

# Southwest Primary Care Academy

## First Contact Practitioner

### Updates: Sep 23

#### Introduction:

After a recent review of the educational pathways within the FCP roadmaps, NHS England has introduced an enhanced support package for clinicians pursuing completion of the FCP roadmap through a taught and guided supported portfolio route.

This initiative has been undertaken to elevate the standards of governance and quality assurance associated with FCP portfolio signoffs. As we move forward, from April 2024, NHS England strongly advises that FCP portfolio signoffs should receive approval from both the supervisor and an accredited educational provider.

#### Verification Changes:

##### **HEI FCP Taught or E- Supported Portfolio Route**

- ✓ Automatic FCP verification will be gained on successful completion of the module or e-supported portfolio.
- ✓ Certificate of Completion will be proof of FCP verification.
- ✓ RMSV will be a “suitable experienced supervisor”.

##### **UN-SUPPORTED PORTFOLIO ROUTE**

- ✓ Complete and sign the stage 1 checklist.
- ✓ Complete and sign the FCP verification form.
- ✓ The 2x forms above + Portfolio will be proof of FCP verification.
- ✓ RMSV needs to have completed the RMSV training or be a GP Educator

#### What does this mean for clinicians?

**Group A:** Those who have already completed the FCP roadmap and have been signed off by a RMSV will need to produce the above evidence as proof of verification .

**Group B:** Those who are in the process of completing Stages 1 &/or 2 of the FCP Roadmap and they anticipate completing before April 2024, then the guidance is that you complete the process and maintain your portfolio to demonstrate that you have met the FCP Roadmap requirements as above as proof of verification.

**Group C:** Those who haven't yet started or have only just started the process, or you don't anticipate completing until after April 2024, then they may like to take advantage of the funded FCP courses.

Further information can be found the HEE FCP webpage : [Link](#)

## **Background:**

Under the framework of the Long-Term Plan, there is a significant emphasis on Primary Care Networks (PCNs) and General Practices enhancing their teams by diversifying the range of skills and competencies available. The primary goal is to increase patient access, reduce the burden on existing staff, and improve the overall quality of care and services offered. The Additional Roles Reimbursement Scheme (ARRS) is a crucial mechanism in providing financial support to PCNs for the integration of these supplementary roles.

Within the ARRS, staff members become eligible for reimbursement based on their individual skills and qualifications, directly corresponding to the specific roles they undertake. It's imperative for staff members to align with the criteria outlined in the DES responsibilities to qualify for reimbursement.

Employers bear the responsibility of ensuring that their staff operate within the confines of their defined capabilities and scopes of practice. To enable them to do so effectively, adequate supervision and training must be provided.

Notably, there are specific requirements for certain allied health professionals (AHPs) employed through ARRS:

1. Paramedics employed through ARRS should be actively pursuing master's level or equivalent proficiency in paramedic practice areas. Within six months of commencing reimbursement for an individual (or an extended period agreed upon with the commissioner), they should have completed and been formally signed off within the clinical pillar competencies of the paramedic First Contact Practitioner (FCP) roadmap to practice.
2. First Contact Physiotherapists should possess a master's level qualification or equivalent specialist knowledge, skills, and experience. They should be capable of demonstrating proficiency at Level 7 in musculoskeletal (MSK) related areas of practice or equivalent.

For AHPs working in a specific "FCP" role within primary care, they should be progressing towards FCP sign-off on their respective roadmaps. Currently, Physiotherapists, Dietitians, Podiatrists, Occupational Therapists, and Paramedics have FCP roadmaps.

While the DES contract doesn't explicitly require these professions (excluding Paramedics) to complete the FCP roadmap, it offers a structured training pathway to validate the advanced level of practice mandated in the Network Contract DES. Allied Health Professionals (AHPs) who have showcased these competencies will have the capacity to assess and oversee patients with greater clinical complexity. Additionally, they will be empowered to operate autonomously within the primary care setting, staying within the boundaries of their defined scope of practice.

<https://www.england.nhs.uk/wp-content/uploads/2023/03/PRN00157-national-contract-direct-enhanced-service-guidance-for-2023-24-in-england.pdf>

## **Funded First Contact Practitioner Places 2023/24**

Following a procurement process, NHS England has chosen eight educational institutions to administer a funded training and education package designed to bolster the FCP Roadmap to Practice.

- Each provider will offer both the Taught and Supported Portfolio pathways.
- Clinicians should directly apply to their preferred Higher Education Institution (HEI), where they will undergo a Learning Needs Analysis to identify the most suitable route for their needs.
- There are no geographical restrictions; clinicians have the flexibility to apply to any of the eight providers as long as they meet the individual HEI's entry criteria.
- Funding management will be the responsibility of the HEI, with claims submitted directly to NHSE upon successful application.
- The goal is to gradually phase out the current unsupported portfolio pathway, replacing it with the Taught and Supported e-portfolio pathway.

## **Supervision**

- 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.



# Comparison Chart of Fully Funded FCP Courses

Please see our website for updates / links and further information: [www.swpca.org.uk](http://www.swpca.org.uk)

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

## Supervisor Training

Within the framework of the procurement process, each Higher Education Institution (HEI) has been contracted to deliver supervision training and refresher courses aligned with the roadmap for their designated regions.

The contract for supporting the Southwest region has been awarded to AECC, and we are actively engaged in discussions regarding the execution of this training initiative. Presently, the Primary Care Academy will maintain its offering of RMSV training in its current format until a suitable replacement is identified. Any upcoming modifications will be promptly communicated to the training hubs.

Moreover, the Primary Care Academy is presently in the planning stages of developing an inclusive, multi-professional supervision course. This course will be open to all clinicians who aspire to assume supervisory roles in their practice settings.

If you have already completed the RMSV training, there is no requirement for you to partake in any additional supervision training. You are still eligible to continue supervising FCPs as per the existing arrangement.

## Frequently Asked Questions

### **1. Does the FCP still need a RMSV?**

The trainee FCP will require an appropriately designated supervisor. Each HEI may have its own criteria for what qualifies as a suitable supervisor, but individuals who have previously completed the RMSV training or intend to do so in the future will be considered suitable.

### **2. What are the expectations of the employer regarding FCP development?**

Employers bear the responsibility of ensuring that their staff operate within the confines of their defined capabilities and scopes of practice.

### **3. Does this change impact their employment status i.e if their Job description stated FCP course do they still need to complete this?**

Any clinician employed as a FCP and bearing this job title will need to complete the FCP roadmap either via the taught or portfolio route.

### **4. 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

### **5. 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.

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

## **6. What happened to individuals who are unable to achieve the FCP requirements?**

Employers bear the responsibility of ensuring their employees operate within the defined boundaries of their skills and scope of practice. Clinicians, in turn, are accountable for providing evidence that they are operating within their designated scope of practice as outlined in their job description and in accordance with HCPC (Health and Care Professions Council) regulations. 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.

<https://www.hcpc-uk.org/standards/meeting-our-standards/scope-of-practice/>

## **7. How do we support FCP development now?**

Employers should conduct a review of individuals in FCP roles (or Paramedics under ARRS) to verify that they have a plan in place for completing their respective FCP roadmap. If there is any uncertainty, employers can reach out to the Primary Care Academy or get in touch with their designated primary care supervision fellows at the training hubs to address specific individual requirements.

## **8. Can individuals still work as an FCP even if they do not meet the roadmap requirements?**

No, the FCP roadmaps establish a standardised framework for clinical practice, which serves to uphold governance and, most importantly, bolster patient safety. When a clinician cannot meet the minimum FCP requirements, it prompts the employer to contemplate whether this clinician is safe to persist in their primary care role.

## **9. How do we govern this?**

The responsibility rests with the employer to ensure that staff employed in FCP roles and Paramedics employed under ARRS adhere to the requirements specified in the DES contract.

## **10. Who holds the responsibility for supervision of the FCP?**

Employers must ensure that each FCP has an assigned supervisor, and that appropriate supervision is in place during the FCP roadmap completion and for continuous development, as stipulated in the DES contract.

## **11. How do practices obtain funding to supervise their FCPs?**

Currently, NHS England has not provided funding for the supervision of FCPs.

If you have any queries, please contact us on: [shs.primarycareacademy@nhs.net](mailto:shs.primarycareacademy@nhs.net)