



COT/ BAOT Briefings

10 Key Roles

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Introduction

This Briefing Paper has been developed by the College of Occupational Therapists to promote the use of the Ten Key Roles, to assist therapists in their practice and to demonstrate the ways in which the Roles can be used to improve the effectiveness and efficiency of care to patients and their carers.

The 10 Key Roles for Allied Health Professionals (AHPs)

Rosie Winterton, Minister of State at the Department of Health launched the Ten Key Roles for Allied Health Professionals in August 2003.

The ten key roles were developed by the Chief Allied Health Professions Officer following extensive consultation with professionals from all disciplines. Using a web-based questionnaire, national workshop and a consultation exercise, over 900 AHPs submitted views on the development of the 10 key roles.

The Ten Key Roles have been developed to enable AHPs to be creative and innovative in improving patient care. Some of the roles are already well established within occupational therapy. Where they are not, members are expected to use these roles as mechanisms to challenge the status quo and do things differently.

A year on, the College of Occupational Therapists has reviewed the ways in which they are being used by occupational therapists. This Briefing combines those findings with the College's advice on how the Ten Key Roles should be used to promote service developments and changes in professional practice.

1. To develop extended clinical and practitioner roles which cross professional and organisational boundaries

- Play a key role in facilitating access to a range of services for patients and carers
- Develop skills as a care, or case, manager, coordinating a holistic approach to an individual's care
- Actively engage in the single assessment process and provide both comprehensive and specialist / expert assessments as appropriate
- Develop and provide out-patient clinics / services in a variety of different and non traditional settings to improve patient access i.e. within leisure centres or other community settings



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- Facilitate instant access to services and initiate referral procedures and modern booking appointments systems
 - Change roles to suit new health care systems, patient pathways and care protocols to improve patient choice and the patient experience
 - Design and develop new and different ways of delivering services, including working beyond traditional roles to provide more comprehensive or more integrated service.

2. To be a first point of contact for patient care, including single assessment

- Gather information and refer to other AHPs, nursing or medical practitioners, identifying specific conditions or patient needs
- Provide effective first contact services and challenge traditional ways of working
- Ensure patients are given sound information that enables them to exercise choice and support them in doing so
- Provide direct access to services, enabling patients to receive a more timely, efficient and person centred service
- Develop and agree local protocols for improved services
- Be informed about the role and responsibility of other agencies and services and work to develop integrated pathways
- Value patients as active participants in the monitoring, evaluation and systematic development of service delivery
- Use the Single Assessment Process to speed up and streamline the delivery of services, to improve communication and avoid duplication
- Ensure that patients are assessed thoroughly and accurately, but without procedures being needlessly duplicated by different agencies.
- Ensure the efficient exchange of information during the assessment process to promote effective team, inter-professional and inter-agency working

3. To diagnose, request and assess diagnostic tests, and prescribe, working with protocols where appropriate

- Make direct referrals to other health professionals rather than through traditional routes e.g. a GP, thus speeding up delivery of service
- Where appropriate (and subject to local agreements) request x-rays and blood and other specific tests
- Contribute to the development of, and work within, care protocols and care pathways
- Prescribe assistive technologies, orthoses or other technologies (such as telecare) required by patients and / or their carers
- Be aware of opportunities for the supply and administration of medication through Patient Group Directions.



4. To discharge and/or refer patients to other services, working with protocols where appropriate

- Assess the patient in preparation for discharge and where agreed locally, take responsibility for determining 'able' for discharge when a medical practitioner has determined 'medically stable' for discharge
- Take responsibility for closure or transfer of a patient's care, considering their ability to function in their future environment, and at all times taking into account the service user's perspective and choices and the needs and views of their carers;
- Make recommendations for post discharge intervention, services or support, including assistive technology and / or housing and environmental adaptations
- Discontinue intervention when the person being treated has achieved their goals or decides that he/she no longer needs or wishes occupational therapy support
- When preparing for discharge or referral to other services ensure that:
 - sufficient time is given to transfer services
 - patient centred care should be paramount and consider the needs of their 'carers' and families
 - it is appropriate to terminate intervention/discharge
 - sufficient planning time is allowed
 - there is appropriate liaison with other services
 - ensure the patients and their carers are involved in discharge planning from the outset, that they understand and are agreeable to the discharge plan and follow up arrangements,
 - that discharge is well planned and that information is communicated to other agencies in a timely manner
 - that planning gives these agencies sufficient time to respond and have appropriate services in place for the patient's discharge.
- Use the Care Programme Approach (CPA) in mental health settings.

5. To provide consultancy support to others promoting the AHP contribution to patient independence and functioning, training, developing, mentoring, teaching, informing and educating health care professionals, students, patients and carers

- Be responsible for achieving and (implicit in 'maintain') maintaining high standards of competence in terms of knowledge, skill and behaviour
- Support patient's and carer's groups, provide information that supports their empowerment, awareness of their rights and their exercise of choice
- Provide continuing professional development opportunities to a wide range of other colleagues, support workers, professions, services and agencies
- Participate in informal and formal training opportunities, including within educational establishments
- Apply learning to the benefit of patients and carers
- actively support the practice education of occupational therapy and other students
- Work with local workforce development strategies that improve the patients experience



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- Lead, or undertake, research; clinical audit or other methods of service evaluation
 - Contribute to and use evidence based practice
 - Promote occupational therapy as a complex intervention in patient care and take actions to help team and service colleagues to understand the occupational needs of patients
 - Organise journal clubs or other specialist networking groups. that facilitate learning within and across professions and services

6. To manage and lead teams, projects, services and case loads, providing clinical leadership

- Contribute to the management and leadership of teams, through their skills and knowledge, and seek opportunities to engage in these activities
- Ensure that there is clear clinical and management leadership within departments and uni and multi-professional groups
- Develop Consultant Occupational Therapist and Clinical Specialist posts to enhance expertise and the quality of patient care.
- Use NHS human resource and learning and development strategies to develop systematic approaches to individual and team development, and opportunities for career progression that support effective recruitment and retention of staff
- Establish sound links with other AHPs and work collaboratively to ensure representation in decision making forums and within service delivery groups/teams
- Engage all staff in the development and improvement of services and the effective management of caseloads, service demands and expectations
- Take on the project management role where appropriate and acquire the knowledge and skills to do so
- Gain knowledge and personal development through participation in national and local leadership programmes.

7. To develop and apply the best available research evidence and evaluative thinking in all areas of practice

- Be actively involved in the Clinical Governance Framework in the workplace
- Develop and apply evidence-based practice as an integral part of good professional practice to ensure the delivery of high quality patient care
- Use evidence based practice to ensure good quality services and improve standards
- Develop and participate in journal and library clubs, and explore other local learning opportunities
- Join a College of Occupational Therapists' Specialist Sections in a domain of specific practice
- Participate in interdisciplinary research groups and actively promote a research culture within the service
- Undertake reflective practice
- Contribute to the clinical governance framework and be accountable for domain of service delivery and the maintenance of high standards of patient care



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- Publish and disseminate best practise to a wider professional audience.

8. To play a central role in the promotion of health and well being

- Be familiar with local public health policies and seek opportunities for engagement, influence and participation
- Be aware of, and articulate, health promotion aspects that are an integral part of many therapy interventions, for patients and / or their carers
- Promote and provide opportunities for healthy lifestyles, including physical activity, and support the provision of, or access to, affordable facilities and opportunities for exercise and recreation
- Train in and use skill enhancing schemes e.g. anxiety management
- Support patients in retaining, or returning to, employment as an integral component of their occupational therapy intervention / programme, and arrange referral to vocational rehabilitation services where appropriate
- Help develop and deliver appropriate health promotion and prevention services, such as falls prevention programmes and 'Health Awareness Days'
- Listen and respond to patients and carers needs that enable the decision making process to be participative and provide genuine choice on treatment and care
- Actively promote the concept of the 'expert patient'. and work with patients and other groups to extend these programmes locally

9. To take an active role in strategic planning and policy development for local organisations and services

Example:

- Take a leading role in developing and planning policy, and participate on committees and in policy groups
- Influence and work closely with senior management teams providing AHPs with a significant voice at a strategic level, for example being a member of a PCT professional executive committee
- Give strong professional leadership that enables clinicians to drive forward clinical audit, governance, service planning and implementation and develop service priorities
- Maximise opportunities to ensure occupational therapists are engaged and actively involved in planning, delivering health improvements and policy
- OT's employed in senior management positions should promote OT values and expertise to inform organisational strategies and service development.

10. To extend and improve collaboration with other professions and services, including shared working practices and tools

Example:

- Promote the importance of interprofessional and multiagency working
- Engage and work closely with other professionals and promote and demonstrate effective ways of working across boundaries
- Look at service redesign via and promote opportunities for integrated teams and integrated care pathways
- Prevent duplication that is confusing for patients and wasteful of resources



- Maximise the contribution to patient care in the most effective way undertaking traditional roles of other AHPs. This will mean improving collaboration with other AHPs and services to share working practices plus negotiating role expansion.

The Ten Key Roles can be used in a variety of settings to enhance give force to / or implement policy statements, strategies and working practices. They are intended to promote change and encourage flexible working thus enhancing the patients experience and quality of service delivery. The Ten Key Roles support should enable Allied Health Professionals taking forward initiatives to challenge and dismantle the barriers to the effective delivery of health and social care.

Documents available from COT that can be used in conjunction with this briefing are as follows:

COT Briefing Papers available free and downloadable from www.cot.org.uk.

Briefing Number:	Briefing Title:
1	Integrated Care Pathways, 2003
7	Occupational Therapy Clinical Specialist 2003
12	Fair Access to Care Services: Revised Guidance 2003
14	Extended Scope Practice 2003
17	A Review of Health and Social Care in Wales-The Wanless Report 2004
21	Consultant Occupational Therapists 2004
22	Competences in Occupational Therapy 2004
23	Definitions and Core Skills in Occupational Therapy 2004

Other COT Publications that may be useful

College of Occupational Therapists (2000) *Code of ethics and professional conduct for occupational therapists*. London: COT.

College of Occupational Therapists (2003) *Professional standards for occupational therapy practice*. London: COT.

Creek J (2003) *Occupational therapy defined as a complex intervention*. London: College of Occupational Therapists.