**Consultation for ACP Primary Care Occupational Therapy**

**Introduction:**

Agree with contents of page 1.

Key learning outcome 1: replace 'the patient and others' with 'the person, their family and / or carers' in keeping with the emphasis on empowerment and personalised care.

Learning outcomes 4 and 5: include the word 'holistic' alongside clinical assessment and diagnosis as the Advanced Clinical Practitioner in Primary Care will be required to understand body dysfunction within the context of the environment a person works in. It is unhelpful to separate the wider determinants of health from clinical examination.

**Domain A:** Agree. Clearly and appropriately written at academic level 7. The capabilities skilfully demonstrate the need to consider a broad range of factors that impact on health and well being.

**Domain B:** Partly agree. Ba) in the list of things to consider, make reference to transport alongside other factors.

**Domain C:** Agree

**Core Area 1:** Partly agree.

Replace ‘patient’ with person in the section on communication and consultation skills.

In section on ‘ACP must know and understand / Maintaining an ethical approach and fitness to practice, include a principle that references the need for the ACP to know about the impact of positionality (including power dynamics) e.g. “Be consciously aware of own position and the impact this has on own work and on others.”

**Core Area 2:** Agree.

**Core Area 3:** Unsure.Not sure why d) – i) are in a framework for occupational therapists who currently are not NMPs – unless this future proofing? Even as a profession who can’t independently prescribe, we need to know about issues of polypharmacy and interactions so d) could be reworded to reflect this.

**Have we captured the knowledge, skills and behaviours: Partly agree.**

Suggest reference to positive risk-taking within an occupational performance perspective.

e.g. "Exercise professional judgement to manage risk, including positive risk-taking, especially in complex and unpredictable situations, and support others to do so."

Make reference to active listening and reflection within communication skills e.g. "Actively listen to and reflect on the needs and views of people, their families and carers."

**Indicative assessment approach:**

Current outline of the assessment approach feels quite broad and vague.

COT – if this is developed by the Assessment Organisation, but there are likely to be a number of Assessment Organisations, how will the standardisation and quality of this assessment method be assured? And likewise with the development of ‘discussion points / question banks’.

What training and quality assurance processes are in place to ensure consistency across assessors and panel members e.g. to maintain the confidentiality of the discussions?

**Grading for Core Clinical Practice:**

The criteria for the grade descriptors in the Observation of Practice focus on knowledge and understanding but there is very little reference to the observation of skills. Consider a balance of descriptors within the assessment criteria to articulate that assessors have observed excellence in knowledge, understanding and skills, as they are different constructs.