists agreed with the idea of a remedial therapy training programme. However, nearly one quarter of practising remedial gymnasts selected this option. The opinions of the majority of therapists are supported by the job specifications; insufficient overlap was found to justify the recommendation of a common training scheme resulting in qualification as a remedial therapist.

Course Covering All Three Professions, with Specialisation

A further option offered in answer to the question on basic training was that of a programme covering the work of all three professions with specialisation in one remedial profession. This suggestion received considerable support from therapists who work in clinical areas where close cooperation with members of other remedial professions is necessary. In particular, almost half the occupational therapists and remedial gymnasts responding chose such a course. Again, study of jobs did not reveal sufficient overlap between occupational therapy and the other two professions to make such a recommendation practicable.

The situation with physiotherapy and remedial gymnastics is different; there are many skills which these professions have in common and justification for the continuance of two entirely separate training programmes is highly questionable.

Shared Courses with Other Health Care Staff

Therapists indicated that it would be of value to share courses with other professions within their separate training programmes. Such sharing should not be limited to the remedial professions but could include all health care trainees with whom therapists work in professional practice. Neither the questionnaire results nor the job specifications indicate the common areas of knowledge or skills between the remedial and other health professions, and these require further investigation. Consideration of the common elements of occupational therapy and social work courses should be given priority.

Sharing of Courses with Other Remedial Professions

It is evident from the study of jobs that common teaching programmes, as part of wider professional courses, are appropriate for all three professions at the pre- and post-registration levels. In general, in the case of occupational therapy and the other two professions, such common courses could cover a considerable part of the academic content but very few skills at the basic training level. This is not always true at the post-registration stage where both academic and practical skills may be similar.

In the case of physiotherapy and remedial gymnastics, investigation of jobs provides considerable evidence for many shared courses covering both academic and practical content.

Introductory Common Course for the Remedial Professions

Some students are in favour of an introductory paramedical course which would allow them to delay their choice of

profession without lengthening the basic course. Some schools should give consideration to mounting a short course which could include a view of rehabilitation, opportunities to observe the work of the three professions to see where their interests and aptitudes lie, and an introduction to anatomy, physiology and psychology.

Shared Facilities

While some skills and knowledge may be common to the three professions, opportunities for sharing courses and facilities are limited because many schools are not sited close to one another. In addition, small, single profession schools may not have the facilities or staffing to undertake shared training programmes. Therapists and students indicated their concern about the isolation of their training from that of other students, and from facilities which were considered to be basic in other educational institutions; for example, adequate library facilities.

The present economic climate affords little opportunity for rationalisation. In any case, some diversity of courses seems desirable, but wherever training is based, proper access to teaching facilities in hospitals is essential. In addition to the traditional pattern of separate schools for each profession, consideration should be given in future to the possibility of establishing health sciences institutes and to a greater use of existing further educational establishments. Certainly, in setting up any new schools for the remedial professions account should be taken of the need to minimise the isolation currently felt by many students and staff. Many benefits would accrue from the sharing of training facilities either with remedial professions or with other disciplines. There would be access to a wider range of teaching resources and materials and better library services.

The shortage of teachers in the remedial professions cannot be ignored, and the sharing of courses could lead to economies in this area, whilst the sharing of facilities provides further opportunities for more economical use of their skills. In an interdisciplinary situation teachers of the remedial professions may have opportunities to specialise.

Communication and Cooperation with Other Professions

In all specialties, therapists work alongside other professions, and need to communicate satisfactorily with them so that patients receive the best possible care. The results of the questionnaire not only showed that therapists need good working relationships with a variety of staff, depending on the specialty in which they work, but that communication is not always satisfactory. The implications for training are clear: the willingness and ability to communicate must be well developed in the basic course.

Contact between students of different disciplines, which is limited to the sharing of facilities and courses, is not thought to give sufficient opportunity for therapists to acquire knowledge and understanding of other professions' roles and those of aides. Positive steps must be taken to break down professional barriers; for example lectures by other professionals in which they explain their work, visits to see other professions at work and possibly to experience their skills, discussions and role play with members and students of various disciplines and, finally, working together in clinical practice.

4 NON-PRACTISING THERAPISTS

When the answers to the postal questionnaire were analysed, it was found that 43 per cent of the responding therapists were not practising in this country; 19 per cent were living abroad and 20 per cent were resident in the UK.

Facilities for Children

The overwhelming reason for therapists not practising in this country is the presence of children in the family.¹⁴ Many therapists would be willing to return to work if crèche and nursery facilities were available, and if arrangements could be made for therapists' children during school holidays. Many therapists can work during school term, but find this impossible at holiday times.

Remuneration

The survey was conducted before the recommendations of the recent inquiry into salaries were known.⁹ It is now clear that the financial inducements to return to practice are greater and this should be reflected in an increased willingness to do so.

Refresher Courses

Refresher courses are particularly important in facilitating the return to professional practice after breaks in service.

Attracting Therapists from Abroad

The survey shows that the percentage of therapists living

abroad is much higher than that of therapists who have trained abroad and are practising in this country. The development of post-registration courses for specialisation in clinical areas, and the introduction of 'end-on' degree schemes, might encourage more foreign trained therapists to seek experience in this country, as well as make professional practice more attractive to therapists trained here.

Male Therapists

The number of men in the remedial professions is low. Male therapists are more likely to practice with fewer breaks in service than female therapists. As an increase in the number of men in the professions would ensure greater continuity of service, recruitment policy and course planning should include the encouragement of men into the professions.

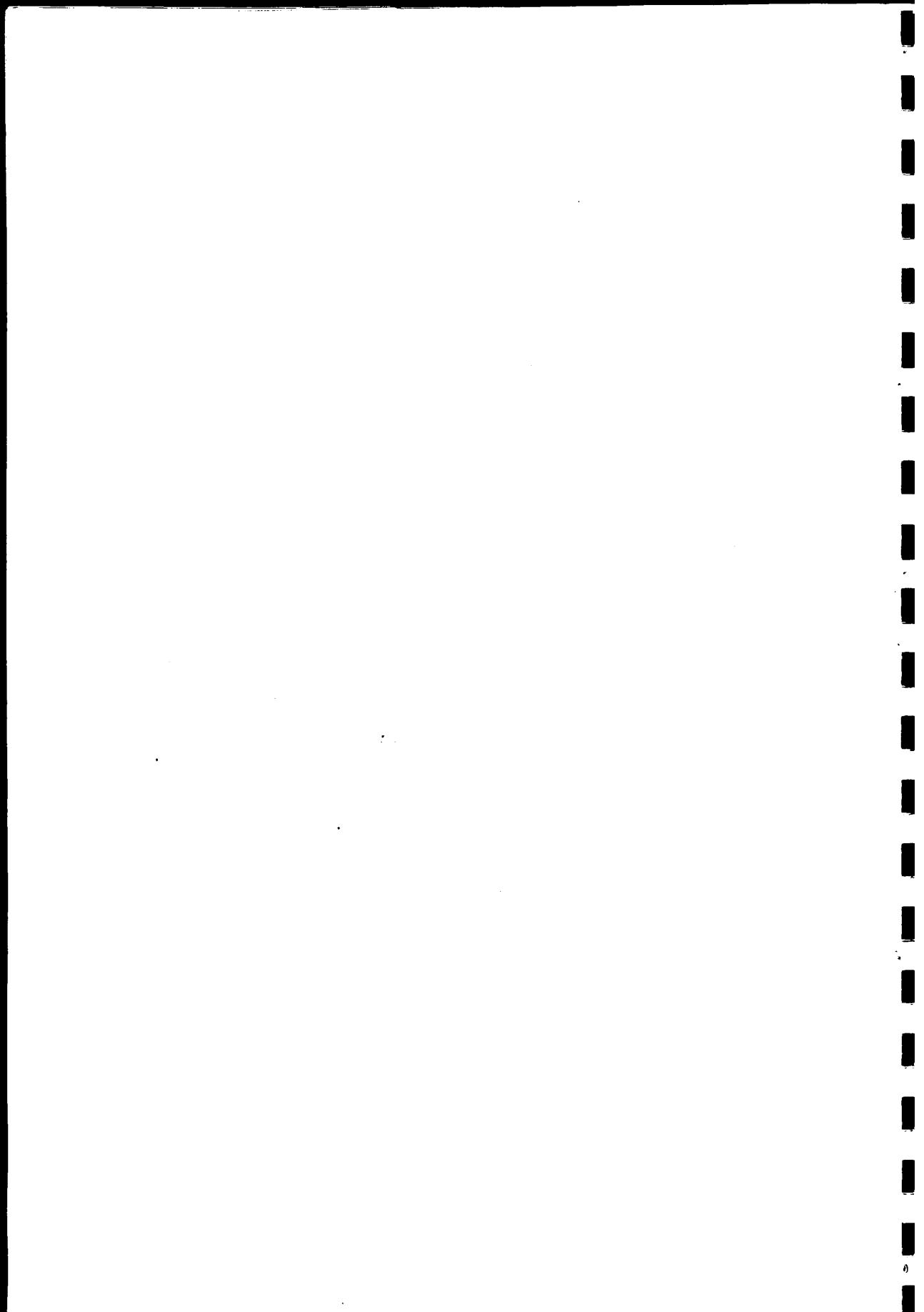
5 NEED FOR FURTHER STUDY

This project has highlighted several areas which warrant further investigation.

- Student selection
- Wastage during training
- Job specifications of therapists in senior grades
- Job evaluation of the remedial professions
- Treatment techniques and rehabilitation programmes
- Identification of skills and knowledge common to the remedial professions and other professions
- Design and monitoring of integrated courses
- Teachers and training
- The roles of teachers and clinical supervisors

The need for research into all aspects of the work of the remedial professions is now well recognised and more people are currently involved in this work than ever before. It is stressed that continued research into the education and training of therapists is necessary so that training constantly evolves to meet the needs of patients and the changing methods of health care and education.

Students' interest in research should be stimulated during basic training and opportunities should be developed for therapists to participate in research projects to evaluate their own skills and training.



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