Welcome

We will start shortly

Tonight's agenda:

- Amanda Hensman-Crook – Health Education England
- Genevieve Smyth, Royal College of Occupational Therapists
- Eleanor Johnstone, British Dietetic Association (BDA)

Amanda Hensman-Crook

HEE AHP National Clinical Fellow

Health Education England

First Contact practice and Advanced practice capabilities in Primary Care

- Why?
- What is FCP and AP?
-What is Masters level Practice?
-Where does this sit in a career pathway?
- Supervision

Amanda Hensman-Crook

@AmandaHensman

Why?

- General practice struggling with capacity
- 26,000 additional roles to support primary care
- To assure patient and clinician safety
- Clear offer to primary care at this level of practice
- Standardisation of practice at masters level
- Impact across the healthcare system
- Improve recruitment and retainment

What is masters level practice? – Subject Specific

Subject specific:

In-depth knowledge & understanding – informed by current research

Critical awareness of current issues/developments

Complex clinical reasoning

Critical thinking

Research understanding – ability to review and carry out

What is Masters level practice? – Generic abilities and skills

A range of generic abilities and skills that include the ability to:

- Use initiative and take responsibility
- Solve problems in creative and innovative ways
- Make decisions in challenging situations
- Continue to learn independently and to develop professionally
- Communicate effectively, with colleagues and a wider audience, in a variety of media

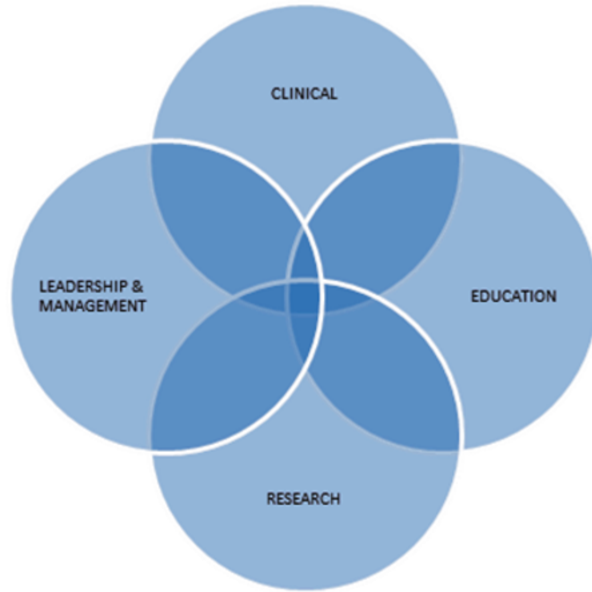
How can you evidence masters level practice in primary care?

- FCP
- AP

What do clinicians working at masters level clinically do (FCP)?

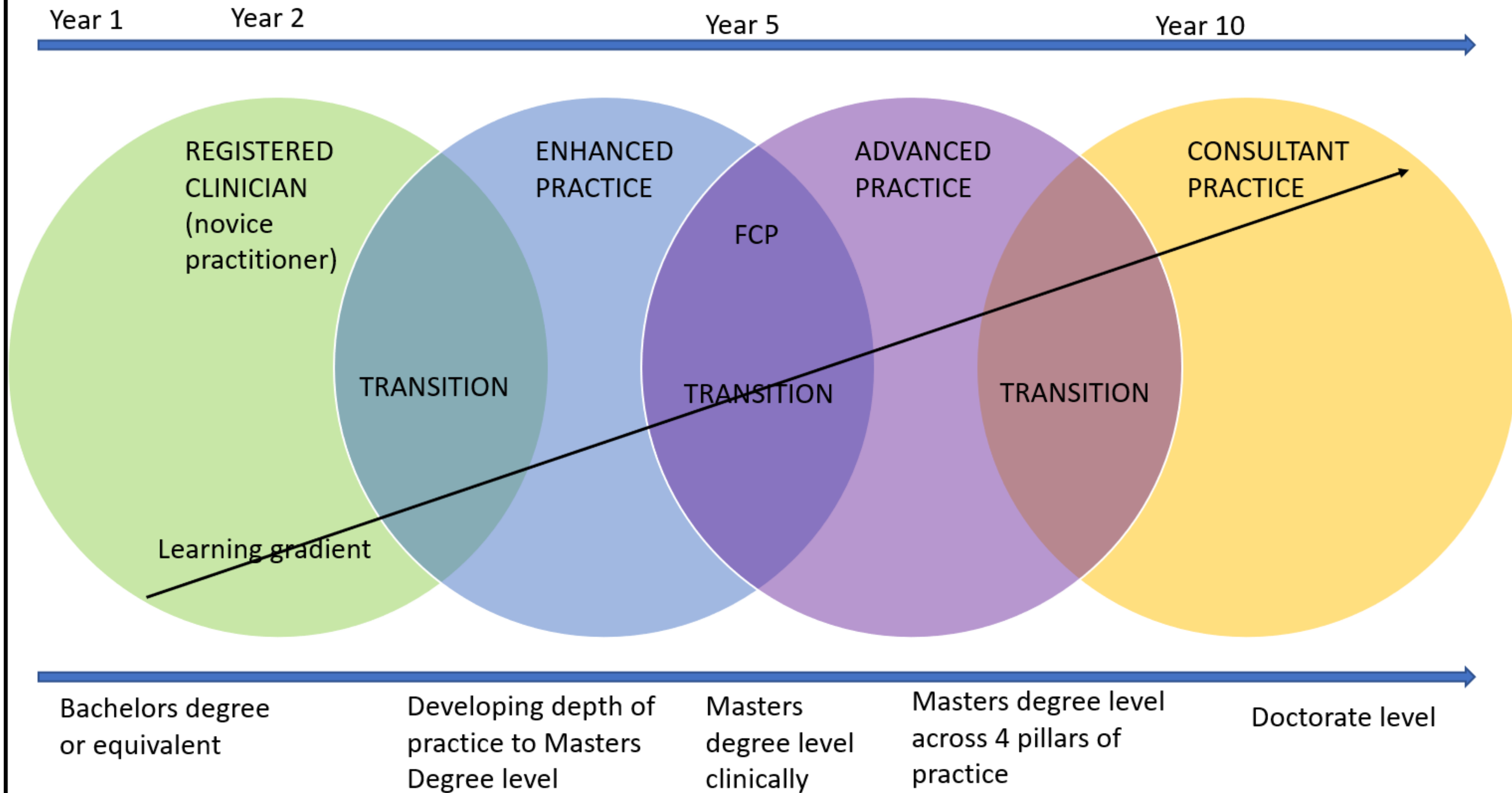
- A First Contact Practitioner (FCP) is a diagnostic clinician working in Primary Care at the top of their clinical scope of practice. This allows the FCP to be able to assess and manage undifferentiated and undiagnosed MSK presentations.
- It is the minimum threshold for working as a first point of contact with undifferentiated undiagnosed conditions in Primary Care. With additional training, FCPs can build towards advanced practice.
- To become an FCP, recognition is required through Health Education England, whereby a clinician must have completed a taught or portfolio route.
- FCPs refer patients to GPs for the medical management of a patients and pharmacology outside their agreed scope of practice
- FCPs work at master's level in their clinical pillar of practice but have not yet reached an advanced level in all four pillars of practice to be verified at AP level across all four pillars.
- The clinician must have a minimum of three years of postgraduate experience in their professional specialty area of practice before starting Primary Care training to become an FCP

What is an advanced practitioner?



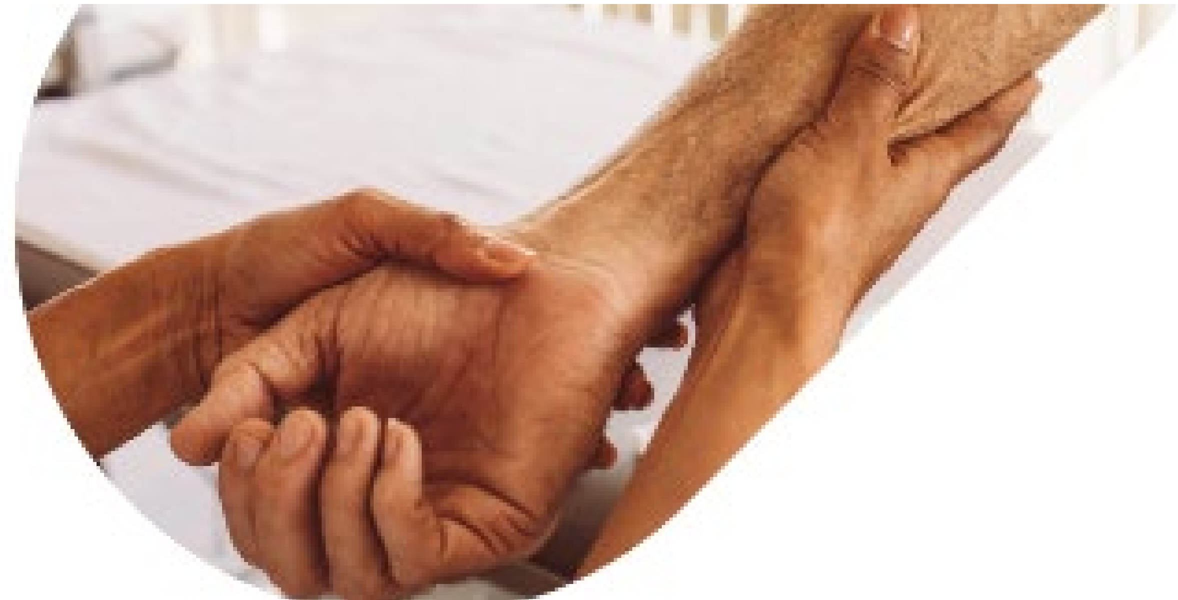
An AP is a clinician working at an advanced level across all four pillars of advanced practice at master's level (QAA level 7)

The four pillars of AP are: Research, Leadership and Management, Education, and Clinical Practice.


Educational Development
Year 1
Year 2
Year 5
Year 10
REGISTERED CLINICIAN (novice practitioner)
ENHANCED PRACTICE
ADVANCED PRACTICE
CONSULTANT PRACTICE
FCP
TRANSITION
TRANSITION
TRANSITION
Learning gradient
Bachelors degree or equivalent
Developing depth of practice to Masters Degree level
Masters degree level clinically
Masters degree level across 4 pillars of practice
Doctorate level

NHS
Health Education England

Roadmap Supervision & Verification (RMSV)

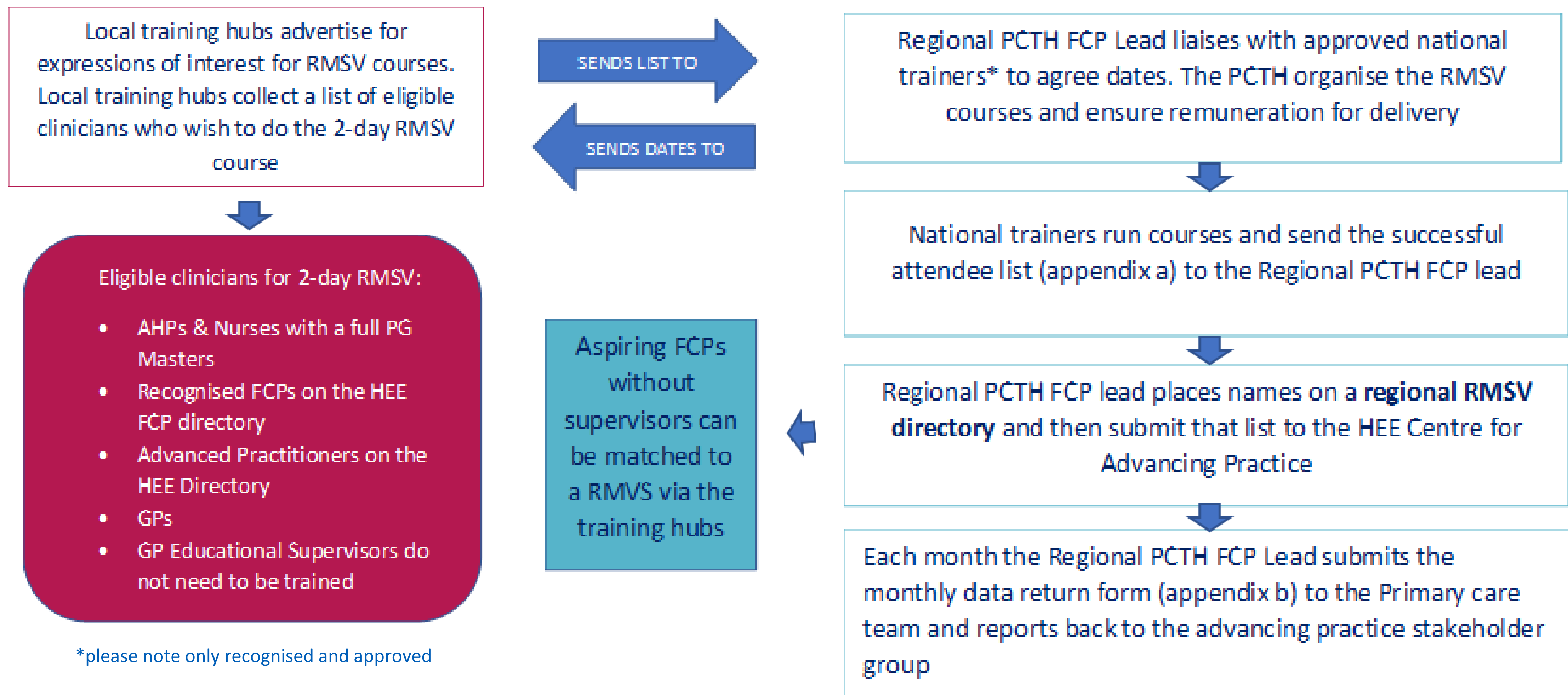


Building the capacity & capability of roadmap supervisors (RMSV) to ensure the pipeline of recognised FCPs and APs in primary care

Roadmap Supervision & Verification (RMSV)

- **This document describes the PCTH process to develop the number of roadmap supervisors (RMSV) that are required per region**
- There are two alternative routes on the educational roadmap to become recognised as a first contact practitioner (FCP) with the Centre of Advancing Practice:
  1. **Portfolio route-** requires submission of a portfolio of evidence that is verified by a trained roadmap supervisor (RMSV)
  2. **Taught route-** requires completion of a level 7 FCP taught module, aligned to the roadmap knowledge skills and attributes. Please note the taught route does <u>not</u> require a roadmap supervisor (RMSV)
- Roadmap supervisors are trained via a 2 day RMSV course, delivered by an approved national RMSV trainer and organised via the local PCTH. Once trained they are held on a regional list of RMSV
- **Roadmap supervisors (RMSV) are required to ensure the pipeline of allied health professionals to become recognised first contact practitioners in primary care**

PCTH process chart to build RMSV capacity and capability



Regions (PCTH) are held to account by the HEE wider workforce expansion delivery group for the target number of RMSV required for their region

Comparative Supervision Table for FCP Recognition

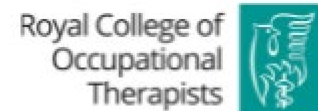
Portfolio and Taught Roadmap Routes

	FCP Portfolio route	FCP Taught route
Route	• Clinician submits a portfolio of evidence	• Clinician completes level 7 taught modules
Supervision & verification	• Requires a trained roadmap supervisor (RMSV) for stage 1 and stage 2 • RMSV sign off both stage 1 and stage 2 • RMSV are multi-professional	• Requires a named clinical mentor for the stage 2 clinical placement in primary care (does not require a RMSV) • Higher Education Institutes (HEI) sign off both stage 1 and stage 2 • Clinical mentors are multiprofessional
Supervisor eligibility	A RMSV can be: • An AHP or Nurse with a post graduate master's degree or a recognised FCP. They must successfully complete the 2 day RMSV course • GP who has successfully completed the 2 day RMSV course • GP trainers (education supervisors). GP trainers are not required to do the 2 day RMSV course but can access a 2 hour top up session specific to the AHP workforce and masters level sign off.	A clinical mentor can be: • an Advanced Practitioner • GP/GP Trainer
Stage 1	• FCP stage 1 is marked and signed off by RMSV • Stage 1 requires an average of 5 hours for a RMSV	• FCP stage 1 marked academic assignments are signed off by the HEI
Stage 2	• Requires 20 minutes per day debrief and 1 hour a month for WBPA • FCP stage 2 is assessed and signed off by the RMSV in primary care • Length of time to complete will vary depending on the capability of the clinician.	• FCP stage 2 requires a 75 hour clinical placement in primary care • FCP stage 2 is signed off by the HEI (The clinical mentor does **not** sign off)
Supervision & CPD	• Once the portfolio is verified and the FCP is recognised on the FCP directory, the clinician will require regular day to day supervision/ CPD	• On completion of the taught module and the FCP is recognised on the FCP directory, the clinician will require regular day to day supervision/ CPD

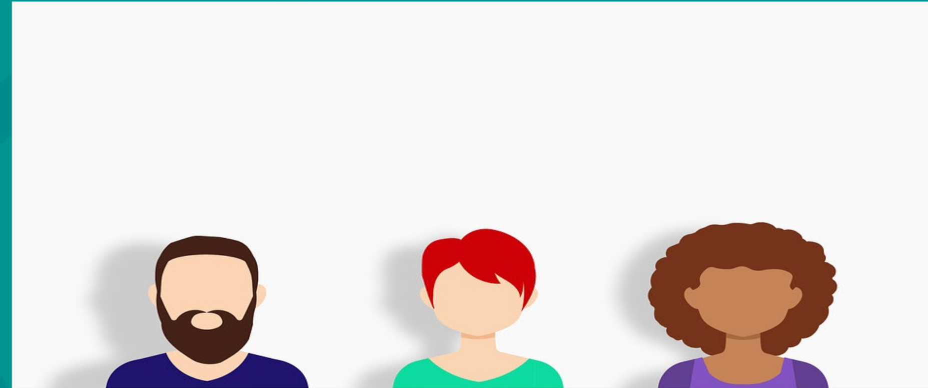
Genevieve Smyth

Professional Advisor

Royal College of Occupational Therapists



Royal College of Occupational Therapists



What FCP Occupational Therapists can offer you in Primary Care

26th May 2021

Genevieve Smyth, Professional Adviser,
@RCOT_Gen

FCP Occupational Therapy in Primary Care

Royal College of Occupational Therapists

- Who? Older adults, Mental Health, Vocation
- How to get support to develop these roles?
- What resources are available?

Frail Older Adults

Argyle Street GP Practice and Hywel Dda University Health Board

Occupational therapy has reduced demand on GPs

www.bevancommission.org/post/evaluating-the-value-and-impact-of-occupational-therapy-in-primary-care

Following occupational therapy, patients' average number of visits in a month to see their GP have **either halved or been reduced by up to**

72%

"A fabulous service that I am thrilled to see has expanded, it has provided improved quality of care for patients and saves GP time"
GP

Adults with Mental Health Problems

Occupational Therapy First, West Leeds Primary Care Network

Occupational therapy has reduced demand on GPs

https://ockham.healthcare/podcast-kosiwa-lokosu-outstanding-ots/

"I would refer people with mental health problems, fatigue, where it is packaged with other ailments- complex needs and comorbidities" GP

"I refer a lot on the mental health side, tends to be those patients you have tried things with and they haven't been helpful" GP

Average of 2 sessions

66% with increased confidence

50% reduction in GP appointments

Adults with Health and Work Problems

Solent GP surgery and Solent NHS Trust

Occupational therapy has reduced demand on GPs

https://bmcfampract.biomedcentral.com/articles/10.1186/s12875-020-01340-5

Two thirds of patients shared the AHP Health and Work Report with their employer.

One third used it with the employer for sick pay.

AHP Health and Work Report

1 Patients Name:

Date of Birth:

I advised you that:

1a ☐ you are not fit for work

1b ☐ you may be fit for work taking account of the advice below

2 This form has been completed by a

Practitioner's name:

HCPC registration number:

Organisation/Service:

Contact details

3 Date assessment completed

4 AHP Health and Work Report issued for period from to

A follow up review: Has been made for

5 With your employer's agreement you may benefit from these or more options:

☐ a phased return to work ☐ amended duties

☐ altered hours ☐ a workplace assessment

6 Patient-reported work-relevant difficulty, recommendations and goals:

Difficulty	Recommendations / goals

7 Comments:

8 Additional information is provided on accompanying sheets

9 Signature:

AHPs: please follow the guidance held on the website of your professional body when filling out this form and always attach the information sheet for employees, employers and doctors. Employees, employers and doctors: please read information attached or log on to: www.ahpf.org.uk

This report does not replace the Statement of Fitness for Work (fit note) for benefit purposes, but can be used for Statutory Sick pay with the employer's agreement.

65%

reduction in sickness absence and use of GP Fit notes

"Having an OT in our practice has been transformative. It is improving patient outcomes and reducing GP stress. "

"Having a speedy effective service which gives patients access to a skilled clinician has reduced my stress and improved job satisfaction"

"If Occupational Therapy was not available my workload would definitely increase. I am no longer having multiple appointments with the same patients (specifically chronic pain patients) who feel that their only option is medication"

"Long COVID increasingly is now causing increased disability threatening people's abilities to work and function .... early upstream access to OT support in primary care has never been more needed. "

Support and resources

Royal College of Occupational Therapists

- Occupational Therapy FCP and AP Capabilities/credentials and Roadmap – due soon!
- RCOT Career Development Framework (2021) Level 7

www.rcot.co.uk/publications/career-development-framework

- RCOT network and monthly meetings:

https://www.rcot.co.uk/occupational-therapy-primary-care

- RCOT conference sessions, OT in Primary Care Facebook group, NHS Future Forums

Royal College of
Occupational
Therapists

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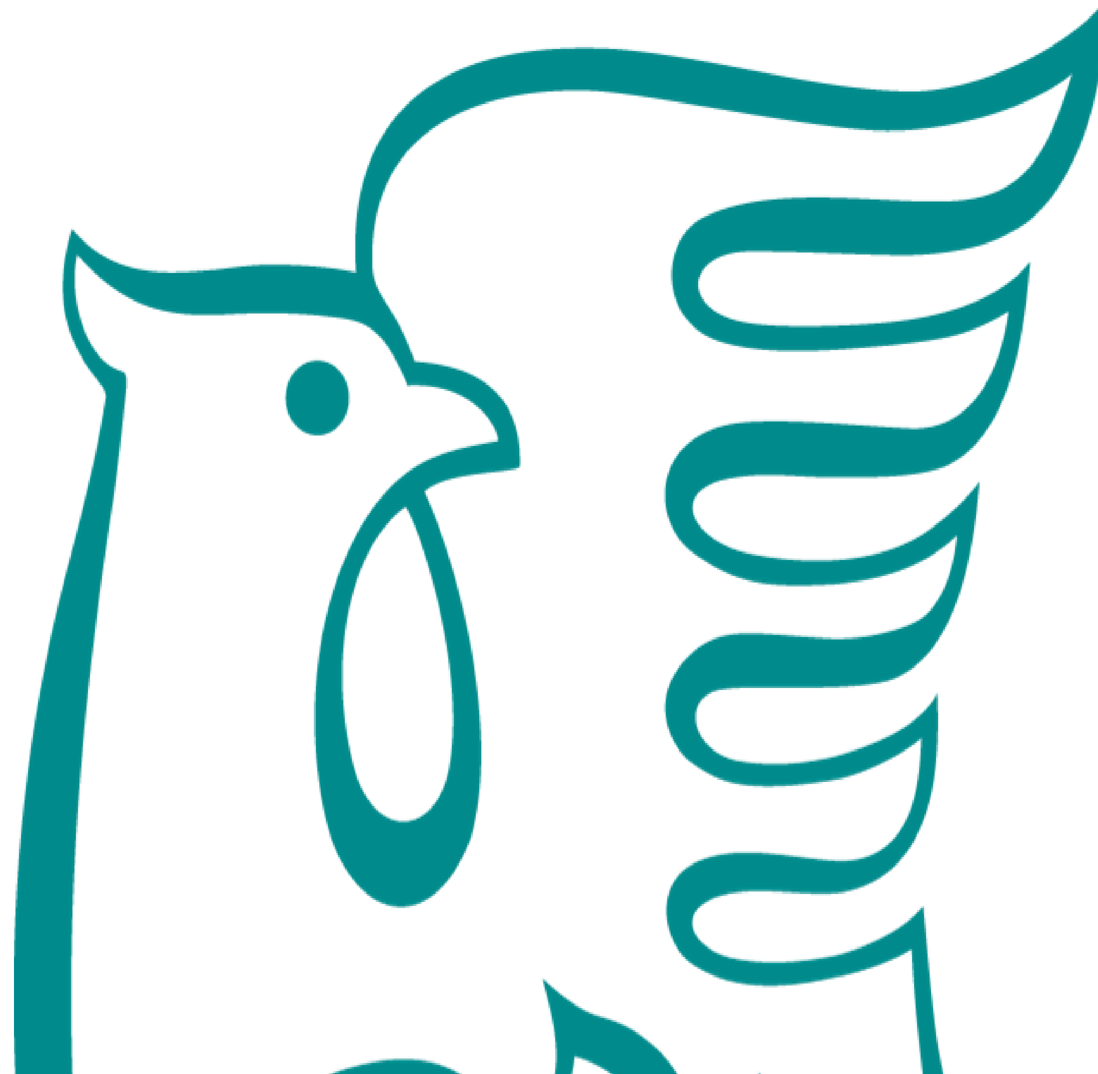
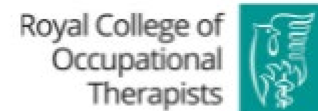


Eleanor Johnstone

Professional Practice Manager

British Dietetic Association (BDA)



Dietetic roles in primary care

May 2021

It costs over **£1,400** per patient with IBS for secondary care referrals, treatment via the dietitian is around £200 per patient[2]

Over **60%** of the population in England are overweight or obese[1]

1 in 12 GP appointments are for gastro conditions (IBS is the most prevalent)[3]

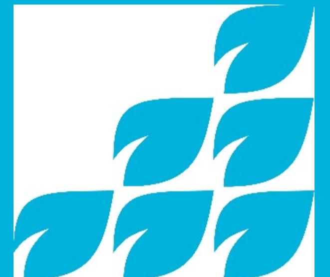
Over **3 million** people in England have diabetes (90% have type 2)[4]

The estimated annual cost of adults and child malnutrition is **£19.6b**[5]

Around **30%** of adults admitted to hospital are malnourished[5]

The current models of care for the above are leading to:

- Additional GP appointments (patients with undiagnosed conditions attend their GP more often)
- Additional secondary care appointments
- Cost implications of:
  - secondary care referrals and investigations
  - prescribing of medications and nutritional borderline substances (including ONS)



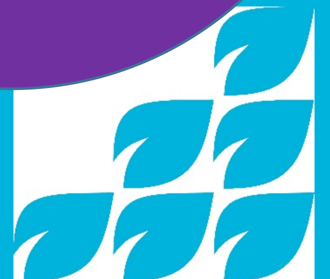
1) NHS Digital. Statistics on Obesity, Physical Activity and Diet, England, 2020 [cited 21/05/2021]. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/england-2020
2) Northern Ireland Department of Health. Dietetic Workforce Review. Oct 2020 [unpublished]
3) Thompson WG, Heaton KW, Smyth GT, Smyth C. Irritable bowel syndrome in general practice: prevalence, characteristics, and referral. Gut. 2000 Jan;46(1):78-82. doi: 10.1136/gut.46.1.78. Abstract available from: https://pubmed.ncbi.nlm.nih.gov/10601059/
4) Diabetes UK. Diabetes prevalence 2019. [cited 21/05/2021]. Available from: https://www.diabetes.org.uk/professionals/position-statements-reports/statistics/diabetes-prevalence-2019
5) British Association For Parenteral And Enteral Nutrition. New data reveals increased cost of malnutrition in England. 2020 [cited 21/05/2021]. Available from: https://www.bapen.org.uk/screening-and-must/78-media-centre/economic-report/471-new-data-reveals-increased-cost-of-malnutrition-in-england

Weight loss of **10%** or more in 45% of participants plus improvements in CVD risk factors

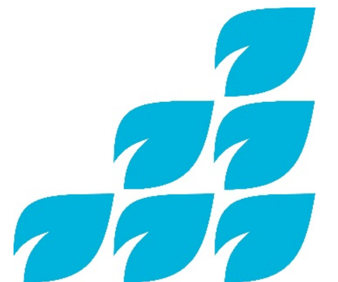
More than **1/3** of people with diabetes achieved remission after 2 years

36% reduction in secondary care referrals and improved symptom control in **70%** of people with IBS

Improved weight and hand grip strength in people with malnutrition. Over **£15k** projected annual savings in just **27** patients.



Areas of practice



IBS first contact dietitian (FCD) example

28 year old female calls GP surgery with new onset abdominal pain, bloating and change in bowel habit. Referred to FCD:

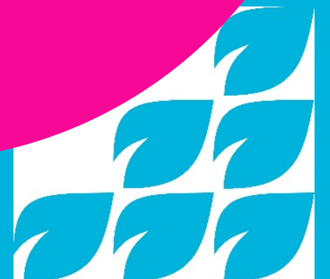
- Screens for red flags. Nil present and suspects IBS
- Requests necessary investigations to screen for alternative diagnosis, as results all normal, diagnoses IBS
- Provides first-line dietetic input and also reviews the patients holistic-care need, signposting to further services as necessary
- With supplementary prescribing rights, the FCD can also prescribe and deprescribe medicines as necessary

How is the BDA supporting?

Safety and consistency:
FCP and AP capabilities frameworks
Scoping training and educational needs
Developing resources for service users, primary care staff and dietitians

Raising awareness:
Of roles to members and stakeholders
Of AP framework and FCP to AP roadmap

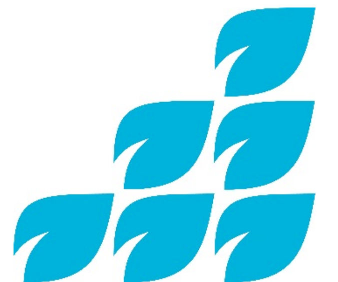
Evaluation
Of FCD roles in primary care



How can you help shape these roles?

- **Respond to the consultation on the HEE FCP dietetic capabilities framework by 20 June 2021 to ensure the necessary capabilities dietitians in these roles will require have been captured:**

https://www.bda.uk.com/practice-and-education/nutrition-and-dietetic-practice/dietetic-workforce/primary-care/first-contact-dietitian/dietetic-roadmap-consultation.html

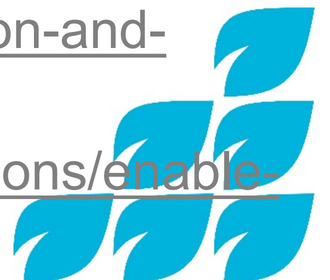


Useful information

- **We have developed the following resources:**
  - An example job description
  - Dietitians in primary care: A guide for general practice
  - GIF to share in waiting rooms highlighting what a dietitian can support with

- **If you have a dietitian working in your PCN. Please make them aware of the BDA discussion forum. They can email info@bda.uk.com to join**

- **Stay up to date by checking out the following websites:**
  - BDA primary care webpage https://www.bda.uk.com/practice-and-education/nutrition-and-dietetic-practice/dietetic-workforce/primary-care/first-contact-dietitian.html
  - HEE roadmap landing page https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/roadmaps-practice



Thank you

Questions?

FIRST CONTACT Dietitian

NHS Health Education England

Royal College of Occupational Therapists

Thank you

For joining us

www.bda.uk.com/first-contact-dietitian

FIRST CONTACT
Dietitian

Royal College of
Occupational
Therapists