



**UNIVERSITY OF
PLYMOUTH**
Faculty of Health

School of Health Professions

Programme Specification

PgCert First Contact Practitioner in Primary Care
(Occupational Therapy)

Academic Year: 2022-2023

Date Approved From: Aug 2022
Date of Implementation: Oct 2022
Date of First Award: Sep 2023

Internal Programme Code	Award Title	Site	Mode of Study
7524	Postgraduate Certificate First Contact Practitioner in Primary Care (Occupational Therapy)	Plymouth	PT

Reviewed	Amended following review (Y/N)	Sections amended

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1. **Final award title:** Postgraduate Certificate (PgCert) First Contact Practitioner in Primary Care (Occupational Therapy)

UCAS code

HECOS code: 100249

2. **Awarding Institution:** University of Plymouth

Teaching institution(s): University of Plymouth

3. **Accrediting body(ies)**

Summary of specific conditions/regulations: N/A

Date of re-accreditation: N/A

4. **Distinctive Features of the Programme and the Student Experience**

The Postgraduate Certificate (PgCert) First Contact Practitioner in Primary Care (Occupational Therapy) forms part of the contemporary and diverse portfolio of Advanced Professional Practice (APP) pathways offered by the School of Health Professions (SoHP). The School lies within the Faculty of Health at the University of Plymouth.

Allied Health Professionals (AHPs) are recognised as essential in delivery of quality healthcare, with the increasing demand on both primary care and a clear direction to combine current models of care such as primary, secondary and social, as set out in the [NHS Long Term Plan](#) and the [NHS People Plan](#). Specifically, the Health Education England (HEE) roadmap to practice for First Contact Practitioners (FCPs) in primary care highlights the benefit of occupational therapists working within this environment.

The PgCert First Contact Practitioner in Primary Care (Occupational Therapy) programme has been developed in response to this demand and offers an innovative approach to gaining specialist and advanced knowledge. The pathway is aligned

with the national framework: [The First Contact Practitioners \(Occupational Therapy\) HEE Roadmap](#) and designed to advance the knowledge, skills and attributes of the First Contact Practitioner (Occupational Therapist) and support development of, and the ability to demonstrate capability in practice, within the Primary Care setting.

The first iteration of the above PgCert has been developed to meet requirements specified by HEE in their Occupational Therapy FCP Primary Care tender specification (HEE 2021). This stipulates delivery via a distance learning methodology. However, the first module in the PgCert will also be available to learners from the MSc Advanced Professional Practice Occupational Therapy pathway and because it is anticipated that local demand for the FCP will grow, a blended learning delivery will also be made available in the future.

The PgCert modules have been developed in collaboration with key stakeholders including: Health Education England, Royal College of Occupational Therapists, First Contact Practitioners in Primary Care, healthcare providers, Training Hubs, clinicians intending to support the practice element, students, academics, and service users. The programme development team has been conscious of the need to enhance the student experience and promote academic excellence whilst ensuring that the programme meets contemporary service needs.

The programme builds on existing good practice and has been adapted to reflect service and professional changes whilst maintaining a clear focus on the University strategy and ensuring a quality student experience. Two of the modules (ADV773 & ADV777) will take an interprofessional approach and have already been successfully delivered by the physiotherapy team. The PgCert is underpinned by an ethos of research-informed teaching and an emphasis on delivering an evidence-based programme utilising the range of skills and experience available within the programme team. The teaching team have international, national and local research collaborations and publish and present on topics in their own relevant areas.

The programme team aim to develop a culture that will foster excellence within practice, enhancing delivery of care within the primary care setting and developing skills which will ensure sustainability for future workforce development needs.

Other distinctive features of the PgCert and the student experience are:

- A student-centred approach to the programme structure
- Use of distance and blended learning as a mode of delivery incorporating study blocks and distance learning technologies
- Opportunities to apply knowledge and skills and develop capability in practice through placement learning
- Taught by a research active team with international, national and local profiles in this area
- Assessment strategy designed to link to student's practice for example: case studies and Portfolio
- Student engagement in quality improvement, knowledge creation and dissemination of best practice
- Supportive learning environment offering rich peer learning opportunities
- A contemporary and dynamic programme responsive to the changing health and social care environment
- Future proofing the contemporary nature of the PgCert by development of close partnerships with expert clinicians who contribute to the teaching and assessment strategy
- The ability for the student to continue onwards with their postgraduate studies on the [UoP MSc Advanced Professional Practice pathways](#) which offer a flexible and contemporaneous portfolio of study options, and a range of award possibilities from PgCert to PgDip to MSc.

5. Relevant QAA Subject Benchmark Group(s)

The pathway is informed by the Quality Assurance Agency (QAA) Masters Degree Characteristics Framework for higher education qualifications in England, Wales and Northern Ireland (2010)

https://www.qaa.ac.uk/docs/qaa/quality-code/master's-degree-characteristics-statement.pdf?sfvrsn=86c5ca81_18

SEEC Level Descriptors (2010). <https://seec.org.uk/resources>

The First Contact Practitioners (Occupational Therapy) HEE Roadmap:

<https://www.hee.nhs.uk/sites/default/files/documents/First%20Contact%20Practitioners%20and%20Advanced%20Practitioners%20in%20Primary%20Care%20Occupational%20Therapy%20%281%29.pdf>

<https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/roadmaps-practice-0>

6. Programme Structure

The programme is designed as 1 year in duration, part time.

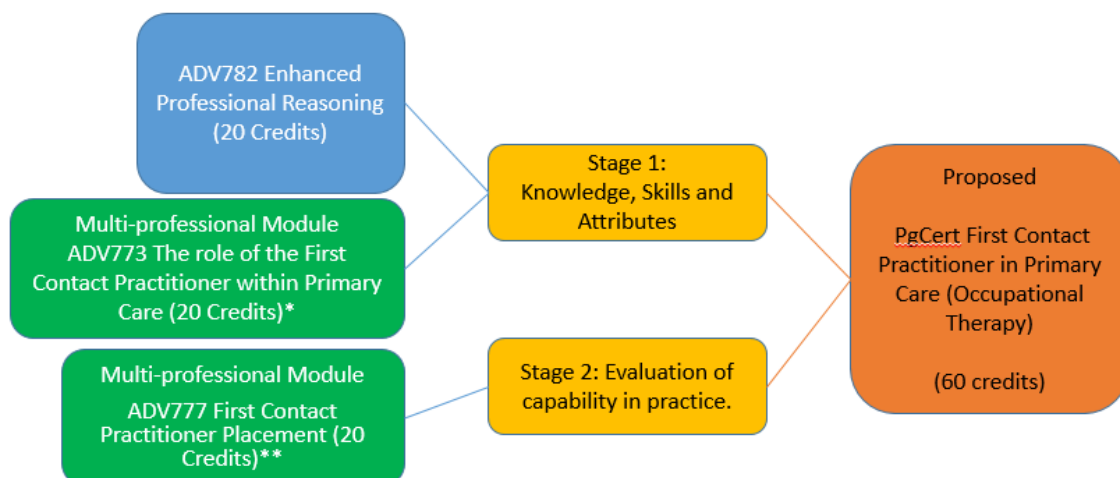
Students registered on the Postgraduate Certificate First Contact Practitioner in Primary Care (Occupational Therapy) must undertake the following three level 7 modules:

- ADV782 Enhanced Professional Reasoning
- ADV773 The role of the first contact practitioner within primary care
- ADV777 First contact practitioner in primary care practice placement

Each of these modules is level 7, 20 credits, leading to a PgCert FCP in PC (Occupational Therapy) of 60 credits. All three modules must be successfully achieved to obtain a PgCert First Contact Practitioner in Primary Care (Occupational Therapy).

These modules have been closely mapped to the national framework: [The First Contact Practitioners \(Occupational Therapy\) HEE Roadmap](#) and include the two stages, outlined within the Roadmap, that must be successfully completed in order to be eligible to join the HEE national register for First Contact Practitioners. The two stages outlined in the roadmap are: Stage 1: Demonstrating knowledge, skills and attributes and stage 2: Demonstrating capability in practice. These are outlined in Figure 1 over the page.

Figure 1: Outline of University of Plymouth Occupational Therapy FCP Modules.



* Applicants must complete ADV782 prior to starting ADV773

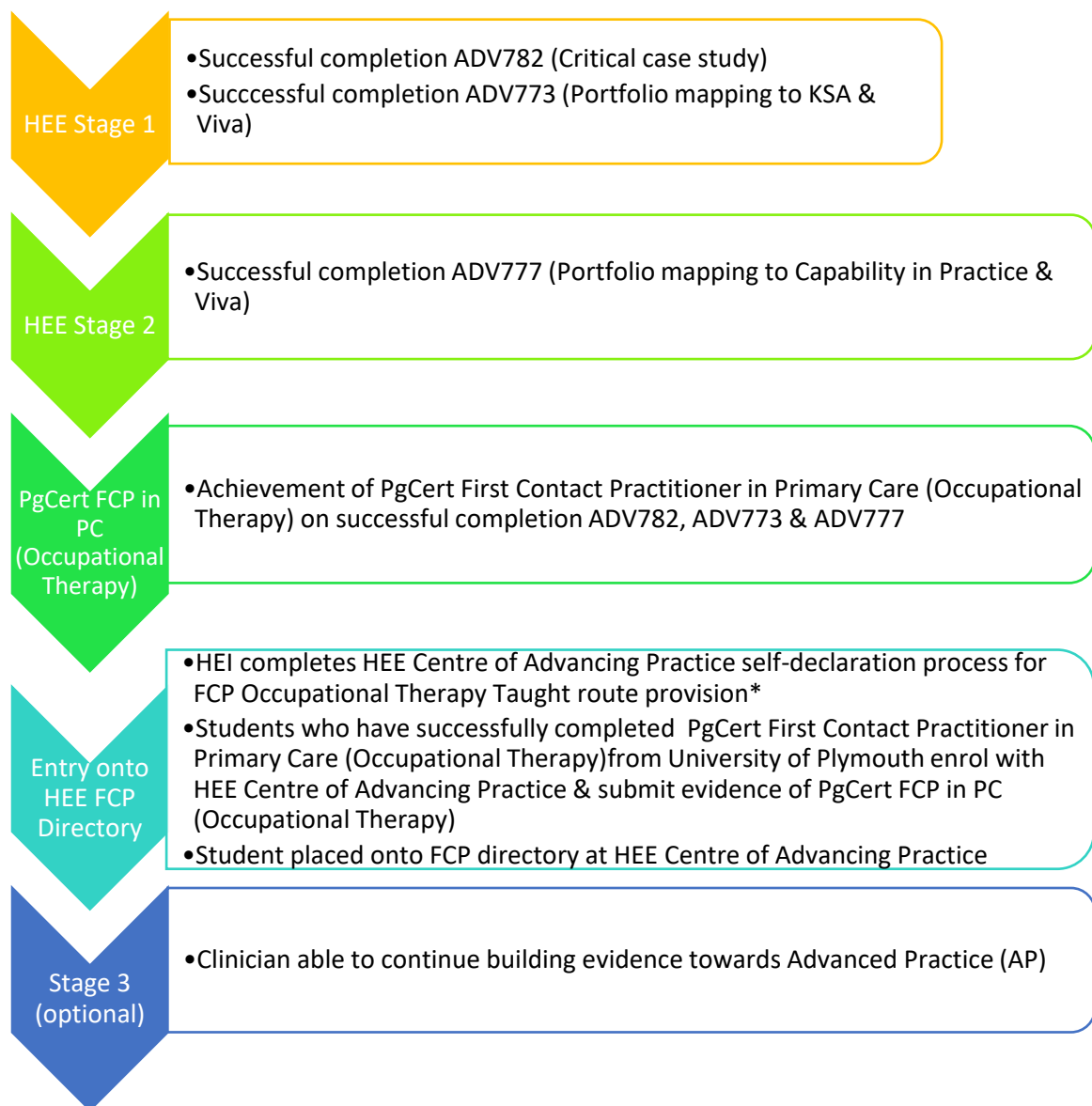
** Applicants must successfully complete ADV782 and ADV773 prior to starting ADV777

[The First Contact Practitioners \(Occupational Therapy\) HEE Roadmap](#) was developed with support from and in collaboration with multi-organisational, multi-professional and patient group stakeholders. It builds on previous work carried out in relation to development of the FCP musculoskeletal role.

[The First Contact Practitioners \(Occupational Therapy\) HEE Roadmap](#) clearly outlines the expectation that all First Contact Practitioners in Primary Care (Occupational Therapy) must be verified and be held the HEE register to practice.

The process for gaining entry onto the HEE First Contact Practitioner in Primary Care (Occupational Therapy) register is outlined in figure 2 over the page.

Figure 2. Process for gaining entry onto HEE FCP register via taught route.



*Anticipated self-declaration route

Health Education England continues to develop the First Contact Practitioner in Primary Care (Occupational Therapy) agenda and, it is therefore essential that the programme team are vigilant to any updates on the [HEE Roadmaps to Practice webpages](#). This will be achieved by review prior to each module delivery.

In order to ensure transparency with regard to the practice element of ADV777 Practice placement, full guidance will be included in both the module handbook (for students) and the Clinical Mentor's handbook. Full explanations will be included in the following module sessions: introduction to the module session for the students

and the clinical mentors' training webinar. In addition, facilitated small group peer discussion will be facilitated. Opportunity for further discussion will be offered at follow up sessions for both students and clinical mentors. The Q&A function on Moodle will be used to clarify any queries.

It is recognised that some students will join the programme with limited experience of the academic expectations of studying at level 7. There will therefore be a number of support mechanisms in place. All students will be offered access to the Essential Academic Writing Skills course, all students will be signposted to the relevant university support services and the information specialist team will link into the programme. Facilitation of critical thinking and critical appraisal is embedded into the teaching and learning delivery.

For ADV777, the placement module, it is crucial that a mechanism is in place to identify students who are not able to demonstrate capability in practice, in order to establish support for both the student and clinical mentor.

All students' progress will be reviewed at midway by their clinical mentor and a report completed. This will identify if a student is able to demonstrate capability and highlight any areas of concern. Should any issues be highlighted, a tripartite meeting will be arranged with the student, clinical mentor and Module lead/ or module team staff (as appropriate) to identify an agreed action plan and outline support required. This action plan will then be reviewed on an agreed regular basis. This is to ensure that any students who do not meet the learning outcomes of the programme have a clear understanding of why this is and the implications.

Module handbooks will direct to information related to Student regulations, policies and procedures. Module information and teaching will reinforce that, although peer support is a key and integral competent of the ethos of the programme, to ensure academic honesty is maintained all assessments must be the individual students' work.

In the event any students are unable to successfully complete all three modules, they will have developed a comprehensive breath of evidence, which they may use

in developing the evidence required for an attempt on the portfolio route for registration.

7. Programme Aims

The aim of the PgCert First Contact Practitioner in Primary Care (Occupational Therapy) programme is to equip professionals with skills that advance practice by:

1. Gaining a deep understanding of the First Contact Practitioner role within the primary care setting and how this role is used to enhance the patient journey
2. Developing the theoretical knowledge and critical thinking needed to underpin their own practice, whilst critically reviewing trends in theory, practice and management relating to practice
3. Develop critical awareness of the contemporary issues influencing the organisation and delivery of services and to appraise and apply changes within the primary care setting
4. Developing a critical understanding of the complexities of wider determinants of health that challenge the health of an individual/society.
5. Developing a critical awareness of the opportunities and challenges to enhance patient centred care in the primary care setting.
6. Ensuring professional practice is underpinned by a focus on excellence and sustainability by developing a critical, analytical and creative approach

8. Programme Intended Learning Outcomes

8.1. Knowledge and understanding

On successful completion graduates should have developed:

1. A deep, comprehensive and systematic understanding in key aspects of professional practice.
2. A critical and systematic understanding of decision making theory used to make decisions in professional practice.
3. Advanced assessment and management skills including advanced clinical skills where appropriate relevant to occupational therapy practice in primary care.

4. A deeper understanding of the practice role and how this level of practice is used to enhance the patient journey.
5. An ability to apply knowledge and skills to their individual area of practice to review and develop services.
6. Originality in the application of knowledge, together with a practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in the discipline.

8.2. Cognitive and intellectual skills

On successful completion graduates should have developed the ability to:

1. Flexibly and creatively relate their advanced knowledge base, skills and professional behaviour to occupational therapy and the undifferentiated and undiagnosed patient;
2. Use personal reflection to analyse self and own actions, through a critical thinking, problem solving, enquiry based approach
3. Autonomously formulate, propose and justify advanced assessment management plans incorporating person centred care for a wide range of conditions relevant to their professional practice;
4. Critically evaluate evidence based research in order to apply it appropriately to their professional practice area;
5. Demonstrate leadership qualities including being able to influence, implement change and enhance practice

8.3. Key and transferable skills

On successful completion graduates should have developed the ability to:

1. Critically evaluate relevant information relating to occupational therapy and the undifferentiated, undiagnosed patient in order to determine timely interventions and appropriate care pathways
2. Critically apply judgements within complex decision making scenarios
3. Apply contemporary policy and guidelines in relation to their professional practice

8.4. Employment related skills

On successful completion graduates should have developed:

1. The knowledge, skills and attributes required to demonstrate capability in their FCP occupational therapy role.
2. An ability to systematically review the evidence base within their own professional practice.
3. A problem solving approach to their area of professional practice based on critical reflection, appraisal and application of evidence.
4. The ability to facilitate the provision of an environment of care in which the uniqueness of each individual is valued and is a commitment to fair and anti-discriminatory practice

8.5. Practical skills

On successful completion graduates should have developed the skills to:

1. Act autonomously in delivery of their FCP occupational therapy role, demonstrating self-direction and originality in tackling and solving problems
2. Deal with complex issues both systematically and creatively, make sound judgements within their FCP role in the primary care setting
3. Accept responsibility for their own professional practice
4. Work effectively with all teams within their professional practice setting.

9. Admissions Criteria, including APCL, APEL and Disability Service Arrangements

In order to commence this programme, the student must meet the University's entry requirements for study at postgraduate level. Applicants will normally have a first degree, BSc (Hons) at 2:2 or above; or European first cycle equivalent plus a professional qualification in health or social care.

Applicants whose first language is not English must also provide evidence of competence in written and spoken English in accordance with the University's

Admissions Code of Practice i.e. IELTS average of 6.5, with a minimum of 5.5 in each category.

In addition to the entry requirements above there are a number of specific admission criteria for this programme that will ensure students access this programme at the right time within their professional practice. These align with national frameworks and will be clearly outlined to the student.

Specific admissions criteria are:

1. Applicants are able to evidence that they have the relevant Occupational Therapy experience, normally this is a minimum of 3 years post registration experience.
2. Applicants are able to provide evidence of current Health and Care Professions Council (HCPC) registration
3. Applicants must provide evidence of having completed the relevant e-learning modules (eLfH)
4. Applicants must have written support from their workplace to enrol on the PgCert First Contact Practitioner in Primary Care (Occupational Therapy). With this support, the workplace declares that they will ensure an appropriate clinical mentor in primary care has been identified to support the student for ADV777; confirmation must be provided to the Professional Development Unit prior to the start of the module. Failure to do so will result in the student being required to interrupt from studies until an appropriate mentor has been identified; the student would be able to resume studies at the next delivery of the module. **
5. For the HEE tender, applicants must be working in Primary Care at the equivalent of Band 7 Agenda for Change.

Applicants to this programme may be commissioned / sponsored or self-funded. All applications will be to the Professional Development Unit who work closely with the programme team. The final decision of whether a student is accepted to a programme of study rests with the FCP Occupational Therapy lead for the University of Plymouth. Potential students will be assessed individually for their ability to study at this level and therefore an interview may be necessary.

**The final module, ADV777 First contact practitioner in primary care practice placement module maps to stage 2 of the HEE verification process for First Contact practitioner (Occupational Therapy). The placement module involves 75 hours of clinical practice and support of a clinical mentor. [The First Contact Practitioners \(Occupational Therapy\) HEE Roadmap](#) requires students to be employed in a Primary Care setting in order to commence Stage 2, this is to ensure they are able to demonstrate their capability in practice. Workplace support and identification of a suitable clinical mentor will be part of the admissions criteria for enrolment on the PgCert First Contact Practitioner in Primary Care (Occupational Therapy) (as outlined above).

APL (including APEL and APCL):

Claims for credit of prior learning, whether certificated or experiential, are accepted for ADV782 module only and will be assessed following university regulations and faculty procedures. APL is not accepted against ADV773 and ADV777 because of the need to fulfil the requirements for stage 1 and 2 of the HEE FCP Roadmap. Therefore the maximum at APL to the PgCert is 20 credits.

European Credit Transfer and Accumulation System (ECTS):

The PgCert pathway is equivalent to 30 ECTS credits at Postgraduate certificate. Each 20 credit module has the equivalent of 10 ECTS credits and assumes a notional student effort of between 200-300 hours.

10. Progression routes/criteria for progression to Final and Intermediate Awards

In order to undertake ADV773, ADV782 must have been completed. In order to progress to stage 2 and undertake ADV777, both ADV782 and ADV773 must have been successfully completed.

On successful completion of all three core modules (60 credits), students will be awarded:

11. Non Standard Regulations

The following non-standard regulations apply to this programme:

1. Claims for APL are accepted up to a maximum of 20 credits and only against ADV782 on this award. APL is not permitted against ADV773 or ADV777.
2. Module pass criteria: All elements and components of assessment must be achieved, with a minimum of 50% for all percentage-weighted assessments.

12. Disability Services

The PgCert First Contact Practitioner in Primary Care (Occupational Therapy) pathway is designed to enable students through an equitable experience. We work collegiately with expert colleagues in the Disability Services (within the Student Hub) to ensure students, who consider studying the PgCert, receive timely advice on the support available. Where appropriate, reasonable adjustments will be considered for students with valid, identified needs.

13. Transitional Arrangements for existing students looking to progress onto the programme

There are no transitional arrangements for this programme.

14. Mapping Appendices

Appendix 1: Programme Specification Mapping: module contribution to the meeting of Award Learning Outcomes

CORE MODULES: tick those Award Learning Outcomes the module contributes to through its assessed learning outcomes. Insert rows and columns as required

Core Modules		Award Learning Outcomes contributed to (for more information see Section 8)																				Compensation Y/N	Assessment Element(s) and weightings [use KIS definition] E1- exam E2 – clinical exam T1- test C1- coursework A1 – generic assessment P1 - practical			
		Knowledge & understanding						Cognitive & intellectual skills					Key & transferable skills				Employment related skills				Practical skills					
		1	2	3	4	5	6	1	2	3	4	5	1	2	3	-	1	2	3	4	1			2	3	4
Level 7	ADV782 Enhanced Professional Reasoning	X	X	X	X	X	X	X	X	X		X	X	X	-		X	X	X			X	X	N	C1 100%	
	ADV773 The role of the first contact practitioner within primary care	X	X	X	X	X	X	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	N	P1 100%	
	ADV777 First contact practitioner in primary care practice placement	X	X	X	X	X	X	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	N	P1 100%	
Confirmed Award LOs		X	X	X	X	X	X	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X			

Appendix 2 - Mapping of Knowledge Skills and Attributes Document from HEE FCP Roadmap to PgCert FCP in PC (Occupational Therapy)

KEY

Any block in yellow will be covered in ADV782 or these skills the clinician would have developed due to their level of experience, and students will self-declare as competent for these sections

Any blocks that are blank, must be linked to the Portfolio submission for ADV773. One piece of evidence will link to multiple sections.

Any block in green will be signed off on successful completion of the ADV777 viva

Any block that is pink fits across all modules

Domain A: Person-centred Collaborative Working

Capability 1. Communication and consultation skills		
Cross-referenced ACP OT Capabilities	Essential knowledge: Specific knowledge underpinning capabilities	RCOT Career Development Framework Level 7
A (a) Red	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.	P7.9
Critical skills		
C (d)	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
A (c)	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
C (b)	Communicate effectively with individuals who require additional assistance to ensure an effective interface with a practitioner, including the use of accessible information.	P7.9

B (d)	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
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B (c) Red	Enable effective communication approaches to non-face to face situational environments e.g., phone, video, email or remote consultation.	
B (d)	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.	
B (a) Red	Elicit psychosocial history to provide context for peoples' problems or presentations.	
C (a) Red	Manage people effectively, respectfully, and professionally (including where applicable, carers and families) especially at times of conflicting priorities and opinions.	P7.3
C (a) Red	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 ACP Capabilities	Essential knowledge: Specific knowledge underpinning capabilities	RCOT Career Development Framework Level 7
A (d)	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
C (c)	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
C (e)	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		
B (e)	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.	
	Effectively employ the Public Health England “All Our Health” framework in own and wider community of practice.	L7.6

C (d)	<p>Engage people in shared decision making about their care by:</p> <ul style="list-style-type: none"> • supporting them to express their own ideas, concerns and expectations and encouraging them in asking 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
B (b)	<p>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.</p>	L7.11
C (b)	<p>Evaluate how the vulnerabilities in some areas of a person's life might be overcome by promoting resilience in other areas.</p>	L7.7
A (e)	<p>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.</p>	
A (e)	<p>Advise on sources of relevant local or national self-help guidance, information and support including coaching and social prescribing.</p>	

Capability 3. Working with colleagues and in teams		
Cross-referenced OT ACP Capabilities	Essential knowledge: Specific knowledge underpinning capabilities	RCOT Career Development Framework Level 7
A (e)	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		
B (g)	Ensure own work is within professional and personal scope of practice and access advice when appropriate.	L7.25
A (e)	Advocate and utilise the expertise and contribution to peoples' care of other health and social care professionals and work collaboratively within the multi-professional team to optimise assessment, diagnosis and integrated management and care for people.	P7.6
C (g)	Communicate effectively with colleagues using a variety of media (e.g., verbal, written and digital) to serve peoples' best interests.	L7.8
C (g)	Engage in effective inter-professional communication and collaboration (with clear documentation) to optimise integrated management and care for people.	L7.18
B (f)	Make direct referrals in a timely manner as indicated by peoples' needs with regard to referral criteria and organisational policies e.g., 2-week wait cancer pathway, urgent or routine referrals.	P7.13

A (e)	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, shared learning, 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 ACP Capabilities	Essential knowledge: Specific knowledge underpinning capabilities	RCOT Career Development Framework Level 7
A (a) Red	Critically reflect on how own values, attitudes and beliefs might influence one's professional behaviour.	P7.3
Critical skills		
A (b)	Demonstrate the application of professional practice in one's own day to day first contact clinical practice.	P7.5
A (f)	Identify and act appropriately to promote positive behaviour around equality, diversity, and human rights.	P7.12
B (b) Blue	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	
	Keep up to date with mandatory training and CPD requirements, encompassing those requiring evidence for a first contact role.	F7.1
	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
	Demonstrate insight into the health issues primary care can place on personal health and wellbeing (e.g. workload pressures, lone working etc.) when working as an FCP.	L7.12
	Promote mechanisms such as complaints, significant events and performance management processes in order to improve people's care.	P7.10
	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 ACP Capabilities	Essential knowledge: Specific knowledge underpinning capabilities	RCOT Career Development Framework Level 7
B (a), Red	Understand and apply a range of consultation models appropriate to the clinical situation and appropriately across physical and mental health presentations.	
Critical skills		
A (a), Red	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
B (d), Red	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

B (a), Red	Synthesise information, considering of 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
B (h)	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
A (c)	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
B (c), Red	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
B (g)	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
C (g)	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 OT Capabilities	Essential knowledge: Specific knowledge underpinning capabilities	RCOT Career Development Framework Level 7
B (b), Blue	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		
B (a), Red	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
B (b), Blue	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
A (g)	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

A (a), Red	Apply a range of physical assessment and clinical examination techniques appropriately, systematically and effectively.	P7.8
C (e)	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
C (f)	Use nationally recognised tools where appropriate during assessment.	
B (a), Blue	Using a systematic approach, identify, analyse and interpret potentially significant information from the physical and mental health assessment (including any ambiguities).	P7.5
C (g)	Demonstrate accurate and concise documentation of examinations or procedures undertaken to support a clinical management plan, and in compliance with local guidance, legal and professional requirements for confidentiality, data protection and information governance.	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 providing 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 OT Capabilities	Essential knowledge: Specific knowledge underpinning capabilities	RCOT Career Development Framework Level 7
B (a), Red	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
B (c), Red	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		
B (g)	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

B (d)	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
A (e)	Synthesise the expertise of multi- professional teams to aid in diagnosis where needed.	P7.6
B (a), Blue	Focus the objective data gathering and prioritise investigations in the context of the patient presentation and the clinical environment.	P7.4
B (a), Red	Formulate a differential diagnosis based on subjective and where available objective data, identifying where necessary the need for investigations to aid diagnoses.	P7.5
B (a), Red	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
B (h)	Revise hypotheses in the light of additional information and think flexibly around problems, generating functional and safe solutions.	P7.4
B (h)	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
B (d)	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 OT Capabilities	Essential knowledge: Specific knowledge underpinning capabilities	RCOT Career Development Framework Level 7
Critical skills		
C (b)	Vary the management options responsively according to the circumstances, priorities, needs, preferences, risks and benefits for those involved with an understanding of local service availability and relevant guidelines and resources.	P7.4
	Consider a “watch and wait” approach where appropriate.	
B (d)	Safely prioritise problems in settings where the person presents with multiple issues. Manage any conflict between patient priorities and clinically urgent problems.	P7.13
C (a), Red	Implement shared management/ personalised care/support plans in collaboration with people (and where appropriate carers), families and other healthcare professionals.	P7.6
C (a), Blue	Ensure the management plan considers all options that are appropriate for the care pathway.	
B (d)	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

C (c)	Evaluate outcomes of care against existing standards and patient outcomes, managing/ adjusting plans appropriately in line with best available evidence.	P7.14
	Identify when interventions have been successful and complete episodes of care with the person, offering appropriate follow- on advice to ensure people understand what to do if situations/circumstances change.	P7.14
A(e)	Promote continuity of care as appropriate to the person and practice setting.	P7.8
B (d)	Suggest a variety of follow-up arrangements that are safe and appropriate, whilst also upholding the person's autonomy.	P7.8
B (d)	Ensure safety netting advice is appropriate and the person understands when to seek urgent or routine review.	P7.13
B (e)	Support people who might be classed as frail and work with them utilising best practice.	P7.13
B (e)	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 OT Capabilities	Essential knowledge: Specific knowledge underpinning capabilities	RCOT Career Development Framework Level 7
B (g)	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		
B (g)	Promote personalised, patient-shared decision-making to support adherence leading to concordance.	P7.2
B (g)	When using PGD's practice in line with the principles of antimicrobial stewardship and antibiotic resistance using available local or national resources.	P7.7
B (c), Blue	Be able to confidently explain and discuss the risks and benefits of medication with people, using appropriate tools to assist as necessary.	P7.2
B (c), Blue	Recognise adverse drug reactions and manage appropriately, including reporting as required through the correct route.	P7.13

B (g)	Advise people on medicines management, including compliance, the expected benefits and limitations, and inform them impartially on the advantages and disadvantages in the context of other management options.	P7.8
B (g)	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
B (c), Blue	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
C (a), Blue	Facilitate and or prescribe non-medicinal therapies such as psychotherapy, lifestyle changes and social prescribing.	P7.8
	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 OT Capabilities	Essential knowledge: Specific knowledge underpinning capabilities	RCOT Career Development Framework Level 7
B (e)	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		
B (d)	Respond positively when services are under pressure, acting in a responsible and considered way to ensure safe practice.	L7.1
A (a), Red	Role model the values of being an FCP Occupational Therapist and their place of work, demonstrating a person-centred approach to service delivery and development.	L7.9
A (e)	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
C (a), Red	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
B (b), Red	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

For further details on leadership and management, see the [NHS Leadership Academy](#).

B (g)	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
	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 OT capabilities	Essential knowledge: Specific knowledge underpinning capabilities	RCOT Career Development Framework Level 7
A (a) Blue	Critically assess and address own learning needs, negotiating a personal development plan that reflects a breadth of ongoing professional development.	P7.8
Critical skills		
A (a), Blue	Engage in self-directed learning, critically reflecting on practice to maximise skills and knowledge.	F7.8
A (e)	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 OT capabilities	Essential knowledge: Specific knowledge underpinning capabilities	RCOT Career Development Framework Level 7
Critical skills		
B (b), Blue	Understand and utilise the evidence of best practice to inform own practice.	E7.6
B (b), Red	Support quality improvement initiatives/ projects – sharing outcomes and promoting change.	E7.4