

# Working in Partnership to Build Placement Capacity in a Competitive World

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## Abstract

A number of higher education institutions (HEIs) report continual issues with placement cancellations due to a lack of commitment at practitioner level. Whilst there is a professional requirement to contribute to student education, it has been difficult to enforce accountability on autonomous practitioners. The culture of sourcing and allocating placements is problematic. As occupational therapists who supported student education in the NHS and Social Care, we have now become responsible for organising placement education opportunities for a HEI. This has provided a privileged insight into the differing cultures, expectations, and issues inherent to this collaboration. Tasked with making placement provision an attractive and quality experience through collaborative working in a competitive world, a new way of working was found to be required. In this reflective paper, we consider an allocation model as a method of building placement capacity whilst challenging cultural norms. The model has been successfully implemented, and is now in its third year of implementation. This new placement capacity model has reduced the time spent sourcing and allocating placements. Additionally, the number of cancellations has become negligible whilst the choice of placements for the HEI has increased.

**Keywords:** capacity; changing cultures; collaboration; competition; numbers-based model

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The World Federation of Occupational Therapists' requires students to successfully complete a minimum of 1,000 hours of assessed practice placement learning, in a range of practice settings ([College of Occupational Therapists 2014](#), [World Federation of Occupational Therapists 2002](#)). Ninety percent of practice placements at Teesside University operate within government-funded services such as the National Health Service (NHS) or social care. The placement capacity model offered within this paper, predominantly focuses on increasing capacity within these organisations, although the same approach was used with our private placement providers with comparable results.

As competition for jobs in all sectors intensifies, employability is typically debated in the recruitment community ([Allen 2011](#)). The UK Commission for Employment and Skills (UKES) defines employability as "the skills almost everyone needs to do almost any job", although employability is not just about skills, it is also about capabilities or competencies such as aptitude, attitude, and behaviours ([UKES 2009: 9](#)). The core skills desired by employers recruiting occupational therapists include: problem solving, leadership, adaptability, drive, resilience, communication, negotiation, planning, and decision making ([HCPC 2017](#), [QAA 2001](#), [UKES 2009](#)).

Fundamental to the success of the health and social care workforce, is collaborative working between higher education institutions (HEIs) and practice placement providers ([Elcock 2014](#)). In a constantly changing landscape where competition is ever increasing, placement capacity is an ongoing concern. Without good quality placement provision, HEIs are not able to produce graduates who possess the skills desired by employers ([Cleak and Smith 2012](#)).

There has been a national drive for health and social care organisations to extend service provision to offer a seven day service ([NHS England 2015](#)). This is a move away from the traditional Monday-to-Friday working pattern for occupational therapists, which has been detrimental to practice placement provision. Teams of staff have been redistributed across services to meet demands, resulting in more occupational therapists being the only occupational therapist within a service area. Individual placement educators are therefore declining student placements which has been further negatively influenced by an increased number of part-time workers in these areas. This changing landscape has provided an opportunity to re-evaluate placement capacity in relation to the inherent problems. Alignment between the placement providers and HEI placement needs requires a cultural change, resulting in a new approach to identifying and securing placements.

The UK Health and Care Professions Council (HCPC) standards for education dictates that practice-based learning must be integral to the programme, and delivered by appropriately qualified and experienced staff ([HCPC 2017](#)).

As occupational therapists with a combined experience of 23 years in clinical practice / service management and ten years in academia, organising placement learning opportunities has been fundamental to our academic role. These combined experiences provide us with a unique insight into how educators have been able to choose when – or if – to support a student placement. Despite being an individual professional requirement to provide regular practice education opportunities for occupational therapy students, other priorities have taken precedence ([College of Occupational Therapists 2017](#)). Staff not being held accountable by the employing organisation has made cancelling a placement offer an easy option when faced with competing workload pressures. Organisations forecast the number of occupational therapists required for service delivery. This governs the number of placements an organisation commits to providing, therefore the cancelling of placements is not in alignment with organisational priorities ([NHS Health Education England 2017](#)).

To address these cultural issues, a capacity-based model was devised in partnership with occupational therapy service managers. Inherent to its success were: making student education a team responsibility, managers holding staff accountable, and managing fluctuating local issues within the calculations.

**Figure 1: Placement Capacity Model**

$$\frac{\text{Number of placements required from each organisation}}{\text{Number of whole time equivalent qualified occupational therapy staff per team}}$$

The allocation model was based on the formula in [Figure 1](#). In determining what was realistic to meet the need within local services, the actual numbers used needed to take into consideration factors such as: lone-workers, part-time staff, seniority of team members, and service demands (such as sickness, maternity leave, and organisational changes).

In our current role as occupational therapy lecturers, we have direct access to university placement tutors nationally, which enabled us to establish how placement numbers for their geographical areas are determined. A variation from 2.4 placements to 4 per whole time equivalent (WTE) members of occupational therapy staff within a team, was evident. Given the variability, it was important to establish local capacity. The process started with consulting local managers to determine the team structures and WTE staffing. In our partner organisations, there was a difference in provision between the mental health services, and physical health and social care providers. For mental health placements: these are predominantly provided within one organisation, hence a commitment was sought from them to provide all required placements in the first instance. Physical health and social service placements are provided by a range of organisations in our locality, hence different processes were applied. For these organisations, there was no need to seek all of these placements from one single provider. This creates an element of choice and competition, but also spare capacity. From these placement providers, we sought two placements per WTE member of staff within a team, and local adjustments were made where other factors may affect the ability to support placements. As a result of this consistent approach, we doubled our placement capacity; taking us from a position of constant shortage, to having a comfortable surplus and an element of choice when allocating placements.

A major factor underpinning this allocation model is that teams are taking responsibility for a student, rather than individual practitioners. Past practices, where individual occupational therapists chose whether to offer a student placement, no longer exist in placement organisations within our geographical area. Placement numbers are agreed with occupational therapy managers who ensure that there is equitable distribution of student placements across teams within their organisation. This ensures that individual occupational therapists provide regular practice education opportunities in accordance with standards ([COT 2017](#)). As a consequence, the problem of placement cancellations due to service demands has been addressed.

Factors crucial to the success included a change in culture, directed by senior management of the placement providers. This was necessary to change the working practices of their staff. The formation of sub-teams for the purpose of placements, enabled staff who were part time, lone working, or the only occupational therapist within a team, to contribute to student education. The shared responsibility adopted by staff – and encouraged by managers – has reduced placement

cancellations. Occupational therapy managers proactively act as gatekeepers of placement cancellations and / or placement changes, by moving the student allocation to where there is spare capacity within an organisation. This has been crucial to the capacity model's success. In addition, managers have been instrumental in working with their teams to resolve perceived capacity issues, which was further reinforced by a change in how cancellations are accepted at the university. Cancellations occur now only through occupational therapy managers. This ensures that the manager has a full understanding of service issues and the opportunity to support staff members in their role as placement educators or reallocate the placement if required.

Implementing this cultural change required careful communication of the model to placement educators. In our experience, most educators actively supported the new approach, but some resistance was inevitable. Positive working relationships between the HEI placement tutors and the managers helped to overcome any initial resistance.

The benefits to all involved, continue to grow. The initial intention was to grow placement capacity and reduce administration involved in the allocation process for both the HEI and partner organisations. This has been achieved. Some additional benefits have been noted, including an increased choice of placements in relation to speciality and geographical location which reduces travelling time and eases some of the financial burden of placements for students. This all has a positive impact on the student experience, and facilitates career choices through increasing the range of placement specialties on offer to the students since this means students are more likely to be able to experience a speciality of their interest.

The introduction of payment for allied health professional placements in April 2013 ([Department of Health 2016](#)) resulted in them being a valuable source of income for many organisations. Organisations can offer the surplus placements not used by their local HEI to neighbouring universities or for international placements, maximising the income stream from placement provision. This allocation model allows the placements and financial aspects to be managed effectively, reducing the risk of student placement saturation, and directly improving the placement experience for the educator and students.

In conclusion, the time spent trying to source and allocate placements has been reduced. The number of cancellations has become negligible, as placement providers proactively re-allocate a placement internally (in discussion with the HEI) to ensure suitability for the student's practice placement profile and learning needs. In a climate where the number of students enrolling on occupational therapy programmes is increasing, the consequences of not embracing this new approach to placement provision may result in HEIs being unable to meet the demand for placement provision. With practice placements being such a large part of learning, improving student satisfaction through meeting expectations of choice is a key consideration which this placement capacity model is instrumental in facilitating.

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