

Occupational Therapy

Assessed and Supported Year in Practice (ASYP)

For Newly Qualified Occupational Therapists
and

Enhanced Induction (EI)

For Occupational Therapists New to Social Care
or Returning to Practice

Handbook

Updated May 2023

For Review: May 2025



Walsall Council

PROUD OF OUR PAST OUR PRESENT AND FOR OUR FUTURE

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Overview

Assessed and Supported Year in Practice (ASYP)

In Walsall Council Adult Social Care, we firmly believe that occupational therapists are entitled to the best career development opportunities. For newly qualified occupational therapists this begins with your opportunity to engage in our bespoke Assessed and Supported Year in Practice (ASYP) Programme.

The Assessed and Supported Year in Practice is designed to enable newly qualified Occupational Therapy practitioners to apply their skills and knowledge in practice in the adult social care environment, and to develop their confidence and competence over a 12-month period ensuring an effective transition from student to qualified practitioner. Regular reviews are built into the process at three, six and nine months with a final assessment review at twelve months. At the end of the ASYP period, the OT will be an autonomous practitioner, with a demonstratable set of core skills evidenced by their successful performance.

Successful completion of the ASYP is a requirement for all newly qualified occupational therapists coming into post with Walsall. The programme will usually take twelve months to complete, however the partial completion of any similar programme already undertaken in another local authority will be taken into account and where appropriate the programme completion time with Walsall will be adjusted accordingly. Adjustments to the time frame may also be made for those practitioners working part time hours.

Enhanced Induction (EI)

For occupational therapists who have previous experience in other areas of practice and are new to Social Care, or who are returning to Social Care practice after a period of absence, we are able to offer a six-month Enhanced Induction period. This broadly follows the ASYP programme but is accelerated over a period of six months with reviews at two and four months. The final review will occur at six months and coincide with the end of the probationary period.

Both the ASYP and EI are rolling programmes that can begin from the date you commence your employment in Walsall.

All new employees to Walsall Council will be required to complete a six-month probationary period which will run in parallel to the ASYP or EI

Introduction to the Programmes

On commencing employment with Walsall Council Adult Social Care all occupational therapists participating in the ASYP or EI programme will be assigned an ASYP Assessor or Supervisor. This will be one of the Advanced Practitioner Occupational Therapists.

An initial introductory meeting will be arranged for you with your ASYP Assessor/Supervisor and the ASYP/EI co-ordinator or Principal Occupational Therapist. This will usually occur during your second or third week of employment. At this meeting you will be guided through the ASYP/EI process and associated documentation in more detail. By the end of this meeting the following actions will have been completed:

- Date for the two month/three-month review set
- Dates for weekly supervision for the first four/six weeks set.
- Any pre-planned learning dates will be shared.
- Support and Assessment agreement document signed.
- Self-evaluation discussed and an outline development plan for months one to three drafted.

Knowledge and Skills Framework

The knowledge and skills framework (KSF) which supports the ASYP and EI has been developed from a number of sources including:

- Career Development Framework: Guiding Principles for Occupational Therapy. RCOT 2021
- Professional Standards for Occupational Therapy Practice, Conduct and Ethics. RCOT 2021
- Learning and Development Framework for Occupational Therapists new or returning to social care. Skills for Care 2019.
- Standards of Proficiency for Occupational Therapists HCPC 2013, revised version effective from September 2023
- Standards of Conduct, Performance and Ethics. HCPC 2016
- Principles for continuing development and lifelong learning in health and social care. Interprofessional CPD and Lifelong Learning UK Working Group 2019.
- Walsall Adult Social Care Strengths Based Practice Handbook
- Walsall Council Proud Programme
- Walsall Council PLATE Behaviours
- Walsall Council job descriptions for Newly Qualified Occupational Therapist and Occupational Therapist. May 2023

Self-Evaluation

To ensure that the support you receive meets your individual development needs you will be asked to complete a self-evaluation tool linked to our Knowledge and Skills Framework.

You will be asked to complete the tool prior to the initial meeting with your ASYP Assessor/Supervisor and the ASYP/EI Co-ordinator or Principal OT. The KSF self-evaluation tool can be found at the end of this document.

Personal Development Plan.

At the outset of the ASYP/EI programme the OT will complete a Personal Development Plan with the support of their assessor/supervisor using the self-evaluation as a base line to work from. The plan will be updated at every review and will be informed by the work undertaken in the period since the start of the programme and/or last review. It will also identify areas where learning should be focussed for the next review period.

The Personal Development Plan will further support supervision and the Annual Performance Conversation (APC) and will continue to be updated through the APC and supervision process following the completion of the ASYP/EI.

Ongoing Programme

The ongoing programmes include:

- Regular targeted workshops including specialist speakers, expert workers, support from senior managers, case discussions etc.
- Reflective three-way meetings to review progress and development. At three, six and nine months for ASYP and at two, four and six months for EI. Additional meetings can be built in at any point in the process if felt necessary by any of the three parties involved.
- Four Observations of practice for ASYP, two observations for EI.
- A Minimum of three accounts of service user/carer feedback for ASYP, two for EI.
- Minimum of three accounts of professional feedback for ASYP, two for EI.
- A record of Continuing Professional Development to support ongoing registration with HCPC.
- An overall assessment of competency at the end of the programme by your ASYP assessor/supervisor confirmed by your team manager.

Supervision

In addition to the review meetings under the ASYP/EI programmes the OT will receive regular supervision. For NQOT supervision should take place weekly for the first six weeks, fortnightly thereafter up to six months and at least monthly from six months onwards.

For the EI programme supervision will take place weekly for the first 4 weeks, fortnightly thereafter up to four months, and at least monthly from four months onwards.

All supervisions will be undertaken in accordance with the Adult Social Care Supervision Procedures, a copy of which can be [found here](#):

Supervision will be provided by an Advanced Practitioner Occupational Therapist.

Roles and Responsibilities

Throughout your ASYP/EI programme a whole team approach will be taken to support you to achieve the best outcomes and to enhance and develop your practice.

In addition, there are some roles with specific responsibilities as set out below:

ASYP/EI OT:

All OTs completing the ASYP or EI will be granted a half day each week (or a full day every two weeks) protected development time throughout the duration of the ASYP/EI programme. The times and dates are negotiable but need to be agreed and arranged in advance by the NQOT/OT with their team manager to ensure least disruption to service delivery.

The NQOT/OT will be an active participant in the ASYP/EI programme. As such they will be expected to identify areas for their development plan and actively seek out practice opportunities to ensure outcomes are met. All deadlines within the

programme should be met unless prior agreement has been made with the Assessor/Supervisor.

All OTs participating in the ASYP or EI programmes are expected to submit their evidence in a timely manner to their assessor. Timescales will be agreed with their assessor in advance. Any work submitted must be the OT's own work and must not be plagiarised. If plagiarism is suspected or identified, it will be raised with the appropriate Team Manager and the Principal OT who together will determine how it will be addressed.

Any use of research, theories or legal frameworks in evidence documentation should be referenced appropriately using the Harvard referencing system, further advice and guidance regarding referencing can be found at:

www.staffs.ac.uk/support_depts/infoservices/learning_support/refzone

Any concerns the NQOT/OT has within the ASYP/EI programme must be raised by them with their line manager at the earliest opportunity. Failure to do so will mean concerns are not addressed and there is potential for them to escalate into more serious issues.

Walsall Council encourages open communication between managers and employees. If the NQOT/OT has any concerns relating to their immediate line manager, they should discuss the matter with the next tier of management as per the Grievance Policy and procedures which can be found on Inside Walsall.

Supervision will be in accordance with the ASC Supervision Policy and the OT should ensure they are prepared for each session, attended on time, and complete any follow up actions identified within agreed timescales.

In addition, all OTs new to Walsall will be allocated an experienced colleague who will act as Mentor.

Regular attendance at practice development workshops will be expected of all ASYP/EI OTs. These workshops will be facilitated by Advanced Practitioners and may be specific to occupational therapy or shared learning with social work colleagues. In addition, attendance at monthly OT CPD sessions facilitated by the

OT staff group is expected. Additional learning opportunities will be available from the Learning and Development Team and can be accessed via One Source.

The ASC training matrix should be referenced to ensure all appropriate mandatory and recommended training is completed.

ASYP Assessor/EI Supervisor

The ASYP Assessor/EI supervisor will be an Advanced Practitioner Occupational Therapist. Their role will be to:

- Provide regular supervision in accordance with the ASC Supervision Policy and the requirements of the ASYP/EI programmes.
- Facilitate the development of the OT's critical reflection skills.
- Work in partnership with the OT to manage the assessment process within the set timescales.
- Undertake and provide a report on at least one of the required direct observations and work with the OT to ensure arrangements are made for the remaining.
- Complete all necessary reviews.
- Support the OT to identify development needs and how these can be met. This may include but is not limited to, formal training events, shadowing opportunities, recommended reading, workshops, delivery of presentations.
- Encourage the OT to make effective use of protected development time.
- Encourage the OT to gather relevant examples to evidence when standards within the KSF have been met and to support the Annual Performance Conversation process.
- Raise any concerns regarding the progression of the OT through the ASYP/EI programme at the earliest opportunity with the OT and Team Manager and/or Principal OT.
- Undertake a holistic assessment of the ASYP/EI OT, which is honest, open and transparent and to make recommendations accordingly.
- Complete regular case load reviews.

The assessor/supervisor will be entitled to one protected working day per month to complete the relevant paperwork for the assessor/supervisor role. This can be flexible in how this is taken to allow for operational and personal priorities.

Peer group supervision/discussion with other ASYP assessors and supervisors will be made available if required and will be arranged by the Principal OT based on need.

Mentor

All occupational therapists new to Walsall will be assigned a Mentor. The Mentor will be an experienced occupational therapist.

The Mentor will:

- Provide the OT with support regarding practice procedures.
- Provide the OT with support regarding case recording procedures and documentation.
- Support the OT with equipment competencies and discussion regarding equipment provision.
- Support with adaptations competencies and discussion regarding adaptation provision.
- Meet regularly with the OT via Microsoft Teams to answer any questions regarding process and ensure the OT is included in any relevant support groups on Teams.
- Provide advice and guidance relating to Occupational Therapy interventions.
- Provide information regarding the local community and universal services.
- Introduce the OT to Peer Support meetings.
- Work collaboratively with the ASYP assessor/supervisor in the development of the OT concerned.
- To liaise closely with the ASYP assessor/supervisor about the development of the OT, where there is positive feedback and/or any practice concerns.

Team Manager

The Team Manager has overall responsibility for managing the performance of their team and for monitoring capacity and demand. Monitoring of capacity and demand provides statistical evidence to support changes in the make-up of each team when new recruitment is being considered.

With regard to the recruitment of ASYP and EI OTs each Team Manager must determine there is sufficient capacity within the team to support these workers through the ASYP/EI programmes and make a commitment to doing so.

In the context of the ASYP/EI programmes the Team Manager will:

- Ensure the ASYP/EI OT is given time to complete supervision sessions as set out in the ASYP/EI programme and supervision policy.
- Ensure the ASYP/EI OT is able to take protected development time.
- Ensure the ASYP/EI OT caseload is protected as per the ASYP/EI agreement.
- Ensure each ASYP/EI OT within the team has a nominated mentor.
- Ensure each ASYP assessor/EI supervisor has protected time to complete supervisions in accordance with the supervision policy and ASYP/EI programmes.
- Ensures the ASYP assessor/EI supervisor has one protected day per month to undertake relevant paperwork associated with the role.
- Ensures the ASYP assessor/EI supervisor has regular supervision themselves.
- Liaises with the ASYP assessor/EI supervisor and Principal OT to address any concerns raised with regard to the practice development ASYP/EI OT.
- Engages the support of Human Resources partners should this become necessary at any point during the ASYP/EI process.

Advanced Practitioners

Advanced Practitioners in both Occupational Therapy and Social Work, will run regular practice development workshops that the Newly Qualified Occupational Therapist can attend if appropriate. Some of these workshops will be mandatory.

The Advanced Practitioner Occupational Therapists along with members of the Occupational Therapy Service and in consultation with the Principal OT, will review

the ASYP policy and handbook at least every 2 years. An Occupational Therapy Advanced Practitioner (who has not been part of the ASYP/EI programme being considered at moderation) will contribute to every internal moderation panel to ensure there is consistency within the ASYP/EI assessment and support across Adult Social Care teams.

Principal Occupational Therapist

The Principal Occupational Therapist is responsible for the professional practice of all Occupational Therapy staff. The Principal Occupational Therapist will:

- Support Team Managers in the recruitment and selection process for all Occupational Therapy staff
- Attend the introductory meeting at the beginning of the ASYP/EI process.
- In the absence of an ASYP Co-ordinator, attend all reviews which form part of the ASYP/EI process.
- Ensure standards are consistently maintained.
- Chair the internal moderation panel.
- Provide advice, support and guidance as required to the ASYP assessor/EI supervisor and Team Managers with regard to any concerns relating to the ASYP/EI process or the performance of practitioners completing either programme.

Capability Assessment

The ASYP and EI allow for an assessment of the participating Occupational Therapist's skills and abilities measured against the Knowledge and Skills Framework (KSF). This is a continuous assessment throughout their first year in practice/ six months in Social Care practice. In order to determine a baseline of capabilities the self-evaluation tool will be completed at the outset of the ASYP/EI programme.

The OT should update the KSF self-evaluation tool prior each review. This will inform the discussion with the ASYP assessor/supervisor and support the ongoing progress of the personal development plan.

At the end of each ASYP/EI programme a holistic assessment report which builds on evidence gained over the twelve/six month period will be completed by the ASYP assessor/supervisor.

Gathering Evidence

This evidence to support the ASYP/EI progress is obtained from a variety of sources., i.e.:

A Comprehensive Support and Assessment Agreement:

This is an agreement between the ASYP/EI OT, the ASYP assessor/EI supervisor and the Principal Occupational Therapist or ASYP/EI co-ordinator.

A series of structured reviews:

At regular intervals in each programme there will be formal reviews which will ensure the support arrangements in place are meeting the development and learning needs identified. This process is defined within the Support and Assessment Agreement,

where dates for a three, six, nine and twelve-month review for ASYP, and dates for a two, four and six month review for EI will be agreed.

Observation of practice:

Throughout both programmes the participating OT should plan for their practice to be observed by a more experienced OT practitioner. The Newly Qualified Occupational Therapist should be observed a minimum of four times throughout the programme, with the first and final observations undertaken by their assessor, the others can be completed by their mentor, or an Advanced Practitioner Occupational Therapist. The observations should be in relation to at least one Care Act 2014 piece of practice and at least one moving and handling piece of practice. Where possible the final observation should be in relation to a piece of practice relating to a child's case. For an EI OT two observations of practice are required over the six month EI period. Depending on previous experience the observations will be two of the following: a moving and handling piece of practice, a Care Act 2014 piece of practice or a piece of practice relating to a child's case.

Professional Feedback:

Throughout the duration of both programmes, the participating OT, with support from their assessor/supervisor should plan to gain feedback on their practice from a professional in a different profession to their own e.g., Social Worker, Housing Case Worker, member of the Locality MDT, District Nurse, Physiotherapist etc. A Newly Qualified Occupational Therapist requires a minimum of three pieces of feedback throughout the year. An EI OT requires two.

Reflective Log:

Critical reflection is an important aspect of both the ASYP and EI programmes. A Newly Qualified Occupational Therapist is expected to complete one reflective log prior to the six month review and a further one prior to their final assessment. The EI OT is expected to complete one critical reflection prior to their final assessment. The critical reflection logs will provide practitioner the opportunity to reflect on their practice and using theory, research and supervision build confidence and strengthen their practice. For assessors the critical reflection logs will provide information to inform their reports and assist in identifying areas for learning and development. The

critical reflection logs can be used as evidence for Continued Professional Development with HCPC.

Feedback from Citizens:

This should be discussed by the participating OT with their assessor/supervisor to identify an area of practice which would benefit from this feedback, determine how this will be achieved and agree a recording format. A Newly Qualified OT will be expected to gather feedback from three different people throughout the year at least one of which should be a carer. For an EI OT this will be from two different people, one person with care and support needs and one carer.

Recording Evidence.

Specific templates are provided to document the required evidence. Documents will be shared and further explanation provided at the Introductory Meeting and throughout the ASYP/EI period.

Anonymised work products should be used as supporting evidence and can be submitted as part of the portfolio. These may include an OT Connection, moving and handling assessments and safe systems of work, care act assessments (Connection 3), children's assessments, presentations, reflections on training which has been applied in practice.

For Newly Qualified OTs these documents along with the final twelve-month review and assessors report will form the completed ASYP portfolio which will be moderated internally.

For OTs following the EI programme these documents along with the six-month review will form part of the EI portfolio which will be reviewed with you by your supervisor and Team Manager.

Case Recording.

All case recording should be completed in accordance with the Case Recording Procedures and Guidance, a copy of which can be found here:

As part of the ASYP/EI programmes, a minimum of one work product completed by the OT will be made available to their assessor/supervisor prior to each review.

A work product is defined as any professional document completed by the OT.

Examples include:

- an assessment (an OT Connection, Connection 2, Connection 3 or a Children's OT assessment)
- a care and support plan
- a re-ablement plan
- a moving and handling risk assessment and safe system of work
- a report for an internal or external body e.g., a re-housing report

By the end of the ASYP/EI programme there should be at least one example of an external report which has gone to an internal/external panel or body.

The work products must provide evidence of a reasoned judgement the OT has made.

The OT must ensure that the work products referred to are those that have not already been amended by their line manager or any other person.

Work products themselves do not have to be anonymised as they will not form part of the portfolio.

The work products don't need to be printed, stored, or transferred anywhere else, and should not leave the employer's secure system(s).

The Assessor/Supervisor will:

- Assesses the work products against the KSF
- Record areas of development which the OT should transfer to their next Professional Development Plan.
- Consider referencing the evidence in this documentation when writing their review reports.

Further advice and guidance regarding case recording can be found in Keeping Records, Guidance for Occupational Therapists, RCOT. Third Edition 2017 which can be accessed here:

<https://www.rcot.co.uk/sites/default/files/Keeping%20records%20-%20guidance%20for%20occupational%20therapists%202017.pdf>

Final Assessment

- **ASYP**

The overall assessment of competency at the end of the program will be provided by the ASYP assessor and confirmed by your team manager.

The completed portfolio and the overall assessment of progress/development will be endorsed by an internal moderation panel, headed by the Principal Occupational Therapist.

The moderation panel will ensure the assessment decision is fair and decisions are consistent. It will give feedback to the assessors and team managers to promote high standards and the continuous development of the ASYP process.

The panel will comprise the Principal Occupational Therapist, ASYP assessor and an Advanced Practitioner OT who has not been directly responsible for supervising the ASYP OT. Portfolios are also internally quality assured by a member of the Walsall's Adult Social Care Learning and Development Team.

The panel meet to review progress of the NQOT over the twelve month period, taking into consideration any concerns with support, extensions required and to confirm the overall assessment decision.

If the assessor's decision is not agreed then the panel will arrange to review the outcome with NQOT assessor / line manager and the NQOT separately, followed by a further review together to explain the panel's decision making.

If the decision is not agreed, then the panel can also request:

- more evidence and then a reassessment with a view to bringing the overall portfolio up to the expected standard or
- the evidence be re-assessed by a second ASYP assessor and a decision made

The Principal Occupational Therapist will confirm the outcome of the decision in writing (email) to the NQOT within two weeks of panel. A copy of this decision will be shared with ASYP assessor / line manager.

The panel may also identify examples of good practice and stories of difference with the aim of sharing these with the general workforce and management team to support wider learning and development.

- **Enhanced Induction**

The overall assessment of competency at the end of the EI programme will be provided by the supervisor and confirmed by your team manager. The completed portfolio and overall assessment of progress/development will be endorsed by the Principal Occupational Therapist.

The Principal Occupational Therapist will ensure the assessment decision is fair and decisions are consistent. Feedback will be provided to the assessor and team manager to promote high standards and the continuous development of the EI process.

If the Principal OT does not agree the assessment decision either:

- more evidence will be requested followed by reassessment with a view to bringing the overall portfolio up to the expected standard or
- the evidence will be re-assessed by an Occupational Therapy Advanced Practitioner who is not involved in the direct line management of the OT concerned and a decision made.

The Principal Occupational Therapist will confirm the outcome of the decision in writing (email) to the NQOT within two weeks of panel. A copy of this decision will be shared with supervisor and line manager.

Any examples of good practice or stories of difference identified may be shared with the general workforce and management team to support wider learning and development.

Successful Completion of the ASYP/EI Programme

- **ASYP**

On successful completion of the ASYP programme the NQOT will progress to a G9 Occupational Therapist post. All necessary documentation will be completed by the Assessor for the Team Manager to Authorise and forward to HR for the necessary changes to be made.

The OT will be expected to continue to maintain a Personal Development Programme and participate in supervision, APC and appropriate learning and development activity in order to ensure continued professional development to meet appropriate local and national standards and meet HCPC registration requirements.

- **EI**

On successful completion of the EI programme the outcome will be used to inform the Probationary Period process

Unsatisfactory Progress / Serious Concerns

Any concerns regarding the performance or professionalism of the OT identified by their assessor/supervisor or should be raised with the OT immediately and remedial actions agreed.

Where concerns continue or are of a serious nature the assessor/supervisor will in the first instance liaise with their Team Manager and if necessary, seek advice from HR partners. An action planning meeting for the OT, the assessor/supervisor and if deemed necessary the Team Manager, Principal OT and HR Partner will be arranged and a review date set. All information should be recorded and inform the next review.

Should concerns raised with the OT not be addressed further action will be taken under the appropriate HR procedures and if necessary HCPC will be notified.

Potential Failure of the ASYP Programme

If at any point during the ASYP programme there is an indication that the OT is at risk of failing this should be addressed immediately, it is not necessary to wait for a formal review to bring this to the attention of the NQOT.

The next planned formal review may need to be brought forward with the aim of supporting the NQOT to understand why they are at risk of failing, what they need to do to improve their performance and to identify any additional training or support that might benefit their development.

Extension to or Break from the ASYP Programme

There may be occasions when the NQOT has to take a period of unavoidable absence from the ASYP programme, these may include:

- sickness absence
- maternity/paternity/adoption leave
- carers leave.

- awaiting implementation of reasonable adjustments.

which will impact on their ability to adhere to the set timescales of the ASYP programme. All such instances will be considered on an individual basis by the ASYP assessor, Team Manager and Principal OT with regard to extending or pausing the ASYP programme or deferring the final assessment date. All discussions and decisions will be recorded, and outcomes communicated to the OT in writing.

Termination of the ASYP Programme.

Termination of the ASYP programme will be considered should the NQOT consistently fail to meet required standards. In these circumstances the NQOT should be made aware of their risk of failing from feedback provided at formal reviews, supervision sessions, APCs and any other meetings it has been deemed necessary to arrange. Appropriate actions will be considered on an individual basis in line with relevant HR policy and procedure and will be determined by the Assessor, Team Manager and Principal OT with appropriate support from the HR Partner. It may be necessary to delay progression from G8 NQOT to G9 OT until it has been possible to gather sufficient additional evidence of improvement in practice for it to be justified.

If concerns are raised with regard to the NQOT's fitness to practice, the Team Manager or the Principal Occupational Therapist will consider if there is a need to contact HCPC.

Useful References

[Threshold policy for fitness to practise investigations | \(hcpc-uk.org\)](https://www.hcpc-uk.org/fitness-to-practise-investigations)

Timeline Summary

| Timeline | ASYP | Timeline | EI |
|------------|--|------------|---|
| 0-3 months | <ul style="list-style-type: none"> • ASYP assessor assigned. • Initial introductory meeting with assessor and ASYP co-ordinator or Principal OT • Self-evaluation against the KSF completed. • Outline development plan for months 1-3 completed. • First observation of practice | 0-2months | <ul style="list-style-type: none"> • Supervisor assigned. • Initial Introductory meeting with supervisor and EI co-ordinator or Principal OT • Self-evaluation against the KSF completed. • Outline development plan for months 1-2 completed. • First observation of practice |
| 3 months | <p>Formal Review</p> <ul style="list-style-type: none"> • Self-evaluation against the KSF completed. • Development plan for months 3-6 completed. | 2 months | <p>Formal Review</p> <ul style="list-style-type: none"> • Self-evaluation against the KSF completed. • Development plan for months 2-4 completed. |
| 3-6 months | <ul style="list-style-type: none"> • Completion of first Professional Feedback • Completion of first Reflective Log • Completion of first Citizen feedback • Second observation of practice | 2-4 months | <ul style="list-style-type: none"> • Completion of first Professional Feedback • Completion of first Citizen feedback • Second observation of practice |
| 6 months | <p>Formal Review</p> <ul style="list-style-type: none"> • Self-evaluation against the KSF completed. • Development plan for months 6-9 completed. | 4 months | <p>Formal Review</p> <ul style="list-style-type: none"> • Self-evaluation against the KSF completed. • Development plan for months 4-6 completed. |
| 6-9 months | <ul style="list-style-type: none"> • Completion of second Professional Feedback • Completion of second Citizen feedback • Third observation of practice | 4-6 months | <ul style="list-style-type: none"> • Completion of second Professional Feedback • Completion of Reflective Log • Completion of second Citizen feedback |

| | | | |
|-------------|--|---------|---|
| 9 months | <p>Formal Review</p> <ul style="list-style-type: none"> • Self-evaluation against the KSF completed. • Development plan for months 9-12 completed. | 6months | <p>Final Review</p> <ul style="list-style-type: none"> • Self-evaluation against the KSF completed. • Annual development plan completed. |
| 9-12 months | <ul style="list-style-type: none"> • Completion of third Professional Feedback • Completion of second Reflective Log • Completion of third Citizen feedback • Fourth observation of practice | | |
| 12 months | <p>Final Review</p> <ul style="list-style-type: none"> • Self-evaluation against the KSF completed. • Annual development plan completed. | | |

Knowledge and Skills Framework Self-Evaluation Tool

| Professional Practice Pillar (P) | | | | | | |
|---|--|---|-----------|-----------|-----------|-----------|
| Maintain occupation at the centre of practice. Deliver safe, effective, person-centred and ethical practice. Use professional judgement and evidence based critical reasoning to make decisions. | | | | | | |
| Things you need to know | Things you need to do | Self-evaluation: Confident (C) Effective (E) Satisfactory (S) Development Needed (D) | | | | |
| Level 5 | | Outset | R1 | R2 | R3 | R4 |
| 1. Political context of working in social care | Understand the implications and political context of working within social care, the role and impact of the chief executive, director, elected members and senior managers. | | | | | |
| 2. Your employers' strategic intentions and vision. | Understand and work within the parameters and boundaries of your role within your organisation. | | | | | |
| | Have a broad understanding of the Corporate Plan and how this links to Directorate, Service, Team and individual level plans (Golden Thread) | | | | | |
| | Understand the broad aims and objectives of the Walsall Proud Programme | | | | | |
| | Understand the Walsall PLATE behaviours and how they impact on your day to day work. | | | | | |
| 3. Key legislations, national and local policies and guidance | Apply pertinent key legislation and undertake statutory duties considering eligibility criteria, issues of capacity, consent, equality, diversity, human rights and confidentiality. Understand the CQC assessment framework and how your role contributes to this. | | | | | |
| 4. General Data Protection Regulations (GDPR) and Confidentiality requirements. | Comply with GDPR regulations and confidentiality procedures regarding sharing of information and access to records. | | | | | |
| 5. Departmental policies, procedures and guidance. | Raise and report concerns succinctly and accurately. | | | | | |

| | | Outset | R1 | R2 | R3 | R4 |
|--|--|--------|----|----|----|----|
| 6. The way your services are organised, their place within the wider organisation and the key stakeholders. | Understand how to access services and information as needed, when and how to refer to other services inside and outside your organisation. | | | | | |
| | Develop networks and professional relationships within your organisation and with other professionals, agencies and stakeholders, to ensure effective service delivery to benefit the people who access occupational therapy services. | | | | | |
| | Understand the key stakeholders that make up Walsall Together and the role this plays. | | | | | |
| 7. Service level agreements and the scope and constraints of your service. When to joint work, refer or provide advice/information about another service | Joint work with other professionals, both within and outside of your organisation, communicating and recording all contacts and interventions. | | | | | |
| | Coordinate and collaborate effectively within and across organisational boundaries. | | | | | |
| 8. Budgetary constraints and best value | Maximise the resources available considering cost effectiveness and long-term savings. | | | | | |
| | Understand and incorporate new digital technologies, including technology enabled care. | | | | | |
| | Appropriate ordering of and recycling of equipment, obtaining competitive quotes with evidence of clinical reasoning and justification for specialist equipment or adaptations. | | | | | |
| 9. Lone-working policy and procedures. | Manage personal risk including lone working, personal safety and manual handling | | | | | |
| 10. The inter relationship between the person, their environment, occupational performance and participation | Adopt a strength-based approach, balancing choice and risk, facilitating people to participate in their important daily activities whilst enabling them to stay connected with their family, friends and community | | | | | |
| | Complete the occupational therapy process with supervision | | | | | |
| | Co-produce solutions with the people who access occupational therapy services and seek views of others when appropriate to facilitate shared decision making. | | | | | |

| | | Outset | R1 | R2 | R3 | R4 |
|--|--|--------|----|----|----|----|
| 11. Common medical conditions, physical, mental and learning disabilities, their impact on daily occupations, likely long-term prognosis and progression including the psychological impact. | Clinically reason, justify, evaluate and record your practice and interventions with consideration for people's presenting needs and eligibility criteria. | | | | | |
| 12. Risk assessment, positive risk taking and risk management processes for self and others. | Support people to identify potential risks and support positive risk taking, weighing risk versus benefits. | | | | | |
| | Understand health and safety legislation, develop and implement Moving and Handling best practice techniques, and complete Moving and handling risk assessment and plans | | | | | |
| 13. Safeguarding and child protection processes and procedures | Participate in Safeguarding, Deprivation of Liberty (DoLs) and child protection processes as required. | | | | | |
| 14. Health promotion and public health services. | Empower and enable people to make informed choices to manage their own health and wellbeing | | | | | |
| 15. Conflict resolution and conflict of interest processes | Manage conflict resolution, seeking support from colleagues, supervisor and/or manager as appropriate. | | | | | |
| | Communicate in difficult and challenging situations and make decisions in complex and unpredictable circumstances. | | | | | |
| | Raise issues of and complete conflict of interest processes in line with your employees' guidelines | | | | | |
| | Coproduce and problem solve, finding solutions which consider needs, service resources, risk versus benefits, positive risk taking and relevant legislations. | | | | | |
| | Provide up to date advice and information to the people who access your service. | | | | | |

| | | Outset | R1 | R2 | R3 | R4 |
|---|--|---------------|-----------|-----------|-----------|-----------|
| 16. Share information effectively and concisely. | Develop and maintain effective verbal and written communications skills adapting style to suit the context and the person, in a variety of settings. | | | | | |
| | Navigate computer systems, email calendar, intranet, internet and databases to access credible information and research evidence. | | | | | |
| | Develop digital literacy skills understanding use, terms and conditions, vulnerabilities and the ethics of your recommendations. | | | | | |
| | Demonstrate professional verbal and written communication with a wide range of stakeholders to share information, clinical reasoning and justifications to support your recommendations. | | | | | |
| | Interpret and convey detailed, complex information clearly, succinctly and accurately taking the audiences needs into account. | | | | | |
| | Record clear and concise case notes, evidencing clinical reasoning in accordance with professional standards and local policies. | | | | | |
| | Work independently, manage own caseload, raising issues as appropriate, prioritise work and close cases in a timely manner. | | | | | |
| Level 6 | In addition to the above: | Outset | R1 | R2 | R3 | R4 |
| 17. High level of knowledge and skills in wide and specific areas of practice | Complete the occupational therapy process with a high degree of autonomy | | | | | |
| | Implement practices that promote people's rights and participation, in line with their choices, and support others to do the same | | | | | |

| Facilitation of Learning Pillar (F) Inspire, teach, mentor, supervise and/or assess others. Facilitate practice-based and work-based learning. ccess, create, and evaluate contemporary learning environments, methods, tools and materials | | | | | | |
|--|---|---|-----------|-----------|-----------|-----------|
| Things you need to know | Things you need to do | Self-evaluation: Confident (C) Effective (E) Satisfactory (S) Development Needed (D) | | | | |
| Level 5 | | Outset | R1 | R2 | R3 | R4 |
| 1. Mandatory/statutory training requirements | Consolidate your own learning, knowledge and skills drawing on a wide range of resources, using process of reflection guided by others where necessary. | | | | | |
| 2. Own preferred style of learning and self-directed learning. | Identify own learning needs, opportunities and goals. | | | | | |
| | Find and access information as needed to support ongoing learning and development. | | | | | |
| | Identify and engage with formal, informal and everyday learning opportunities. | | | | | |
| 3. Team and local service improvement and development expectations | Develop effective team working skills. | | | | | |
| | Read and critically evaluate information and research. | | | | | |
| 4. Opportunities to work with and learn from other areas both within and outside of social care environments | Receive, act on and provide constructive feedback. | | | | | |
| | Co-create and support the creation of a culture where everyone is encouraged to learn from mistakes, receive and give constructive feedback and learn from and with each other. | | | | | |
| | F9. Know when and how to seek profession specific support and guidance. | | | | | |
| | Promote the role, value and importance of occupations to the health and wellbeing of people. | | | | | |
| | Encourage and enable others to engage with occupational therapy theory, research and best practice. | | | | | |
| | Support, motivate and educate others to develop new skills and techniques (e.g. students, support staff, people who access your service) adapting style to suit context | | | | | |

| | | Outset | R1 | R2 | R3 | R4 |
|--|---|---------------|-----------|-----------|-----------|-----------|
| | Help to develop team/local resources and contribute to wider professional learning networks and communities to promote exchange of knowledge, skills and resources. | | | | | |
| | Develop presentation skills in a variety of contexts and audiences. | | | | | |
| 5. Supervision, Annual Performance Conversation and CPD processes | Actively engage in supervision and APC processes to identify learning needs, set goals and recognise progress achieved. | | | | | |
| | Link appraisal objectives to your learning needs and CPD, revisit and evaluate them regularly. | | | | | |
| 6. Importance of engaging in lifelong learning and continuing professional development | Record and apply relevant learning to contribute to your own and others' CPD, identifying the impact and benefit of your learning for yourself and others. | | | | | |
| | Collate evidence to support the APC process and re-enforce PLATE behaviours. | | | | | |
| Level 6 | In addition to the above: | Outset | R1 | R2 | R3 | R4 |
| 7. Knowledge of team development and performance measurement | Demonstrate responsibility and accountability for own contribution to service/team performance | | | | | |
| | Develop effective team working, facilitation and management skills, understanding group dynamics and roles | | | | | |
| | Lead in a specific area with some responsibility for service performance | | | | | |
| 8. Knowledge of supervision, appraisal and CPD processes | Supervise, mentor and educate others. | | | | | |
| 9. Planning, delivering and evaluating learning opportunities | Plan, organise, deliver and evaluate learning/training opportunities. | | | | | |
| | Develop and evaluate educational resources (e.g. for students) | | | | | |
| | Develop, contribute and support learning networks within and across organisational boundaries. | | | | | |

| Leadership pillar (L) Identify, monitor and enhance own and other's knowledge, skills and ways of thinking. Lead, guide, and/or facilitate teamwork. Influence, design, plan and implement professional and/or organisational change. | | | | | | |
|---|---|---|-----------|-----------|-----------|-----------|
| Things you need to know | Things you need to do | Self-evaluation: Confident (C) Effective (E) Satisfactory (S) Development Needed (D) | | | | |
| Level 5 | | Outset | R1 | R2 | R3 | R4 |
| 1. Importance of and responsibility for identifying and setting learning objectives (for self and others) | Identify what types of learning and support you need, what is available to you and how to access it | | | | | |
| | Manage your designated workload, identifying priorities and raising issues appropriately | | | | | |
| | Manage your time, work and resources effectively within complex and changing environments and systems | | | | | |
| 2. Difference between leadership and management | Effectively develop and maintain partnerships with others within your organisation and across agency boundaries | | | | | |
| | Use opportunities to promote the occupational therapy profession both locally and wider | | | | | |
| | Positively influence others, asserting point of view and giving clear direction when circumstances require it | | | | | |
| 3. The political and economic climate, locally, nationally and internationally, which impact on service delivery | Pro-actively contribute to the aims and objectives of your team and organisation | | | | | |
| | Understand the wider political context, the impact on your service delivery and communications (e.g. Care Act Legislation, pre-election guidance) | | | | | |
| Level 6 | In addition to the above: | Outset | R1 | R2 | R3 | R4 |
| 4. Change management and the role of leadership and management | Prioritise and triage new referrals | | | | | |
| | Engage in professional supervision and mentorship of unqualified staff and students | | | | | |
| | Formulate and influence the achievement of specific local objectives | | | | | |
| | Take responsibility to guide/support the work of others within a defined scope of practice, with the support of more experienced colleagues as required | | | | | |
| | Review and develop services as part of a team | | | | | |

| | | Outset | R1 | R2 | R3 | R4 |
|--|--|---------------|-----------|-----------|-----------|-----------|
| | Contribute to the recruitment of staff/students/volunteers | | | | | |
| | Support in managing team conflict and contribute to resolution | | | | | |
| | Support others in understanding the need for and facilitate change | | | | | |

| Evidence, Research and Development Pillar (E) | | | | | | |
|---|---|---|-----------|-----------|-----------|-----------|
| Access, evaluate and implement evidence to inform practice. Initiate, design, participate in and disseminate research. Engage with and influence broader socio-economic and political agendas. | | | | | | |
| Things you need to know | | Self-evaluation: Confident (C) Effective (E) Satisfactory (S) Development Needed (D) | | | | |
| Level 5 | | Outset | R1 | R2 | R3 | R4 |
| 1. Maintain and develop research skills. | Demonstrate critical reasoning and undertake evaluation to keep your skills and knowledge current and up to date. | | | | | |
| | Reflect on learning experiences, seeking opportunities for further development. | | | | | |
| | Recognise and engage in a variety of learning activities, recording your learning effectively. | | | | | |
| | Share relevant learning with others. | | | | | |
| 2. Use occupational therapy theory, research evidence, practice knowledge and guidance to inform practice. | Seek, evaluate and use credible information and research evidence to inform your practice. | | | | | |
| 3. Process of CPD, recognising, engaging in and applying learning, using appraisal and supervision processes | Maintain your CPD portfolio in preparation for providing evidence for registration, audit, APC and career progression | | | | | |
| | Recognise and reflect on own strengths, limitations, learning and development needs. Understand your own emotions and the impact of your behaviour on others. | | | | | |
| 4. Local processes which contribute to quality improvement. | Apply your learning in practice, monitoring your progress and measuring the impact on your team, those who access your services and your organisation. | | | | | |
| 5. Active involvement in and use of research, surveys, clinical trials and audits. | Critically appraise literature and research and identify gaps in evidence. | | | | | |
| | Conduct informal desk-based research. | | | | | |
| | Identify opportunities to engage in research or support others to do so. | | | | | |

| | | Outset | R1 | R2 | R3 | R4 |
|--|--|---------------|-----------|-----------|-----------|-----------|
| 6. Availability of grants/awards to support your own and others learning, development and research. | Explore funding available at a local and national level, including via the RCOT to support your learning and development | | | | | |
| 7. Research governance including ethics, data protection and confidentiality | Understand and comply with research governance including ethics, data protection and confidentiality. | | | | | |
| Level 6 | In addition to the above: | Outset | R1 | R2 | R3 | R4 |
| 8. How to effectively manage staff and the importance of supporting others to use and contribute to research, evidence and development | Contribute to local service evaluation, audit, reviews | | | | | |
| | Support others to understand and engage in research, evidence and development | | | | | |
| | Contribute to local processes of quality improvement | | | | | |
| | Contribute to development of regional/national policy and guidelines | | | | | |
| | Participate in research activity, analysis of research information and support others to do the same | | | | | |