A rough guide to Occupational Therapy: A Roadmap to Practice

Definition of a First Contact Practitioner (FCP)

- Diagnostic clinician working in Primary Care at the top of their clinical scope of practice at master's level, Agenda for Change Band 7 or equivalent and above
- Assess and manages patients with undifferentiated and undiagnosed presentations
- FCP Occupational Therapists refer patients to GPs and/or other members of the primary care team for the medical management of patient presentations and pharmacology outside their agreed scope of practice.

This is the minimum threshold for working as a first point of contact with undifferentiated undiagnosed conditions in Primary Care

The Knowledge Skills and Attributes (KSA) document (see appendix 12.14 in Roadmap to Practice document) describes the prerequisite knowledge, skills, and attributes stipulated for clinical professionals such as Occupational Therapists moving into FCP roles within Primary Care. They are the core skills that all FCP roles require, regardless of professional background –

First Contact Practioner Band 7 (any profession)
- Manages undifferentiated undiagnosed conditions.   - Able to identify red flags and underlying serious pathology and take appropriate action.   - Works within practice, across PCN, multi-organisational, cross professions and across care pathways and systems including health, social care, and the voluntary sectors.   - High level complex decision making to inform the diagnosis, investigation, management, and referral across broad aspects of service delivery, within scope of practice.   - Actively takes a personalised care approach to enable shared decision making with the presenting person.   - Contributes to and co-creates audit and research projects.   - Contributes to education and supervision within their scope of practice for the multi-professional team.   - Facilitates and co-creates interprofessional learning in area of expertise.   - Promotes and develops area of expertise across care pathways and systems.   - Can be working toward Advanced Clinical Practice (level 7 across all pillars).

FCP Occupational Therapy role -

In addition to the generic capabilities outlined in the KSA framework, the FCP Occupational Therapist will need to know and understand:

- When a more focused history is required relating to a specific presenting problem.
- That conditions can present differently in people, and that many presentations can be attributed to more than one system.
- How to assess and recognise `red flags' for the variety of presenting problems and an awareness of `masquerading red flags'.
- How an individuals current medication and existing conditions may affect their presenting symptoms, relevant medicines mechanisms and how to ensure appropriate medicines management to maintain health and wellbeing.
- The anatomy, physiology and mental state of the human body and mind as it applies to the clinical condition/presentation to be assessed, including impact of people's values and beliefs and the context of local population health.
- The different stages of specific health conditions including the short, medium, and long-term effects and their impact on the individual's physiological, psychological, mental and social states and function.
- The range of relevant baseline observations and tests across the life span, and appropriate methods for performing them.
- Where further investigations can be carried out, who undertakes them, and the timescales involved.
- The importance of supporting people, carers, families, and communities through shared decision making to develop their knowledge, confidence and skills in managing their own health and improving their levels of empowerment.

** Importantly, where there is doubt or ambiguity the FCP Occupational Therapist is **not expected to make a diagnosis but rather keep an open mind and treat according to presentation, formulating an impression/differential diagnosis as to what might be the cause and what needs escalation to be ruled out.** At all times, the FCP Occupational Therapist is required to put peoples' safety first and to manage risk(s) appropriately.

The core KSA document aids the learner to build their evidence prior to embarking on their FCP recognition process (Stage 1), working up to Primary Care (Stage 2)

Mapping against the KSA document with a portfolio of evidence is the recognition requirement for Stage 1 of the Roadmap to Practice

To become an FCP, recognition is recommended through Health Education England, whereby an Occupational Therapist must have completed a **taught** or **portfolio** route.

<u>Portfolio Route</u>

There are 2 stages –

Stage 1 – It is best practice that this is completed with a portfolio of evidence and verified before employment in Primary Care (unless the trainee FCP is an experienced Occupational Therapist already employed in Primary Care).

Stage 2 - is completed with a portfolio of evidence and verified in Primary Care. This is the recognition process of the application of the core KSA in Stage 1 to clinical practice in Primary Care. Best practice is this should be completed within six months for a FT staff member, but this can be longer provided a completion date is agreed with the employer.

Once Stage 1 and **Stage 2** are verified, the Occupational Therapist is placed on the FCP directory at the Centre for Advancing Practice and would be able to continue building evidence towards AP if they wish to continue along the educational pathway.

Taught Route

If an individual does not wish to complete a portfolio route to FCP, they could access an HEI FCP MSc level 7 module for Occupational Therapists. It will still be best practice to complete the online e-learning modules and have their KSA verified, but their Primary Care recognition will occur within the module itself and will not require any further process.

There is a taught level 7 HEI FCP module which has both stages within the course content and will be verified by the HEI.
For OT's, this course is run by Plymouth University. 20 places available nationally.

Portfolio Route - Stage 1 – Knowledge, Skills and Attributes (KSA Framework)

The early stages of creating a portfolio of evidence towards FCP start with the completion of a number of important electronic modules, which are housed within the E-Learning For Health portal. These are free to access for NHS staff.

The Primary Care modules cover areas such as managing complexity, mental and public health, illness identification, and red flags. Although labelled as MSK these are generic modules relevant to all professions. Complementing these modules are three personalised care modules.

You can access these courses via these links –

Your learning options (personalisedcareinstitute.org.uk)

Musculoskeletal Primary Care - elearning for healthcare (e-lfh.org.uk)

Course Name	Description
Identification of the ill and at Risk	Including frailty, sepsis, chest and abdominal pain, acute diabetic mellitus, anaphylaxis and other allergic reactions, dementia.
Mental Health in Primary Care	Including anxiety and depression and use of PHQ9 and GAD7.

Complex Decision Making	Including information to support clinicians when proven protocols may not exist, including narrative and hypothetic deductive reasoning, complexity thinking, social prescribing and differential diagnosis.
Public Health	Including health inequalities, local populations and data, models of health behaviours, Making Every Contact Count, motivational interviewing, NHS Health check, National Diabetes Prevention Programme.
Persistent Pain	Including meaning and context of pain, links with fear/ anxiety/ low mood, biopsychosocial models of pain.
Overview of Medicines and Prescribing	Although Occupational Therapists cannot use independent or supplementary prescribing, this module contains relevant information about providing advice about medicines, medicolegal frameworks for supply and administration of medicines under Patient Specific and Patient Group Directions (which are available to Occupational Therapists), contraindications and side effects. More information is also available here: https://www.rcot.co.uk/practice-resources/ occupational-therapy-topics/medicines-optimisation/pgds
Serious Pathology of the Spine	Litigation related to this area in primary care is high and this module is intended to improve practice in this area for all clinicians. It includes red flags associated with malignancy, spinal infections due to tuberculosis, low impact fractures and cauda equina syndrome.
The Personalised Care modules	
Core Skills	Challenges to delivery of personalised care including lack of time and risk, how to address these challenges.
Shared Decision Making	Including consent, decision making aids, communicating about risk and legal duties.
Personalised Care and Support Planning	Including the criteria to guide this process.

Once these e-learning programmes have been completed, the learner must access an appropriately trained Roadmap supervisor

What happens next -

The supervisor will work with the 'trainee' FCP Occupational Therapist to review their **current** portfolio of knowledge and assess any learning needs required against the core KSA document

The 'trainee' FCP Occupational Therapist is advised to register with the HEE advanced practice process and utilise the online portal and CPD portfolio. This will allow the 'trainee' FCP Occupational Therapist to upload evidence against this pathway

The 'trainee' FCP Occupational Therapist then begins the process of portfolio of evidence development against the core KSA document. Evidence can be from practice, from educational institutions, or from both as required.

The KSA document – Contains 4 Domains –

- Person Centred Collaborative Working

- Assessment, Investigations and Diagnosis
- Condition management, treatment and prevention
- Leadership and Management, Education and research

Each domain has a list of capabilities that are required to be met.

To the left of each capability there is a cross reference to the Advanced Clinical Practice Capabilities for Primary Care Occupational Therapy and to the right of each capability there is a cross reference to the RCOT Career Development Framework -Guiding Principles for Occupational Therapy at Level 7

This allows the trainee FCP to build evidence for their portfolio for Primary Care

The evidence required for the portfolio must be at a Masters level standard

Acceptable evidence for KSA recognition (stage 1) –

- **Level 7 Masters degree and Masters modules**

The learning outcomes achieved for the above can be mapped against the domains of the KSA, would also highlight gaps in any of the KSA domains which can be filled with a reflective piece of work

- **4 to 5 pieces of robust evidence over the four domains**

This includes Masters level writing in a reflective piece that covers the domains on any current CPD work (Current = within the past 5 years). For instance, relevant training courses attended, any service development work, audits, leadership, a critical analysis of a peer review piece of research.

- **Any form of service development, Audits linked to QIPP/standards of practice**

Stage 2

On completion of the KSA recognition (Stage 1), the trainee FCP Occupational Therapist can then build their Primary Care portfolio in practice (Stage 2)

To gain recognition through a portfolio route, an FCP Occupational Therapist must have:

1. A recognised Primary Care roadmap supervisor

2. Completed the relevant e-learning requirements - Stage 1

3. A verified portfolio of evidence cross-referencing against the domains of the Knowledge, Skills and Attributes document - Stage 1

4. A portfolio of triangulated evidence of Primary Care training - Stage 2

Checklist for Stage 1 –

Content	Evidence
Knowledge, Skills and Attributes verified by Roadmap Supervisor	Portfolio of evidence signed off by Roadmap supervisor required
All 8 Primary Care e-learning modules completed	Certificates from modules required
Personalised care e-learning modules	Certificates from modules required

Checklist for Stage 2 -

Content	Evidence
Personal Development Plan (PDP) identifying SMART objectives	Need evidence that is has been developed and regularly updated
A record of modules successfully completed at university, if this route is used	
A contemporary record of mandatory training, including BLS and Safeguarding	
Reflective learning logs	it is suggested that this be a minimum of one a week and covers a range of KSA capabilities
A record of Workplace-Based Assessments to include a minimum of: *consultation observation tool (COT) –*	Suggested one per month
Case based discussion	Minimum once a month
a range of clinical examination procedural skills (including any mandatory for the profession), and appropriate to role and scope	To reflect any required procedural skills or any required for the profession – verified when capable
Participation in Quality Improvement Projects/Audit - showing ongoing engagement with QIP/audit – audits follow the audit cycle, shows systematic change/leaves a legacy	At least one completed audit or QIP but demonstrating an ongoing involvement
Patient satisfaction Questionnaires	At least one full round with 40 respondents
Multi-source feedback (MSF)	at least one full round with 10 respondents – five clinical and five non-clinical is recommended
Significant Event Analysis	At least one then one per year
Any patient compliments or complaints	

Roadmap to Practice Supervisors –

The Clinical Supervisor who recognises the above stages must be an Advanced Practitioner, a Consultant Practitioner, or a GP who has completed the HEE two-day Primary Care roadmap supervisor training

This is a specific two-day supervision course to train as an AP roadmap supervisor to support FCP and AP practice in Primary Care.

A list of trained supervisors can be located from the HEE directory or through Lincolnshire Training Hub

GP trainers will be able to access a shortened version of this course.

Level of support needed

FCP Portfolio Route	FCP Taught Route
- Requires a trained RMSV who has completed the two day course (shortened version for GP's - RMSV's are multi-professional	- Does not require a RMSV - Needs a named clinical mentor for the stage 2 clinical placement - Clinical mentor can be an advanced practitioner or GP/GP Trainer
- RMSV sign-off stage 1 and stage 2 - RMSV eligibility: Must be an AHP or nurse with a post graduate masters degree or be an FCP, or AP on the FCP or AP directory, **OR** be a GP/GP Trainer - GP Trainers are not required to do the two day RMSV course but can access a 2 hour top up session specific to the AHP workforce and masters level sign off - GP's who are not GP trainers must complete the 2 day RMSV course	HEIs sign off both stage 1 and stage 2
Stage 1 Requires an average of 5 hours for a RMSV to mark and sign of	**Stage 1** Is signed off as marked academic assignments within the course
Stage 2 Assessed byt the RMSV in primary care. Requires 20 minutes per day debrief and 1 hour a month for Roadmap supervision - Length of time to complete will vary depending on the capability of the clinician	**Stage 2** Requires a 75 hour clinical placement in primary care - Stage 2 signed off by the HEI *(the clinical mentor does not sign off stage 2)*
Once stage 1 and stage 2 are signed off and the clinician is on the FCP directory, the clinician requires access to senior clinical support	On completion of the course and on the FCP directory the clinician requires access to senior clinical support