****

**Department of Allied Health Professions, Midwifery and Social Work**

**First Contact Practice (FCP)**

**Learning Needs Analysis (LNA) Form: Occupational Therapy**

The purpose of this LNA is to provide a platform for collaboration between you and the university to guide you in your FCP journey. You start by providing information about yourself, your work experience and any relevant education, and then undertake a self-assessment mapping exercise which is aligned to the Knowledge, Skills and Attributes (KSA) specific to the FCP roadmap for Occupational Therapists (HEE, 2021). Once this form is completed, please email it to cpdhealth@herts.ac.uk. Based on your LNA the FCP team will advise you on a pathway to achieving the FCP status. The process may also involve discussion with a member of the FCP team and reflection about any identified learning needs.

The outcome from the LNA process is as follows, you will be recommended to undertake either:

1. The taught route to FCP - this is the university taught route to becoming a recognised First Contact Practitioner (FCP) and is made up of 2 short courses of academic study:
	1. First Contact Practitioner 1 (FCP1): 30 Credits at level 7
	2. First Contact Practitioner 2 (FCP2): Normally 15 Credits at level 7 – please note the Credit rating for FCP2 is currently being reviewed

These short courses have been mapped against the KSA requirements to meet the roadmap for Occupational Therapist FCP status (HEE, 2021).

1. Supported portfolio route to FCP - you will be advised to undertake the supported portfolio route to FCP status rather than the taught route. This may be because you have already completed relevant postgraduate study or have evidence of relevant experience for stage 1 and/or stage 2, or with a small amount of additional work could achieve this within a 6-month timeframe. You will work with a university supervisor and peers undertaking a similar process.

**Section 1: Your Details**

|  |  |
| --- | --- |
| Full name |  |
| Profession |   |
| HCPC Registration number & date of initial registration |  |
| Royal College of Occupational Therapists (RCOT) Membership Number  |  |
| Details of current employerNHS/GP Practice |  |
| Current area of clinical practicee.g mental health, frailty, fit notes, other |  |
| Current job / role  |   |
| Time in current post (please indicate if you have at least 3 years of Occupational Therapy experience) |  |
| Contact details  |
| Preferred Email |  | Phone number |  |
| Address  |  |
| Qualifications |
| Academic qualifications from successfully completed programmes of study & any additional professional qualifications (post initial registration) | Award (Level & Title of programme) (e.g., Diploma, BSc) | Date (Year) | University/Awarding Body |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |
| Detail of modules/courses studied which relate to FCP role | Module/course | Date (Year) &Level (5, 6, 7 etc..) | Education Provider (e.g. NHS trust, Education Provider, Commercial Provider) |
|  |  |  |
|  |  |  |
|  |  |  |
| Please indicate if you have undertaken previous university based FCP courses.If yes, please indicate where this was undertaken, the outcome and whether the study was NHSE funded. |  |
| Experience |
| Summary of current role & responsibilities\*To be considered alongside a current job description, job role and other relevant role related documentation. |  |
|  |
| Summary of any previous FCP or ACP roles | Employer | Dates of Employment | Responsibilities |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 2: Confirmation of relevant e-learning for FCP**

**Please note you will need to provide evidence of completion prior to enrolment on taught or supported portfolio routes.**

|  |  |
| --- | --- |
| Name of module  | Date of completion/or indicate if yet to complete |
| E-learning for Healthcare sessions<https://www.e-lfh.org.uk/programmes/musculoskeletal-primary-care/> |  |
| **Session 1 – What is Primary Care** |  |
| **Session 2 – Identification of the Ill and at Risk** |  |
| **Session 3 – Mental Health in Primary Care** |  |
| **Session 4 – Complex Decision-making Managing Patients with Comorbidity** |  |
| **Session 5 – Public Health** |  |
| **Session 6 – Persistent pain** |  |
| **Session 7 – Overview of Medicines and Prescribing** |  |
| **Session 8 – Serious Pathology of the Spine** |  |
| Personalised Care Institute modules <https://www.personalisedcareinstitute.org.uk/> |  |
| **Shared decision making** |  |
| **Core skills** |  |
| **Personalised care and support planning** |  |

**Section 3: Student Preference**

**Please select your preference for either the taught route to FCP (undertaking short courses FCP1 & FCP2) or the supported portfolio route to FCP (working with a supervisor to complete your portfolio). Your preference will be taken into consideration when reviewing your LNA.**

|  |  |
| --- | --- |
|  | Please tick preferred option and give a brief outline to explain this choice |
| **Taught route to FCP** |  |
| **Supported portfolio route to FCP** |  |

**Section 4: Your Knowledge, Skills and Attributes**

This section is based around the FCP roadmap for your profession. You are asked to rate your level of knowledge/skill and competence, in relation to the given outcomes. We also ask you to consider the experience that you have relevant to each of the domains where possible. There is also space for you to record any self-identified current learning needs.

Please use the following rating scale for your knowledge, skills, and competence:

|  |  |
| --- | --- |
| **0.** | I have little or no knowledge or skill in relation to this outcome |
| **1.** | I have some knowledge and skill in this outcome, but need help and support with applying this to practice |
| **2.** | I am competent in this area – have the knowledge and skill to practice in relation to this outcome without supervision |
| **3.** | I am competent and confident in this area – I have knowledge, skill, and experience of practicing in relation to this outcome and feel able to begin to develop and supervise others in this area of practice |
| **4.** | I have expertise in this area – I have considerable knowledge, skill, and experience of practicing in relation to this outcome and would feel confident in teaching and supervising others in relation to this area of practice. |

### Domain A: Person-centred Collaborative Working

The knowledge, skills and attributes (KSA) here describe the prerequisite for all occupational therapists moving into FCP roles within primary care. They are the core skills that all FCP roles require regardless of professional background.

In the following table, the knowledge, skills and attributes are cross-referenced to the RCOT Career Development Framework Level 7 (right hand column) and the Advanced Clinical Practice (ACP) OT capabilities (left hand column).

NB. The ACP OT capabilities reference both the Area Specific Capabilities: Primary Care Occupational Therapy (prefixed ‘A’, found in section 12.17) and the Generic Capabilities: Primary Care Clinical Practice (prefixed ‘B’), relevant to all primary care advanced practice credentials.

|  |
| --- |
| **Capability 1. Communication and consultation skills** |
| Cross- referenced ACP OTCapabilities | **Essential knowledge: Specific knowledge underpinning capabilities** |  RCOTCareer Development Framework Level 7 |  Your rating 0-4 |
| A1.1 B.1.1.13 | Critically appraise communication strategies and be able to optimise communication approaches appropriately using skills such as active listening e.g. frequent clarifying, paraphrasing and picking up verbal cues such as pace, pauses and voice intonation. | RCOTCareer Development Framework Level 7.9 |  |
| **Critical skills** |  |
| A3.4 B1.1.9 | Convey information and address issues in ways that avoid jargon and assumptions; respond appropriately to questions and concerns to promote understanding, including use of verbal, written and digital information. | P7.1 |  |
| A1.4 B1.1.1 | Adapt verbal and non-verbal communication styles in ways that are empathetic and responsive to people’s communication and language needs and preferences, including levels of spoken English and health literacy. | P7.9 |  |
| A3.2 B1.1.5 | Communicate effectively with individuals who require additional assistance to ensure an effective interface with a practitioner, including the use of accessible information. | P7.9 |  |
| A2.4 B1.1.15 B1.1.4 | Evaluate situations, circumstances or places which make it difficult to communicate effectively (e.g. noisy, distressing or emergency environments), and have strategies in place to overcome these barriers. Adapt communication styles to meet the needs of people who have learning disabilities, are neuro-diverse or other disabilities that impair communication. | P7.4 |  |
| A2.3 | Enable effective communication approaches to non-face to face situational environments e.g. phone, video, email or remote consultation. |  |  |
| A2.4 B1.1.7 | Consult in a highly organised and structured way, with professional curiosity as required, whilst understanding the constraints of the time limited nature of primary/ urgent care consultations and ensure communication is safe and effective. |  |  |
| A2.1 B1.1.11 | Elicit psychosocial history to provide context for peoples’ problems or presentations. |  |  |
| A3.1 B1.1.10 | Manage people effectively, respectfully, and professionally (including, where applicable, carers and families), especially at times of conflicting priorities and opinions. | P7.3 |  |
| A3.1 B1.1.3 | Communicate in ways that build and sustain relationships, seeking, gathering and sharing information appropriately, efficiently and effectively to expedite and integrate people’s care. | P7.2 |  |
|  | Recognise that effective consultation skills are a subset of advanced communication skills highlighted in the capability for history taking and consultation skills. |  |  |

|  |
| --- |
| **Capability 2. Practicing holistically to personalise care and promote public and person health** |
| Cross- referenced OT ACPCapabilities |  | RCOTCareer Development Framework Level 7 |  Your rating 0-4 |
| A1.5 B1.2.10 | Critically appraise the impact that a range of social, economic, and environmental factors can have on health outcomes for people, and, where applicable, their family and carers. | L7.11 |  |
| A3.3 B1.2.13 | Evaluate how a person’s preferences and experience, including their individual, cultural and religious background, can offer insight into their priorities and wellbeing. | P7.2 |  |
| A3.5 B1.2.16 | Evaluate the implications of, and apply in practice, the relevant legislation for informed consent and shared decision making (e.g. mental capacity legislation, Fraser Guidelines). | P7.7 |  |
| **Critical skills** |  |
| A2.5 B1.2.1 | Explore and act upon day-to-day interactions with people to encourage and facilitate changes in behaviour, such as smoking cessation, reducing alcohol intake and increasing exercise that will have a positive impact on the health and wellbeing of people, communities and populations i.e. ‘Making Every Contact Count’ and signpost additional resources. |  |  |
| B1.2.8 | Effectively employ the Public Health England “All Our Health” framework in own and wider community of practice. | L7.6 |  |
| 3.4 B1.2.3 | Engage people in shared decision making about their care by:* supporting them to express their own ideas, concerns and expectations and encouraging them to ask questions
* explaining in non-technical language all available options (including watch and wait approaches or doing nothing)
* exploring with them the risks and benefits of each available option and discussing any implications
* supporting them to make decisions on their preferred

way forward | P7.2 |  |
| A2.10 B1.2.11 | Recognise and respond appropriately to the impact of psychosocial factors on the presenting problem, condition or general health such as housing issues, work issues, family/carer issues, lack of support, social isolation and loneliness. | L7.11 |  |
| A3.2 B1.2.14 | Evaluate how the vulnerabilities in some areas of a person’s life might be overcome by promoting resilience in other areas. | L7.7 |  |
| A1.6 B1.2.6 | Advise on, and refer, people appropriately to psychological therapies and counselling services, in-line with their needs and wishes, taking account of local service provision. |  |  |
| A1.6 B1.2.7 | Advise on sources of relevant local or national self-help guidance, information and support including coaching and social prescribing. |  |  |

|  |  |
| --- | --- |
| **Capability 3. Working with colleagues and in teams** |  |
| Cross- referenced OT ACPCapabilities | **Essential knowledge: Specific knowledge underpinning capabilities** | RCOTCareer Development Framework Level 7 |  Your rating 0-4 |
| A1.6 B1.3.7 | Have a deep and systematic knowledge and understanding of wider primary, community care and secondary care, voluntary sector services and teams and refer independently using professional judgement. | L7.16 |  |
| **Critical skills** |  |
| A2.7 B1.3.1 | Ensure own work is within professional and personal scope of practice and access advice when appropriate. | L7.25 |  |
| A1.6 B1.3.2 | Advocate and utilise the expertise and contribution to peoples’ care of other health and social careprofessionals and work collaboratively within the multi- professional team to optimise assessment, diagnosis andintegrated management and care for people. | P7.6 |  |
| A3.7 B1.3.4 | Communicate effectively with colleagues using a variety of media (e.g., verbal, written and digital) to serve peoples’ best interests. | L7.8 |  |
| A3.7 B1.3.3 | Engage in effective inter-professional communication and collaboration (with clear documentation) to optimise integrated management and care for people. | L7.18 |  |
| A2.6 B1.3.5 | Make direct referrals in a timely manner as indicated by peoples’ needs with regard to referral criteria andorganisational policies e.g., 2-week wait cancer pathway,urgent or routine referrals. | P7.13 |  |
| A1.6 B1.3.6 | Participate in effective multi-disciplinary team activity and understand the importance of effective team dynamics.This may include, but is not limited to, the following: service delivery processes, research such as audit/ quality improvement, significant event review, sharedlearning, and development. | P7.6 |  |
|  | Take responsibility for one’s own well- being and promote the well-being of the team escalating any causes for concern appropriately. | L7.12 |  |

|  |
| --- |
| **Capability 4. Maintaining an ethical approach and fitness to practice** |
| Cross- referenced OT ACPCapabilities | **Essential knowledge: Specific knowledge underpinning capabilities** | RCOTCareer Development Framework Level 7 |  Your rating 0-4 |
| A1.1 B1.4.9 | Critically reflect on how own values, attitudes and beliefs might influence one’s professional behaviour. | P7.3 |  |
| **Critical skills** |  |
| A1.3 B1.4.1 | Demonstrate the application of professional practice in one’s own day to day first contact clinical practice. | P7.5 |  |
| A1.7 B1.4.8 | Identify and act appropriately to promote positive behaviour around equality, diversity, and human rights. | P7.12 |  |
| A2.10 B1.4.2 | Reflect on, and address and engage appropriately ethical/moral dilemmas encountered during one’s own work which may impact on care. Advocate equality, fairness and respect for people and colleagues in one’s day to day practice |  |  |
| B1.4.3 | Keep up to date with mandatory training and CPD requirements, encompassing those requiring evidence for a first contact role. | F7.1 |  |
| B1.4.12 | Recognise and ensure a balance between professional and personal life that meets work commitments, maintains one’s own health, promotes well-being and builds resilience. | L7.12 |  |
| B1.4.4 | Demonstrate insight into the health issues primary care can place on personal health and wellbeing (e.g.workload pressures, lone working etc.) when working asan FCP. | L7.12 |  |
| B1.4.6 | Promote mechanisms such as complaints, significant events and performance management processes in order to improve people’s care. | P7.10 |  |
| B1.4.7 | Promote mechanisms such as compliments and letters of thanks to acknowledge and promote good practice. | L7.2 |  |

### Domain B: Assessment, investigations and diagnosis

|  |  |
| --- | --- |
| **Capability 5: Information gathering and interpretation** |  |
| Cross- referenced OT ACPCapabilities | **Essential knowledge: Specific knowledge underpinning capabilities** | RCOTCareer Development Framework Level 7 |  Your rating 0-4 |
| A2.1 B2.1.5 | Understand and apply a range of consultation models appropriate to the clinical situation and appropriately across physical and mental health presentations. | B5(d) |  |
| **Critical skills** |  |
| A1.1 B2.1.1B2.1.2 | Structure consultations to encourage the patient and/or their carer to express their ideas, concerns, expectations and understanding, using active listening skills and open questions to effectively engage with people and carers. | P7.2 |  |
| A2.4 B2.1.3 | Be able to undertake general history-taking, and focused history-taking to elicit and assess “red flags”. Be aware that “red flags” may differ in a primary/urgent care setting compared to an emergency setting (e.g. symptoms suggestive of cancer). | P7.13 |  |
| A2.1 B2.1.8 | Synthesise information, considering factors which may include the presenting complaint, existing complaints, past medical history, genetic predisposition, medications, allergies, risk factors and other determinants of health to establish differential diagnoses. | P7.4 |  |
| A2.8 B2.1.9 | Incorporate information on the nature of the person’s needs, preferences and priorities from various other appropriate sources e.g., third parties, previous histories and investigations. | P7.1 |  |
| A1.4 B2.1.6 | Explore and appraise peoples’ ideas, concerns and expectations regarding their symptoms and condition, and whether these may act as a driver or form a barrier. | P7.2 |  |
| A2.3 B2.1.10 | Critically appraise complex, incomplete, ambiguous, and conflicting information gathered from history-taking and/ or examination, distilling and synthesising key factors from the appraisal, and identifying those elements that may need to be pursued further. | P7.4 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| A2.7 B2.1.4 | Deliver diagnosis and test/investigation results, (including bad news), sensitively and appropriately in- line with local or national guidance, using a range of mediums including spoken word and diagrams, for example, to ensure the person has understands what has been communicated. | P7.9 |  |
| A3.7 B2.2.4 | Record all pertinent information gathered concisely and accurately complying with local guidance, legal and professional requirements for confidentiality, data protection and information governance. | P7.8 |  |

|  |  |
| --- | --- |
| **Capability 6 Clinical examination and procedural skills** |  |
| Cross- referenced AP OTCapabilities | **Essential knowledge: Specific knowledge underpinning capabilities** | RCOTCareer Development Framework Level 7 |  Your rating 0-4 |
| A2.10 B2.2.6B2.2.1 | Demonstrate the ability to apply a range of physical assessment techniques, being informed by an understanding of such techniques’ respective validity, reliability, specificity and sensitivity, and the implications of any limitations within such assessments, to enable an appropriate examination. |  |  |
| **Critical skills** |  |
| A2.1 B2.2.2 | Ensure the person understands the purpose of any physical examination (including intimate examinations), and/or mental health assessment, describe what will happen and the role of the chaperone where applicable. | P7.9 |  |
| A2.10 B2.2.3 | Obtain appropriate consent and ensure, where examinations take place, the person is afforded privacy and their dignity is respected (addressing comfort where practicable and reasonable adjustments being made as needed). Ensure examination is appropriate and clinically effective. | P7.7 |  |
| A1.8 B2.2.5 | Adapt practice to meet the needs of different groups and individuals, including adults, children and those with particular needs (such as cognitive impairment, sensory impairment or learning disability), working with chaperones, where appropriate. | P7.12 |  |
| A1.1 B2.2.6 | Apply a range of physical assessment and clinical examination techniques appropriately, systematically and effectively. | P7.8 |  |
| A3.5 | Perform a mental health assessment appropriate to the needs of the person, their presenting problem and manage any risk factors such as suicidal ideation promptly and appropriately. | P7.13 |  |
| A3.6 B2.3.7 | Use nationally recognised tools, where appropriate, during assessment. |  |  |
| A2.9 | Using a systematic approach, identify, analyse and interpret potentially significant information from the physical and mental health assessment (including any ambiguities). | P7.5 |  |
| A3.7 | Demonstrate accurate and concise documentation of examinations or procedures undertaken to supporta clinical management plan, and in compliance with local guidance, legal and professional requirements for confidentiality, data protection and informationgovernance. | P7.7 |  |

|  |  |
| --- | --- |
| **Capability 7: Making a Diagnosis**Occupational Therapists have extensive experience of assessing patients and their presenting situations, using occupational formulation to reach working diagnoses and provide appropriate treatment. These skills are adapted to a primary care setting to include recognising the possibility of serious underlying pathology (red flags). |  |
| Cross- referenced AP OTCapabilities | **Essential knowledge: Specific knowledge underpinning capabilities** | RCOTCareer Development Framework Level 7 |  Your rating 0-4 |
| A2.1 B2.3.2 | Understand how to make a diagnosis in a structured way using a problem-solving method informed by an understanding of probability based on prevalence, incidence and natural history of illness to aid decision making. | P7.4 |  |
| A2.3 | Understand key diagnostic biases and common errors and the issues relating to diagnosis in the face of ambiguity and incomplete data. | P7.4 |  |
| **Critical skills** |  |
| A2.7 B2.3.10 | Target further investigations appropriately and efficiently following due process with an understanding of respective validity, reliability, specificity and sensitivity and the implications of these limitations. | P7.13 |  |
| A2.4 | Understand the importance, and implications of, findings and results and take appropriate action. This may be urgent referral/escalation as in life threatening situations, or further investigation, treatment, or referral. | P7.13 |  |
| A1.6 B2.3.9 | Synthesise the expertise of multi- professional teams to aid in diagnosis where needed. | P7.6 |  |
| A2.9 B2.3.1 | Focus the objective data gathering and prioritise investigations in the context of the patient presentation and the clinical environment. | P7.4 |  |
| A2.1 B2.3.3 | Formulate a differential diagnosis based on subjective, and where available, objective data, identifying where necessary the need for investigations to aid diagnoses. | P7.5 |  |
| A2.1 B2.3.11 | Interpret the subjective and objective findings from the consultation. Exercising clinical judgement, determine differential diagnoses and a working diagnosis in relation to all information obtained. This may include the use of time as a diagnostic tool where appropriate. | P7.5 |  |
| A2.8 B2.3.4 | Revise hypotheses in the light of additional information and think flexibly around problems, generating functional and safe solutions | P7.4 |  |
| A2.8 B2.3.6 | Recognise when information/data may be incomplete (e.g., patient personally unable to provide a comprehensive history) and take mitigating actions to manage risk appropriately. Recognise the limitations of collateral information from others. | P7.13 |  |
| A2.4 B2.3.7 | Be confident in and take responsibility for own decisions whilst being able to recognise when a clinical situation is beyond own capability or competence and escalate appropriately. | P7.8 |  |

**Domain C: Condition management, treatment and prevention**

|  |
| --- |
| **Capability 8: Clinical Management** |
| Cross- referenced AP OTCapabilities | **Essential knowledge: Specific knowledge underpinning capabilities** | RCOTCareer Development Framework Level 7 |  Your rating 0-4 |
| **Critical skills** |  |
| A3.2 B3.1.8 | Vary the management options responsively according to the circumstances, priorities, needs, preferences, risks and benefits for those involved with an under-standing of local service availability and relevant guidelines and resources. | P7.4 |  |
| B3.1.7 | Consider a “watch and wait” approach where appropriate. |  |  |
| A2.4 B3.1.1 | Safely prioritise problems in settings where the person presents with multiple issues. Manage any conflict between patient priorities and clinically urgent problems. | P7.13 |  |
| A3.1 B3.1.2 | Implement shared management/ personalised care/ support plans in collaboration with people and, where appropriate, carers, families and other healthcare professionals. | P7.6 |  |
| A3.8 B3.1.2 | Ensure the management plan considers all options that are appropriate for the care pathway. |  |  |
| A2.4 B3.1.3 | Arrange appropriate follow up that is safe and timely to monitor changes in the person’s condition in response to treatment and advice, recognising the indications for a changing clinical picture and the need for escalation or alternative treatment as appropriate. | P7.13 |  |
| A3.3 B3.1.9 | Evaluate outcomes of care against existing standards and patient outcomes, managing/ adjusting plans appropriately in-line with best available evidence. | P7.14 |  |
| B3.1.4 | Identify when interventions have been successful and complete episodes of care with the person,offering appropriate follow-on advice to ensure peopleunderstand what to do if situations/circumstances change. | P7.14 |  |
| A1.6 B3.1.5 | Promote continuity of care as appropriate to the person and practice setting. | P7.8 |  |
| A2.4 B3.1.6 | Suggest a variety of follow-up arrangements that are safe and appropriate, whilst also upholding the person’s autonomy. | P7.8 |  |
| A2.4 B3.1.10 | Ensure safety netting advice is appropriate and the person understands when to seek urgent or routine review. | P7.13 |  |
| A2.5 B3.1.11 | Support people who might be classed as frail and work with them utilising best practice. | P7.13 |  |
| A2.5 | Recognise, support and proactively manage people who require palliative care and those in their last year of life, extending the support to carers and families as appropriate. | P7.4 |  |

|  |
| --- |
| **Capability 9: Prescribing treatment, administering drugs/medication, pharmacology.** |
| Cross- referenced AP OTCapabilities | **Essential knowledge: Specific knowledge underpinning capabilities** | RCOTCareer Development Framework Level 7 |  Your rating 0-4 |
| A2.7 B3.3.13 | Demonstrate knowledge of drug legislation including medicines management adhering to legal frameworks and use appropriate source literature where required (e.g. British National Formulary). | P7.7 |  |
| **Critical skills** |  |
| A2.7 B3.3.4 | Promote personalised, patient-shared decision-making to support adherence leading to concordance. | P7.2 |  |
| A2.7 B3.3.8 | When using PGD’s practice in line with the principles of antimicrobial stewardship and antibiotic resistance using available local or national resources. | P7.7 |  |
| A2.11 B3.3.10 | Be able to confidently explain and discuss the risks and benefits of medication with people, using appropriate tools to assist as necessary. | P7.2 |  |
| A2.11 B3.3.9 | Recognise adverse drug reactions and manage appropriately, including reporting as required through the correct route. | P7.13 |  |
| A2.7 B3.3.11 | Advise people on medicines management, including compliance, the expected benefits and limitations, and inform them impartially on the advantages anddisadvantages in the context of other management options. | P7.8 |  |
| A2.7 | Identify sources of further information (e.g., websites or leaflets) and advice (e.g., pharmacists), and signpost appropriately to complement the advice given. | P7.8 |  |
| A2.11 B3.3.5 | Understand a range of options available other than supplying, administering, or prescribing (e.g., not prescribing, promoting self-care, advice on over-the- counter medicines). | P7.8 |  |
| A3.8 B3.3.2 | Facilitate and/ or prescribe non-medicinal therapies such as psychotherapy, lifestyle changes and social prescribing. | P7.8 |  |
| B3.3.3 | Maintain accurate, legible, and contemporaneous records of medication prescribed and/or administered and advice given in relation to medicine. | P7.7 |  |

**Domain D: Leadership and management, education and research**

|  |
| --- |
| **Capability 10: Leadership, management and organisation** |
| Cross- referenced AP OTCapabilities | **Essential knowledge: Specific knowledge underpinning capabilities** | RCOTCareer Development Framework Level 7 |  Your rating 0-4 |
| A2.5 L&M 2 | Show consideration for people and colleagues, carrying out both clinical and non-clinical aspects of work in a timely manner, demonstrating effective time management within the constraints of the time limited nature of general practice/ primary care. | L7.10 |  |
| **Critical skills** |  |
| A2.4 L&M 3 | Respond positively when services are under pressure, acting in a responsible and considered way to ensure safe practice. | L7.1 |  |
| A1.1 L&M 4 | Role model the values of being an FCP Occupational Therapist and their place of work, demonstratinga person-centred approach to service delivery anddevelopment. | L7.9 |  |
| A1.6 L&M 12 | Actively engage in peer review to inform own and other’s practice, formulating and implementing strategies to act on learning and make improvements. | P7.10 |  |
| A3.1 | Actively seek and be positively responsive to feedback and involvement from people, families, carers, communities and colleagues in the co-production of service improvements. | L7.16 |  |
| A2.2 L&M 25 | Demonstrate receptiveness to challenge and preparedness to constructively challenge others, escalating concerns that affect people, families, carers, communities and colleagues’ safety and well-being when necessary. | L7.25 |  |
| A2.7 L&M 28 | Negotiate an individual scope of practice within legal, ethical, professional and organisational policies, governance and procedures, with a focus on managing risk and upholding safety. | L7.25 |  |

For further details on leadership and management, see the [NHS Leadership Academy.](https://www.leadershipacademy.nhs.uk/)

|  |  |  |  |
| --- | --- | --- | --- |
| L&M 27 | Deal with compliments and complaints appropriately, following professional standards and applicable local policy. | P7.10 |  |
|  | Actively participate in Significant Event Review and share the learning. | P7.17 |  |

|  |
| --- |
| **Capability 11: Education and development** |
| Cross- referenced AP OTcapabilities | **Essential knowledge: Specific knowledge underpinning capabilities** | RCOTCareer Development Framework Level 7 |  Your rating 0-4 |
| A1.2 E 1 | Critically assess and address own learning needs, negotiating a personal development plan that reflects a breadth of ongoing professional development. | P7.8 |  |
| **Critical skills** |  |
| A1.2 E 3 | Engage in self-directed learning, critically reflecting on practice to maximise skills and knowledge. | F7.8 |  |
| A1.6 E 2 | Actively seek, and be open to, feedback on own practice by colleagues to promote ongoing development. | F7.18 |  |

|  |
| --- |
| **Capability 12: Research and evidence based practice** |
| Cross- referenced AP OTcapabilities | **Essential knowledge: Specific knowledge underpinning capabilities** | RCOTCareer Development Framework Level 7 |  Your rating 0-4 |
| **Critical skills** |  |
| A2.10 R 3 | Understand and utilise the evidence of best practice to in-form own practice. | E7.6 |  |
| A2.2 R 1 | Support quality improvement initiatives/ projects – sharing outcomes and promoting change. | E7.4 |  |
|  |  |  |  |

For further details on research, see the [NHS National Institute for Health Research](https://www.nihr.ac.uk/)

|  |
| --- |
| For office use onlyDate of review for LNA Outcome (please highlight): Taught route Portfolio routeName/signature of academic |