**RCOT Consultation response for ACP Community Rehabilitation**

**Prepared by: Dr Stephanie Tempest, 19th March 2021**

**Introduction: Partly agree**

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:** Unsure.

Point c) It may not be possible to change or adapt the social environment therefore consider adding ‘manage’

The therapist must be able to: Point e) ‘Apply the principles of movement and wellbeing’ – suggest removing the word ‘movement’ as this is misleading and only one component to enhance wellbeing. Alternatively, consider an example, suggestion: “Apply the principles of health and wellbeing across a range of conditions including but not limited to, keeping active, movement, social engagement.”

The therapist must know and understand: Point d) “Integrated structured exercise aimed at components of fitness necessary for therapeutic rehabilitation.” This is misleading as rehabilitation is not predicated on the ability to integrate physical fitness. Suggest a broader focus: “Integrate components that underpin therapeutic rehabilitation including, but not limited to, healthy eating, social interaction and exercise.”

**Domain B:** unsure

Replace patient-centred and use of the word patient with person-centred / person, especially important within the context of community rehabilitation.

There are ten different sections that refer to components of physical health but only one section (and only four principles) for all mental health presentations. There is no reference to learning disabilities or autism. There must be parity and inclusion of all types of health conditions represented within this Framework.

Suggest: review or make reference to other AP frameworks including Advanced Practice Mental Health Curriculum and Capabilities Framework; Learning Disabilities and Autism etc and ensure greater detail is present within the Community Rehabilitation Framework.

**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:** Partly agree

Core areas 2 and 3focus very much on managing and treating conditions in a rather ‘traditional’ approach to rehabilitation, at the expense of adopting a more person-centred approach in the language and description. These sections feel at odds with the writing style and concepts embedded into previous sections.

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

Suggest reference to positive risk-taking to support people to do the things they want, need or have to do.

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.