

Rooted in the past, positioned for the future

During the period 1956 to 1973, the Faculty of Medicine was located at Karl Bremer Hospital where training of all the health professions, including occupational therapy, took place. Thereafter, in 1974, it was relocated to the Tygerberg Campus. The faculty was renamed in 2001 to the Faculty of Health Sciences (FHS). In 2006 restructuring of the FHS culminated in the grouping of all 'Allied Health Science' Departments together with six others to establish the Department of Interdisciplinary Health Sciences (DIHS) comprising nine Divisions (which previously functioned as Departments). This reorganisation presented the opportunity for the Occupational Therapy Division to become a significant role player in the DIHS by utilising opportunities offered. Our positioning within the DIHS offers possibilities that are of benefit to the Occupational Therapy Division and beyond.

In July 2011, the celebration of the first fifty years of the training of occupational therapists at the Stellenbosch University, took place. This occasion was organised in the form of a colloquium attended

by both past and present alumni and lecturers. All participants and presenters had the opportunity to reflect on the past and communicate what possibilities they envisioned the future could hold for occupational therapy.

The programme of the colloquium provided us with an overview of the contributions that occupational therapists with links to the SU Division of Occupational Therapy, have made and continue to make to the development of the profession. At the same time, it underlined the opportunities and challenges we face as a profession. Trends that affect the practice of occupational therapy on an international and national level were also addressed. It became clear how much the fields of occupational therapy practice have changed and expanded over time to include promotion and prevention programmes in all sectors. The challenge for occupational therapists is to position themselves and the profession from an occupational performance perspective and in line with what can be identified as basic services by administrators and other health



professions. The tendency in terms of financing health services in the public sector has been to earmark finances for provision of basic health services and personnel costs at low remuneration levels to make the service affordable. The Canadian Occupational Therapy Association proposes that to counteract this trend and to be recognised as a necessary role player in service delivery: "Occupational therapists need to capitalize on strengths, use strong marketing strategies and become involved in restructuring activities, to ensure that occupational therapy is able to benefit from these new opportunities while at the same time remaining an essential service in reconfigured health care."¹

The colloquium demonstrated that the quality, novelty and variation of occupational therapy practice in South Africa is in line with the abovementioned statement. Occupational science provides the scientific foundation for occupational therapists on which they base their motivation and reasoning for expanded service delivery. Although topics varied from highly specialised services in tertiary environments, to involvement in basic services in rural areas, the golden thread of occupation was the focus of all inputs. This emphasises the following statement by Van Niekerk:

"One of the most immediate consequences of occupational science is a renewed concern with the use of natural occupations. The understanding and use of natural occupations within naturalistic contexts, as differentiated from constructed occupations that are used within institutional contexts, is increasingly the focus of occupational therapists"^{2: 63}.

Presentations at the colloquium indicated growth in research in the profession, but more importantly it highlighted the enlarged

scope for research due to the fact that occupational therapy has moved far beyond interventions with disease and trauma and the boundaries of facilities. Presentations revealed how practitioners can shape their contributions in any situation due to their understanding of the concepts 'human occupation' and 'occupational engagement' as core components for health. The necessity of research required to produce evidence to cement occupational therapy's specific contribution in the attainment of health of individuals, groups and populations.

Research is just one of the main focus areas in the DIHS and various options are created in the Department for interprofessional collaborative research, funding and support programmes, for example a pre-doctorate programme to enhance the experience of PhD candidates.

The Stellenbosch Division of Occupational Therapy is in the right place at the right time to position itself as a strong future ally within the DIHS and within the profession - we look forward to a collaborative journey.

References:

1. Von Zweck C. Occupational Therapy NOW 2004;6(2):31/10/2011 Available from: <http://www.caot.ca/default.asp?pageid=1094>.
2. Crouch R, Alers V. Occupational therapy in psychiatry and mental health. 4th ed. London: Whurr; 2005.

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