

## HEE Roadmap - Pros and Considerations

### What is the Roadmap for?

It is for occupational therapists in primary care who wish to become or who are First Contact Practitioners (FCPs) and who wish to be recognised on the HEE Directory of Advancing Practice using the portfolio submission route and/or alongside academic courses. It shows how FCPs can also develop to full Advanced Practitioners (AP) using the portfolio route. It will also be of interest to:

- Students who are exploring the role and function
- Academics who are running FCP and AP post registration masters level training
- Researchers who are exploring this area.
- Service leads who are designing services and leading recruitment
- The international occupational therapy community who are also expanding the role

### What is a First Contact Practitioner?

It is a diagnostic clinician in primary care working at master's level with a minimum of five years post graduate experience. They work with people with undiagnosed and undifferentiated diagnoses, managing complexity and uncertainty as the first point of contact for that patient/carer in primary care.

### What is in the Roadmap?

The roadmap is divided into two section - the first section explains how to become an FCP and then progress onto becoming an AP. The second section provides all the tools and templates that you will need.

#### First Section (approx. first 40 pages):

- Introduction to FCP, AP, remuneration, difference between level 7 and 8 practice
- Educational pathways for FCP portfolio and taught HEI masters modules
- How to build portfolio of evidence with Roadmap Supervisor
- Recognition and assessment process with checklists
- Supervision -CPD, Clinical, debrief, educational supervision
- How to move or "top up" from FCP to AP
- Online learning available

## Second Section (appendices):

- *Workplace Based Assessment tools (WPBA)* – templates for reflective logs, case-based discussion, QI projects, patient feedback, multisource feedback, personal development plans
- *Core Knowledge, Skills and Attributes (KSA)* across all FCP clinicians in primary care (appendix 12.14), mapped to the RCOT Career Development Framework
- *FCP Occupational therapy Superpowers* – key clinical areas for FCP occupational therapists (appendix 12.15) -older adults, mental health, vocation
- *“Top up” Core Knowledge, Skills and Attributes (KSA)* – 5 common capabilities across all AP Clinicians in primary care (appendix 12.16), mapped to the RCOT Career Development Framework
- *Advanced Clinical Practice Capabilities for Primary Care Occupational therapy* (appendix 12.17) devised by multidisciplinary steering group including clinicians, academics, four country and patient representation and public consultation.
- Further information about the e-learning courses

## Why does the occupational therapy Roadmap include diagnosis and medicines?

The roadmap says that FCP occupational therapists have extensive experience of assessing people and their presenting situations using occupational formulation to reach a working diagnosis to provide appropriate interventions. It also says that primary care staff such as receptionists or people who are self-referring for the first time before having a diagnosis can be directly triaged to the FCP occupational therapist.

This means that in the FCP role, occupational therapists are using their clinical skills and training to reach a working diagnosis of the occupational problem and are also dealing with undifferentiated/undiagnosed conditions where the person’s medical diagnosis is not yet clear. This happens because people often describe their presenting problems in everyday language and will also “save” several problems up until they see a clinician.

Where there is doubt or ambiguity the FCP occupational therapist is not expected to make a diagnosis but rather keep an open mind, formulate an impression as to what the cause of the problem may be, know what should be escalated to be ruled out and when alternative input is required. This will involve the ability to recognise “red flags” which may indicate the possibility of serious underlying pathology.

FCP occupational therapists also need to be able to evaluate medicines relevant to those receiving assessment, how they are used, their possible side effects and the impact on occupational performance and engagement. This will include developing and make use of the full scope of practice including skills for medicines management, coordination of investigations to support the individual’s occupational

performance and use of Patient Specific and/or Patient Group Directions where appropriate.

[Patient Group Directions & Occupational Therapists - RCOT](#)

## **Is the Roadmap mandatory and can you summarise the required capabilities?**

In England, to be recognised as an FCP on the HEE Directory, use of the roadmap is mandatory.

### **Core Knowledge, Skills and Attributes (KSA) capabilities**

1. Communication and consultation skills
2. Practicing holistically to personalise care and promote public and person health
3. Working with colleagues and in teams
4. Maintaining an ethical approach and fitness to practice
5. Information gathering and interpretation
6. Clinical examination and procedural skills
7. Making a diagnosis
8. Clinical management
9. Prescribing treatment, administering drugs/medications, pharmacology
10. Leadership, management, and organisation
11. Education and development
12. Research and evidence-based practice

### **FCP Occupational therapy Superpowers**

They are several key clinical areas that occupational therapists can manage in general practice/primary care as First Contact Practitioners according to the scope of their role:

- Adults with undiagnosed mental health problems contacting the surgery for the first time
- Older adults who are presenting with their first episode of frailty related problems
- Working age adults requesting their first GP Fit note

## **“Top up” Core Knowledge, Skills and Attributes (KSA)**

1. Analysis of health population data
2. Being a leading member of the primary care MDT
3. Clinical complexity and urgent care
4. Medicines management and Patient Group Directions
5. Leadership, Education, research

## **Advanced Clinical Practice Capabilities for Primary Care Occupational Therapy**

These are 28 interrelated capabilities across the following areas:

***Personalised and collaborative occupational therapy*** including population health, occupational injustice, use of frameworks and models, enables and barriers to occupational participation, critical analysis of emerging complex societal issues.

***Occupational therapy assessment and diagnosis*** including occupational performance, reduced function ability and independence, cumulative social stressors, extrinsic environmental risk factors and digital delivery

***Occupational therapy interventions for individuals, groups and communities*** including innovation and transformation, grading and adapting occupations as therapy, problems solving, empowerment and activation, intervening at multiple levels via person, environment and occupation.