#### **JOB DESCRIPTION**

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| JOB IDENTIFICATION |
|  Job Title: Advanced Occupational Therapist (Band 7) – 21.75 hrsDepartment: Fife Pain Management Service Directorate: Operating Division: Job Reference: No of Job Holders: 1Last Update: November 2023 |

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| 2. JOB PURPOSE |
| * Lead the clinical development of the Occupational Therapy (OT) service within the Fife Pain Management Service.
* To manage a complex clinical caseload, providing highly specialist occupational therapy assessment and treatment for patients referred to the Fife Pain Management Service.
* Plan and implement OT service improvements and audits within the Pain Management Service to maximise patient care. This will include the review of staffing and skill mix to make efficient use of resources.
* Work as an advanced clinician with expert knowledge of complex chronic pain conditions, providing specialist advice to the multi-disciplinary Chronic Pain Management team and to other colleagues within the NHS Fife OT service, partnership agencies within Fife and where required, to other OT clinicians within Scotland.
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| **3. DIMENSIONS** |
| The Fife Pain Management Service accepts referrals from GP’s, Consultants and other Health and Social Care Professionals throughout Fife.* The post holder will take responsibility for all aspects of OT intervention within the Fife Pain Management Service. This will involve caseload management, decisions on how to prioritise workload and include treating patients with highly complex needs.
* The post holder will develop collaborative working with Consultants, Nursing staff, AHP’s, Psychology, Pharmacy, partnership services/organisations and service users to ensure the OT service is responsive to changing demands and maximises patient care.
* The post holder will provide training to AHP staff, FPMS multi-disciplinary team (MDT), students and other stakeholders.
* The post holder will act as a resource for OT intervention in the treatment of chronic pain across Fife, managing more complex cases alongside the referring clinician.
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| 4. ORGANISATIONAL POSITIONPlanned Care Service ManagerPhysiotherapy Head of Service Fife wide DivisionLead Advanced Practice Physiotherapist Clinical Service Lead (FPMS) and **OT** **Professional Supervisor** **Band 7 Advanced Occupational Therapist in Pain Management** **(this post)** **(0.6 WTE)**Occupational TherapyClinical Support Worker (CSW) Band 3(0.51 WTE) |
| 5. ROLE OF DEPARTMENTThe key responsibilities of the occupational therapy team within the Fife Pain Management Service are to provide specialised occupational therapy assessment and treatment to a diverse range of long term pain conditions and patient types, in a variety of environments. Therapeutic management utilises a range of physical, behavioural and cognitive modalities to regain function following surgery, illness, injury dysfunction or disease. There is also a role in health promotion. The service incorporates service management, planning and development within a defined budget and a multi professional framework. All staff within the Pain Management Occupational Therapy Team must comply with Fife Standards of Occupational Therapy Practice Division and Departmental Policies, Clinical Governance, in addition to complying with Royal College of Occupational Therapy (RCOT) Professional Standards and Rules of Professional Conduct. |

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| **6. KEY RESULT AREAS** |
| **Clinical**1. To be professionally and legally accountable for all aspects of own work including direct and indirect patient care.
2. Act as an Advanced Occupational Therapy clinician with the Fife Pain Management Service of NHS Fife.
3. Provide autonomous assessment, diagnoses and management of complex and highly complex patients with chronic pain conditions.
4. Develop and demonstrate skills for extended scope of practice as required to meet the needs of patients and service delivery with the Pain Management Service.
5. Organise and manage the occupational therapy caseload independently, prioritising patient needs to ensure individuals receive intervention timeous and appropriately.
6. Act independently to develop specialist treatment plans and to implement, evaluate and progress patient care to maximise functional independence and rehabilitation potential.
7. Indentify and analyse occupational problems, and formulate solutions to achieve patient led goals which enable independent living.
8. Effectively use a range of highly specialist therapeutic techniques in complex and unique situations that require originality and initiative to meet patient goals
9. Apply an advanced level of knowledge of the effect of pain and disability and provide training/advice on behaviour change and adaptations to activities completed within the patient’s social/physical environment.
10. Provide advice and training to patients/carers on appropriate strategies and techniques to restore function and enable independent living.
11. Asses for and prescribe a range of standard and non-standard assistive equipment and adaptations. Educate patients/carers in the appropriate use of equipment/adaptations.
12. Develop, evaluate, monitor and partake in MDT outpatient group sessions alongside advanced physiotherapy, psychology and pharmacy staff.
13. Communicate and make recommendations to all relevant disciplines to staff to maximise patient care and promote multi-disciplinary working.
14. Provide accurate information, specialist interventions and reports in relation to vocational rehabilitation, medico-legal compensation claims and welfare benefit enquiries.
15. Provide expert advice and tailored learning sessions to NHS occupational therapy staff, NHS fife NHS Fife multidisciplinary team’s members of the wider NHS Fife organisation and partner agency staff as appropriate.
16. Attend and report to clinical reviews and clinics ensuring effective communication and coordination of patient care.
17. Maintain accurate records of clinical interventions and statistical information to reflect care provided in line with professional standards, including online data management systems and clinical portals.

**Clinical Governance, Research and Development**1. Implement and maintain appropriate clinical guidelines ensuring clinical effectiveness to optimise patient care.
2. Comply with the RCOT code of conduct and agreed standards of practise.
3. Maintain patient documentation, records and accurate statistical information to reflect care provided and meet professional standards.
4. Continue personal development and maintain an up to date CPD portfolio.
5. Assume responsibility for planning, leading ad implementing clinical audit and research activities for OT with the Pain Management Service.
6. Keep up-to-date with current evidence, be aware of current trends, research outcomes and evidence based practice and integrate into clinical practice within the pain management service.
7. Incorporate additional skills gained from continuing professional development into clinical practice and disseminate these to others.
8. Participate in multi-disciplinary audit, evaluation and research and take a lead role as appropriate.
9. Develop research skills and knowledge through participation and completion of post graduate study.
10. Carry out service evaluations and developments by collecting, monitoring and interpreting relevant data in order to contribute to service developments in the Fife Pain Management service.
11. Compile relevant reports and papers for the OT service and disseminate findings to the MDT with the Local and National networks/agencies out with NHS Fife.

**Managerial**1. Coordinate, plan and manage an agreed development strategy for OT service delivery with the Pain Management service in conjunction with the Clinical Service Lead and other multi-disciplinary colleagues.
2. Participate in and undertake the departmental supervision and PDP systems to promote personal and service development.
3. Keep records of own training and development by maintain a record of Continuing Development (CPD) activities, reviewing and reflecting on practice and performance.
4. With Clinical Service Lead and OT Professional Supervisor, effectively manage physical resources, indentifying skill mix and service changes that are required to ensure service and patient needs are met.
5. Liaise with internal and external organisations, representing the service at appropriate meetings, to promote the role of Occupational Therapy Service and ensure effective service delivery.
6. Ensure that all Divisional Health and Safety policies are adhered to within designated area of responsibility.
7. Involvement with recruitment and selection process ensuring appropriate appointments to the service and retention of staff within OT and the Pain Management Service.
8. Supervise, coach and support the development of designated staff within the Pain Service, including the Occupational Therapy Clinical Support Worker.

**Educational**1. Develop and update clinical knowledge in complex chronic pain conditions to ensure delivery of evidence based care.
2. Develop specialised knowledge on Pain Physiology and Pain Management techniques.
3. Act as a specialist resource and provide advice and support to the MDT to enable high standards of care.
4. Plan and deliver training and advice to Occupational Therapy staff and other members of the MDT to promote knowledge of the role of OT.
5. Support the Occupational Therapy in-service and lead in-service training to promote personal development.
6. Provide practice placement education for Occupational Therapy students, ensuring quality placements within designated area.

**Health and Safety**1. Ensure the health and safety of self, patients and other staff.
2. To use own initiative and discretion to assess risk when selecting treatment or therapeutic handling techniques.
3. Completion of incident reports as required and risk assessments as appropriate.
4. Comply with organisational policies procedures and training in: load management and patient handling; COSHH; Risk assessment; Infection control; Lone worker policy; Reporting of accidents injuries; Management of violence and aggression; Emergency Procedures; Food Hygiene; and Extended Liaison Policy.
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| 7a. EQUIPMENT AND MACHINERY  |
| Use and be able to provide advice on a wide range of equipment for therapeutic interventions, a sample of which is noted below. It should be noted that many interventions may be carried out at home or in a local community venues and staff will therefore be using a wide range of equipment as expected to be found in these areas. **Activities of daily living equipment (to promote safety and independence of patients)** * Dressing e.g. Mechanical and adaptive devices.
* Feeding e.g. adapted cutlery, specialised utensils.
* Toileting e.g. Varied height, width and depth frames and seats.
* Kitchen e.g. Mechanical and adaptive devices.
* Transfers e.g. bed rails. High chairs, cushions, mattress elevators. Sliding boards, turning aids, rope ladders, specialist seating, manual/electric hoists, emergency lifting equipment (manger)
* Bathing e.g. boards, seats and hydraulic devices.
* Mobility e.g. Mobilators, trolleys, delta walkers, banisters, rails, portable ramps, wheelchairs.

**Treatment/Rehabilitation (to promote recovery of function within treatment programme)** * Hydraulic/electric plinths and variables
* Standard domestic style equipment including gas/electric cookers, microwaves, kettles and toasters.
* Full range of therapeutic computer software and activities.
* Various other items of electrical, visual, audio equipment.
* General creative/art equipment and materials.

**Specialised Assessment equipment (to assess function and it’s component parts to inform the treatment planning process)**These tools are used regularly to inform treatment and rehabilitation of patients e.g.* SF63 Health Survey
* Pain Self Efficiency Questionnaire
* Canadian Occupational Performance Measure
* Valpar work component samples
* Rivermead perceptual assessment battery
* Biometrics E-Link system
* Hand/Upper limb assessments including goniometry
* Mental health and sensory-based assessments.

**Appliances & Orthoses (to promote safety and independence of the patient)**Awareness and knowledge of the range of equipment used in the speciality and appropriate ways to put on/take off e.g. Upper/lower limb splints prostheses **Moving & Handling equipment (to ensure safety of the patient, colleagues and self and to use within the treatment programme)**Glide sheets, wheelchairs, portering chairs, patient turning/transfer equipment e.g. turn mate.**IT Equipment**Personal computer, printer and laptops to allow patient data to be inputted and reports/service plans to be developed, written and communicated.**General Office equipment** PC’s, photocopier, fax machine, telephones, answering machines, mobile phones.**Cars** Responsible for checking roadworthiness of vehicles usedand have ability to use car safely and navigate effectively around Fife**Miscellaneous**Using instructions, advice and training as new equipment is developed or needed for patient care or staff education. |
| **7b. SYSTEMS** 1. Patient information systems e.g. Trakcare, single shared assessment, Fife Community Equipment Store system (TCES), extended liaison policy, Occupational Therapy documentation including goal setting and statistics. These are used to obtain and input clinical data, transfer/make referrals to other agencies and to analyse data as part of reviewing/developing services.
2. Windows packages e.g. Word/Excel/PowerPoint – to compile patient information, and to produce presentations and reports.
3. E-mail – to ensure timeous communications with colleagues.
4. Internet – to access national and international databases thus enhancing knowledge base of clinically effective care.
5. Intranet – to access information within the division.
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| **8. ASSIGNMENT AND REVIEW OF WORK** **Assignment** 1. Independent practitioner who self generates planning of strategy for achieving Occupational Therapy objective for specialist area.
2. Self-initiation of audit, research and development projects.
3. Clinical caseload will be generated by the specific needs of the service as per referral criteria.
4. Members of the OT Staff and the multi disciplinary team can request advice and assistance with any case/referral.
5. OT Professional Supervisor may delegate non clinical tasks.
6. Work can be identified and requested by external agencies, i.e. managed clinical networks, Healthcare Improvement Scotland, Royal College of Occupational Therapists (RCOT).

**Review** 1. Involvement in multi-professional peer review of case load.
2. Provide regular written reports to Pain Service Clinical Service Lead.
3. Monthly clinical and professional supervision from OT Professional Supervisor.
4. Review of specific work by external agencies and committees, e.g. Healthcare Improvement Scotland, British Pain Association.
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| **9. DECISIONS AND JUDGEMENTS** |
| 1. Apply advanced clinical reasoning and make decisions regarding patient care several times a day.
2. Responsible for their own caseload and are expected to provide advice to other members of the team regarding patient care.
3. To be able to identify patients for OT through the interpretation and analysis of clinical and diagnostic information.
4. To collaborate and negotiate on treatment options for patients.
5. Prioritise referrals for OT.
6. Specialist assessment of a range of complex conditions, and identification of treatment options.
7. Plan and implement treatment programmes, evaluating and modifying these appropriately.
8. Utilise highly developed clinical reasoning to provide timely and appropriate interventions to patients with complex chronic conditions.
9. Provide highly specialist advice to other healthcare professionals and agencies.
10. Implement changes in clinical practice in relation to evidence.

 **Manage Service Area**1. Delegate tasks to less experienced staff/support workers/clerical staff.
2. Plan and develop service in own area, in conjunction with OT Professional Supervisor.
3. Responsible for prioritising clinical and non-clinical tasks.
4. Assist others with student placements.

**Health & Safety**1. Respond to changing circumstances which require immediate action to prevent harm or damage to self, patient or other individuals e.g. aggressive/challenging behaviour, falls, infection control.
2. Carry out clear and concise documentation re manual handling/therapeutic handling.
3. Working alone in department.

**Guidance** 1. Making decisions re when to deal with issues and when to request assistance from Physiotherapy Head of service.
2. Provide guidance and support to less experienced staff.
3. Intervene when appropriate in support of less experienced staff
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| **10. MOST CHALLENGING / DIFFICULT PARTS OF THE JOB**  |
| 1. Act as the lead OT within the Fife Pain Management service to promote the benefits and effectiveness of OT to the MDT.
2. To demonstrate the ability to contribute to the development and evaluation of the service.
3. Maintain and continually develop advanced clinical knowledge.
4. Ability to make decisions in complex and unpredictable situations.
5. Undertake a mentally and physically demanding job, whilst at the same time taking care to safeguard own health and safety as well as colleagues and patients.
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| **11. COMMUNICATIONS AND RELATIONSHIPS** |
| In keeping with policies and standards, maintain confidentiality regarding patient and staff information**Patients/service users*** Provide and receive written and verbal information regarding assessment, diagnoses and treatment to engage patients.
* Patients will have a range of medical conditions and require the occupational therapist to utilise developed motivation and persuasion skills to facilitate rehabilitation both in an individual and group setting.
* Provide informal counselling and reassurance in support of individual patients.
* Patients will often have complex problems and the occupational therapist requires to use interpersonal skills to educate and negotiate with them in relation to care needs and deal with verbal complaints.
* Use specialist skills to communicate with patients where there are barriers to understanding e.g. cognitive, perceptual, mental health, learning disabilities or sensory impairment.
* Use advocacy skills as appropriate within the multi-disciplinary team.
* Provide and receive information regarding complex and sensitive issues.
* Provide specialist information relevant to the clinical area e.g. management of long term complex conditions/ enduring chronic pain.
* Use advanced communications skills to ensure application of specialist therapeutic interventions e.g. fatigue management, pacing and energy conservation

**Relative/carers*** Provide and receive information regarding complex and sensitive issues.
* Educate and negotiate with carers in relation to patient care needs.
* Teach a range of patient management strategies e.g. relaxation, pacing.
* Has appropriate telephone manner for dealing with telephone calls with carers.
* Manages verbal complaints (versed with NHS Fife’s formal complaints procedure).

**Occupational Therapy Staff (internal)*** Communicates and provides daily support to staff.
* Provision of regular clinical and professional supervision to delegated staff
* Participate actively in clinical supervision and the implementation of personal development plans.
* Negotiate/review personal development plans with delegated staff.
* Deal with performance issues, including resolving conflict, referring on as appropriate.
* Coach and develop staff.
* Consult OT Professional Supervisor regarding service needs.
* Liaise with peer group to ensure service equity is maintained and resources optimized.
* Communicate with staff via speciality team meetings and staff meetings
* Effectively delegate tasks to staff.
* Provide specialist advice to enable effective patient management.
* Pass on information (written, verbal and electronic) relating to patient transfers in internal colleagues.

**Occupational therapy staff (external)*** Communicate, negotiate and liaise with appropriate Occupational Therapy colleagues to ensure delivery of clinically effective care.
* Network with appropriate Occupational Therapy Colleagues, when undertaking development work within area of specialism e.g. long term condition collaborative, vocational rehabilitation working group. SIGN guidelines.
* Involvement with professional groups within and out with fife.
* Networking and practice development group.

**Multidisciplinary Team within the speciality*** Advise and negotiate with multidisciplinary team regarding patient and service needs.
* Provide and receive information (written verbal and electronic) regarding patient progress and prognosis.
* Plan for safe and effective patient rehabilitation/care with multidisciplinary colleagues.
* Contribute to the training of other staff group[s to enhance awareness of the role OT and maximise effective patient care.
* Awareness and respect for roles of individual members of the multidisciplinary team.

**Other agencies*** Negotiate, liaise and make appropriate referrals to a range of providers as agreed across agencies, including:

 Fife Community equipment store Mobility centres Social work service (fife and beyond) NHS Primary Care Occupational Therapy (Fife and beyond) Fife Housing Department  Voluntary agencies  Education providers OHSAS Vocational Rehabilitation Providers Department of Work and Pensions  |

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| **12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB** |
| **PHYSICAL EFFORT/SKILLS:*** Skills necessary to implement a variety of Occupational Therapy treatment interventions e.g. therapeutic handling; this will include both gross and fine motor tasks as well as techniques requiring a high level of dexterity on a daily basis
* Moving and handling patients in controlled environment – using specialist and rehabilitation equipment, frequently.
* Moving and handling (patient and equipment) in a range of unknown environments in the community, several times a week.
* Therapeutic handling – frequently supporting patients.
* Working in confined spaces e.g. by bedside, bathrooms, toilets.
* Pushing wheelchairs and moving furniture e.g. beds/chairs
* Standing/walking for the majority of the shift, frequently on a daily basis.
* Kneeling and bending, frequently on a daily basis
* Working with/moving and handling bariatric patients and or very frail and vulnerable patients
* Periods using IT equipment – requires awareness of posture and positioning.
* Driving between sites and home assessments.

**MENTAL EFFORT/SKILLS:*** Concentration required when assessing patients – frequently on a daily basis.
* Often having to make quick on the spot judgements, with outcome affecting safety of self, patients and others, frequently on a daily basis.
* Constant awareness of risk, continuously risk assessing, frequently on a daily basis.
* Dealing with cognitively and perceptually impaired patients.
* Using acquired skills to prevent situations from becoming volatile.
* Balancing clinical versus non clinical priorities, frequently on a daily basis.
* Regular use of computers.
* Providing support and dealing with demands of other staff
* Dealing with pressure of work to facilitate timeous intervention.
* Dealing with work patterns which are unpredictable and dealing with regular interruptions, frequently on a daily basis.
* Dealing with patients with underlying mental health conditions.

**EMOTIONAL EFFORT/SKILLS:*** Dealing with complex cases and providing advice and support for these.
* Discussing sensitive issues with patients.
* Communicate unwelcome news to patients and carers with regard to functional ability
* Dealing with challenging behaviours including working with people demonstrating verbal or physical aggression and potential for self harm
* Balancing clinical vs. Non-clinical priorities
* Working and dealing with bereaved patients/relatives
* Dealing with complaints
* Supporting other staff and dealing with performance issues
* Working with Protection of Vulnerable adults, dealing with patients disclosing abuse
* Complex mental health issues as exposed during joint assessments with clinical psychologists

**ENVIRONMENTAL DEMANDS:*** Frequent daily exposure to unpleasant working conditions, which may involve direct contact with all forms of bodily fluids and occasionally parasites.
* Occasional subjection to verbal abuse and or physical abuse.
* Daily exposure to transmittable diseases and infections.
* Adopting awkward postures when treating patients when involved with therapeutic moving and handling.
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| 13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB |
| * Degree or equivalent in Occupational Therapy and current registration with The Health and Care Professions Council (HCPC).
* Membership with the Royal College of Occupational Therapists would be beneficial.
* Extensive post graduate experience in NHS and/or Social Work in a wide range of clinical settings. This must include experience of chronic pain and multiple pathologies.
* Significant experience at Band 6 level or equivalent within Occupational Therapy.
* MSc in Occupational Therapy or related qualification/working towards the aforementioned.
* Relevant post-graduate courses
* Clinical leadership Training
* Advanced supervision training
* Recruitment and selection training
* Critical Appraisal Training/courses
* Research and audit training/courses
* Outcome Measures (e.g. AMPS, COPM, FIM/FAM)
* Experience of and evidence of commitment to multidisciplinary team working
* Excellent communication skills including formal presentations
* A level of English language competency and communications skills necessary to perform this role safely and effectively
* Ability to be self directed in ensuring evidence based practice
* IT skills/computer training
* Member of specialist section/organisation – British Pain Society.
* Ability to create wider network of clinical support out with immediate multidisciplinary team.
* Ability to travel throughout and out-with Fife (as required).
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| **14. JOB DESCRIPTION AGREEMENT**  |
| A separate job description will need to be signed off by each Jobholder to whom the description applies.Job holder’s signature: Date:Head of department signature: Date: |