HEE Clinical supervision for FCP/ACP FAQ

**When do you expect the bolt on module for the GP Educational supervisor to land?**  
The top up for GP trainers is done - I just want to run it past the GP Deans to ensure they are happy with it then it will be shared with the regions - I imagine the regions will choose to deliver this via GP educator updates.

**Is the regional roll out aimed at training staff to also supervise nurses or just ARRS roles?**

The Roadmap supervision is focussed on the ARRS however nurses with full MSc can undertake and supervised FCP & ACP level practitioners.  Roadmap supervisors will have the skills to supervise nurses to evidence they meet the ACP Primary Care Nurse Capabilities too - using to portfolio tools in the back of the nurse framework

Please can you confirm how many names we are able to add to the course in March and if so, who will pay for their time?  
  
**When is the last ‘train the trainers’ course and if there are spaces, are we able to add more names or is there a limit?**

There is to be a limit of clinicians trained as trainers in an effort to keep some sort of governance over the training. (I think 70).  We are expecting to run another cohort in April - Amanda has a hold re numbers!  If there are spaces, I am sure we can let you know but we will need to share across the country.

**Where can I find out work about the WPBA an WPBA tools? How many/often need to be done?**

The roadmaps will have all of the supervision materials and advice regarding frequency of assessments (see pg 34/35 of Paramedic one)

**Is the 2-day training funded if attendees need to take time out of their normal clinical work?**

From my understanding the funding is only there for the 'train the trainers'. It you have an ACP in the practice who holds an MSc in Advanced Practice or a GP who is not a trainer then they can attend the course to become a supervisor (run by BNSSG TH) and this will not be charged. Their time attending the course will not be backfilled for this as supervision should be part of their role and fulfils the 4 pillars of Advanced Practice.

**The slides say GP or GP trainer. Does this mean that a GP who is not a 'trainer' could also supervise?**

The GP, who is not a trainer, needs to attend the 2 day accredited course. If they are a GPES then they just need to attend a 'bolt on' module that is approximately 3-4 hours and will be run via the Primary Care School. We will have more information regarding the logistics of this soon but be assured I am in contact with the Associate Deans and GP trainers about this.

**Currently we do have trainers in the practice who could supervise but they would only be working on the same day with the ACP one day a week. Do you think this would be a problem? We have non-trainers GPs who would be able to have more days with the ACP.**

This is ok and if we can get the non-GP trainers to attend the training then you will have more supervisors.

**Regarding training the supervisors - we have a number of GPs who are trainers and some who have a higher interest in MSK medicine - can these professionals become trainers and if so how?**

The GP who is not a GPES can attend the 2-day course run by HEE to become a ‘train the trainer’. If they agree to this, they will need to help with the roll out in BNSSG. We also need to ensure there are spaces for them to become trainers.

If being a supervisor is what they would prefer, then they can attend the course that the BNSSG Training Hub will be hosting.

**If we don't have a trainer at present - how do we proceed?**

Await until we have trainers in post that can roll out the training to the 14 trainers in the STP or ask them to attend the trainer course to be one of the 14 trainers in the region.

**We have a GPSI in MSK who is not a qualified supervisor. Are they still able to access this training? If not, will they still be able to supervise our FCP?**

If the GPSI (MSK) is not a GPES then they will need to attend both days of the Clinical Supervisor course that will be hosted by BNSSG TH or can attend one of the other accredited supervisor courses to be recognised as a supervisor for your FCP.

If you have a GP ES who would like to become an FCP/ACP supervisor then HEE are planning to add an OPTIONAL 'bolt on' module that the GPES can access via Severn PGME. This is just being ratified and tested so is not available yet but as the paperwork and materials are similar to GPES training this will likely be a session (3-4hrs) on understanding the specific roles and training requirements required of all the FCP/ACP professions.

**Who can be a supervisor?**

GP/AHPs with post grad MSc/FCP - once on the directory and have attended the relevant course. Existing GP ES can be roadmap supervisors – they have the option of topping up with a session re Roadmap & verification. AHPs or Nurses who are recognised by the HEE Centre as advanced or until that time those who have a full MSc are eligible to undertake the Roadmap Supervision & Verification training to supervise both FCP and advanced level practitioners. Once FCP directory is up and running FCP that are recognised on the HEE Centre FCP Directory will be eligible to undertake the Roadmap Supervision & Verification training to supervise other FCP.

**Who can be a trainer?**

GP ES or an ACP who holds an ACP Masters degree/Consultant Practitioner with a full MSc or PhD who has attended the relevant Roadmap Train the Trainers course.

**What is the ask of the roll out of the trainers course?**

We would then look to train 2 trainers per STP, so 14 trainers in total

Time commitment for the ‘train the trainers’ is a 2 day course. + 2 days to train a cohort of trainers. They say you can do 14 in one session so in theory perfect spread sheet world we only need 14 for the South West so 1 trainer session required.

**Are the dates in the roadmap going to pushed back due to covid?**

There is no plan to put the dates back currently. The clinicians have been given a year from April 1st to train/retrospectively train based on the lowest common denominator of someone working 1 session a week in primary care.

**Funding**

Looking at the table its been worked out at £400 a day so £800 per trainer. South west 14 Trainers to be trained. 14 X £800  = £11,200)

This leaves nothing for the actual training of the 2 trainers for the SW this would be 2 days for their training and then assume they would then train 7 each at another 2 days so that’s 8 days in total so that’s £3200 on top of the £11,200 for the 14 trainers they are going to train.

**Looking at the original slides there is some funding but don’t know how it’s targeted. It looks like £800 per trainer, which is enough to support backfill 1x2day course each with some small change - what does this actually cover?**

It is £200 per day so £400 per trainer for the 2 day course, this is the top of 8b

**You need 2 trainers (from BNSSG) and need 14 cohorts across the STP. How many people do you envisage getting onto the course?**

The national ask is to identify 2 trainers per region initially. We will discuss the regional need for number of supervision courses needed for their region and they will be empowered to train the relevant number of trainers. They can train 14 trainers in one course with the relevant entry qualifications for a trainer ie consultant practitioner or ACP who has a full ACP Masters degree, GP or GP Trainer

**Will a lesson plan and teaching material be provided?**

Yes, this will be given to the Trainers on completion of the 2 day course

**How will the course be evaluated to ensure standardisation?**

The course is already evaluated and attendees will be asked to provide feedback

**What support will the supervisor get for doing the teaching?**

We are suggesting each cohort of trainers set up a google classroom or what's app group to offer mutual support.  Always welcome tome back to me with any queries they are unable to resolve locally

**It says for the training to commence March 2021. Would the trainer be getting paid to do this role and what are their time commitments?**

The trainer will be paid £200 per day to run the course

**What are their future time commitments to this role?**

Once trained trainers, after the regional commitment pump-primed for 2021 has been completed, the PCTH can choose to fund further supervisor courses via the recognised trainers

**We already have Multi-professional CS commencing in Feb 21 for Practice Nurses. Would it be possible to delay this training?**

The Roadmap training needs to start ASAP to develop the pipeline of AHPs into the new roles under the ARRS.

**Does the GP surgery get backfill for every time the supervisor needs to do some training or supervision?**

Supervision should be part of an APs job plan. The clinician should have dedicated time to do this.

**How does someone register to come on to the roadmap?**

It is an educational roadmap to practice that starts outside primary care once the clinician has worked in their profession for 5 years, for MSK 3 of those 5 years needs to be specialising in MSK as a minimum. Once they have reached that point they can either do a taught HEI FCP module that allows them to be placed as an FCP onto the directory, or they can go down the portfolio route.

The portfolio route has 2 stages. Stage 1 is evidencing through a portfolio that they are academically working in their area of practice at masters level, stage 2 is completed in primary care where they develop a portfolio of evidence that they can apply that knowledge into practice. They are verified and signed off by their supervisor for these 2 stages.

When being recognised as an FCP they can continue along the portfolio route to develop as and AP. Of doing an AP MSc they can pull in and FCP module as part of their credits.

It takes from around 4 months for stage 1 and a minimum of around 4 months for stage 2. The FCP modules run over a similar timescale.

**Is there an online portfolio? How do they get access to this?**

The portal at the Centre for advancing practice will be available to collate evidence in March. All sign off for both FCP and AP in primary care will be done in practice, so any portal to collect and store evidence is fine.

**IF they have more than 3 years experience and are working in primary care do they go straight to stage 2?**

No, they need to do stage 1 and 2

See answer above. It is all about collating the evidence that is on the roadmap around the individuals KSA. This roadmap is a guide/framework for new to PC physios and we are trying to map the existing ones to this. They may already appear to be on stage 2 so we need to retrospectively collate the evidence.

From a verification point of view First contact practitioners will be verified in practice and the forms will be sent to the centre for advancing practice and added to directory. A few will be quality assured. For Advanced Practice to be recognised you will need a portfolio of evidence that will require external verification by a panel.

**Where can we access the supervisor training?**

The training is via the MSK professional interest groups – MACP/APPN/SOMM and through the college of paramedics soon for paramedics. The regional trainers are to be trained in February so dates should be ging out through the regional training hubs from march.

It is a bespoke course that is standardised. No other online module or course will be recognised.

**Given that senior clinicians have raised serious concerns about the safety of the roadmap in particular the notion that this really should be a band 8a role minimum. Does BNSSG/ hub plan to implement the roadmap in its current format or does it plan to challenge it and make some revisions to maximise both safety and longevity.**

With regard to safety, the Roadmap has been designed to guarantee safety as a clinician is required to develop a portfolio of evidence against the KSA that is marked at level 7 proving the capability of the clinician against a standard. Banding is only the amount of pay that is taken home at the end of the month and does not prove capability. However, if capability is proven, renumeration for that level of practice should follow.

The longevity is proven as it is a educational training pathway to FCP and from FCP to AP that can be completed either via a taught route, a portfolio route or a blended route by pulling existing masters modules into the portfolio route to sign off domains.

The roadmap is a standardised educational training pathway for all AHPs in primary care with specific supervision and governance to ensure patient safety that has been agreed by all national and professional bodies and with patient participation.

**If BNSSG / hub plans to proceed with the roadmap in its current format, what measures is it putting in place to protect entry level band 7 FCP’s, given that the current gold standard for MSK diagnostics is the ESP role which is overall seen as a band 8 a role with a minimum of 4 years' experience and evidence of working towards master's level. The majority of entry level band 7’s will not have had the relevant experience nor exposure to diagnose MSK pathology and more importantly recognise masquerades, thus putting this group of clinicians at greater risk.**

Again band 7 and band 8 are just a pay packet, it is not proof of capability as a job title is also not a proof of capability. For clinicians who are working at this level of practice it will not take them long to build a portfolio of evidence for stage 1 to prove their capability and have it signed off by a supervisor then show that they can apply that knowledge into practice in stage 2. Entry level FCPs should have completed stage 1 before moving into primary care. This focuses on all the KSA required at masters level to ensure patient safety of which red flags and masquerades sit within, Red flags and masquerades are also central to the e-learning modules that are mandatory.

**How is supervision going to be funded?**

The trainers who run the supervision courses are funded by HEE. The 2 day course is free to the delegates training to be supervisors. Supervision is the most basic form of governance and patient safety so should be part of an individuals workplan.

**If you become a supervisor who is going to fund : A) the course B) the time during the course of the year supervising other FCP’s**

The course is free. If you are at the required level of practice to be a supervisor, supervision should be part of your workplan.

**How do you propose supervisors will be impartial?**

If they are not impartial then it is an HCPC regulatory issue. Supervisors are accountable for the supervisees learning and if signing off a clinician they are doing so against their registration. When 3% of portfolios are randomly pulled for review, both the clinician and the supervisor will be audited.

**How does the hub/BNSSG propose to audit FCP/APP are safe on a regular basis other than a portfolio?**

Nationally 3% of the portfolios will be pulled for audit. Local governance should ensure that a structure is in place to ensure clinician and patient safety. Appraisal is central to this. A clinician has a responsibility within their own registration with their regulatory body to ensure that they are working at the correct level of practice.

**Who pays for the FCP (MSK) module and where can we access this?**

There is an FCP module at the University of Plymouth that has been recommended.   
ARRS funding only covers salary

NHS careers has ‘how to become’ but it’s a bit secondary care focussed and doesn’t yet take in the advanced practice roles and HEE has some information on the ARRS roles

<https://www.healthcareers.nhs.uk/explore-roles/allied-health-professionals/roles-allied-health-professions/physiotherapist>

<https://www.e-lfh.org.uk/programmes/new-roles-in-primary-care/>

**With the new ARRS roles what is the ask for paramedics to be employed in the South West in Primary Care?**

130

In BNSSG this equates to: 2021/22 = 12

                                              2022/23= 27

                                              2023/24 = 30

**Is there a mandate for a rotational role for Paramedics following the ask regarding the ARRS?**

No. But it would be good to look at the system as a whole and not deplete staff from SWAST

**What is the wider issues with these figures?**

The issue is that this figure would put a lot of pressure on SWAST in terms of capacity and response times and having experienced staff in senior roles. Essentially, they feel it would destabilise them.

**What does the pathway look like?**

NQP for 2 years (Band 5 level) and currently SWAST have 4-500 of them. They will then need to complete the new FCP module for paramedics, produce a portfolio and be signed off to become a Band 6 specialist paramedic (they currently occupy 8-9% of SWAST workforce). At this point, they can then be picked for the ARRS role and the funds be drawn down and move to Primary Care to aim to become an Advanced Clinical Practitioner.

The 8-9% of Band 6 Specialist Paramedics currently equates to about 38  that fit this description. They have done a Level 7 module at UWE around Physical Assessment and Clinical Reasoning (PACR).

This figure causes issues regarding the reality of the projection of the ARRS funding and is unrealistic but there is a hand full of paramedics that can step onto the FCP module that might support the figure of 130.

**When does the module start?**

What we are unaware of is when the new FCP module starts but it is based on PACR.

The issue with the module is that is a 20-credit module that it's safety benchmark around 'PACR' but what is won't give you is practice based learning or experience regarding illness/injury and different clinical presentation. They will need CPD that matches their scope of role and the knowledge, skills and attributes required to have a solid underpinning of skills.

Essentially the PCN needs to be aware they will need to invest 2-3 years of collaborative learning to get what they want.

**What about the College of Paramedics course that SWAST are advocating?**

This diploma has been cross referenced against the roadmap and once you have done this you just need to do your 2 e-learning modules in stage 1 and also evidence in practice. The UWE one is due to be accredited shortly by the Centre for Advancing Practice.

**Levelling out the playing field among professions**

This standard and roadmap will be able to access banding levels and standards across the country with regards to imaging requesting

**How long do we have to complete the roadmap?**

1 year from April 2021. Suggestion is that you start mapping what they have across to the stage 1 part. Once the supervisor arrives they can verify this evidence.

**What happens if you don’t complete this roadmap/portfolio?**

In 2022 this will become part of the CQC inspection and you need to show evidence against stage 1 and working towards stage 2. Your HCPC also asks you to show evidence that you can accredit against your role.

**Can I use existing modules against evidence?**

Yes, just need to apply this against your role and that it is being used against your. Don’t need a separate piece of evidence for each KSA. There are tools coming out to help show how to evidence stage 1 i.e Spreadsheets and will be shared shortly. The College of Paramedics will also have something out. Don’t forget you can also use other things, not just masters modules. You could do a reflective practice and create a piece of evidence that covers the domains and ensure complexity in writing.

**What about people who have no masters modules or some modules?**

It is recommended that you can do the FCP taught module (Bradford) and HEE are awaiting more funding for this. We are awaiting start dates and this is less than a year module so will be before April 2022.

You can also go through the portfolio route but you need to collate the evidence and have it verified by the clinical supervisor.

**What is our employers don’t have the capacity to supervise us?**

The landscape for Primary Care is changing towards a multi-professional approach and we need to ensure we have appropriate supervision in the workplace to ensure professional and patient safety. This will be looked at by the CQC. You may need to utilise the PCNs and work in collaboration.

**Will there be a case for extension if going on mat leave?**

Yes

More questions to answer please….

What framework do you suggest we put in place for supervision of FCPs regarding time and expectations?

Are you able to summarise the duties of the ES for the roadmap?

We have employed a podiatrist in the PCN - should they also be starting this? What about the other ARRS roles?