Supervision of the MDT

-First Contact Practitioner

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Professions

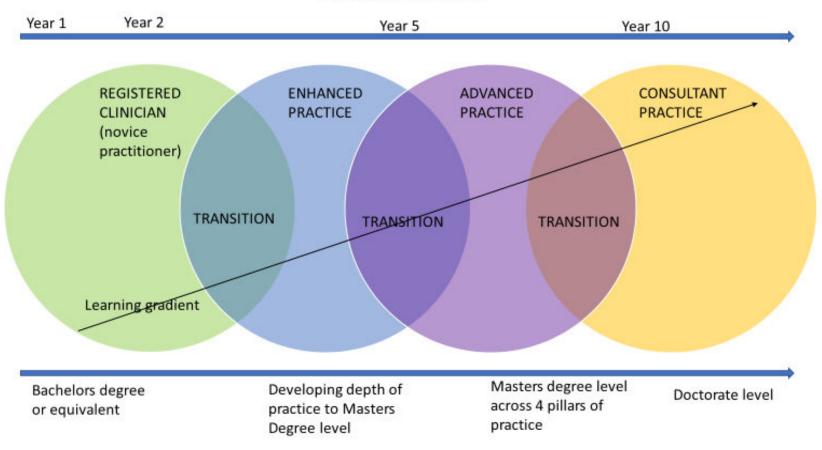
- Dietitians
- © Occupational Therapists
- Paramedics
- Physiotherapists
- Podiatrists

What is a First contact practitioner?

- FCP roles are designed to support GPs as part of an integrated care team and to optimise the
 patient care pathway by seeing the right person in the right place at the right time
- This roadmap is essential for ensuring paramedics possess the necessary skills, knowledge, and experience to provide high-quality care in general practice environments.
- Enhanced level of practice with elements of advanced clinical practice
- Specific Job role
- Defined scope of practice

Educational Development

Educational Development



Stage 1 +2 – what does this mean?

STAGE 1

STAGE 2

"Taught Knowledge"

Must have some Level 7 Evidence

Can be a mix of university courses and CPD

Mandatory E-learning

"Putting that Knowledge into Practice"

Completed via practice supervision

- Work Based Assessments
- Tutorials
- Reflections

FCP Roadmap The different routes

HEI FCP Module

FCP course will cover everything needed for Stage 1+ Stage 2 sign off

- 12 Months to complete
- 40-60 Level 7 credits
- 75hrs of Supervision required
- Study leave to attend teaching sessions

E-supported portfolio

The trainee already has evidence they can map towards stage 1 and possible stage 2

- 12 Months to complete
- Support given by the university
- Dedicated portfolio
- No study leave needed to attend teaching session
- AECC only over 20 Level 7 Credits

UN- SUPPORTED PORTFOLIO ROUTE

Must have completed a level 7 module that covers Advanced Clinical Assessment and Diagnosis or similar

Then

Cover any remaining KSA's via CPD/E-learning/ Reflections

- Supervisor to sign off
- Less strict time to complete
- No HEI support

Why do the FCP Taught route?

- Stage 1 and stage 2 is covered
- Both the clinician and clinical supervisor will receive support from the HEI through out the process
- Provides a community of practice and peer support
- Provides structure with a clear completion date
- The clinician will achieve a up to 60 level 7 credits (dependent on HEI) which could be used towards a future Masters.
- Will give clinicians the acquired number of level 7 credits to allow them to enroll onto the Non-medical Prescribing module if they choose to (*paramedics need a minimum of 20 level 7 credits to enroll on a NMP module)

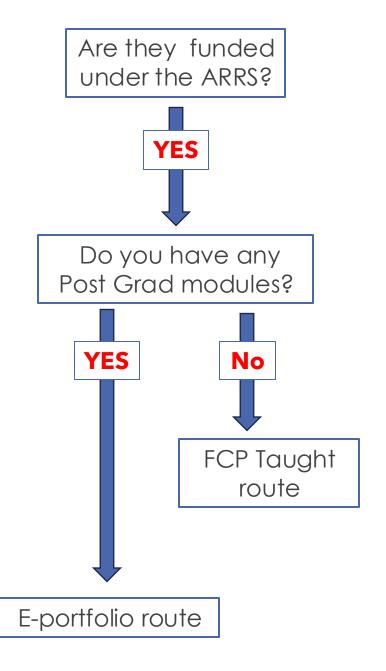
Why do the FCP E-Supported route?

- Aimed at those who have already achieved some level 7 post-graduate qualification(s) or have already started on the unsupported portfolio route.
- Aimed at more experienced staff
- Both the clinician and clinical supervisor will receive support from the HEI through out the process
- Receive academic support for level 7 writing
- Provides structure with a clear completion date
- Quality assurance

Why do the FCP Un-Supported route?

- NHS England are trying to phase this out in favor for the E-Supported route
- Aimed at those who have already achieved some level 7 post-graduate qualification(s) or have already started on the unsupported portfolio route.
- Aimed at more experienced staff
- The supervisor is confident in signing the trainee off
- Have to be accountable and strict to ensure you don't allow completion to drag on
- Limited quality assurance
- May work better with practice and clinicians work life balance

Is the FCP Pathway this easy?



Portfolio

Stage 2



Available Portfolios





Paramedics (£42)

https://www.fourteenfish.com/audience/paramedic

Physiotherapists

Accessed for free via their MACP Membership (not all Physios are part of MACP)

Covers all ARRS roles

https://agiliosoftware.com/clarity/clarityprimary-care/clarity-additional-roles/

£50

Stage 2:

A portfolio of evidence proving their clinical capability in primary care required in both the portfolio and HEI route.

No	CONTENT	NUMBER
1	Personal Development plan (PDP) -SMART objectives	PDP but needs updating regularly
6	Clinical Examination procedures (CEPS)	Minimum of 6 verified when capable
6	Clinical Observation tools (COTS)	Minimum of 6 verified when capable
6	Case based discussions (CBD)	Minimum of 6 verified when capable
40	Patient survey Questionnaires (PSQ)	Suggested 40 respondents
10	Multi Source Feedback (MSF)	Minimum of $5 x$ clinical $+5x$ non-clinical
1	Clinical Supervisor Report (CSR)	1 x signed as capable or excellent
1	Quality improvement project / Audit (QIP)	Evidence of Participation

Personal Development Plan

LEARNING/ DEVELOPMENT	NEED DEVELOPMENT	OBJECTIVE ACHIEVEMENT DATE	STRATEGIES TO USE	OUTCOMES/ EVIDENCE
WHAT BROAD AREA DO YOU NEED TO ADDRESS?	WHAT SPECIFIC GOAL ARE YOU SETTING?	WHEN DO YOU HOPE TO ACHIEVE IT?	HOW WILL YOU ACHIEVE IT?	HOW WILL YOU KNOW YOU HAVE ACHIEVED IT?
An example: To manage shoulder pain presentation	To manage a range of different shoulder presentations	Three months	Undertake two CEPS assessments with my Clinical Supervisor	When my CS has deemed me a capable in 2 CEPS assessments

Workplace Based Assessment (WPBA)

What is the purpose of WPBA?

To provide a way of assessing what the trainee does in practice, day to day, how they apply their knowledge, skills, communication skills etc.

Types

- Consultation observation tools (COT)/audio-COT
- Case Based Discussion (CBD)
- Clinical Examination Procedural Skills (CEPs)

Capability V Competency

- NHSE frameworks identify capabilities
- Competence is the ability to be able to undertake something.
- Capability is a step beyond this involving the application of knowledge, skills and behaviours across a range of different situations/contexts
- Evidencing capability is key to demonstrating flexible, safe, effective & personalised patient care

Clinical Observation Tool (COT)

minimum of 6x required

- The clinical supervisor may observe the Paramedic undertaking a face to face consultation or listening in on a remote consultation
- ➤ Remote consultations can be recorded with patient consent for the clinical supervisor to review at later stage: <u>Audio COT guide</u>
- ➤ Minimum required: 6
- These can be completed at the same time as a CEPs (if a face to face consultation)
- Aim to complete at least one Paediatric examination (if seeing paediatric patients)
- ➤ You do not need to fill in every box, min 3 depending on the consultation

Case Based Discussions (CBD)

minimum of 6x required

A CBD is a structured interview about a clinical case with the clinical supervisor, designed to explore the Paramedics professional judgement by (Mehay, 2010):

- Application of medical knowledge
- Application of a ethical and holistic approach
- Ability to prioritise, consider implication and justify decisions
- Ability to recognise complexity and uncertainty
- ➤ Minimum required : 6
- Ensure your bring a balance of differing cases and complexity to discuss
- Aim to complete at least one Paediatric assessment (if seeing paediatric patients)
- ➤ You do not need to fill in every box, min 3 depending on the consultation
- ➤CBD guides: https://www.bradfordvts.co.uk/mrcgp/cbd/#google_vignette

Clinical Examination Procedure (CEP)

- minimum of 6x required
- Whilst CEPs exist to capture skills it is important to assess some common shared themes.
- > Is there a clinical **need** for the examination?
- > Has this been **explained** appropriately to the patient?
- Has consent been granted?
- > Has a **chaperone** been offered?
- > Are there **good hygiene** practices?
- > Is there an understanding of the relevant **anatomy**?
- > Is the patients treated with **respect**, **provided with privacy**?
- > Does the clinician maintain an **empathetic approach** throughout?
- > Does the clinician **explain what is going on throughout** the procedure?
- > Are their **findings accurate**? findings should be checked by the clinical supervisor
- > Does the clinician provide an appropriate **explanation of their findings** to the patient and the implications?
- > Is there an appropriate **management plan** made with the patient

Assessing Capability and Competency

is the public and practitioner safe?

Key aims at the end of the FCP portfolio

- ✓ Safe practitioner
- ✓ Aware of their skill and knowledge gaps
- ✓ Able to self-reflect
- ✓ Know when to seek help

Ensure patient safety

- Robust induction
- > Realistic expectations for the stage of training
- Regular debrief, which is timetabled and has a named responsible person.
- Observed practice

Supervision requirements

- The roadmap specifies that each clinician will be required to attain a minimum of 75 hours of clinical learning and supervised practice (please note that each HEI may have its own specific requirements).
- Clinical learning and supervised practice can be a mix of:
 - Face to face mentored practice
 - Clinicians observing others.
 - Case based discussions.
 - tutorials
 - Group discussions/ peer learning / networking
 - Independent practice with debriefs.
- Students can receive support from more than one supervisor (but will need one designated supervisor for sign off). Accessing support from more than one clinician can be extremely valuable especially if their professional backgrounds vary.

4 WEEK ROTATION	SESSION	DAY 1	DAY 2	DAY 3	DAY 4	SUPERVISED HOURS
WEEK 1	AM	Normal session with 30 min debrief at end	Joint clinic PDP +CBD	Normal session with 30 min debrief at end	Normal session with 30 min debrief at end	6
	PM	Normal session with 30 min debrief at end	Normal session with 30 min debrief at end	Normal session with 30 min debrief at end	Normal session with 30 min debrief at end	
WEEK 2	AM	1 hr tutorial Portfolio work Reflections	Normal session with 30 min debrief at end	Normal session with 30 min debrief at end	Normal session with 30 min debrief at end	6
	PM	Normal session with 30 min debrief at end	Normal session with 30 min debrief at end	Normal session with 30 min debrief at end	Normal session with 30 min debrief at end	·
WEEK 3	АМ	Normal session with 30 min debrief at end	Normal session with 30 min debrief at end	Normal session with 30 min debrief at end	Normal session with 30 min debrief at end	6
	PM	Normal session with 30 min debrief at end	Normal session with 30 min debrief at end	Joint clinic COTS +CEPS	Normal session with 30 min debrief at end	
WEEK 4	AM	Normal session with 30 min debrief at end	Normal session with 30 min debrief at end	Normal session with 30 min debrief at end	Normal session with 30 min debrief at end	6
	PM	Normal session with 30 min debrief at end	Normal session with 30 min debrief at end	1 hr tutorial Portfolio work Shadowing MDT	Normal session with 30 min debrief at end	
					Total Supervised hours	24

Example of how to plan your clinical supervision for FCP roadmap completion

CLINICIAN	CLINICAL SUPERVISOR (RmSv)	PRACTICE MANAGER
PRE-EMPLOYMENT	PRE-EMPLOYMENT	PRE-EMPLOYMENT
 Completed Level 7 learning ideally in Clinical Examination, History and Decision making Completed the 8x E-leaning modules and 3 x Personal care modules identified in the NHS England roadmap 	 Contact local training hub to inquire about any clinical supervision training or refresher if required Top up course for GP Educational supervisors (not mandatory) 	 Ensure first 6 months of employment is set up to allow for supervision to complete the FCP roadmap For example: 30 mins discussion after each session 3 hrs a month with Clinical Supervisor (more hrs may be identified depending on clinicians' development) 1-2hrs a month for structured tutorials
START OF EMPLOYMENT	START OF EMPLOYMENT	START OF EMPLOYMENT
 Complete a PDP to identify any training / learning needs and agree set supervision time with RmSv Identify any days needed to attend HEI modules and inform PM asap. 	 Go through the PDP with the clinician to discuss how to achieve the identified learning and training needs and agree to set supervision time with the clinician Discuss different routes to FCP verification Sign post to the local training hub is unsure 	 Agree to the PDP, contact the training hub for information on funding and training opportunities around needs identified in the PDP plan Block out agreed supervision time for clinician and RmSv to meet

FIRST 4-6 MONTHS	FIRST 4-6 MONTHS	FIRST 4-6 MONTHS
 Once a month meet with RmSv to complete a minimum 1x COT, 1xCEP, 1x CBD Once a month Review PDP – add /complete learning needs Complete Mandatory training 30 mins blocked out at end of each session to discuss cases/ formal and informal feedback (this can be with any GP / ACP) Keep a daily clinical and supervision diary Attend tutorial hosted by clinicians within the practice 	 Once a month meet with Clinician to complete a minimum 1x COT, 1xCEP, 1x CBD – 2 -3 hrs total time Once a month review PDP – add/ sign off learning needs May need to set up tutorials for more directed learning – this can be hosted by the designated clinical supervisor or any suitable practitioner (i.e GP with an interest in dermatology, Physio on back pain management) 	 Identify supervising clinician each day (i.e on call GP) Block 30 min after each session to allow discussion or extended appointment to allow time to discuss each case after Ensure to schedule and block 2-3 hrs a month with RmSv Allow study days to attend MSc modules Block any extra Tutorial time identified
6-12 MONTHS OF EMPLOYMENT	6-12 MONTHS OF EMPLOYMENT	6-12 MONTHS OF EMPLOYMENT
 Have you achieved all the capabilities set out in Domain A-D and been able to evidence against all the capabilities stage 1 and 2 – YES - approach RmSv for final sign off Collect 5 clinical and 5 non-clinical MSF Collect 40 PSQ NO- continue with monthly supervision, review PDP and set out how to achieve sign off in next 6 months. 	 Is the clinician achieving the level of CAPABLE OR EXCELLENT on the COTS, CEP, CBD? Have they met all their learning needs set out in the PDP? Have they achieved all the capabilities set out in Domain A-D and Evidenced against each capability stage 1 + 2? If YES – FCP portfolio can now be signed off If NO or ongoing clinical concerns – review PDP at 6 months and set out how to achieve sign off in next 6 months. 	 Block 2hrs to review portfolio for sign off when capabilities met, and evidence gained If not ready for sign off at 6 months, meet with the clinician and RmSv to discuss the PDP, any extra supervision time, training required to achieve sign off

Trainees in Difficulty

- Early Identification
- Clear communication
- Clear plan
- Clear criteria for assessments

Final sign off for FCP verification

HEI FCP TAUGHT ROUTE

- ✓ Automatic FCP verification will be gained on successful completion of the module
- ✓ Certificate of Completion will be proof of FCP verification.

HEI E-SUPPORTED PORTFOLIO ROUTE

- ✓ Automatic FCP verification will be gained on successful completion of the e- supported portfolio
- ✓ Certificate of Completion will be proof of FCP verification.

UN-SUPPORTED PORTFOLIO ROUTE

- ✓ Complete and sign the stage 1 checklist (page 33 of the roadmap).
- ✓ Complete and sign the FCP verification form (page 107 of the roadmap)
- ✓ The 2x forms above + Portfolio will be proof of FCP verification.
- * NHSE may introduce a declaration form for the clinician and RMSV to sign

FCP verification form

PRACTITIONER

I confirm that this portfolio contains my own work & evidence related to my own capability. I confirm no patient identifiable information is included.

FCP SIGNATURE				
FCP HCPC REGISTRATION NUMBERDATE				
<u>VERIFYING SUPERVISOR</u> please tick where required, supply information an sign to verify	evidence			
I CONFIRM I HAVE COMPLETED THE PRIMARY CARE ROADMAP SUPERVISOR TRAIN	NING YES	NO		
I HAVE REVIEWED THE EVIDENCE OF CAPABILITYIN THIS PORTFOLIO YES NO				
I CONFIRM I AM UP TO DATE WITH EQUALITY & DIVERSITY TRAINING	YES	NO		
OVERALL RATING OF CAPABILITY FOR STAGE TWO (PLEASE TICK)				
Underperforming Needs further development Capable]	Excellent		
SUPERVISOR SIGNATUREDATE				
SUPERVISOR REGISTRATION NUMBER (GMC/HCPC/NMC)	DATE			

Checklist of recognition processes: Stage 1 and Stage 2 (un-supported portfolio route)

FOR FCP – Stage 1 to be completed BEFORE entry to Primary Care, Stage 2 in Primary Care Once both parts are completed, the recognition survey must be completed			
CONTENT	NUMBER	DATE & CS SIGNATURE	
STAGE 1			
Knowledge, Skills and Attributes verified	Portfolio of evidence required		
2. All eight Primary Care e-learning modules completed	Certificates from modules required		
3. Personalised care e-learning modules	Certificates from modules required		
STAGE 2			
Personal Development Plan (PDP) identifying SMART objectives	Need evidence that it has been developed – regularly updated		
A record of modules successfully completed at university – dates of completion			

A record of mandatory training including BLS and Safeguarding – dates of completion	As per mandated requirement. Can be from Blue Stream or equivalent
Reflective log entries	Minimum of one a week over a range of capabilities – verified when capable
Consultation observation tool (COT)	
To include face-to-face, telephone, and video	Minimum of one per month – verified when capable
Case-based discussion (CBD)	Minimum of one per month – verified when capable
A range of clinical examination procedural skills	To reflect any required procedural skills or any required for the profession – verified when capable
Participation in Quality Improvement Projects (QIP)/audit – showing ongoing engagement with QIP/audit – audits follow the audit cycle, shows systematic change/leaves a legacy	At least one completed audit or QIP but demonstrating an ongoing involvement
Patient satisfaction questionnaires (PSQ)	At least one full round with 40 respondents
Multi-source feedback (MSF) – at least one full round with 10 respondents – five clinical and five non-clinical	Minimum of one round
Significant Event Analysis	At least one then one per year
Any patient compliments or complaints	
Complete FCP Verification Form	

Ensure trainer wellbeing

- Set up protected time for trainee and supervisor
- > Be aware of sources of support if difficulties
- Pastoral Role

Training Trainers - Key Messages

Need to ensure supervisors

- ✓ understand the responsibility
- ✓ understand WPBA & portfolio needs
- ✓ understand verification process

1. What are we asking the employers and employees to do now who are employed as an FCP under ARRS or are due to be employed under ARRS?

Any clinician employed as an FCP and holding this job title (or a Paramedic employed under ARRS) must complete the FCP roadmap, either through the taught or portfolio route

2. What happened to individuals who are unable to achieve the FCP requirements?

Employers are accountable for ensuring that their staff work within the boundaries of their defined capabilities and scopes of practice. The FCP roadmaps provide a standardised framework for clinical practice, which not only ensures proper governance but also enhances patient safety. If a clinician cannot meet the minimum FCP requirements, the employer must carefully assess whether this clinician is safe to continue working in primary care.

3. Do the CQC FCP requirements and guidance still count during inspection?

The CQC will expect to see evidence or assurance that staff recruited into FCP roles have completed Stage 1 of the roadmap. They will also expect arrangements for completion of Stage 2 of the roadmap.