

Job description for primary care occupational therapist

Working with others, we've produced a job description for a primary care occupational therapist. We hope it helps support recruitment.

We worked with a multi-disciplinary steering group including expert patients, clinicians, and academics from across the UK.

We also included a public consultation that helped us improve the description. It has an overarching job scope followed by key duties, responsibilities, and a person specification.

Job title. Primary care occupational therapist

Job scope. This post requires an occupational therapist who is specialised and can work at a high level of practice in primary care. They will use in-depth, expert knowledge, clinical skills, and experience in the management of patient's, groups, and communities' occupational participation. This may include home and health management, education, work, social participation, and leisure activities.

The post holder will provide personalised, biopsychosocial occupational therapy interventions from initial clinical assessment, diagnosis, intervention to evaluation. This will be for agreed patient groups such as older adults, adults with mental health problems and those with vocational needs.

They will provide complex clinical decision-making, and expert care for patients in primary care. They will have a comprehensive understanding of how to use risk assessment for undifferentiated diagnoses and clinical red flags, including when alternative input is required.

They will work collaboratively with the primary care multi-disciplinary team (MDT) across pathways and systems. They will meet the needs of patients and carers, offer digital delivery, and support the delivery of appropriate policy and procedures. They will provide occupational therapy leadership across clinical practice, education, and research.

Key duties and responsibilities

- 1. Lead on the systematic assessment, planning, implementation, and evaluation of occupational therapy interventions. These should address why patients, groups and communities are not able to engage in occupations that have health benefits. They should aim to increase patients' occupational performance and engagement.
- 2. Empower patients, families, and groups to self-manage through shared decision making and peer activation. It should include solving complex problems in innovative ways using occupation and outcomes-focused goals.
- 3. Co-create and select specifically graded and adapted occupations as therapy that bring about transformative, measurable change. This will include working with the impact of the



- social determinants of health and in collaboration with the third sector.
- 4. Use initiative and take responsibility to work in partnership with primary care multidisciplinary team colleagues, alongside the patients' families, carers, and employers. Use communication effectively with both specialist and non-specialist audiences in a variety of accessible media.
- 5. Lead the development of crisis and contingency plans with relevant professionals to prevent admission to or speed discharge from hospital. This should focus on maximising and maintaining independence in preferred home, work, and community settings.
- 6. Deliver a wide range of occupational therapy interventions that target the patient, for example, using rehabilitation to rebuild lost skills and restore confidence. Interventions should also target their environment, for example, through assistive technology and carer support. It must also address their chosen occupations, such as home and work activities.
- 7. Complete assessments of environmental and behavioral risk factors in challenging and unpredictable situations. This will include making sound judgements on home, community, and workplace environmental alterations.
- 8. Enable and advise patients, and their families or carers, about how to engage in occupations that promote physical, psychological, and emotional health. This may include advising about organisations or equipment that can help with daily activities, social isolation, work, and social stressors.
- 9. In partnership with patients, use collaborative problem solving and goal setting. This should aim to enhance feelings of control and informed choices about how to manage physical and mental long-term conditions.
- 10. Lead on the development, implementation, and evaluation of a seamless occupational therapy service across primary care. This will include working with health, social care and voluntary sectors, improving standards of patient care and cross boundary working.
- 11. Manage a complex and specialist caseload independently, flexibly carrying out multifactorial assessment and treatment. This will include demonstrating autonomous clinical judgments where there is an ambiguous or absent evidence base, incomplete or contradictory information.
- 12. Lead in standard setting for occupational therapy practice in general practice including anticipatory population analysis for health inequalities and health promotion. It will also include triage and coordination of emergency referrals. Triangulation of evidence from interview, observation, and standardised measures will be key. It could also include developing and making use of the full scope of practice for medicines management.
- 13. Continue to learn independently and develop professionally to a high level, informed by the forefront of current research and knowledge. This will include how to increase engagement in occupations and everyday function and when onward referral is required.
- 14. Develop and provide accurate patient and carer information, that outlines for example, levels of occupational performance in the context of everyday living/working. It may include their capacity to develop new skills and strategies and viability of independent living or return to work. Provide tailored recommendations about support needed to carry out chosen occupations at home or when returning to a particular job.
- 15. Proactively use occupational analysis and formulation to identify new ways to resolve underlying issues that create barriers to participation.
- 16. Facilitate and co-create interprofessional learning about occupational needs and interventions for primary care staff, to enhance local decision making.
- 17. Explore and evaluate emerging issues at societal level to ensure delivery of best occupational therapy practice. This could be related to clinical practice, caseload management, education, research, and audit, to achieve local population objectives.



Administration and professional responsibilities

- 18. Demonstrate high standards of personal and professional development, actively participating in mentoring and supervision to develop and share learning with colleagues. Promote the use of peer review and best practice at work, alerting other team members to issues of inequality and risk.
- 19. Contribute to and co-create relevant audit processes, implementing ongoing service changes to better meet local population needs.
- 20. Maintains accurate, timely healthcare records appropriate to the consultation. Ensure accurate completion of all documentation about patient health care and registration with the practice, and improve these systems where required.

Supervision

The postholder will have access to appropriate clinical supervision and an appropriate named individual in primary care to provide general advice and support on a day-to-day basis.

Person Specification

| Element | Essential | Desirable |
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| Qualifications | BSc/MSc in occupational therapy from a training programme approved by the Royal College of OTs (RCOT) and the HCPC. Health & Care Professions Council (HCPC) registration. Able to operate at appropriate level of practice to the scope of the role. | Relevant post registration qualifications such as first contact clinician or advanced clinical practitioner Mentorship or supervisory skills training. |
| Knowledge | Understanding of how to manage a complex, occupational therapy caseload using theoretical and practical experience, completing assessments, planning, implementing occupational therapy interventions, and evaluating outcomes aligned to care plans. Working knowledge of Microsoft and GP practice data monitoring systems. Ability to write comprehensive clinical notes, implement and evaluate care plans. | Experience of working within a primary care setting and working with, for example, social prescribing services Health coaching, cognitive behavioural and motivational interviewing approaches / skills. Ability to contribute to fit note processes, advising on and developing return to work plans using fit note and AHP Health and Work Report. Evidence of developing clinical governance requirements. Extensive risk assessment experience including use of the |



| | Experience of assessment and treatment delivery in long term conditions and active management for example for older adults, adults with mental health problems and patients with work and health problems. Awareness of data protection (GDPR) and confidentiality issues particularly within a primary care setting. Experience of interprofessional and multi-agency teamwork. | Mental Health or Mental Capacity Act. Experience of delivery of mental health occupational therapy assessment and intervention for those with complex needs. Experience of delivery of vocational assessment and intervention for those with health and work problems. Experience of delivery of occupational therapy assessment and intervention for frail, older adults. |
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| Analytical skills | Ability to evidence a systematic understanding of the NHS principles and values. Ability to analyse and interpret complex, dynamic, and incomplete information, preempt, and evaluate issues, and recommend appropriate course of action to address emergency issues in unfamiliar contexts. | Ability to develop critical responses, suggest new concepts, undertake investigations to generate transformative solutions. Ability to work across organisational boundaries within health and social care and with wider community partners. Independent thinker with good judgement, problem-solving and analytical skills, including ability to suggest novel approaches. |
| Communication | Excellent interpersonal and organisational skills. Ability to influence and persuade others articulating a balanced view, able to constructively question information and justify alternative approaches when required. Ability to build effective relationships with a range of stakeholders which are based on openness, honesty, trust, and confidence. Evidence of success in efficient and effective project and programme management. Evidence of inspiring and | Clear communicator with writing, report writing and presentation skills capable of constructing and delivering clear ideas and concepts concisely and accurately for diverse audiences. Significant post registration experience. Ability to negotiate effectively and resolve conflict. |



| | motivating teams with the ability to communicate passionately, effectively, and persuasively across a diverse set of stakeholders. | |
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| Personal attributes & abilities | Strong and inspirational leadership, working flexibility and creativity in unfamiliar contexts. Ability to co-ordinate and prioritise workloads. Able to multi-task, be self-disciplined and highly motivated, acting with initiative in decision making. Managing a complex caseload, selecting, and applying a wide range of occupational therapy techniques and information sources. Experience in staff development e.g., supervision. | High degree of personal credibility, emotional intelligence, patience, and flexibility, including ability to use reflective practice and access support when required. Ability to cope and adapt autonomously to unpredictable situations. Confident in facilitating and challenging others. Demonstrates a flexible approach, critical ethical dimension, and ability to make connections between known and unknown areas to ensure best patient care is delivered. |