Position Paper: Occupational Therapy and Primary Care

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1. Summary of the position paper
Across Europe there are great differences in the availability of occupational therapy in primary care. The main aim of this paper is to support countries to develop occupational therapy services in primary care and make occupational therapy more visible, valued, available and accessible in Europe.

Occupational therapists can deliver an important contribution to the primary care workforce. A ‘clear fit’ has been identified between the holistic, health promoting nature of occupational therapy and primary care. Occupational therapists recognize the importance of meaningful occupations in promoting mental and physical well being. They are skilled in assessing the impact of developmental, physical and mental health conditions on a person’s ability to participate in activities that are important to them, and in devising intervention plans that facilitate occupational engagement.

The need for integrated care that empowers people to take control of their own health and wellbeing is widely recognized. The challenges facing healthcare services include ageing populations and increasing numbers of patients with long-term conditions and multimorbidities. These populations will benefit from an approach that is focused on possibilities and functioning rather than on a more medical treatment of symptoms. Occupational therapists work in partnerships with other professionals to help respond to crises in the home and prevent unnecessary hospital admissions.

This position paper presents several occupational therapy interventions, best practices and recommendations.

2. Introduction: occupational therapy profession & primary care

2.1 Occupational Therapy
According to Occupational Therapy Europe (OT-EU):
“Occupational therapy is a profession concerned with improving well-being for persons of all ages through enabling occupations to promote health and participation in society. Occupational therapists do this by supporting persons’ engagement in occupations and activities that they want, need and choose to do in everyday life.

Occupational therapists explore new ways of doing things by adapting activities and physical and social environments to improve function, capacity and participation. Occupational therapists work in partnership with those involved in the persons’ life, for example, family and carers, teachers and employers, to achieve persons’ and communities’ desired outcomes and promote an inclusive society.”

For occupational therapy in primary care it should be added that occupational therapists work in the clients’ own environment where the activities take place at home, school, work or social environment.

2.2 Primary Care according to World Health Organization (WHO)
This paper is based on the following definitions of the WHO: care that exhibits features of person-centeredness, comprehensiveness, integration, continuity of care, participation of patients, families and communities. This requires health services that are organized with close-to-client multidisciplinary teams responsible for a defined population, collaborate
with social services and other sectors, and coordinate the contributions of specialists and community organizations⁵.

According to the WHO – regional office for Europe, primary health care is “health care received in the community, usually from family doctors, community nurses, staff in local clinics or other health professionals. It should be universally accessible to individuals and families by means acceptable to them, with their full participation and at a cost that the community and country can afford⁶.”

3. Purpose of position paper

The purpose of this paper is to outline the role of occupational therapy within primary care. This position statement informs consumers, academics, health service managers, professional associations and government bodies as to about occupational therapy in primary care, and informs service and policy development at a local, national and European level.

This position statement demonstrates the effectiveness of occupational therapy in primary care by giving examples of best practices to inspire and support national associations of occupational therapy to develop and/or strengthen occupational therapy in primary care.

3.1 Policy and environmental context

In many countries there is a shift from more institutional care to community care, both in mental and physical health care. The way healthcare is organized is not sustainable from both a financial and workforce point of view. In all countries in Europe, governments are struggling to reorganize the health systems and the workforce to meet the future needs. In the final consultation of European Framework for Action on Integrated Health service Delivery (WHO regional office for Europe) and Health 2020 it is stated “Strengthening people-centred health systems... requires reorienting health care systems to give priority to disease prevention, foster continual quality improvement and integrate service delivery, ensure continuity of care, support self-care patients and relocate care as close to home as is safe and cost-effective” and investing in health through a life course approach and empowering people are key elements in future health service delivery⁷.

In occupational therapy this same shift, from institutional care to community care, is visible too. During the last decade, many occupational therapists have started their own practice or started working in the community, outside the institutions.

Primary care is at the top of the agenda of WHO and other international agencies. “It is undeniable that strong primary health care is foundational to achieving health for all, as well as today’s leading global health movements including Universal Health Coverage, Health System Strengthening, Health System Resilience, Integrated People-centered Health Services, and health related Sustainable Development Goals (SDGs)⁸.”

In July 2014 The Expert Panel on Effective Ways of Investing in Health (EXPH) adopted the Report on Definition of a frame of reference in relation to primary care with a special emphasis on financing and referral systems⁹.
In this report the EXPH publishes a core definition of primary care in which occupational therapy is mentioned as one of the professions active in primary care teams.

“The Expert Panel considers that primary care is the provision of universally accessible, integrated person-centered, comprehensive health and community services provided by a team of professionals accountable for addressing a large majority of personal health needs. These services are delivered in a sustained partnership with patients and informal caregivers, in the context of family and community, and play a central role in the overall coordination and continuity of people’s care.

The professionals active in primary care teams include, among others, dentists, dieticians, general practitioners/family physicians, midwives, nurses, occupational therapists, optometrists, pharmacists, physiotherapists, psychologists and social workers.”

3.2 Statement of position taken by COTEC¹⁰

Occupational therapists embrace the definition of the concept of Positive Health as defined by Machteld Huber “The ability to adapt and to self-manage, in the face of social, physical and emotional challenges” and find that health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”¹² as defined by the WHO in 1948 is not applicable in these times with ageing populations and increasing numbers of patients with long-term conditions and multi-morbidities.

Occupational therapists possess professional skills that enable them to work with a wide range of clients of all ages who are faced with limitations in their participation due to physical, mental and/or social economic causes.

Occupational therapists recognize the importance of meaningful occupations in promoting mental and physical wellbeing. They are skilled in assessing the impact of developmental, physical and mental health conditions on a person’s ability to participate in activities that are important to them, and in devising intervention plans that facilitate occupational engagement.

Although occupational therapists have the medical knowledge, their focus is on functioning and participation and they operate in both health and social systems. Since they have distinct knowledge of the significant impact that daily habits and routines have on individuals’ health and wellbeing, they are experts when it comes to finding solutions for situations in which there is a gap between the clients physical and/or mental abilities and the skills that are necessary to perform daily activities and to support people live safely at home and to prevent unnecessary hospital admissions.

Because occupational therapists address the entire area of daily living, they are used to working with every other professional in both health- and social care and also with professionals in the more technical fields, such as architects, ICT, product developers and designers. This makes occupational therapists fully equipped to play a central role in interprofessional teams in primary care and integrated care.

Occupational therapy services should be available and accessible in primary care in all health- and social care systems across Europe. Having an occupational therapist in a multi
A professional team could be helpful in identifying ways to integrate the health and social services to better effect. Looking for solutions that address the impact of illness or disability and how individuals participate in society is the key to robust integrated health care delivery systems.

3.3 Significance of the statement to occupational therapists
This statement supports and underpins a variety of occupational therapy interventions in working with a range of clients in primary care settings, working in partnership with the client and the clients’ system, case manager, multidisciplinary primary care teams, general practitioners and specialists.

4. Interventions

4.1 Introduction
The following occupational therapy interventions were summarized by the project group as being used in primary care.

4.2 Assessment & re-training of skills and activities
Observe, assess and evaluate the performance of activities of daily living (ADL), i.e. self-care, productivity and leisure activities. Negotiate individual meaningful goals with clients, their caregivers and family and promote shared decision making. Re-train the necessary functional skills and coach the client to achieve optimal independent daily functioning and use his or her full potential.

4.3 Educate on symptom management & manage health conditions
Provide individual or group interventions to help people with mental or physical health issues cope with their condition within the context of their daily lives. For example chronic pain, chronic fatigue syndrome, diabetes, cognition impairment, panic disorder, dementia.

4.4 Adapt activities & assistive technology
Inform and provide advice on the use of strategies, techniques and equipment to help people meet their goals. Assist the client to apply for those devices that are reimbursed by the health care, municipality or otherwise and train the client in the use of the device. For example: rollator, helping hand, stocking pull, apps for alerting, e-heath.

4.5 Adapt the social & physical environment
Assess the environmental context in which the client’s everyday activities take place, including housing, workplace, school and socio-cultural environments. Facilitate changes in the environment with the use of assistive technology and welfare technology, rebuilding, task sharing with carers/client system. For example: home safety assessment and modification (falls prevention), arrange help from volunteers, telephone circle, buddy systems.
4.6 Support caregivers & family
Inform the caregiver about the disease or dysfunction of the client. Work in partnership with the caregiver and identify issues of disbalance, find alternative ways and solutions and help create a new balance. For example: EDOMAH – occupational therapy for elderly with dementia and their caregivers (also known as COTiD), instructions for transfers.

5. More specialist interventions³
In some countries occupational therapists are specialized in specific areas of daily living, depending on cultural and environmental circumstances:
- Vocational rehabilitation
- Provide specialist input to help people to stay in or return to work.
- Fitness to drive
- Assess fitness to drive and/or enable individuals to continue to drive.
- Health promotion
- At an individual and community level, addressing a range of health issues by incorporating ‘healthy life style choices’ in daily routines.
- Promoting social inclusion/community engagement
- Provide input at an individual, group or community level to promote social inclusion/community engagement for people at risk of isolation.

6. Best practices
The project group sent out a questionnaire (see attachment 12.2) to the members of the primary care group of the COTEC register of experts and to other key persons. Eight examples were given. The evidence level of these examples differs from expert opinion (5), case series (4), case-controlled studies (3), cohort studies (2) and randomized control trial (1).

6.1 Community based occupational therapy for older people with dementia and their caregivers (COTiD)¹³-¹⁴ – the Netherlands (level 1)
In this study (RCT) it was found that a community based occupational therapy intervention (2 occupational therapy interventions of one hour a week for 5 weeks) had positive effects on the quality of life, mood and health status in dementia patients and their caregivers and the intervention was very cost effective. This intervention is also being implemented and researched in Italy, France and United Kingdom. Germany and Switzerland will follow soon.

6.2 Occupational therapy for people with Parkinson’s disease (OTiP)¹⁵ – the Netherlands (level 1)
In this study (RCT) it was shown a home-based individualized occupational therapy intervention led to an improvement in self-perceived performance in daily activities in persons with PD. Although occupational therapy did not significantly impact on total costs compared to usual care, positive cost-effectiveness of the intervention was significant for caregivers.
6.3 OPTIMA\textsuperscript{16} - Ireland (level 1)
OPTIMAL is a six-week community-based programme, led by occupational therapy facilitators and focuses on problems associated with managing multimorbidity. The primary outcome was frequency of activity participation. Secondary outcomes included self-perception of, satisfaction with and ability to perform daily activities, independence in activities of daily living, anxiety and depression, self-efficacy, health-related quality of life, self-management support, healthcare utilization and individualized goal attainment. OPTIMAL significantly improved frequency of activity participation, self-efficacy and quality of life for patients with multimorbidity.

6.4 Elderly – Norway (level 2)
A Norwegian study investigated how structured teaching in daily life activities and everyday coping can improve cooperation between the occupational therapist and community based homecare staff. Results showed that structured training can improve the collaboration between occupational therapists and the homecare staff. There is a need to work thoroughly and continuously in order to implement new methods and work with attitude changes in order to achieve a common platform and increase multidisciplinary collaboration in community services.

6.5 Child and family – Portugal (level 4)
Early Intervention Teams Locations in Childhood (ELI Alcanena / Torres Novas) under the National Service for Early Childhood Intervention (SNIPI) of the Portuguese government offer a set of integrated support measures focused on the child and family, including preventive and rehabilitative actions in education, health and social areas. The occupational therapist in the Health Centre also responds to requests from GP’s, particularly in domiciliary intervention, child and school health and awareness raising in the community, among others.

6.6 Adults after CVA – the Netherlands (level 5)
Integrated/client-centered and multi-professional care for people after a stroke/CVA, in the acute, post acute period and also the chronic period after stroke. The easily accessible care at home, the collaboration with a primary care based neuro-psychologist and a multidisciplinary team based on the clients’ needs, are the success factors of this intervention.

6.7 Adults with ADHD and ASD – the Netherlands (level 5)
The Skype prompting group supports adults with ADHD and ASD who suffer from procrastination to get their tasks done. The occupational therapist meets with 3-5 procrastinators on Skype each week on a regular time, which supports the participants to get different types of chores done and boosts their self-esteem and self-confidence.

6.8 Community care service – Spain (level 5)
A pro-active model was organized within the municipal Social Services in the Barcelona region in which the occupational therapist facilitates and coordinates various services to the individual, caregiver and community. The basic characteristics of the project focus on person-centered and integrated care. The occupational therapist functions as a bridge
between the municipality’s Social Services and public or private, physical or mental health
and community care services.

6.9 Health promotion – Ireland (level 5)
There are some very valuable examples of health promotion interventions in Ireland including Men's Health Promotion Group, Stress and Wellbeing Group, Memory and Lifestyle Group (for Mild Cognitive Impairment) and Falls Prevention Group.

7. Survey

The project group sent out a survey to all 30 members of COTEC (attachment 12.1). The survey identified projects or occupational therapy interventions and research findings which support the positive contribution of occupational therapy in primary care.

The project group sent out 30 surveys to all members of COTEC to collect more detailed information about occupational therapy in primary care in the member countries (see annex for the survey). 20 surveys were returned, with two from the same country. These surveys were ordered and analyzed by eight themes: total number of occupational therapists in private practice, summary of the profession, organized interest group within National Association, payment system, accessibility, client groups, main working area and main challenges.

7.1 Number of occupational therapists in Primary Care
According to the surveys there are 14 countries with occupational therapy in primary care and the number of occupational therapists working in private practices varies between 1400 and 0.

7.2 Special interest groups
There are four interest/expert groups identified according to the returned surveys. Both the countries with the largest and smallest number therapists working in private practices have established such a group.

7.3 Payment & referral systems
Out of 18 answers, the most common payment system is health insurance, followed by clients paying for themselves, payment systems of the municipality and other (government, general taxation, public system and private providers). 11 (out of 14) countries offer the possibility for occupational therapy through direct access, two of them as being the only option to start occupational therapy treatment. Two other member associations outlined the fact that no referral or direct access check is needed when clients pay for the occupational treatment themselves.

7.4 Main working area
The main group of clients being treated by occupational therapists in primary care is the elderly. Three countries don’t offer occupational therapy in private practice for this group at all. They do offer specific occupational therapy in private practices for adults (with mental disabilities) and children.
7.5 Main challenges
The main challenges for occupational therapy in primary care are the difficult accessibility to occupational therapists. Factors that are mentioned are:
- a lack of occupational therapists in primary care;
- a lack of knowledge among the general public and the medical professionals regarding the services of occupational therapy in primary care;
- a fragmentation of the organization of health care and social services;
- a medical doctors’ lack of knowledge about occupational therapy is a challenge.
It's important to strengthen the professional development within occupational therapy because many occupational therapists work as single professional or in small groups. Lack of inspiration, focus, and the ability to build a robust knowledge base is often seen as one result of this working condition.

8. Recommendations
Based on the findings of the survey, the opinion of experts and the best practices the following recommendations were identified. The nature of the recommendations varies and will not apply in every situation, region or country.

- Make a clear choice between generalists and specialists occupational therapy services. Occupational therapy offers a broad scoop of interventions to many target groups. This can be positive, but when developing the profession in primary care it is recommended to focus on one or two target groups and/or specialist interventions. When occupational therapy is more established more target groups and/or interventions can be developed.
- Be aware of the (groups of) people and establish collaboration with minority groups that you don’t normally work with. Mediation has proved to be an effective tool. Skills training of primary care practitioners may enhance their individual competences\textsuperscript{17}.
- Identify the local needs and develop a tailored occupational therapy intervention.
- Identify the possibilities for financing.
- Identify the key stakeholders and politicians.
- Make alliances on local level (General Practitioners, community / health centers, other Allied Health professionals, and schools).
- Know the facts of your country and stay in contact with the (few) occupational therapists that already work in private practice in your country or when there are many organize yourself in an interest/expert/inter-vision group (as part of the national association).
- As a country with a small number of occupational therapists in private practice get in contact with a country with a large number of occupational therapists in private practice and/or a country with similar (geographical, cultural, economical) principles.
- Make alliances on National Level (association’s health & social care professions).
- Develop PR material and start PR campaigns targeted on referrers and general public.
A private practice seems to be an effective way of developing occupational therapy in primary care. Being creative and entrepreneurial is essential for success.

Organize training in entrepreneurial skills and PR for occupational therapists on individual level.

Conduct cost effectiveness studies regionally or locally to provide evidence occupational therapy is cost effective.

Use facts, figures, evidence and examples of related regions or countries as inspiration and to promote occupational therapy.

European level: COTEC and OT-EU are advised to collaborate and make or strengthen alliances with European Forum for Primary Care (EFPC), WHO-EU region like in CIHSD and Mental Health consortium, European Patients Forum (EPF), Eurocarers, European Network on Patient Empowerment (ENOPE), International Foundation for Integrated Care (IFIC).

9. Conclusions
Occupational therapy has a lot to offer in primary care especially if it is embedded in the local, regional and national health and social systems. In at least 14 countries occupational therapy is (well) established in primary care.

The major contribution of occupational therapy seems to be the client-centred and holistic approach, the occupational perspective focussed on the enablement of daily living and participation of individuals of all ages, their caregivers and groups in society.

For special groups (e.g. dementia, stroke Parkinson disease) studies show that occupational therapy interventions increase the quality of life, improve the self-perceived performance of daily activities for patients and their caregivers and are cost effective.

Major obstacles, even in the countries where occupational therapy has found its place in primary care, are the financing and the lack of knowledge of occupational therapy with referrers and the general public.

10. References


11. Additional literature


All websites in the references were accessed on 23.05.2016, unless otherwise indicated.
12. Attachments

12.1 Survey

Survey on Occupational Therapy in Primary Care in Europe

Introduction
Following their Action Plan the Executive Committee of COTEC has installed a project group to write a Position paper on occupational therapy and primary care. This group (PP-OT-PC) is writing a draft paper which will be sent out to experts for feedback. All national associations had the opportunity to nominate experts for the COTEC Register of Experts, who will be asked to participate in this project. At the first COTEC ENOTHE joint congress in June 2016 in Galway, a workshop will be held to discuss the paper and gather feedback. The final Position Paper will be presented at the European Forum for Primary Care conference in Riga in September 2016.

To have more accurate information than the summary of profession can provide we would like you to answer the following questions. Due to a tight schedule we ask you to answer the questions BEFORE March 30, 2016 and sent them to marijebolt@ergo-doen.nl

Name person who has filled in the questionnaire:
E-mail address:
National Association:

1. Approximate number of Occupational Therapists working in private or independent practice in Primary Care in our country:

2. Are these occupational therapists united in a group, nationally or regionally? For example a special interest group of your National Association? If so, please give contact information. (website or e-mail address)

3. Describe or highlight the financial system for occupational therapy in Primary Care:
   - Financed by municipalities
   - Financed by insurance companies
   - No financial system, people need to pay for themselves
   - Other, …

4. Describe or highlight the way of accessing occupational therapy in Primary Care
   - A referral of a physician or specialist is obligatory
- People can visit an occupational therapist without referral (direct entrance to occupational therapy services)
- Other, …

5. Describe or highlight the mayor client groups occupational therapists work with in Primary Care
   - Adults
   - Elderly
   - Children

6. Describe or highlight the main field of interest of occupational therapist working in Primary Care
   - Clients with physical disabilities
   - Clients with mental disabilities

7. Highlight the most important issues occupational therapists face in Primary Care. What are the main challenges in your country?

**Very small accessibility to occupational therapists in primary care**
- There is (almost) no occupational therapy in primary care
- There is no occupational therapy in primary care in rural settings
- There are accessibility problems, for children, psychiatric patients, senior citizens.
- Patients are not referred to an occupational therapy in primary care after inpatient hospitalization
- There is a lack of knowledge among the general public and the medical profession of the services of occupational therapy in primary care.
- Other, …

**The fragmentation of the organization of health care and social services**
- There is a separate financing and organization division between medical and social sectors. This is a major problem in relation to the rehabilitation process and coordination of services and support of for example OT in primary care.
- There is a small number of doctors’ prescriptions and referrals to initiate OT
- There is a doctors’ lack of social knowledge and vision on the role of OT
- Other, …

**The need for strengthening the professional development within OT**
- There are difficulties to establish strong and long term professional development outside the major hospitals.
• It is very difficult to maintain a specialized practice in a specific area, because most occupational therapists have to cover a wide range of patients / problems.
• Many occupational therapists work as single professionals or in small groups. Lack of inspiration, focus, and the ability to build a robust knowledge base, is often seen as one result of this working condition.

EXTRA

If you want to share other information about occupational therapy in your country, please do!

8. Describe examples of good practice of occupational therapy in Primary Care in your country. What good and positive changes have been made in your country and are worthwhile to share with each other?

9. If there are key persons of interest in your country concerning Occupational Therapy and Primary Care, or maybe an organization, please share their contact information with us.

Name:
E-mail address:
Organization:
Website:

Thank you very much for your time answering this survey.
Please send the survey, before March 30th to: marijebolt@ergo-doen.nl

You still can nominate experts for the COTEC Register of Experts
If you want to nominate experts in occupational therapy and Primary Care for the COTEC Register of Experts, please send information to info@coteceurope.eu


12.2 Letter to experts

Questions to Experts

Dear Expert,
Following their Action Plan the Executive Committee of COTEC has installed a project group to write a **Position paper on occupational therapy and primary care**.
This group (PP-OT-PC) will write a draft paper which will be sent out to you as experts for feedback in a later phase.
At the first COTEC ENOTHE joint congress in June 2016 in Galway, a workshop will be held to discuss the paper and gather feedback. The final Position Paper will be presented at the European Forum for Primary Care conference in Riga in September 2016.
The project group wants to incorporate best practices of Occupational Therapy in Primary Care in the position paper.

**Could you please provide us with best practices of projects or occupational therapy-interventions and research findings which support the positive contribution of occupational therapy in primary care?**

Format:

Country
Name of the project and or intervention
Place and responsible organization
Name and email address of the occupational therapy contact person
Dates start of the intervention

Short description of the project/intervention
Other disciplines involved
Aims of the project/intervention

Outcomes
Success factors
Recommendations
References

If you know other occupational therapists, in your or another country in Europe, who will be able to give information, please feel free to forward them this question to enable them to participate.

The deadline of sending your information is 30th March 2016
Please send your information to: marijebolt@ergo-doen.nl

Thank you very much for your participation!
COTEC project group PP-OT-PC

*) if you lack some information, please answer: “information not available”
12.3 Project group names and process description

In September 2015 the Executive Committee decided, following their Action Plan, to install a project group to write a position paper on occupational therapy and primary care. Marije Bolt, representative of COTEC and ENOTHE in the advisory board of EFPC, was appointed as project leader. It was decided, due to reasons of workability, finances and time frame that the group would consist of four occupational therapists from one country where occupational therapy is well established in primary care. The project group met ten times face to face, twice on Skype and regularly by e-mail.

October/November 2015
Developing survey
Sending out survey to Member associations
Sending out survey to experts of COTEC register for best practices
Making a draft based on the definition on PC from EU and WHO and literature search

January/March 2016
Encouraging members to participate and respond to survey through e-mail contact
Data collection through survey
Investigating additional information by respondents

March /April 2016
Finishing the first draft of position paper
Writing an abstract for OT-EU workshop

May 2016
Preparing the OT-EU workshop for Galway
Participating in Final Consultation of the European Framework for Action on Integrated Health Services Delivery, 2-3 May 2016, Copenhagen, Denmark (WHO Regional Office for Europe)

June 2016
Sending out first draft of position paper with invitation to join OT-EU workshop, Galway
Future planning
Presenting OT-EU workshop in Galway
Collecting feedback during OT-EU workshop and by e-mail
Encouraging participants to join the EFPC conference in Riga

July/August 2016
Processing feedback for final version of position paper
Sending final draft to Expert group
Finalizing position paper

September 2016
Presenting position paper at EFPC congress in Riga
Offering position paper for publication in Primary Health Care Research and Development
November 2016
Presenting position paper during Mobility Week, Amsterdam University of Applied Sciences

January 2017
Expected publication in Primary Health Care Research and Development