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# PRIMARY CARE TOOLKIT V4: **FCP Paramedic**

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# What is a First contact practitioner ?

- FCP roles began with the development of the FCP Physiotherapist in 2014, in response to the shortage of General Practitioners (GPs) in Primary Care.
- 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
- As the FCP role evolved it created a template for other professions to use and develop FCP roles in Primary Care. This created an assurance that there was a standardisation of quality provided across multiple professions at this level of practice.
- This standardisation assures governance and ultimately patient safety, ensuring capability to see and manage undifferentiated and undiagnosed presentations within an agreed scope of practice.
- To create sustainability for multi-professional FCP roles, there is a need to build a clear national Primary Care training pathway for clinicians moving into FCP roles onto AP, which ultimately will provide a pipeline of professionals at the right level of practice, and will help to recruit and retain them in Primary Care

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# The role of a Paramedic FCP

- Manages undifferentiated undiagnosed conditions.
- Able to identify red flags and underlying serious pathology and take appropriate action.
- Works within practice, across PCN, multi-organisational, cross professions and across care pathways and systems including health, social care, and the voluntary sectors.
- High level complex decision making to inform the diagnosis, investigation, management, and on referral within scope of practice.
- Actively takes a personalised care approach to enable shared decision making with the presenting person.
- Contributes to audit and research projects.
- Contributes to education and supervision within their scope of practice for the multi-professional team.
- Facilitates interprofessional learning in area of expertise.
- Promotes and develops area of expertise across care pathways

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# The FCP role and progression

The FCP role is part of the progression towards becoming an Advanced clinical practitioner

The Paramedic can remain as an FCP or continue onwards towards becoming an ACP

It is recommended that all paramedics working within primary care complete the NHS England FCP roadmap

## Paramedic

(BSc / diploma , **Band 6**, 3 years minimum experience at band 6 , needs to demonstrate completion of * KSA e-learning stage 1 before commencing into primary care)

## Newly Qualified Paramedic

(BSc/ diploma, **Band 5** – Must complete a 2 year post registration portfolio)

## Trainee First Contact Practitioner

(Level 7 module/s, KSA e-learning stage 1 complete, start the **FCP portfolio with aim to complete in 1 year, advised **Band 7** equivalent)

Likely overlap if the practitioner is completing the MSc Advanced Practice Apprenticeship or other NHS England approved MSc taught route. Title of FCP or tACP where appropriate

## First Contact Practitioner

(Level 7 modules, KSA stage 1 and stage 2 complete, FCP portfolio completed, climbing up **Band 7** equivalent)

## Trainee Advanced Clinical Practitioner

(Verified FCP portfolio, placed onto the FCP directory at the Centre for Advancing Practice, continue building evidence towards AP and 4 pillars, **Band 8a** equivalent)

## Specialist Paramedic in Urgent Care

(MSc /postgrad Dip, **Band 7** . May already be a NMP , completed primary care placement during training )

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# Paramedic FCP conditions list

*This is just an example of what an FCP can see, this may change dependent on the individual paramedic and their previous experience and training

- INFECTED INGROWN TOENAILS
- SORE THROAT / TONSILLITIS
- THREADWORM
- SCABIES
- THRUSH (ORAL/ VAGINAL
- GENITAL DISCHARGE OR IRRITATION
- SUSPECTED SEXUALLY TRANSMITTED DISEASES
- SUSPECTED MISCARRIAGE < 18 WEEKS
- INDIGESTION AMD REFLUX
- GASTROENTERITIS – DIARRHOEA AND OR VOMITING
- NEW DIZZINESS / HEADACHES
- UNILATERAL LIMB SWELLING (SUSPECTED DVT)
- CHEST PAIN
- EARACHE/ EAR INFECTION
- ECZEMA
- RASH / SHINGLES
- FEVER
- SINUSITIS
- ACNE
- SKIN INFECTIONS
- INSECT BITES
- INFECTED WOUND
- MINOR WOUND
- CONJUNCTIVITIS
- SORE EYES / STYES
- COUGHS
- CHEST INFECTIONS
- ACUTE EXACERBATION OF COPD
- ACUTE EXACERBATION OF ASTHMA

URINARY TRACT INFECTIONS

- CONSTIPATION
- ACUTE BACK PAIN
- ACUTE JOINT PAIN
- GOUT
- MINOR INJURIES

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# Paramedic Non-Medical Prescriber

## Criteria to become a Paramedic NMP

- 3-5 years post qualified (Dependent on HEI)
- Have a minimum of 1x level 7 post registration module (ideally in advanced clinical Assessment or similar)
- 1 years experience working in their current clinical environment
- Supervisors can now be either a GP or other Non Medical prescriber with >3 years experience of working as a NMP

**Exemptions:**

Paramedics are NOT allowed to prescribe any Controlled Drugs

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# Paramedic Pre-employment Education Flowchart

## Pre-Employment

Completed the:

- 8x mandatory E-learning Modules
- 3x personal care E-learning modules

## Employment under the ARR Scheme

- **4 + years Post Qualified** (A combined 2 yrs as a Band 5 Newly Qualified Paramedic and 2 years as Band 6 paramedic)
- **Demonstrate level 7 learning*** (or achieved within 6 months of employment)
- **Must complete the FCP Portfolio within 6-12 months of reimbursement of the individual** (can be extended with agreement from the commissioner where appropriate)
- **To qualify for reimbursement of salary at Band 7 :FCP** – Must be able to demonstrate the Paramedic is completing or has completed stage 1 and Stage 2 of FCP portfolio
- **To qualify for reimbursement of salary at Band 8a :ACP** –Must be able to Demonstrate Level 7 across all four pillars as per centre for Advancing practice requirements for AP accreditation Or completed taught HEI MSc in Advanced practice or equivalent to gain AP accreditation

## Independently Employed

- **3 + years Post Qualified**
- **Demonstrate level 7 learning*** (or achieved within 6 months of employment)
- **No deadline to complete the FCP portfolio** (but expected to complete within 6-12 months of starting employment)
- **Salary is the employer's choice,-** (NHS England suggests expected salary for a FCP is Band 7 afc equivalent , ACP Band 8a afc equivalent)

***FCP- First Contact Practitioner**

***ACP- Advanced Clinical Practitioner**

Demonstrating Level 7 learning, typically attained through Masters-level modules, is crucial, as it signifies that a paramedic possesses advanced academic knowledge that is well-prepared for practical application. Stage 1 of the First Contact Practitioner (FCP) roadmap focuses on substantiating the academic aspect of competencies, while stage 2 centers on the practical implementation of this knowledge, facilitated through supervision, work-based assessments, reflective practice, and continuing professional development (CPD). Ideally, a paramedic should have completed at least one Level 7 module, particularly in areas such as clinical examination, history taking, and diagnosis.

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# Understanding the Paramedic CV

## ROLE TITLE

**Newley Qualified Paramedic -NQP** (Band 5, needs to complete a consolidation of practice portfolio over a 2 year period)

**Paramedic** (Band 6, Completed their NQP portfolio, may mentor an undergrad paramedic student, will be seen on both an ambulance and rapid response car)

**Practice Placement Educator-PPED** (Band 6 Paramedic working under the Learning Development team, still in clinical practice, mentoring all grades of staff, undertaking clinical practice reviews, restrictions of practice reviews and learning needs analysis)

**Lead Paramedic – LP** (Band 6 Paramedic working under the Operational Officer team, still in clinical practice, undertakes extra administrative duties such as incident report reviews, stock orders, Drug orders, ensures compliance with drug bag recording included controlled drugs)

**Operational Officer -OO** (Band 7 Paramedic, Managerial duties of the clinical staff within their sector. Will still attend more critical jobs, provide the lead as serious/ major incidents, liaise with hospitals on bed management / delays)

**Learning Development Officer -LDO** (Band 7 Paramedic working within the learning development team providing mandatory training, updates and run educational days, undertakes annual clinical practice reviews on all clinical staff)

**Specialist Paramedic in Urgent and Emergency Care -SPUEC** (Band 7 Paramedic, working at an advanced clinical level, extended scope of practice for drug use and wound care. Has completed a placement within primary care/A+E and MIU, undertakes remote clinical triage provide advice to other clinicians and patients, may have a MSc and NMP qualification)

**Critical Care Paramedic -CCP** –(Band 7 Paramedic working at an Advance clinical level within the helicopter emergency medical service team. Focused on critical care with an extended scope of skills and drugs. May have a MSc and NMP qualification)

**Hazardous Area Response Team -HART** (Band 6 Paramedic, extended skills to deal with major or hazardous incidents)

## QUALIFICATIONS

(These are some of the more common Level 7 modules seen. Any level 7 module in clinical assessment / history taking and diagnostics would fulfil the requirements for Stage 1 of the FCP portfolio)

**PACR – Physical Assessment and Clinical Reasoning** (Adult – the majority of paramedics are taught this at level 6 on their undergraduate programme)

**PACR CHILD – Physical Assessment and Clinical Reasoning of the Presenting Child**

**PADRAP – Pathophysiology and Diagnostic Reasoning for Advanced Practice**

**MIMIC – Minor Illness and Minor Injury in Children**

**APCARDD – Advancing Practice in Clinical Examination and Diagnostic Reasoning for Urgent, Emergency and Primary Care Practitioners**

**RCDM- Remote Clinical Decision Making**

**ECP – Clinical Reasoning and Clinical Examination Skills and Practice for urgent and Emergency Care practitioners**

**NMP- independent non-medical prescriber**

### Other Non-Clinical Modules

**AET**- Award in Education and Training

**Accredited Mentorship Modules –**

- **FLAP** (Facilitated Learning and Assessment in Practice)
- **SSIP-** (supporting students in practice)

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# Example of Interview Questions for the Paramedic First Contact Practitioner

| NO | QUESTION |
|---|---|
| 1 | What areas of practice do you anticipate being a problem and how do you think you will overcome this? |
| 2 | You are not expected to know everything, but you will be inevitably end up seeing things that may be outside your current area of knowledge and scope of practice. Tell us how you would deal with presentations you are unsure how to manage/treat? |
| 3 | What have you been doing up to now to enhance your clinical practice? |
| 4 | What do you think makes a good practice team work well? |
| 5 | Work life balance can be difficult to maintain – how do you try and achieve this? |
| 6 | What do you think your strengths and weaknesses are and what do you think you could bring compared to the other candidates? |
| 7 | What are your thoughts with regards to your career and future development, and do you have any areas of particular interest in General practice? |
| 8 | Do you have much understanding on how primary care is funded? – ie QOF |
| 9 | What is your understanding of the Health Education England First Contact Practitioner Roadmap? |
| 10 | Have you completed stage 1 of the Health Education England First Contact Practitioner Roadmap? |

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# Job Plans

**Considerations**

- Thing about what you are employing the Paramedic to do and the amount of support and supervision they will need to safely undertake that role
- A less experienced Paramedic may be more suitable for home visits
- Paramedics with no primary care experience employed to do same day clinics will need structured teaching around minor illness management, red flags , telephone triage, referral processes ect
- Nursing home visits for acutely unwell or urgent problems is suitable, but undertaking Nursing home ward rounds are complicated and involve medication management, chronic disease management and complex care – is this suitable for a Paramedic new to primary care ? Consider what support and training they will need to manage this patient group safely, does the Paramedic have previous experience in this area?

**DON'T's**

- Biochemistry interpretation is new to most paramedics – don't expect a paramedic new to primary care to understand what tests needs to be ordered or to be able to interpret results – training and support will need to be given, experienced paramedics should be able to request and interpret their own patient results
- If employing a paramedic for a whole PCN- don't spread them across more than 3 sites to ensure they have regular supervision and support and feel part of a team

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# Introduction into Primary Care

- Introduction guide into Primary care for the Paramedic can be found on the PCA website: https://www.bnssgtraininghub.com/
- The Paramedic should sit down with their manager and designated clinical supervisor to arrange some 1:1 supervision sessions (1 joint session a month for 6 months)
- Ensure to clarify the role, their responsibilities and discuss any areas they may feel uncomfortable seeing – revisit every couple of month
- Week 1-2 will be a general induction to your practice and PCN, sitting in with the wider MDT
- Week 3-4 may be shadowing those who are undertaking a similar role , sessions with reduced contacts
- Those new to primary care -arrange for them to sit in with the phlebotomist to get some practice taking bloods/ understand the process of requesting and printing of labels, use of correct swabs and specimen bottles
- Highlight location of emergency equipment and medication

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# Job Plans example:

*This is just one example based on a 10 hour day, but will change depending on how your Practice works, – consider Paramedics new to primary care , start with longer appointments and increase as they progress allowing time for debrief.

| Urgent/ Acute Same day clinic (New starter 30 min appointments- review at 4 weeks) | |
|---|---|
| 0830 | Telephone / Face to Face / Ask my GP task |
| 0900 | Telephone / Face to Face / Ask my GP task |
| 0930 | Telephone / Face to Face / Ask my GP task |
| 1000 | Telephone / Face to Face / Ask my GP task |
| 1015 | CATCH UP |
| 1045 | Telephone / Face to Face / Ask my GP task |
| 1115 | Telephone / Face to Face / Ask my GP task |
| 1145 | Telephone / Face to Face / Ask my GP task |
| 1215 | DEBRIEF or after each patient |

| Urgent/ Acute Same day clinic (increase to 20 min appointments, review at 3 months) | |
|---|---|
| 0830 | Telephone / Face to Face / Ask my GP task |
| 0850 | Telephone / Face to Face / Ask my GP task |
| 0910 | Telephone / Face to Face / Ask my GP task |
| 0930 | Telephone / Face to Face / Ask my GP task |
| 0950 | Telephone / Face to Face / Ask my GP task |
| 1010 | CATCH UP |
| 1030 | Telephone / Face to Face / Ask my GP task |
| 1050 | Telephone / Face to Face / Ask my GP task |
| 1110 | Telephone / Face to Face / Ask my GP task |
| 1130 | Telephone / Face to Face / Ask my GP task |
| 1150 | DEBRIEF |

| Urgent/ Acute Same day clinic- (Experienced Paramedic – 15 min appointments) | |
|---|---|
| 0830 | Telephone / Face to Face / Ask my GP task |
| 0845 | Telephone / Face to Face / Ask my GP task |
| 0900 | Telephone / Face to Face / Ask my GP task |
| 0915 | Telephone / Face to Face / Ask my GP task |
| 0930 | CATCH UP |
| 0945 | Telephone / Face to Face / Ask my GP task |
| 1000 | Telephone / Face to Face / Ask my GP task |
| 1015 | Telephone / Face to Face / Ask my GP task |
| 1030 | Telephone / Face to Face / Ask my GP task |
| 1045 | CATCH UP |
| 1100 | Telephone / Face to Face / Ask my GP task |
| 1115 | Telephone / Face to Face / Ask my GP task |
| 1130 | Telephone / Face to Face / Ask my GP task |
| 1145 | Routine /follow up – bookable by clinician |
| 1200 | DEBRIEF/ADMIN |

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# Home visiting Paramedic.

| Home Visiting Paramedic (PCN)<br>Booked by individual surgeries<br>Pre bookable allows non urgent visits to be managed and utilises time whilst same day home visits come in and are being triaged | |
|---|---|
| 0900 | Pre bookable – routine |
| 0930 | Pre bookable – routine |
| 1000 | Pre bookable – routine |
| 1030 | Pre bookable – routine |
| 1100 | URGENT/ SAME DAY HOME VISIT |
| 1130 | URGENT/ SAME DAY HOME VISIT |
| 1200 | URGENT/ SAME DAY HOME VISIT |
| 1230 | DEBRIEF |
| 1300 | LUNCH BREAK |
| 1400 | URGENT/ SAME DAY HOME VISIT |
| 1430 | URGENT/ SAME DAY HOME VISIT |
| 1500 | URGENT/ SAME DAY HOME VISIT |
| 1530 | URGENT/ SAME DAY HOME VISIT |
| 1600 | URGENT/ SAME DAY HOME VISIT |
| 1630 | DEBRIEF /ADMIN |

| Home Visiting Paramedic (Surgery)<br>Paramedic may be responsible for triaging the home visits or add in residential/ nursing home ward rounds | |
|---|---|
| 0830-<br>1100 | Home visit list triage |
| 1100 | ROUTINE/URGENT/ SAME DAY HOME VISIT |
| 1130 | ROUTINE/ URGENT/ SAME DAY HOME VISIT |
| 1200 | ROUTINE/ URGENT/ SAME DAY HOME VISIT |
| 1230 | DEBRIEF |
| 1300 | LUNCH BREAK |
| 1400 | ROUTINE/ URGENT/ SAME DAY HOME VISIT |
| 1430 | ROUTINE /URGENT/ SAME DAY HOME VISIT |
| 1500 | ROUTINE/ URGENT/ SAME DAY HOME VISIT |
| 1530 | ROUTINE / URGENT/ SAME DAY HOME VISIT |
| 1600 | ROUTINE/ URGENT/ SAME DAY HOME VISIT |
| 1630 | DEBRIEF /ADMIN |

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# The Paramedic First Contact Practitioner Roadmap

SW update Link

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# The two routes: brief overview

**Everyone MUST complete the following**

8 x E-learning modules

3x personal care modules

Mandatory training (Equality & Diversity)

**STAGE 1**

**HEI ROUTE**

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

**E-supported portfolio:** The trainee already has evidence they can map towards stage 1 and possible stage 2

**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

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# FCP Roadmap
# Stage 1- Myth buster

**STAGE 1** – Does not currently need to be completed before entering primary care

- This is currently difficult to achieve without already being employed in a primary care role
- This will likely change in the future as people choose to do the HEI module prior to looking for a primary care role
- Ideally aim to enrol the clinician on a FCP course or level 7 module within 6 months of starting their role

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# Stage 2:

A portfolio of evidence proving their clinical capability in primary care required in both the portfolio and HEI route. Please note that each HEI will have their own portfolio format

| CONTENT | NUMBER | |
|---|---|---|
| Personal Development plan (PDP) -SMART objectives | **1** | *PDP but needs updating regularly* |
| Clinical Examination procedures (CEPS) | **6** | *Minimum of 6 verified when capable* |
| Clinical Observation tools (COTS) | **6** | *Minimum of 6 :consider covering 1x per system /skill* |
| Case based discussions (CBD) | **6** | *Minimum of 6 verified when capable* |
| Patient survey Questionnaires (PSQ) | **40** | *At least 40 respondents* |
| Multi Source Feedback (MSF) | **10** | *Minimum of 5 x clinical +5x non-clinical* |
| Clinical Supervisor Report (CSR) | **1** | *1 x signed as capable or excellent* |
| Quality improvement project / Audit (QIP) | **1** | *Evidence of Participation* |
| Reflective log entry | **25** | *Minimum one a week covering a range of capabilities* |

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All these HEIs offer funded Taught and E-supported portfolio routes

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## Comparison Chart of Fully Funded FCP Courses

Please see our website for updates / links and further information: www.swpca.org.uk

| UNIVERSITY | PROFESSION | INTAKE | DURATION | CREDITS | METHOD |
|---|---|---|---|---|---|
| AECC | ALL FCP'S - cohort will be mixed but with some separate profession specific teaching sessions | September 23 Jan 24 June 24 | 12 months | 60 | Remote + F2F **can have a gap between stage 1+2 |
| BRADFORD UNIVERSITY | MSK | October 23 | 12 months | 60 | Remote |
| COVENTRY UNIVERSITY | MSK | September 23 | 12 months | 60 | Remote |
| TEESSIDE UNIVERSITY | PARAMEDIC | September 23, March 24 | 4 months | 40 | Remote |
| UCLAN | ALL FCP's - cohorts will be multi professional | January 24, March 24 | 12 months | 40 | Remote |
| UNIVERSITY OF CUMBRIA | PARAMEDIC | September 23, April 24 | 12 months | 60 | Remote |
| UNIVERSITY OF ESSEX | MSK | October 23 | 12 months | 60 | Remote **can have a gap between stage 1+2 |
| UNIVERSITY OF HERTFORDSHIRE | MSK, OT, DIETITIANS, PARAMEDICS | MARCH 24 | 12 months | 45 | Hybrid |

*All the above HEI's are also commissioned to offer the **E-supported portfolio route** to the assigned profession. All you need to do is apply to your chosen HEI and complete their Learning Needs Analysis form. From here they will determine if you need to do the FCP module or the E-supported portfolio route. Transfer of credits to an MSc ACP programme is complicated and depends on the each institution. Please contact your regional AP faculty team to discuss further : https://advanced-practice.hee.nhs.uk

Lily Dixon and Emma Kyle - SW PCA FCP project team 25.8.23 V5

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# 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)

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# 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
- AECC will accredit their e-supported portfolio route, giving the clinician 20 level 7 credits

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# 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 34-35 roadmap)
- ✓ Complete and sign the FCP verification form
- ✓ The 2x forms above + Portfolio will be proof of FCP verification

* NHSE may introduce a declaration form for the clinician and RMSV to sign

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# FCP verification form: Final sign off 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 NUMBER.....DATE.....

**VERIFYING SUPERVISOR** please tick where required, supply information an sign to verify evidence

I CONFIRM I HAVE COMPLETED THE PRIMARY CARE ROADMAP SUPERVISOR TRAINING 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 SIGNATURE.....DATE.....

SUPERVISOR REGISTRATION NUMBER (GMC/HCPC/NMC).....DATE.....

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# FCP Verification Portfolio Route Rule Change

- **Group A :** Already completed the FCP portfolio and surveys

- **Group B:** Currently in the process of competing the FCP un-supported portfolio. There will have a deadline to complete (APRIL 24) as the survey will close. There is nothing stopping clinicians continuing on the unsupported portfolio route past this deadline.

- **Group C:** Not yet started the FCP portfolio. Advised to complete the FCP roadmap via a HEI FCP taught route or the via the E-supported portfolio route via the HEI.

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# FCP Verification

- **Digital Badge –** There will no longer be a "digital Badge" or register to check if someone is FCP verified

- Those who have completed the FCP roadmap via the un-supported portfolio route will use their signed FCP verification form and portfolio as proof of completion
- Those who have completed the FCP roadmap via a FCP taught or E-supported portfolio route will get a certificate of completion which will be proof of FCP verification

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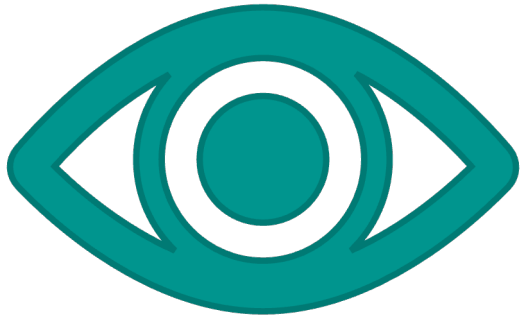

# Clinical Supervision

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# 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.

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# Clinical Supervisor

## UN-Supported Portfolio Route

- The Clinical Supervisor MUST be a roadmap supervisor (individual who has completed the 2 -day Roadmap supervisors' course)

***OR***

- A GP Educator - can complete an optional 1 hour top up sessions accessed on e-Lfh : GP Educator top up course

## HEI Taught or E-Supported Portfolio route

Each HEI will have their own rules on who they deem to be a "suitable Supervisor". Please contact the chosen HEI for further details

*Please contact your local training hub to enquire about regional supervision training

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# 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<br>• 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<br><br>• 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<br><br>**For example**:<br>• 30 mins discussion after each session<br>• 3 hrs a month with Clinical Supervisor (more hrs may be identified depending on clinicians' development)<br>• 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<br>• 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 | • Agree to the PDP, contact the training hub for information on funding and training opportunities around needs identified in the PDP plan<br>• 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<br>• Once a month Review PDP – add /complete learning needs<br>• Complete Mandatory training<br>• 30 mins blocked out at end of each session to discuss cases/ formal and informal feedback (this can be with any GP / ACP)<br>• Keep a daily clinical and supervision diary<br>• 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<br>• Once a month review PDP – add/ sign off learning needs<br>• 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)<br>• Block 30 min after each session to allow discussion or extended appointment to allow time to discuss each case after<br>• Ensure to schedule and block 2-3 hrs a month with RmSv<br>• Allow study days to attend MSc modules<br>• 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<br>• Collect 5 clinical and 5 non-clinical MSF<br>• Collect 40 PSQ<br>• **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?<br>• Have they met all their learning needs set out in the PDP?<br>• Have they achieved all the capabilities set out in Domain A-D and Evidenced against each capability stage 1 + 2?<br>• If **YES** – FCP portfolio can now be signed off<br>• 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<br>• 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 |

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# Clinical Supervision + Glossary

## 1:1 Supervision

- Book at least 1 x1:1 session with your CS once a month
- Day to day supervision can be completed by any suitable clinician
- Home visiting paramedics – shadowed on a couple of visits then arrange another time to come together to complete CBD
- Paramedic undertaking same day clinics/ triage – arrange a 1:1 joint session with your CS

## GLOSSARY

**RmSv** – Roadmap Supervisor

**PDP** – Personal Development Plan

**FCP** – First Contact Practitioner

**AP**- Advanced Practitioner

**HEE** – Health Education England

**COT** – Clinical Observation Tool

**CBD** – Clinical Based Discussion

**CEP** – Clinical Examination Procedure

**MSF**- Multi source feedback

**PSQ** -Patient survey questionnaires

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# Care Quality Commission

## FCP MythBusters:

https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-106-primary-care-first-contact-practitioners-fcps

- First contact practitioners (FCPs) working in primary care are non-medical diagnostic clinicians. Training and education for FCPs is described in HEE's Roadmap for Practice. Stage 1 of the roadmap should be completed with a signed off portfolio of evidence before employment in primary care. Stage 2 is completed when working in primary care. This should be within six months for those in full-time equivalent FCP roles or longer if the employer and commissioner agree

- The deployment of first contact practitioners through PCNs is a significant change for general practice providers. Providers will be accountable for staff who they may not employ directly, but who deliver regulated activity on their behalf.

- CQC will expect to see evidence or assurance that staff recruited into FCP roles have **completed stage 1** of the roadmap. We will also **expect arrangements for completion of stage 2** of the roadmap.

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# Example of Pay Progression

| Clinical Level | MUST ACHIEVE | PAY (afc equivalent) |
|---|---|---|
| **tFCP**<br><br>Trainee First Contact Practitioner | **Pre-employment**<br><br>☐ Completed 8 x mandatory E-learning Modules<br>☐ Completed 3x personal care E-learning modules<br><br>**0-12 MONTHS**<br><br>Completed Mandatory training – minimum Equality and diversity, safeguarding adult and child<br><br>Undertake Level 7 modules<br><br>☐ Clinical assessment<br>☐ History and diagnostic reasoning<br><br>Attend monthly Supervision meetings (first 6-12 months- as needed / FCP portfolio sign off) | Bottom Band 7 |
| | | |
| **FCP**<br><br>First Contact Practitioner<br><br>(PARAMEDIC) | ☐ Completed stage 1 and Stage 2 of FCP portfolio<br>☐ Achieved sign off by your Roadmap Supervisor<br><br>Completed Level 7 modules<br><br>☐ Clinical assessment<br>☐ History and diagnostic reasoning | Increase to next increment within band 7 once achieved<br><br>Pay will Increase yearly to top of |

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# Example of Pay Progression

| Clinical Level | MUST ACHIEVE | PAY (afc equivalent) |
|---|---|---|
| **tACP**<br>Trainee Advanced Clinical Practitioner | □ Verified FCP portfolio<br>□ Non-medical Prescribing qualification<br>□ Building evidence towards 4 pillars<br>□ Undertaking a MSc in advanced practice | Jump to top of band 7 with **NMP** qualification |
| | | |
| **ACP**<br>Advanced Clinical Practitioner<br>(PARAMEDIC) | □ Completed supported Advanced Practice portfolio route – demonstrating Level 7 across all four pillars as per HEE requirements for AP accreditation<br>OR<br>□ Completed taught HEI MSc in Advanced practice or equivalent to gain AP accreditation<br>□ As you progress within the ACP role - additional responsibilities/expectations will include:<br>□ Mentor trainee's / staff<br>□ QOF work<br>□ Audits / QIPs<br>□ Clinical Lead for chosen specialism | Band 8a<br>Suggested that pay increased yearly to account for experience and any additional duties or skills |

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