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### **“Working together: A dual focus on occupation and anatomy.”**

What is the place of anatomy knowledge and its role within occupational therapy? My doctoral research explored taught anatomy within occupational therapy in the United Kingdom. In this research, there is evidence that there is still debate within the profession over anatomy content within curricula and how this should look (Fielden, 2024). For the purposes of this editorial, anatomy refers to general body structure and function (which includes anatomy and its interrelationship with physiology). This editorial argues that a dual focus on anatomy and occupation is essential within curricula to ensure graduates can meet the demands of practice with a strong professional identity centred on occupation. This view of duality is one that needs to be debated as divisions exist within the profession between theory and practice in terms of what knowledge is valued. It is hoped this editorial is the starting point to stimulate discussion and research on occupation-centred anatomy education for the future.

Being occupation-centred means that occupation is at the core (RCOT, 2024). All that we do as occupational therapists is centred around occupation. Occupation is clear, explicit and permeates our practice and education. This is essential to ensure that our professional identity as occupational therapists is focused on occupation rather than impairment-based approaches which can lead to role blurring and confusion with other professions (RCOT, 2024).

We cannot practice occupational therapy without understanding the role the body plays in occupational performance. However, we must ensure that occupational therapists not only possess this knowledge but have a clear understanding of how knowledge of anatomy informs one’s assessment and intervention of occupational engagement and performance.

Occupational therapists must also feel confident in sharing this knowledge with other multidisciplinary team (MDT) members to demonstrate occupational therapy’s distinctive, core approach.

One of the reasons our profession is so unique is its diversity of practice. This diversity, however, is not without its challenges. Equipping graduates with the knowledge and skills needed to work in a wide variety of areas is a complex task for education providers. We need to acknowledge that many occupational therapists continue to work within traditional, medically

led settings such as the National Health Service. For these practitioners, the medical model is a reality which uses its own language of medical and anatomical terminology. Occupational therapists working within these parameters must be adequately equipped to be able to meet these demands with confidence. My research suggests that this confidence is not always present and that conversing in and understanding anatomical terminology is vital for inclusion and belonging within MDTs working in these medicalised contexts. This research also identifies that anatomy is often viewed as core knowledge over knowledge of occupation. Without anatomy knowledge, occupational therapy can be seen as less scientific and “wishy washy” (Fielden, 2024).

Whilst standards state that occupational therapists need to have knowledge of anatomy and physiology (RCOT, 2019; HCPC, 2023) there remains little curriculum guidance on anatomy education. Lecturers face the dilemma of how they should address the topic within their programmes. There are always competing curricula priorities and lecturers have the unenviable task of trying to bridge the gap between educational, professional and practice-based demands. Designing appropriate anatomy content within occupational therapy curricula is complex with the allocation of time, resources, lecturer preferences and experience, plus the philosophy of the programme all impacting on programme delivery and content (Schofield, 2017). This can create considerable variability among occupational therapy programmes and thus graduate knowledge in practice.

Practice-based realities continue to influence the need for occupational therapists to use anatomy knowledge as a way to harness credibility and respect within medical hierarchy and meet demands of practice context specialisms (Fielden, 2024). Anatomy education is essential content within curricula. However, it must be framed with an occupation-centred focus, so that practitioners can present as confident MDT members with a sound understanding of anatomy, plus a strong occupation-centred professional identity. This aligns with a body of international literature which promotes occupation-centred education (Hooper, Molineux and Wood, 2020).

Anatomy knowledge can strengthen professional reasoning and understanding of the impact medical conditions can have on human occupation. Knowledge of anatomy can enable

occupational therapists to defend their occupationally focused practice to multidisciplinary colleagues for the improved health and wellbeing of the individuals they work with. This is not about working mechanistically or sidelining occupation. Occupation is our philosophy, the core of our domain. Thus, ensuring anatomy education is occupation-centred is vital.

A dual focus on anatomy and occupation is therefore essential within curricula to ensure graduates can meet practice demands with a strong professional identity centred on occupation. For example, by analysing the occupation of gardening, we can examine the relevant cardiorespiratory anatomy and physiology that allows engagement in this occupation. Occupation is explicit, not just body structure and function. By solely focusing on anatomy then we risk relegating occupation. However, if we limit anatomy education in programmes, then not only are students and graduates entering medicalised settings ill-equipped to deal with the practice-based realities and the universal language of medicine they will encounter, but they will also be unconfident in anatomy's application to occupation. By ensuring anatomy and occupation work together, occupational therapists can be 'bilingual' professionals meeting the demands of medical model dominated practice contexts and the profession's philosophy.

It is acknowledged that not everything can be taught in the curriculum. Whilst this dual focus in education is the start of the learning and aims to offer a strong foundation in anatomical knowledge, it must also be made clear that practitioners need to continue to develop their own specialist knowledge of occupation-centred anatomy in whichever field of occupational therapy they work. As such, education programmes also need to foster a stronger sense of learning ownership and guide future graduates to make the most of continuing professional development opportunities and ensure they are able to evaluate their knowledge and practice via such tools as RCOT's Career Development Framework (RCOT, 2021) to meet HCPC Standards of Proficiency (HCPC, 2023).

Occupational therapists can have both - anatomy and occupation.

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