

Capabilities for primary care occupational therapy

Working with others, we've described the capabilities for personalised, collaborative, population health driven occupational therapy in primary care.

We've divided these into the skills and behaviours occupational therapists will need to work in primary care. We've also described the knowledge and understanding underpinning these.

We provide some overarching capabilities and then focus on assessment, diagnosis and intervention.

Overarching capabilities

Skills and behaviours:

1. Use therapeutic use of self, empathy, professional reasoning, co-production and personalised approaches to care. Carry out comprehensive investigations of why people, groups and communities cannot take part in occupations that have health benefits. This will include the ability to identify stigmatised groups at risk of occupational injustice.

Knowledge and understanding:

2. Explore and appraise theory underpinning occupational therapy. This will include the ability to synthesise and apply frameworks and models in innovative and transformative ways.
3. Evaluate the principles enabling individuals, families, groups, and communities to engage in occupations which promote physical, psychological, and emotional health.
4. Critically analyse enablers and barriers to occupational performance, engagement, and participation. This will include health inequalities, comorbidities, health literacy and the social determinants of health in rapidly changing systems and environments.
5. Evaluate the complex relationship between physical, social, cultural, and economic environments. Understand their impact on occupation and the need for population level analysis, cultural sensitivity and occupational justice for prevention, maintenance, and recovery.
6. Appraise the transformative links between occupational therapy theory and other disciplines, services, and providers. This may include medicine, pharmacology, social prescribing, and health coaching.
7. Evaluate emerging issues at societal and local level to enhance decision making about the link between occupation, health, and wellbeing. This may include the effects of occupational injustice, deprivation and imbalance on individuals, families, and communities in primary care.
8. Synthesise understanding of disease trajectories and complex patterns of social inequalities across groups and communities. Understand how engagement in occupations is impacted across the lifecycle and across different populations in primary care.

Occupational therapy assessment and diagnosis

Skills and behaviours:

1. Undertake comprehensive and holistic assessments using multifactorial reasoning to formulate plans for investigation and treatment/therapy. This will include diagnosis and differential diagnosis of conditions impacting on health, occupational performance, and

- engagement. This may include physical and psychosocial assessments that consider health and home management, education, work, play, leisure, social participation, rest and sleep.
2. Identify new ways to assess and resolve underlying issues that result in unplanned service use, frequent visits or lack of contact with primary care. This may be due to reduced functional ability and independence, loss of ability to cope and social isolation. Also, work stress and sickness absence, mental health crises and multiple, cumulative social stressors.
 3. Flexibly carry out occupational assessment including risk assessment in unfamiliar contexts sometimes with incomplete and contradictory information. This may be in a range of environments such as general practices, community facilities, people's homes, care homes and workplaces. It may include digital delivery.
 4. Analyse information from the assessment, in the immediate dynamic situation when supporting individuals with emergency problems. This will include maintenance of safety, positive risk-taking where appropriate and knowing when alternative input is required.
 5. Complete assessments of extrinsic environmental and behavioural risk factors within homes, workplaces, and communities. Assess for the management of conditions and health risks (such as the management of falls) to prevent admission to or speed discharge from hospital. Assess in order to maximise and maintain independence in preferred home, work and community environments.
 6. Lead in triaging and coordinating referrals for assessment via patient or carer self-referrals, from clinical professionals within or outside primary care. Screen the appropriateness and priority of referrals, to minimise crisis situations recognising the need for onward referral when required.
 7. Develop and make use of the full scope of practice including skills for medicines management, coordination of investigations to support the individual's occupational performance. Where appropriate the use of Patient Specific and/or Patient Group Directions could be used.
 8. Triangulate evidence from a variety of sources such as interview, observation, and standardised measures. This is to ensure most accurate assessment of occupational performance is made.

Knowledge and understanding:

9. Critically analyse the function of the human mind, body and range of biopsychosocial needs. This will include their impact on physical, behavioural, emotional, psychological, and occupational wellbeing that typically need to be addressed in primary care.
10. Explore and appraise how to assess people, groups and communities, their environments and chosen occupations. This will include their biopsychosocial determinants of health, in complex contexts using ethical, evidence informed assessment across a continuum of care, age and setting.
11. Evaluate medicines and other interventions relevant to those receiving assessment and how they are used. Assess their possible side effects and the impact on occupational performance and engagement.

Occupational therapy interventions for individuals, groups, and communities

Skills and behaviours:

1. Proactively apply occupational therapy knowledge, skills and experience in partnership with individual, carers and communities to find transformative interventions. Interventions should

be community based and population driven to prevent, maintain and improve recovery and occupational participation. This will include anticipatory skills for proactive, complex interventions and health promotion.

2. Co-create and select specifically graded and adapted occupations as therapy that intervene at multiple levels and support capacity for self-determination. This will include communities' rights to participate in valued occupations where barriers exist for marginalised groups at risk of health inequality.
3. Initiate problem solving to lead new interventions that promote health, wellbeing and occupational participation for populations experiencing occupational injustice. Interventions should bring meaningful occupational engagement and change. They should include working with the impact of culture, spirituality and socioeconomic factors and collaboration with the third sector.
4. Empower people, groups and communities to self-manage and use peer support to build activation and enhance feelings of control. Enable informed choices regarding plans to enhance occupational performance and participation. Using collaboration and reassurance where extra support is required, signposting as required to existing local resources.
5. Facilitate person-centred decision-making for interventions for those with mental health or mental capacity problems. Advocate for applying the relevant mental health or capacity legislation to enable people to maintain their desired activities. Maintain safety using positive risk taking where appropriate.
6. Contribute to the fit note process and help people remain in, or enter, work by using vocational-focused interventions. These should address people's work ability, the demands of their job and working environment. Advise on and develop return to work plans using the fit note or AHP Health and Work Report.
7. Use occupational formulation to present accurate and comprehensive reports to others that outline for example:
 - a. levels of occupational performance in the context of everyday living/working and capacity to develop new skills and strategies.
 - b. the outcome of assessments including, for example, work ability.
 - c. the viability of independent living or return to work.
 - d. tailored recommendations about the level of support needed for chosen occupations in places such as living at home or returning to a particular job.

Knowledge and understanding:

8. Critically analyse a wide range of detailed and comprehensive occupational therapy interventions. Theses should target the person, for example, rehabilitation to improve skills and self-management strategies. It should include their physical, social and attitudinal environment. For example, using assistive technology, providing carer support and tackling discrimination. It should include their chosen occupation, for example, grading and adapting home and work activities, rebuilding lost skills and confidence.