



Building your multidisciplinary teams: a guide to new and enhanced roles in Primary Care

KENT AND MEDWAY
TRAINING HUBS



East Kent
Training Hub



North
Kent
Training
Hub



WKEN
West Kent
Education Network

**Primary Care
Network Resource
Toolkit**

There are 3 key goals

As an employer, to understand how to use new roles in your workforce

To provide clear guidance on where you fit within the organisation as a whole

To enable you to work safely and effectively within the new work environment

Working in Primary Care is a unique environment, requiring both a sound understanding of Primary Care and a variety of clinical skills that are often not part of other roles.

We want to help you settle into your new role quickly and with support, but more importantly enjoy your time with us. An effective period of induction helps ensure that as a new member of staff you quickly and confidently become competent in your role.



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Transforming
health and social care
in Kent and Medway



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Introduction

In order to deliver effective patient care in an evolving socio-economic landscape, General Practices in Kent and Medway are developing multi-disciplinary teams in their Primary Care Networks to focus not just on managing ill-health, but also on the physical, mental and social wellbeing of communities.

By ensuring that patients see the most appropriate professional within the primary care setting, GP's can focus on those patients who most urgently require their care. This seeks to transform the way in which health and social care services are delivered, with a focus on person-centred care rather than buildings and structures.

This booklet has been created in partnership with the Kent and Medway STP and Training Hub Boards to support employers and employees alike to understand the benefits, skills and support required for some of the new roles that make up multi-disciplinary Primary Care.

The roles we will focus on are:

- **Clinical Director**
- **Nursing Associate**
- **Pharmacy**
- **Physicians Associate**
- **Advanced Clinical Practitioner**
- **Paramedic**
- **Social Prescriber**
- **Physiotherapist**

How will I know what roles I need in my practice?

Effective workforce planning can help with strengthening your organisation's understanding of current and future demand for services and how new and enhanced roles can support with meeting this demand and delivering services.

There are tools and guidance available to support employers with workforce planning:

[NHS Employers has a web section on workforce planning](#)

[Health Education England \(HEE\) has issued guidance for the planning process](#)

[Skills for Health has produced a six step workforce planning methodology tool](#)

[NHS Improvement offers a self-assessment tool that enables employers to carry out an organisational diagnosis and identify areas of improvement](#)

[The Workforce Repository and Planning Tool \(WRaPT\) is a web based strategic planning tool for health and social care that enables the collection, analysis and modelling of workforce information to establish the relationship between capacity and service activity](#)

[NHS Employers Guide to Nursing Associates](#)

Health Education England STAR



Health Education England (HEE) is the national leadership organisation for education, training and workforce development in the health sector.

The HEE Star is a tool developed to bring structure and coherence to conversations about workforce challenges and to support workforce transformation. The primary function of the STAR is as an Organisational Development Tool, enabling a comprehensive diagnostic of workforce requirements and better definition and prioritisation of solutions. Secondly, it's an interactive resource, showcasing offers and products from HEE to fulfil a chosen solution.

[Please click on this link to use this interactive toolkit](#)



OD Toolkit

The Kent and Medway Organisational Development Toolkit has been developed by the Kent and Medway Sustainability and Transformation Partnership to support health and social care professionals to collaborate and work effectively across organisational boundaries with the ultimate goal of transforming health and social care for the people we serve.

We have used the best practice tools, techniques and resources already developed by partner organisations, the NHS Leadership Academy and training hubs, as well as introducing new resources to support us in leading colleagues through change.

We hope this will be helpful to colleagues who are developing new models and teams in local care clusters, primary care networks or other parts of the system – leading them through new ways of working, understanding personal working styles and improving communication.

[Please click on this link here and you will find the OD Toolkit](#)

What is a Primary Care Network?

Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice and community pharmacy.

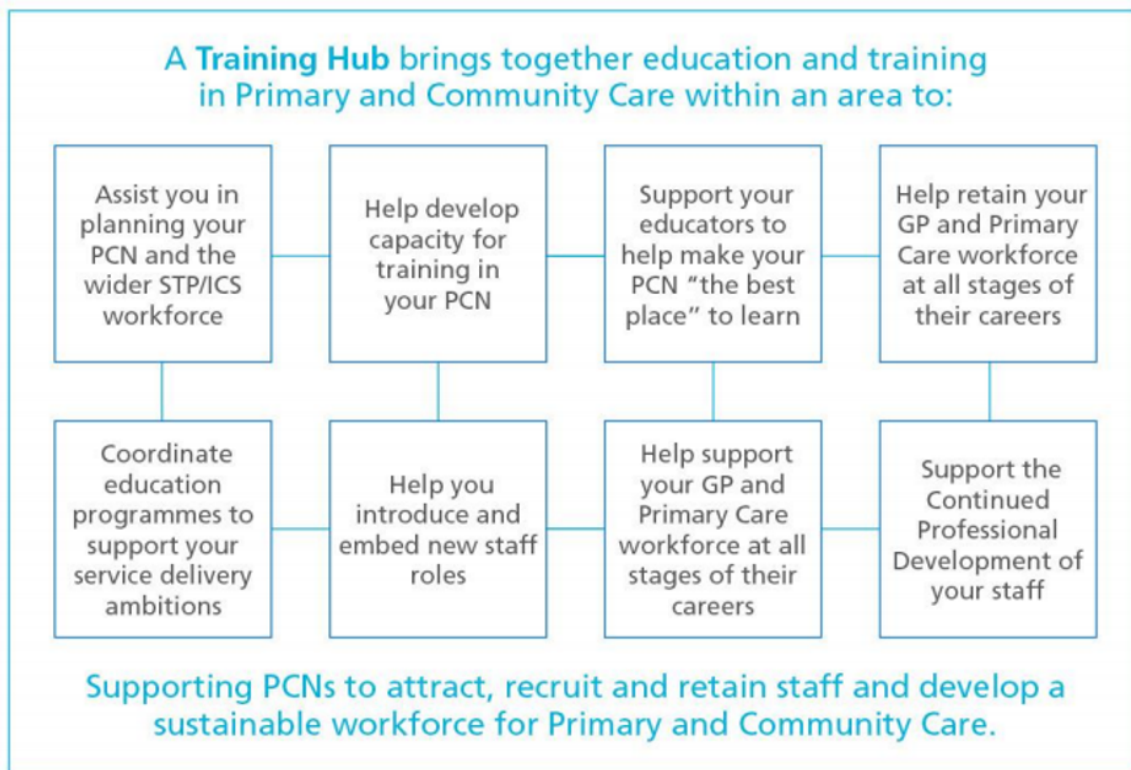
NHS England published a new five-year GP contract in January 2020 and it marks the biggest changes to general practice in decades. The contract boosts funding and provides extra support to recruit around 20,000 more health professionals nationally. It will be essential to the delivery of the NHS Long Term Plan.

The new contract will help join-up care through the development of primary care networks. A primary care network consists of groups of general practices working together, and in partnership with community, mental health, social care, pharmacy, hospital and voluntary services in their local area, to offer more personalised, coordinated health and social care to the people living in their area.

In line with the national GP contract, the newly formed networks have been delivering extended hours to patients from 1 July 2019. This means surgeries are working together to provide GP services outside of core hours. There are 42 primary care networks across Kent and Medway.

Please click on this link to find further information on Kent and Medway Primary Care

Primary and Community Care Training Hubs – what do they offer your Primary Care Network?



Source: Health Education England – Training Hubs Flyer

How do Training Hubs work?

- They work with our local STP, NHS England and HEE to support roll-out of national and STP/Local workforce and educational priorities through the delivery of nationally and locally commissioned programmes eg: Preceptorship, CPD, Fellowships and Retention Programmes
- They have a multi-professional executive structure chaired by locally elected educational leads
- They support the coordination of learning placements and educational programmes across their footprint

What are the benefits of a PCN being involved in training?

- Nursing and other NHS profession placements raise the profile of Primary Care as a long term career option thus increasing the pipeline of their professions which has positive benefits on GP and existing staff workloads
- Providing positive role models to encourage medical students and foundation doctors into a career as a GP
- Better recruitment of new staff: training practices have fewer vacancies on average
- Clinical markers of good quality care tend to be higher in those practices that “train”
- Building relationships with local schools and colleges can increase access to NHS career training for your local population

Training Hubs contribute to the development and retention of the workforce through delivery of locally commissioned initiatives which include:

- Support for new clinical staff through fellowships, preceptor ships, peer and multi-professional “new professional” learning groups
- Promotion and facilitation of key CPD programmes and multi-professional learning linked to clinical care intentions/service redesign initiatives at a systems level
- Promotion and facilitation of leadership programmes to develop staff and development of primary and community care educators.
- Co-ordination of personal career support for all stages of Primary and Community Care professionals’ careers
- Support integrated education and training across existing current boundaries: including supporting rotational programmes across organisations

A Workforce Strategy for Kent and Medway

Our health and social care workforce is crucial to delivering our vision of Quality of Life, Quality of Care and transformation is urgently needed to address the quality, service and workforce challenges in health and social care. Our ambition in Kent and Medway is to be a great place to:

We want our:

- People to work together across health and social care, enjoy their work.
- learn in their jobs and be empowered, engaged and developed to be good at what they do.
- Employers to work together to attract and retain the right health and social care professionals, through talented and capable leadership and the offer of attractive, flexible and interesting careers.
- Population to have the skills and support to help them manage their own health and care with confidence and with the right support to achieve their health, social and community outcomes and goals.



In Kent and Medway we have more than 83,800 people working in health and social care roles. We recognise there are some critical workforce challenges that need to be addressed and aim to tackle these through the development of a Kent and Medway Academy for Health and Social Care, working to:

- Promote Kent and Medway
- Develop our system leaders and encourage culture change
- Maximise supply of health and social care workforce
- Create lifelong careers in health and social care
- Improve workforce wellbeing, inclusion and workload to increase retention

[Please click on this link for further information on the strategy and implementation plan](#)

Population Health

The National Association of Primary Care suggests that the case for primary care taking on a more proactive role in population health is seen as clear cut. People use primary care more than any other part of the health and care system, giving the sector unique access to information on the health of a population and the ability to have a positive impact.

Population health management is a logical extension to the strong generalist tradition within general practice. GPs and primary care staff are embedded in the community and well-placed to make the most of their knowledge of patients and the factors affecting their health. Having access to Population Health data sets that are available is essential, not only to understand the needs and to be able to plan services but also to plan the workforce requirements to meet those needs .

There are various sources of data available to the PCN as seen below:

<https://fingertips.phe.org.uk/profile/atlas-of-variation>

<https://fingertips.phe.org.uk/>

<https://www.kpho.org.uk/joint-strategic-needs-assessment>

<https://www.england.nhs.uk/rightcare/products/ccg-data-packs/>

[Please click on the link for further information and support from your local Public Health Team](#)

Apprenticeships







2016 saw a policy reform for Apprenticeships via the Enterprise Bill. This put certain outcomes into legislative framework, mainly for public sector employers. The government has made a commitment to working with employers to improve the quality of apprenticeships and provide the skills the workforce needs. These changes apply to all sectors in England, and aim to improve the quality of training, as well as providing incentives to employers to train more apprentices.

Employers who reach an annual pay bill of £3m or more are automatically subjected to a 0.5% Levy tax. The Levy is exclusively for use in Apprenticeships where upskilling of knowledge, skills and behaviours has been identified in current employees or in funding new employees directly onto an apprenticeship. The Bill sets out the aim for 2.3% of our workforce to be enrolled on an apprenticeship. There are over 512 apprenticeship standards available, with 64 of these in Health & Science. These include clinical jobs in areas such as nursing and allied health professions as well as roles in administration, management and STEM.

<p>Apprenticeships offer structured training with an employer and lead to nationally recognised qualifications.</p> <p>They provide a route into hundreds of different careers, including many in organisations that provide NHS Healthcare</p>	<p>Key Facts and Figures:</p> <ul style="list-style-type: none">• apprenticeships can take anything from one to five years to complete depending on the level and the employer• they are open to anyone from the age of 16• apart from learning in the workplace, you may go on day or block release to a training centre or college• you work towards a competence qualification (based on what you can do in the workplace) and a knowledge qualification, or a qualification combining both elements• you will develop your skills, including English and maths• if you are aged 16 to 18 or 19+ and in your first year of an apprenticeship, you should receive at least the National Minimum Wage for apprentices (£3.90 an hour (as at April 2019)). Otherwise you are entitled to the National Minimum Wage rate for your age. Many employers pay well over the minimum
<p>Apprenticeships are Available at Four Levels:</p> <ul style="list-style-type: none">• Intermediate apprenticeships - follow work-based learning towards level 2 – equivalent to GCSEs level/level 2 qualifications• Advanced apprenticeship - follow work-based learning towards level 3 – equivalent to A-levels/level 3 qualifications• Higher apprenticeships - follow work-based learning towards levels 4,5,6 & 7 – equivalent to a foundation degree and above• Degree apprenticeships - follow work-based learning towards levels 6 & 7 – equivalent to a full bachelor's or master's degree	

Please click on the link for further information in relation to the primary care home population health management approach matrix

Some of the Standards available:

<p>Level 2</p> <p>Healthcare Support Worker, Adult Care Worker, Accounts/Finance Assistant, Optical Assistant, Carpentry and Joinery, Pharmacy Services Assistant, Recruitment Resourcer, Hospitality Team Member, Facilities Service Operative, Painter and Decorator</p> 	<p>Level 3</p> <p>Dental Nurse, Marketing Assistant, Senior Healthcare Support Worker, Recruitment Consultant, Pharmacy Technician, Lead Adult Care Worker, Facilities Management Supervisor, Laboratory Technician, HR Support, Digital Support Technician</p> 
<p>Level 4</p> <p>Associate Ambulance Practitioner, Data Analyst, Dental Practice Manager, Hospitality Manager, Cyber Security Technologist, Associate Project Manager, Oral Health Practitioner, Mammography Associate, PR Assistant, Facilities Manager, Policy Officer, Healthcare Science Associate</p> 	<p>Level 5</p> <p>Nursing Associate, Dental Technician, Assistant Practitioner, HR Consultant/Partner, Operations/Departmental Manager, Learning and Skills Teacher, Health Play Specialist, Improvement Specialist, Hearing Aid Dispenser, Associate Continuing Healthcare Practitioner</p> 
<p>Level 6</p> <p>Paramedic, Speech and Language Therapist, Social Worker, Physiotherapist, Operating Department Practitioner, Digital Marketer, Chartered Manager, Midwife, Dietitian, Building Services Engineering Site Management, Healthcare Science Practitioner, Podiatrist</p> 	<p>Level 7</p> <p>Advanced Clinical Practitioner, Arts Therapist, Senior Leader, Specialist Community Public Health Nurse, District Nurse, Physicians Associates, Research Scientist, Accountancy/Taxation Professional, Advanced Forensic Practitioner, Internal Audit Professional</p> 

Content Source: HASO Skills for Health Healthcare Apprenticeships: <https://haso.skillsforhealth.org.uk/standards/>

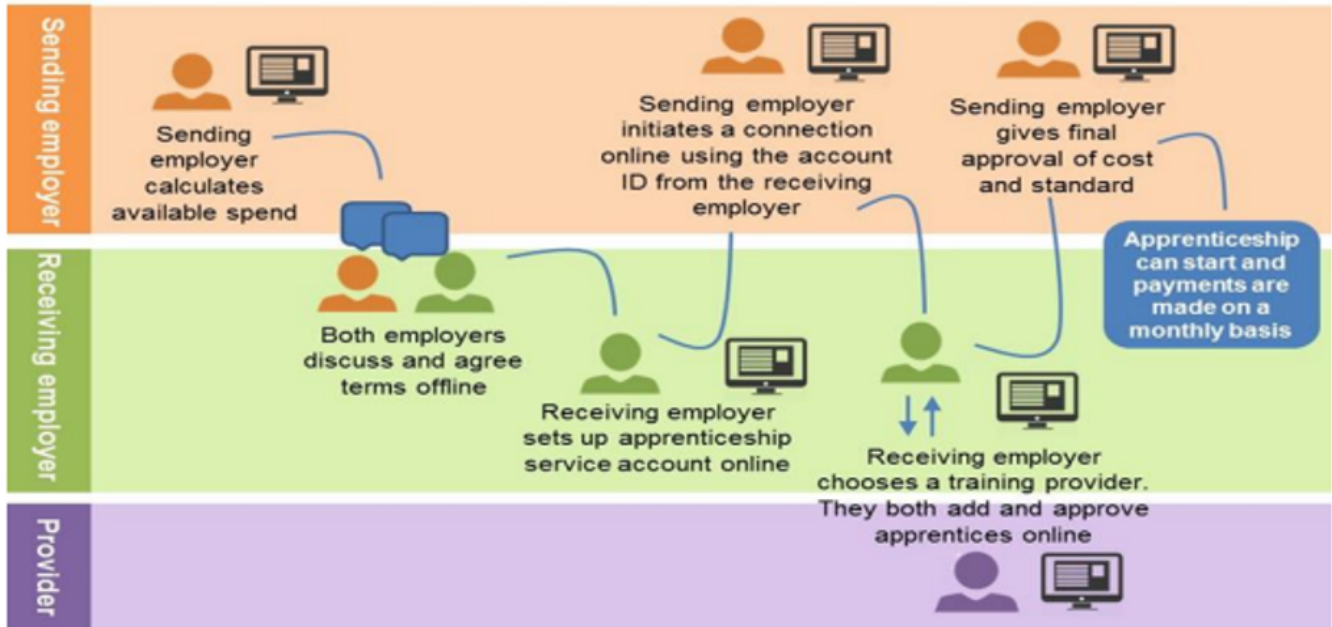
How do apprenticeships work in Primary Care?

Although many GP Practices and Primary Care Networks may not qualify to generate their own levy, there is the option available to request a levy share to be able to access funds from elsewhere.

From 1st April 2019, levy-paying employers can transfer up to a maximum of 25% of the value of their annual levy fund to any other employer, or apprenticeship training agency. Transferred funds are used to pay for the training and assessment cost of apprenticeships. Provided they do not exceed the 25% cap, employers can make transfers to as many other employers or apprenticeship training agencies as they choose.

Transfers are managed through the apprenticeship service, with payments made monthly from the sending employer account into the receiving employer account. Any employer wishing to receive and use any transferred funds must register and set up an account with the apprenticeship service and have a signed agreement with the ESFA.

Transfer User Journey



Contact

If you have any queries on the content of this booklet or you require further information, you can contact your local training hub via the links below:



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MB ChB FRCGP MA(Ed) FHEA GP Associate Dean,
Place-based learning lead HEE, KSS EKent Training Hub

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Clinical Director

Congratulations on your new role as clinical director for your PCN. For some of you this will be a new and perhaps daunting role, for others this will simply be an extension or slight change to a previous leadership role you have held.

This brochure details a selection of some of the support and opportunities that are available to you which includes:

- National, local and bespoke leadership training opportunities.
- How your Training Hub can help you set up a peer support group.
- Going from 'good to great' with a Mentor.
- How to use your appraisal to develop your Clinical Director role.
- How to access the Practitioner Health Programme.
- A collection of resources for new roles in Primary Care.

CPD and Workforce Development Opportunities

It has been suggested that the leadership and management development needs of the clinical directors will fall into two main areas, firstly the technical side of the leadership roles, such as project management skills / chairing skills / quality improvement / knowledge/governance and secondly the leadership / team-working element. There are a number of different opportunities for developing skills and knowledge from standalone day courses, to more formal academic modules. In this brochure, we have pulled together a variety of training options for you:

KSS Leadership Academy

Individual leadership development: They will facilitate a range of local courses, seminars, masterclasses and diagnostic resources to support individuals in primary care including:

- System Leadership Skills.
- Effective Team Working.
- Influencing and Negotiating.
- Chairing Skills.

Primary Care Network Development Programme

This is a 5 day leadership programme (5 x 1-day workshops, 1 per month) aimed at multi – professional staff groups in primary care. The programme has been developed in conjunction with the KSS Leadership Academy and Primary Care as a practical and place-based approach to supporting the locality development needs of General Practice at scale across the current Primary Care Network Clusters.

National Programmes

There is a range of award-winning national programmes, from online learning to support for senior system leaders visit the website.

Five Key national programmes:

- Edward Jenner: online introduction to leadership
- Mary Seacole: popular team leadership programme
- The academy's new national Rosalind Franklin programme
- Elizabeth Garrett Anderson: Master's degree in healthcare leadership and management
- Nye Bevan: system leadership development for senior leaders

Quality Improvement (QI) Training Program

The Quality, Service Improvement and Redesign (QSIR) programmes are the latest iteration of a highly successful service improvement programme that has been delivered over many years to hundreds of staff involved in healthcare. Delivered in a variety of formats to suit different levels of improvement experience, the QSIR programmes are supported by publications that guide participants in the use of tried and tested improvement tools that feature and encourage reflective learning. The QSIR programmes suit clinical and non-clinical staff involved in service improvement within their organisation and/or system. We believe this mix of people from a range of backgrounds and professions helps to make the programmes vibrant.

Organisational Development Training

Your local Training Hub will be able to support you with developing your teams culture and can help you to form the vision and values that will underpin your PCN. Using an Organisational Development approach. The Training Hub can work with you during your Protected Learning Time (PLT) to develop your ideas and concepts. Workshops can include:

- Establishing your team and getting to know each other.
- Collaborative Team Working.
- Managing and supporting transitional change.
- Vision and values.

Mentoring - North Kent

Critical Friend - East Kent

West Kent Peer Mentoring Service

Across East, North and West Kent there is developing programmes to support all Primary Care colleagues. All mentors are experienced, trained peers with empathetic communication and support skills and can assist with personal development or stress management.

For North Kent:

Mentoring sessions will be advertised through the [North Kent website](#). Those mentors delivering these sessions will be paid for the session plus any preparation and follow up time required.

For East Kent:

Please reserve your space now by emailing eastkent.traininghub@nhs.net

For West Kent:

To find out more about accessing the confidential one-to-one peer support, please contact us at kmccg.wkenttraininghub@nhs.net

Appraisal

The Appraisal process is an opportunity to discuss and reflect on events of the past year and agree on plans and objectives for the future. This time can be used to talk through any challenges or difficulties within the workplace and celebrate achievements and successes. In early 2018 there was a review of the appraisal process led by Maurice Conlan (National Appraisal Lead): 'The Soft Reboot of Appraisal and Re-validation'. The aim being to reduce the burden of appraisal and shift perception among GPs from: I need to postpone my appraisal because I'm stressed to arrange my appraisal because I am stressed.

Over the last year we hope you will have felt a change in the process from a very summative we need to tick all the boxes for re-validation approach to a much more formative, how can we develop and support you as a valued member of the GP workforce. Your appraiser should be your ally so please contact them in the first instance if you have any questions about the new process. Please also arrange your appraisal in good time and if necessary, give your appraiser early access to your toolkit so that they can guide you through the process.

To assist this change there have been a series of updated ROANs updated GMC and RCPG guidance and supporting guidance for doctors who undertake low volumes of work (fewer than 40 sessions per years).

A multi-professional appraisal toolkit is in development across KSS and will be available on your local Training Hub website when published.

Practitioner Health Programme

The NHS Practitioner Health Programme is an award winning, free and confidential NHS service for doctors and dentists with issues relating to a mental health concern or addiction problem, in particular where these might affect their work.

They are committed to providing high quality, patient centred care to eligible individuals by trained professionals who understand the unique challenges faced by health professionals when they become unwell. Their objectives are to improve the mental well being of the clinical workforce, reduce the stigma they face and to ensure that individuals can be retained or returned to the workforce.

[Please click on this link for further information on the practitioner health programme](#)

The following pages in this resource book contains information and support as a guide to enable Primary Care to understand the considerations when employing some of the new roles. In particular it features details the benefits of their skills, where they may fit into the day to day function of Primary Care as well as their scope of practice. It is not intended to be a definitive list, merely a guidance document that may enable PCNs/Practices to maximise the benefits.

We hope that you will find this resource booklet. If you have any further queries, or would like help in accessing any of the support, your local training hubs will be only too happy to help. Your local Training Hub details are listed throughout.

Nursing Associate

Why do we need Nursing Associates?

The Nursing Associate role was introduced in response to the Shape of Caring Review (Health Education England, 2015), which aimed to ensure that nurses and care assistants receive consistent, high-quality education and training that supports high quality care. This review identified three specific problems which led to the recommendation for a new role, namely:

1. A lack of training and development opportunities for care assistants, who were providing over 60 per cent of hands-on care.
2. An ageing population with more complex needs, requiring nurses to delegate fundamental aspects of care so they can focus on more complex tasks.
3. The nursing shortage and need to widen access to the profession.

The Nursing Associate role was introduced in January 2017 through the Health Education England (HEE) Trainee Nursing Associates Programme. It aims to:

- Support the career progression of care assistants.
- Enable nurses to undertake more advanced roles.
- Increase the supply of nurses by providing a progression route into graduate level nursing.

What are the benefits to my organisation?

Employers have invested in the Nursing Associate role as part of wider workforce planning and skills mix transformation. An independent evaluation of the first two waves of the Nursing Associates programme revealed a number of benefits arising from the introduction of the role, including:

- Improved **service delivery and patient care**.
- **Improved staff retention** through career progression.
- The ability to **'grow your own' nursing workforce**.
- Investing in a **tried and tested training programme**, accredited by the Nursing and Midwifery Council (NMC).

1. Improve service delivery and patient care

Trainee Nursing Associates are making a greater contribution to service delivery and patient care as they develop new skills and competencies. This can include:

- ✓ Improved patient communication
- ✓ Assisting nurses with a greater range of care-giving responsibilities
- ✓ More patient-centred care and acting as a patient advocate
- ✓ Identifying and escalating patients with deteriorating health
- ✓ Displaying leadership qualities and supporting other trainees' development
- ✓ Exchanging skills, knowledge and good practice across settings, enhancing the quality of services.

"[The trainee] was professional and understanding of my clinical depression which I have had for six years...she conducted my health check in a relaxed and comfortable manner explaining each stage clearly to me"

Service user, Community setting

2. Improve staff retention through offering career progression opportunities

Introducing the Nursing Associate role provides a recognised career pathway for bands 1-4 staff and widens access into nursing, ensuring the workforce reflects local populations. Most trainee nursing associates join the programme in order to progress their careers and develop their skills. The programme helps retain staff, with 65% of trainees in wave two of the test programme intending to continue working as a nursing associate in their current setting in the following year. This reduces staff turnover and, in some cases, spending on agency staff. Nursing Associates are registered and regulated by the NMC, giving the role professional status and a clear sense of responsibility and accountability.

3. 'Grow your own' nursing workforce

Nursing Associates can also go on to train to be registered nurses by doing a shortened nursing degree or nursing degree apprenticeship. Close to half of surveyed trainees in wave 2 (47%) said they intended to enrol onto a pre-registration nursing degree programme within three years of qualification.

4. Invest in your workforce by offering an effective and financially sustainable education and training programme

Approaching the end of the training programme, 85% of trainees surveyed felt prepared to enter the workforce as a Nursing Associate. As a result of the programme, Trainee Nursing Associates have developed:

- New skills and knowledge.
- Greater confidence and self-belief.
- A greater focus on delivering patient-centred care, rather than a series of tasks.

If you deliver a Nursing Associate programme through the apprenticeship route, you can meet the training costs using your apprenticeship levy, or a levy transfer from another organisation.



Systems-level benefits

As trainees have moved across placement settings, they have been able to exchange skills, knowledge and good practice across settings, which is improving the quality of services. Employers have particularly valued the skills being exchanged between mental and physical health settings.

“My ward is mental health; our TNA came back to the ward with experience in physical health. Our doctors love him because he’s able to do bloods, ECGs, and he talks to patients about their diets. He’s teaching our staff about wound care; we’re listening. He’s very excited about all the things he’s learned and he’s bringing that back. It’s making our staff up their game.” Ward manager

“Nursing associates are working in new ways, they are more engaged not just in the patient’s care, but also in the running of the ward and in the supervision of some student nurses. What you find is that all staff on the ward start learning together and talking in a more proactive way about patient pathways and diseases, it’s been a very positive experience.”

Ward manager

Education and Career Framework

Developed in partnership with nursing stakeholders, the District Nursing and General Practice Nursing Service Education and Career Framework -available as interactive and print-ready PDFs - outlines the specialist knowledge, skills and experience required to deliver district and general practice nursing care.

The Framework supports standardisation of roles within both disciplines across England and sets out the required skills and education for both – enabling practitioners to plan and develop careers and assist workforce planning, service and educational commissioning. Both frameworks outline core and specific competencies, identify learning needs, and highlight where the two roles link or can be interchanged. [Please click on this link to view the framework.](#)

[Please click on this link to view the Transforming Nursing for Community and Primary Care](#)

Supervision

As qualified and registered professionals, Nursing Associates will be individually accountable for their own conduct and practice, however they are deployed. But we would expect that, especially while the role is new, most Nursing Associates will be working in teams that may include nurses or other registered professionals with an appropriate level of oversight of their work. The NHSI guidance is designed to help providers think about how they deploy the role safely and effectively.

Career Development Pathways

The Nursing Associate role can be used to provide a development pathway for those wishing to train as a registered nurse. The qualifications gained can be accredited against a nursing degree or a nurse degree apprenticeship to shorten that training. The NMC standards of proficiency for nursing associates have been designed so that education providers can easily develop programmes that build on nursing associate proficiency, and enable students to progress on to registered nursing programmes.

[Please click on this link for further information on supervision for Nursing Associates](#)

[Please click on this link for further information on NHS Employers Employer guide to nursing associates](#)

Employer Guide

Follow the link below for the NHS Employers full Employer Guide to Nursing Associates which includes:

- Introduction to Nursing Associates
- Introducing Nursing Associates into your organisation
- Establishing your nursing associate training programme

Pay and Conditions

Nursing Associates are typically employed under AFC Band 4

Pharmacy

Primary care Pharmacists play a significant part in managing medicines. They have a strategic role to focus on maximising benefit and minimising risk associated with medicines as well as making the best use of resources allocated for medicines. Primary care Pharmacists work in the local community supporting GPs, Nurses, Community Pharmacists and other Healthcare Professionals.

Benefits of pharmacists in primary care

The NHS Alliance and the Royal Pharmaceutical Society have compiled a list of primary care activities that pharmacists could perform in general practice. These may include:

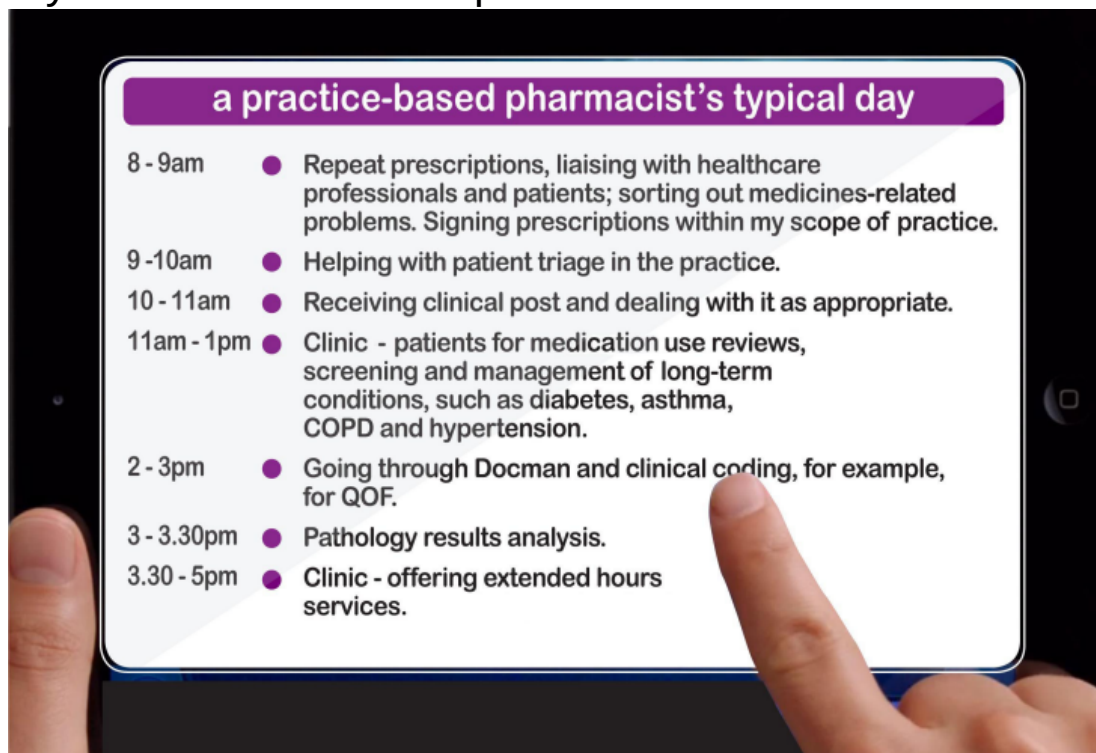
1. Clinical services

- Working closely with GPs to resolve day-to-day medicines issues.
- Addressing medicines adherence with patients.
- Managing and prescribing for long-term conditions in clinics, often in conjunction with practice nurses.
- Triaging and managing common ailments.
- Responding to acute medicine requests.
- Reviewing patients on complex medication regimens.
- Taking part in multidisciplinary case reviews.
- Carrying out face-to-face or telephone follow up with patients.
- Signposting patients to appropriate services and other healthcare professionals (e.g. community pharmacists).

2. Prescription management

- Reconciliation of medicines in outpatient and discharge letters — including liaison with hospital, community and primary care colleagues to ensure correct medicines are continued following transfer of care.
- Supporting the GPs and other practice staff to deliver on QIPP agenda, QOF and locally commissioned enhanced services.
- Working with the practice team to deliver repeat prescription reviews — especially for care home residents, people prescribed poly pharmacy and frail older people.
- Converting acute medicine requests into repeat medicines, where appropriate.

- Point of contact for the practice for all medicines-related queries for healthcare professionals and patients.
 - Implementing and monitoring a practice's adherence to a repeat prescription policy.
3. Audit and education
- Conducting clinical audits as part of the multidisciplinary team.
 - Answering medicine information enquiries from GPs, other healthcare professionals and patients.
 - Implementing, in conjunction with the practice team, systems for monitoring medicines use.
 - Contributing to clinical education of other healthcare professionals.
 - Providing leadership of quality improvements programmes that involve medicines.
4. Medicines management
- Working with GPs and practices nurses to agree, and then manage, practice formularies to improve the choice and cost effectiveness of medicines.
 - Implementing NICE guidance through audit and feedback, formulary management and educational sessions with the wider primary healthcare team and patients.



How to employ a pharmacist

Practice pharmacist roles can be advertised on NHS Jobs in the same way as practice nurse roles. Other options include in pharmacy journals such as The Pharmaceutical Journal - charges apply. Most medical recruitment agencies also have pharmacy sections. Although these are normally used to seek candidates for locum work, most also advertise permanent positions. All qualified pharmacists have undergone either a three or a four-year degree and 12 months of training “on the job” as a preregistration pharmacist before taking their final exams. All Pharmacists are registered with the General Pharmaceutical Council. [Please click on this link to check a Pharmacist status.](#)

Following qualification they will undergo foundation training - after which they may then undertake postgraduate studies (which would be considered desirable, rather than essential, criteria for a practice pharmacist), which include:

- A prescribing qualification
- A clinical diploma in hospital pharmacy, or community pharmacy
- A research qualification (e.g. a master's degree) Some pharmacists, working in clinic roles, have found it beneficial to undertake a physical assessment course.

Induction

Those who have not worked in general practice would, as part of an induction programme, require training in:

- Use of surgery computer systems
- Quality and Outcomes Framework and the QIPP agenda
- Clinical coding
- Clinical and information governance
- Safeguarding adults and children
- Management of the practice's repeat prescribing system

[Please click on this for further information on employing a pharmacist](#)

Continuing Professional Development

Support for Pharmacists working in Primary Care can be provided by the Centre for Pharmacy Post Grad Education who have been commissioned to provide the Primary Care. [Please click on this link for further information on the Pharmacy Education Pathway](#)

In addition, further support is available from the Primary Care Pharmacy Association. [Please click on this link for more information.](#)

Support for Pharmacists is essential. The recent Pharmacy Defence Association guidance for all PDA members following a number of critical incidents in primary care, details the importance of providing a thorough Induction and a development plan. Appendix 2 details a sample Induction checklist you may wish to adapt. [Please click on this link for further information](#)

The HEE Star Tool also provides a variety of resources for employing a Pharmacist. [Please click on this link for further information.](#)

A day in the life of a PCN Pharmacist

“Since starting my role as one of the first PCN pharmacists in the country, I have been asked countless times what this new role offers compared to my previous position managing a community pharmacy. [...] Overall, I find it much more clinical than my previous community pharmacy role. Generally this means more challenging work, but seeing the impact I have made in improving patient safety in my surgeries has been incredibly rewarding.”

[Please click on this link to read the account of Danny Bartlett, PCN Pharmacist for the Coastal West Sussex Partnership](#)

Pay and Conditions

Again salary is entirely dependent on the skills and competence and the employer however Pharmacist will usually start on salaries detailed below based on the Skills framework (see physiotherapy guide)

Band 6
Newly qualified Pharmacist

Band 7
Experienced Pharmacist

Band 8a
Senior Pharmacist

Community Pharmacy

Community Pharmacies in Kent and Medway have all been mapped to a PCN dependent on patient flow to the pharmacy. Each of the PCN's have a lead pharmacist who is the point of contact for the Clinical Director, the PCN Clinical Pharmacist and anybody else in the PCN who wants advice on Minor Ailments, medications and many other services that Pharmacy offers.

What can Community Pharmacy offer?

Pharmacies have trained Pharmacists (4 years at University followed by a one year placement under the supervision of a qualified pharmacist) and a team of trained colleagues who can advise on Minor Ailments and Medications as well as carry out various clinical services. Community Pharmacies are often open long hours and are accessible when other Healthcare Professionals may not be.

These are a few services that community pharmacists offer:

- Minor Ailments advice
- Support for self care
- Support for people with long term medical conditions
- Advice on medications
- Travel vaccinations
- Flu vaccinations
- Weight Management advice
- Sexual Health Advice
- Stop smoking advice
- Health Checks
- Healthy living advice

Physicians Associate

This guide is to enable general practice to understand the role of Physician Associates (PA), how they work, where they fit into general practice and their scope of practice. Physician Associates have many skills to that can support and benefit primary care. Physician associates are medically trained, generalist healthcare professionals, who work alongside doctors and provide medical care as an integral part of the multidisciplinary team. Physician associates are dependent practitioners working with a dedicated medical supervisor, but are able to work autonomously with appropriate support.

Currently Physician Associates are on a Managed Voluntary Register but the Faculty of Physician Associates (subsidiary of Royal College of Physicians) however does provides a career development and the standard competency Framework for PA's.

[Please click on this link to the voluntary register.](#)

Continuous Professional Development for PA's

All physician associates are required to undertake continued professional development (CPD) to remain up to date, enhancing and developing their skills to continue working as a safe practitioner and improve standards of care. To remain on the physician associate managed voluntary register (PA-MVR) and a member of the faculty of physician associates at the Royal College of Physicians (RCP), PA's are required to complete 50 hours of CPD per year. This is documented in their CPD diary and audited yearly by the Faculty of Physician Associates (FPARCP).

Please click on these links for further information
[Faculty of Physician Associates](#)
[Employers Guide for General Practice](#)
[Employers Guide](#)



Further Opportunities for development

NB The information below is are not intended to be all encompassing and comprehensive; depending on some areas of work and population served, there may need to be additional 'extra' or 'bolt on' information, curricula and training.

Please contact your local Training Hubs for further information

Below you will find news and events for PAs, PA students, PA educators, supervisors or employers. FPARCP events at the Royal College of Physicians. The FPARCP runs a yearly clinically focused conference which offers 12 hours of Type 1 CPD. It is a great opportunity to network as well as refresh areas of clinical practice that may not be in daily use.

- Brighton and Sussex Medical School In collaboration with the KSS School of PAs, Brighton and Sussex Medical School will be offering reduced price modules for several courses suitable for PAs. Discover the range of study options available to physician associates on a variety of subjects, provided by Brighton and Sussex Medical School. Many of their individual postgraduate taught modules are suitable for study on a stand-alone basis. The majority of their modules are run intensively over a five-day period, and are delivered at the University of Brighton Falmer campus or at nearby NHS centres. These modules and courses offer the opportunity for physician associates to gather CPD points. Physician associates may add them to their online CPD Diary, with hours spent on the course as Type 1, and any additional private study hours listed as Type 2. [Please click on the link for further information](#)

- The Society for Acute Medicine (SAM) runs regular events offering type 1 CPD which will be of interest and educational value to PAs working in medicine in secondary care. [Please click on this link for further information](#)
- The British Geriatrics Society conferences offer regular national and regional events with type 1 CPD.

The A&E survival course for doctors and ENPs (open to Physician Associates) This Course has been running for over 15 years. It is now the largest radiology teaching course in the UK with more than 800 attendees each year. Each one-day course provides a structured approach to interpreting radiographs obtained in the Emergency Department. The teaching programme is based on short lectures, teaching quizzes at individual workstation and interactive tutorials.

Career Progression

Table 1 shows an example of career progression, development, and minimal support and supervision required for PAs from graduation to first sit at re certification.

This diagram shows the minimal expectations for supervision and support of a new graduate PA up to their recertification examination. It also shows the types of work that a PA can do in general practice, a suggested salary range and how PAs can progress in terms of knowledge, skills and competence.

Guidance for Primary Care Including General Practice

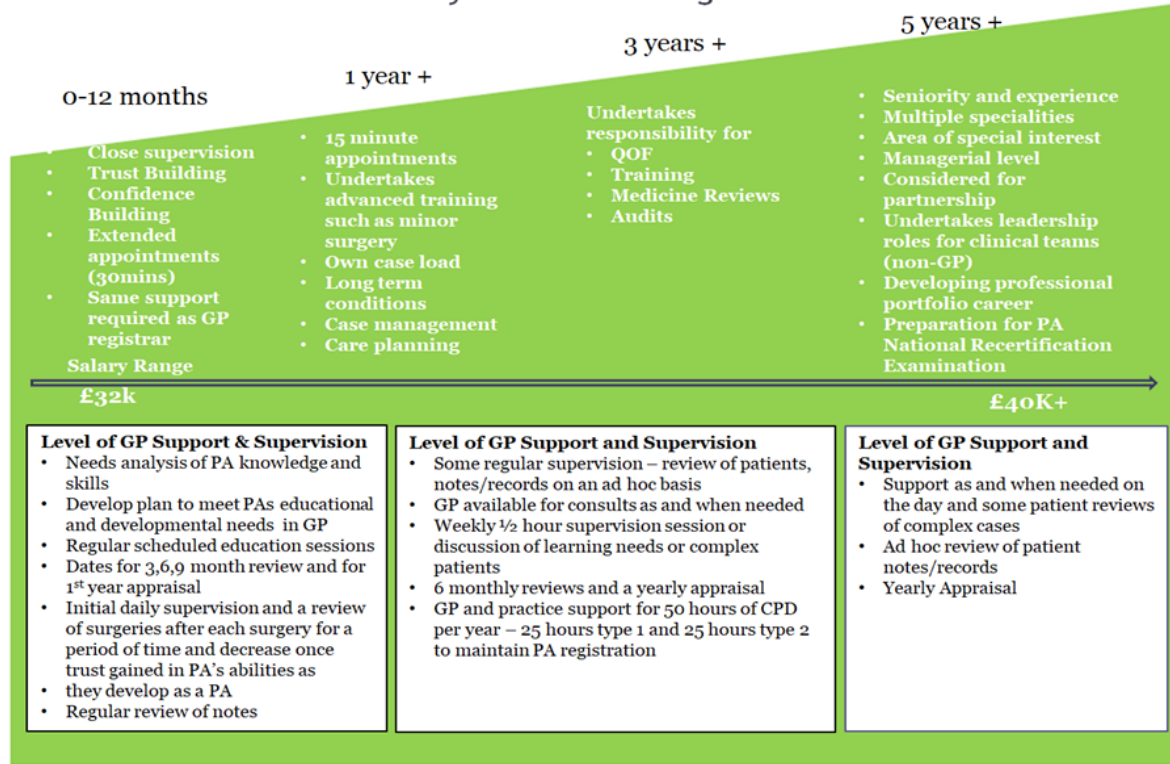


Image Source: Physician Associates Transforming Health Care 2019
 For ongoing support please contact your local GP Tutor/ Programme Director via your Training Hub representatives for local contacts and advice

Prescribing and Ordering Imaging

PAs are trained in applied pharmacology and have an understanding of prescribing medication across a range of conditions. PAs are not regulated and therefore are unable to prescribe or complete the non-medical prescriber training. PAs can work under a Patient Specific Directive to administer drugs to an individual patient, but cannot administer a drug under a patient group directive (such as flu vaccine). It is important to establish how a PA will work within the specific practice to enable a PA to propose a medication, discuss with a GP and then for the prescription to be issued and signed. PAs are able to order ultrasound imaging. PAs are also trained to request ionising radiation (XR and CT etc) however, lack of regulation also inhibits the ability for a PA to request these forms of imaging. This is under any circumstance including requests on behalf of a suitably qualified professional or following IRMER training.



Day in the life of a PA

Typical day as a Physician Associate can include:

- Clinical histories.
- Physical examinations.
- Diagnosing.
- Assessing patients with long-term chronic conditions.
- Performing diagnostic and therapeutic procedures.
- Analysis of test results.
- Developing management plans.
- Health promotion and Prevention strategies.

Please click on this link to hear about the value of having a PA in your practice by Matt Curtis, General Practitioner in Keighley, West Yorkshire.

What support do PAs need?

All PAs require an individual named clinical supervisor. It is recommended that the practice is primed for the arrival of the PAs so that all clinical and administrative teams understand the role and work that the PA will be carrying out. A new graduate will require a period of induction and a shorter period of being supernumerary is advised so that the PA can be orientated to the practice, meet all the team and other members of the MDT. A PA in Primary Care should work alongside their supervisor to facilitate reciprocal recognition of the PA's competence and clinical confidence. Initially there should be a period of time where the PA is shadowing that GP, followed by the PA reviewing patients on their supervisor's list with appropriate discussion of each case initially. Ongoing reviews between the PA and supervisor will inform when the PA is ready to see patients. A GP should always be available and supervision will reduce over time.

Initially each consultation would be 30 minute appointments. This can be shortened with development of clinical competence allowing for time to organise prescriptions, as required.

PAs should be able to meet with their supervisor regularly and also include more formal meetings at the initial stage of employment with further meetings at 3, 6 and 12 months. PAs should receive an annual appraisal and formulate personal development plans to incorporate specialist interests.

Pay and Conditions

Again salary is entirely dependent on the skills and competence and the employer however potentially Physician associates could typically start on salaries detailed below but should be based on the National skills framework.

Band 6
Newly qualified PA

Band 7
Experienced PA

Band 8a
Senior PA

Advanced Clinical Practitioners

Broadening the workforce – using Advanced Clinical Practitioners as part of the primary care team should be developed and deployed in a way which meets your population needs as well as the demands of the Practice/PCN

Health Education England state that advanced clinical practice is delivered by experienced registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making.

This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.

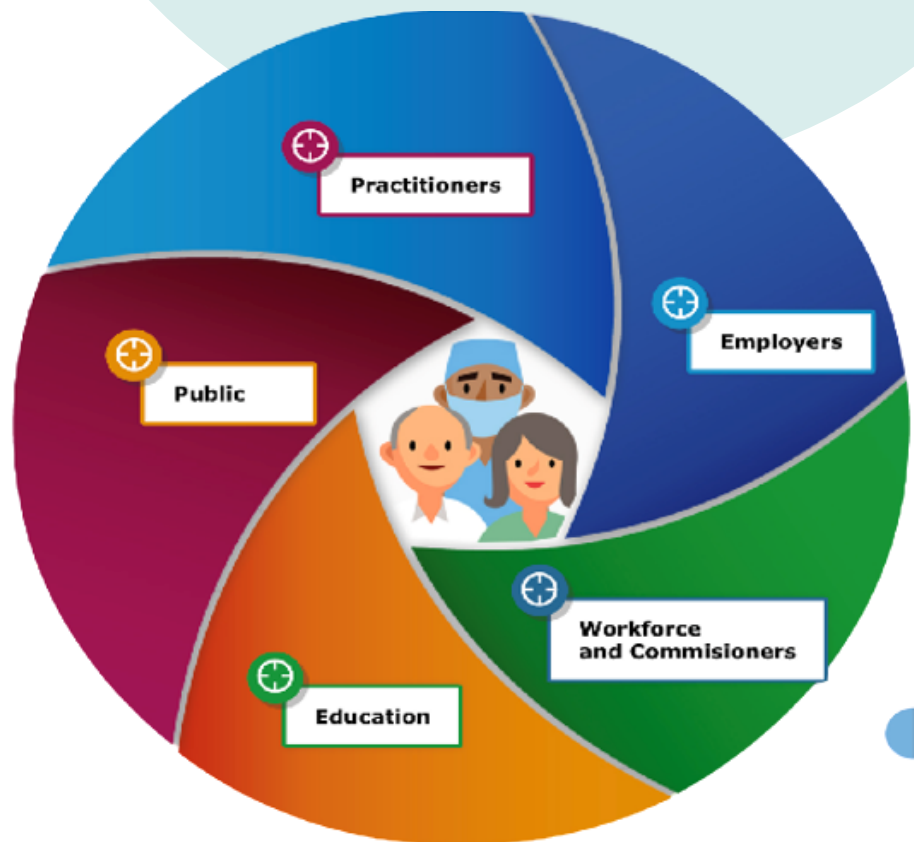
- Clinicians who use the term 'advanced' in their title therefore need to have Masters level education and be able to evidence competency across the four pillars of advanced practice as outlined in the HEE Multi professional framework for advanced clinical practice in England 2017. This requires that health and care professionals working at the level of advanced clinical practice will exercise autonomy and decision making in a context of complexity, uncertainty and varying levels of risk, holding accountability for decisions made. Each clinician needs to work within their own scope of competency.
- Primary care and general practice are ever evolving to meet the increasing and more complex needs of local communities / populations. This will require new ways of working and the development of profession specific core capabilities frameworks aims to support practitioners working within general practice and primary care.
- The Advanced Clinical Practice Toolkit supports ongoing work to enhance the understanding of Advanced Clinical Practice (ACP). The toolkit aims to support this level of practice and its application to specific roles across clinical practice, leadership and management, education and research.

Advanced Clinical Practice Toolkit E Learning for Health

The toolkit provides a wealth of information about the ACP role as well as specific information which will support not only individual practitioners but employers too so can support planning your workforce within the practice as well as across the PCN.

In particular it covers areas such as the following

- How existing staff can be developed as Advanced Clinical Practitioners
- Supervision and Support in the Workplace required to provide ongoing support once qualified
- Suggested Salary scales
- Ongoing Professional Development



Please click on these links for further information on:

[Advanced Clinical Practice Toolkit](#)

[Paramedic Specialist in Primary and Urgent Care Core Capabilities Framework](#)

Health Education England, NHS England and Skills for Health, 2020 Core Capabilities Framework for Advanced Clinical Practice (Nurses) Working in General Practice/Primary Care: Portfolio and Assessment Materials. Adapted for use by Kent and Medway Training Hub. The Framework can be accessed through your Local Training Hub website.

Competency Framework

The Multi professional framework for advanced clinical practice in England This framework sets the standards with regards to the safe and effective requirements for advanced clinical practice, and will support employers and Practitioners to understand the required skills and competence that ACPs hold.

[Please click on this link for further information on Multi-professional advanced clinical practice in England and Core Capabilities Framework for Advanced Clinical Practice \(Nurses\) working in General Practice / Primary Care](#)

Credentialing

Some Nurses may have achieved ACP credentials through the RCN without having done a formal 3 year Advanced Clinical Practice Programme.

Credentialing is the process of assessing the background and legitimacy of nurses to practice at an advanced level through assessing their qualifications, experience and competence.

The Royal College of Nursing state that credentialing allows individual nurses to gain formal recognition of their level of expertise and skill in their clinical practice, their leadership, their education and their research in a way that is recognisable to colleagues, employers, patients and the public.

[Please click on this link for further information on credentialing](#)



Clinical Supervision

The recent communication from the Director of Nursing – Leadership and Quality (South East) NHSE/I to PCN CD's and the LMCs to seek commitment to ensuring that all clinicians, but in particular those in advanced clinical roles, are able to access the clinical supervision resources available to them. Following an increase in complaints and clinical incidents involving ACPs NHS England and NHS Improvement recognised the requirement for more guidance in describing and supporting the good governance of advanced clinical practice in Primary Care. Access to Clinical Supervision/Action learning is therefore recommended for all ACPs in Primary Care.

A Day in the life of An Advanced Clinical Practitioner

“My role as an ACP involves leading my team in all clinical aspects of patient care. This includes completing senior reviews of complex or acutely unwell patients, providing on-call support to all staff and up-skilling staff through clinical supervision, competencies and training. In order to be successful in my role, I have had to develop my skills as a physiotherapist to take a more integrated approach.”

[Please click on this link to see a typical day in the life of an ACP Physiotherapist working for Bristol Community Health, Hannah Martin.](#)

For further support please contact your local Training Hub representatives for local contacts and advice.

Paramedic

This section is to enable general practice to understand the role of paramedics, how they work, where they fit into general practice and their scope of practice. Paramedics have many complementary skills to support primary care. It is important however to differentiate between the differing types of Paramedic roles.

Paramedics have undergone a degree level programme in Paramedic science and will be registered (but not regulated) with the HCPC. Paramedic Practitioners or Specialist Paramedics have undergone additional professional development. For example to become a Paramedic Practitioner they will have undergone an additional 18 months development which will include Primary Care (and will have achieved competence in 15 OSCI assessments).

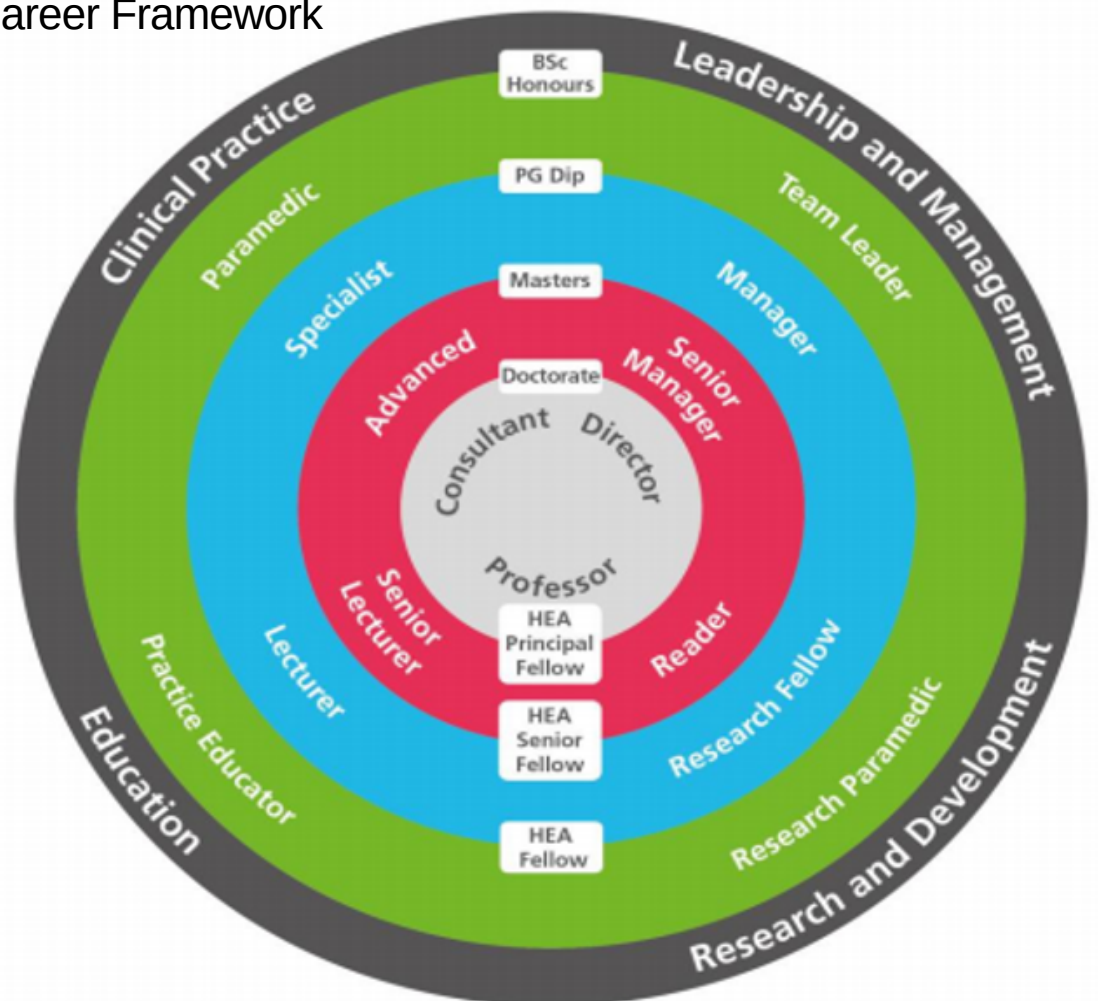
An advanced Paramedic will have undergone a Masters Degree level of further professional development which includes the four pillars of Advanced Practice (Clinical Practice, Facilitating Learning, Leadership, and Evidence, Research and Development).

The Human Medicines (Amendment) Regulations 2018 means that as of 1st April 2018 paramedics working at an advanced level of clinical practice can become independent prescribers. Paramedics are annotated on the HCPC register as an independent prescriber after successful completion of an HCPC-approved independent prescribing programme.

[Please click on this link to check a Paramedic's registration and level of registration.](#)

The College of Paramedics is the recognised professional body for paramedics and the ambulance profession in the UK and provide a variety of support to the profession including

- Education and regularity framework for paramedics
- Employment and supervision
- Tools to help guide appraisal, career and salary progression
- Recommendations for continuing professional development – as a registered and regulated profession paramedic will have continuing professional development.
- Paramedic Career Framework



Paramedic Career Framework

Health Education England in conjunction with the College of Paramedics provides a guide to career development and the standard competency Framework. A Scope of Practice sets out sets out the skills and abilities a registered group of staff should have and describes the processes, procedures and actions that this group can undertake within their scope of practice.

The College of Paramedic Digital Career Framework will support General Practice to understand the current level of paramedic you may be seeking to employ or to develop the future career of a paramedic in primary care. In addition there are several examples of guidance documents for employing Paramedics in Primary Care Toolkit which includes JDs and competencies

Paramedics have capabilities and are applicable across a variety of service users including adults, children and pregnant women. These are the core clinical skills, but as the paramedic specialist develops that may develop additional skills according to the environment in which you work.

- Respiratory system
- Cardiovascular system
- Gastrointestinal and
- Genitourinary System (GI and GU)
- Nervous System
- Musculoskeletal System
- Head, Neck, Ears, Nose and Throat (HNENT)
- Eyes and Skin
- Mental Health
- Social and psychosocial needs
- Palliative and End of Life Care
- Remote consultation (telephone, Skype etc)
- Diagnostics and Procedures
- Therapeutics
- Resuscitation

Appointing the right candidate

Appointing the correct candidate is key. Opportunities for employment are varied. See below a list of considerations:

Permanent employment positives include:

- Consistency of workforce.
- Allows for long term training and development plan.
- Development of relationships / trust.

Locum hire positives include:

- Removes task of finding a suitable candidate.
- Knowledge and skills criteria can be specified to meet needs of the practice.

Contract from local ambulance trust (SECAMB) positives include:

- Portfolio working for paramedics (meets preferences of younger generation workforce).
- Sustainable service (SECAMB) ensure cover for sickness, annual leave etc.)
- SECAMB provide equipment.
- Cost includes NI/pension contributions, annual leave payments, indemnity insurance, fuel, first line management responsibility, resilience options.
- Primary care experience taken back into emergency care to empower admission avoidance and more appropriate signposting and vice versa, the practice benefits from current emergency care expertise.
- HR processes managed by SECAMB.
- CPD managed by SECAMB.

Please click the links for further information on:

[The Standard Competency Framework](#)

[The Digital Career Framework](#)

[Resources for Employers](#)

[Paramedic Specialist In Primary and Urgent Care Capabilities Framework](#)

Pay and Conditions

There are several different roles across the paramedic workforce all of which cover different pay bands based on the skills framework detailed in the Physiotherapy section. The salary paid in Primary care is dependent on the Practice but typically paramedics within SECamb would expect a salary detailed below, dependent on their skills and competence. Example of suggested Pay Bands below:

Band 6
Paramedic

Band 7
Specialist/ Paramedic Practitioner

Band 8
Advanced Paramedic

Social Prescriber

This guide is to enable general practice to understand the role of social prescribers, how they work, where they fit into general practice and their scope of practice. Social Prescribers have many complementary skills to support primary care.

Social prescribing schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports. Social prescribing works for a wide range of people, including people:

- With one or more long-term conditions.
- Who need support with their mental health.
- Who are lonely or isolated.
- Who have complex social needs which affect their wellbeing.

When social prescribing works well, people can be easily referred to link workers from a wide range of local agencies, including general practice, pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care service, housing associations and voluntary, community and social enterprise (VCSE) organisations. Self-referral is also encouraged.

Social prescribing complements other approaches, such as active signposting. This is a 'light touch' approach where existing staff in local agencies provide information to signpost people to services, using local knowledge and resource directories. Active signposting works best for people who are confident and skilled enough to find their own way to services after a brief intervention.

What difference does Social Prescribing Make? What Evidence do we have of impact?

There is a growing body of evidence which shows that social prescribing improves wellbeing for people, giving them more control over their lives. Additionally, evaluations of local social prescribing schemes have reported reduced pressure on NHS services, with reductions in GP consultations, A&E attendances and hospital bed stays for people who have received social prescribing support. In 2017, the University of Westminster published an Evidence Summary, which identified 28% fewer GP consultations and 24% fewer A&E attendances for people receiving social prescribing support.

As part of a wider model of personalised care, NHS England is working with all social prescribing connector schemes to build the evidence base, encouraging all local areas to consistently measure impact. This includes impact on the person receiving support, impact on the health and care system and impact on community groups receiving referrals”

[Please click on this link for NHS England Social Prescribing FAQ.](#)

Registration

Currently Social Prescribers are Non registered Practitioners and as such have no professional body that they are registered with.

Career development

Health Education England provides an interactive guide to career development and the standard competency Framework for Social Prescribers/Care Navigators. In addition it also includes sample Job Descriptions and Service specifications. [Please click on this link for further information.](#)

The table below details the pathways for development that are open to the Social Prescribers that Health Education England support their competency framework in:

Figure 6: Care navigation: Education pathways, progression with examples of education and training

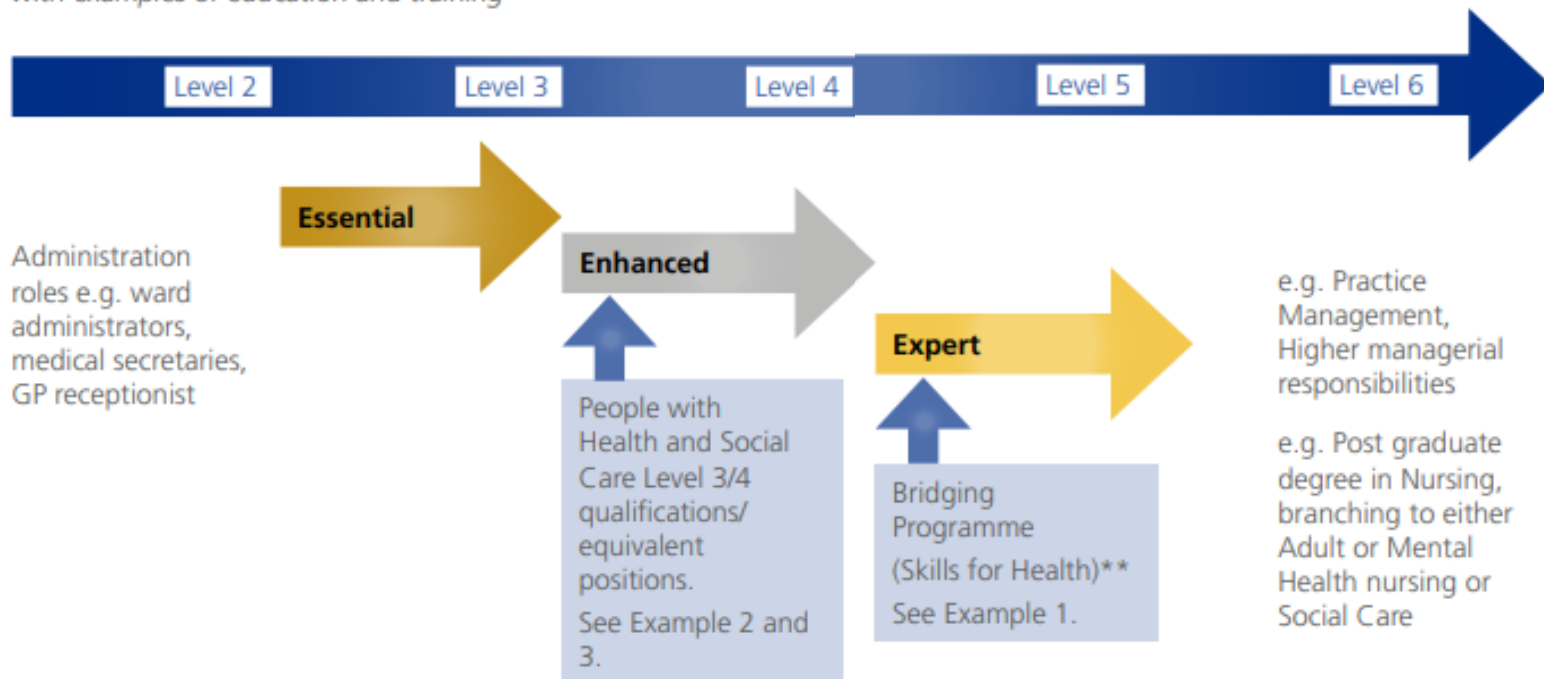


Image Source: [Health Education England – Care Navigation: A Competency Framework](#)

Ongoing professional development

Education for health have developed an e-learning package to support development. [Please click on this link for further information.](#)

There is also a wealth of resources available from NHSE to support employers and staff

This includes:

- Summary Guide, which gives a clear picture of what a good social prescribing scheme looks like. It also includes a Common Outcomes Framework to help measure the impact of social prescribing on people, the local system, and the voluntary and community sector.
- The Reference Guide for PCNs with information on setting up social prescribing services including support for recruitment, induction and supervision. It also outlines what quality assurance measures are necessary, and how information can be gathered to help develop a consistent evidence base for social prescribing.
- A welcome and induction pack for link workers in primary care networks.
- A handout for practice staff to give to people who are referred to a social prescribing link worker.
- Series of themed webinars.
- Learning coordinators in each region to facilitate peer support and learning opportunities.
- Accredited online training - including:
 - Introduction to social prescribing link worker role
 - Developing personalised care and support plans with people

[Please click on this link access the resources - Supporting link workers in primary care networks.](#)

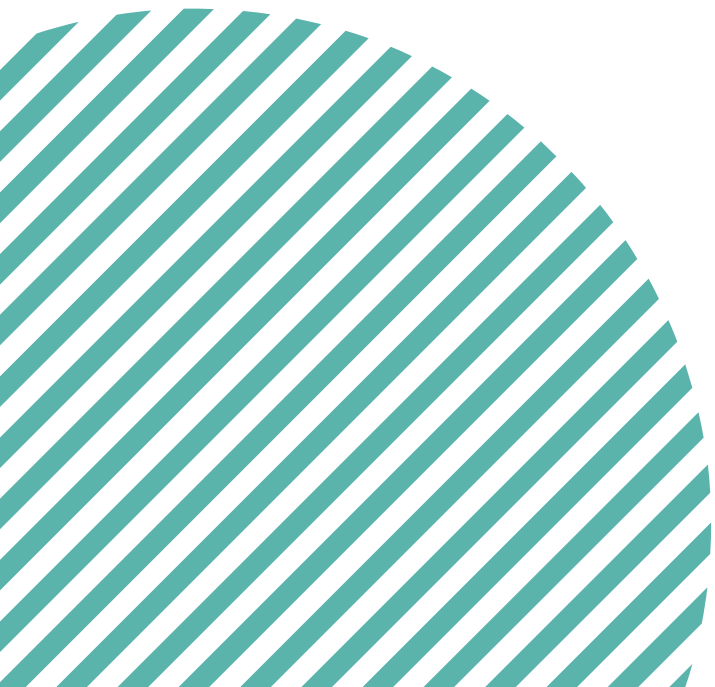
Pay and conditions

There are several different roles across the Social Prescriber workforce all of which may cover different pay bands based on the skills framework detailed in the Physiotherapy section as well as the competency framework for Social Prescribers/Care Navigators but many would most likely to be level 3-5 dependent on experience and also what the employer deems appropriate based on experience.

Band 4
Social Prescriber

Band 5
Senior Social Prescriber

For ongoing support please contact your local Training Hub representatives for local contacts and advice.



Physiotherapist (First Contact: FCP)

Broadening the workforce – using direct access to physiotherapy as an alternative to seeing a GP. As part of the primary care team physiotherapists can promote and implement the practice's approach to health promotion, early intervention, avoiding unnecessary medication, referrals and hospital admissions, and supporting patient self-management.

Physiotherapists are registered with the HCPC. [Please click on this link that allows you to check the registration of any employee registered with them.](#)

There are a range of benefits in employing a First Contact Physiotherapist in Primary Care

Benefits for patients

- Quick access to expert MSK assessment, diagnosis, treatment & advice.
- Prevention of short-term problems becoming long-term conditions.
- Improved patient experience.

Benefits for GPs

- Release of GP time through re-allocating appointments for patients with MSK problems.
- Reduced prescription costs.
- In-house MSK expertise gained.
- Increased clinical leadership and service development capacity.
- Support in meeting practice targets.

Benefits of Physiotherapists

- Professionally stimulating and rewarding role and use of their professional knowledge and skills, including through stronger links with the multi-disciplinary team.
- Opportunities to develop and make use of their scope of practice and skills, including those relating to independent, prescribing, injection therapy and imaging referral rights.
- Opportunities to develop experience, learning and skills in service development, quality improvement and implementation science.

Traditional route to a Physio and the benefit of using a FCP Pathway

Traditional MSK pathway

Patient has an MSK problem
▼
Patient visits GP who offers analgesia and advice
▼
Patient returns to GP with unresolved problem
▼
Patient referred to physiotherapy, 6 week wait. Then undertakes 4 weeks of treatment
▼
Problem unresolved, patient referred to Interface service, 6 week waiting time.
▼
Patient referred for diagnostic imaging and informed of results 5 weeks + 1 week
▼
Referred for surgical opinion. Total waiting time for patient 22 weeks

Pathway with first contact physiotherapists

Patient has an MSK problem
▼
Patient contacts GP surgery who offer appointment with a first contact physiotherapist
▼
Patient receives advice, analgesia, and 4 week exercise prescription. At the same time is referred for imaging and informed of results
▼
Referred for surgical opinion. Total waiting time for patient 6 weeks

[Please click on this link to view the First Contact Physiotherapy posts in General Practice - A guide for implementation in England](#)

GP practice-funded/PCN Funded

Physiotherapists are able autonomously to manage a significant proportion of GP MSK appointments. GP practices therefore may consider funding their own physiotherapy services. This can be done in the following ways:

- Contracting – where the physiotherapist/s are paid at an hourly rate for their services.
- Directly employing a physiotherapist and paying them a salary.
- Inviting a physiotherapist to join the practice as a partner.

Income generation for practices

Physiotherapists within GP practices can also provide services that generate additional income. For example, the provision of steroid injections can often be funded by local CCGs whereby GP practices are paid per injection. Through providing these types of services, which decrease demand on more costly secondary care orthopaedic clinics, income can be generated. This, in turn, can fund the FCP roles.

Similarly, follow up appointments (for example, for hip fracture and hip and knee replacements) after orthopaedic operations could be dealt with by first contact physiotherapists, are paid for through a tariff which could come to the practice.

Knowledge and skills

Physiotherapists are able to fulfil high-level roles in primary care have typically completed the following post-registration professional development:

- Postgraduate level learning relating to MSK conditions (e.g. a full Master's degree, Master's level modules, or work-based learning at an equivalent level).
- Acquired and maintained competence in injection therapy.
- Acquired and maintained competence and the right to practise independent prescribing, denoted by their annotation on the Health and Care Professions Council (HCPC) register as an independent prescriber.

This specialist knowledge and skills development will be in addition to a broader range of post-registration learning and development completed since qualification as a physiotherapist. In addition to clinical areas of practice, this is likely to include professional development relating to leadership, management, supporting others' learning, research and evidence-based practice. Grading under the NHS Agenda for Change system, physiotherapy posts are graded from band 5 (at which a newly-qualified physiotherapist is appointed).

Core Capability Framework

The Musculoskeletal core capabilities framework sets out the capabilities required of practitioners acting as a first point of contact for MSK conditions, the framework also provides clarity both on the standards expected of first point of access MSK service delivery, and the knowledge, skills and behaviours that practitioners need to develop and demonstrate. For detail see link below The banding is used across specialisms and roles. The grade of a particular post is determined by the level of knowledge and skills that its fulfilment requires. The diagram below demonstrates how that is captured.

Key Elements of the Career Framework

9

Career Framework Level 9

People working at level 9 require knowledge at the most advanced frontier of the field of work and at the interface between fields. They will have responsibility for the development and delivery of a service to a population, at the highest level of the organisation. **Indicative or Reference title: Director**

8

Career Framework Level 8

People at level 8 of the career framework require highly specialised knowledge, some of which is at the forefront of knowledge in a field of work, which they use as the basis for original thinking and/or research. They are leaders with considerable responsibility, and the ability to research and analyse complex processes. They have responsibility for service improvement or development. They may have considerable clinical and/or management responsibilities, be accountable for service delivery or have a leading education or commissioning role. **Indicative or Reference title: Consultant**

7

Career Framework Level 7

People at level 7 of the career framework have a critical awareness of knowledge issues in the field and at the interface between different fields. They are innovative, and have a responsibility for developing and changing practice and/or services in a complex and unpredictable environment. **Indicative or Reference title: Advanced Practitioner**

6

Career Framework Level 6

People at level 6 require a critical understanding of detailed theoretical and practical knowledge, are specialist and / or have management and leadership responsibilities. They demonstrate initiative and are creative in finding solutions to problems. They have some responsibility for team performance and service development and they consistently undertake self development. **Indicative or Reference title: Specialist/Senior Practitioner**

5

Career Framework Level 5

People at level 5 will have a comprehensive, specialised, factual and theoretical knowledge within a field of work and an awareness of the boundaries of that knowledge. They are able to use knowledge to solve problems creatively, make judgements which require analysis and interpretation, and actively contribute to service and self development. They may have responsibility for supervision of staff or training. **Indicative or Reference title: Practitioner**

4

Career Framework Level 4

People at level 4 require factual and theoretical knowledge in broad contexts within a field of work. Work is guided by standard operating procedures, protocols or systems of work, but the worker makes judgements, plans activities, contributes to service development and demonstrates self development. They may have responsibility for supervision of some staff. **Indicative or Reference title: Assistant/Associate Practitioner**

3

Career Framework Level 3

People at level 3 require knowledge of facts, principles, processes and general concepts in a field of work. They may carry out a wider range of duties than the person working at level 2, and will have more responsibility, with guidance and supervision available when needed. They will contribute to service development, and are responsible for self development. **Indicative or Reference title: Senior Healthcare Assistants/Technicians**

2

Career Framework Level 2

People at level 2 require basic factual knowledge of a field of work. They may carry out clinical, technical, scientific or administrative duties according to established protocols or procedures, or systems of work. **Indicative or Reference title: Support Worker**

1

Career Framework Level 1

People at level 1 are at entry level, and require basic general knowledge. They undertake a limited number of straightforward tasks under direct supervision. They could be any new starter to work in the Health sector, and progress rapidly to Level 2. **Indicative or Reference title: Cadet**

The Agenda for Change system is well established and well-known, and is frequently used outside the NHS. It is therefore sometimes recommended that any non-NHS employment models use the NHS grading and pay structure. This provides clarity around expectations and comparability of pay.

It should therefore assist with recruitment and retention. The grade of a specific role will need to be assessed, depending on the service need and skill mix requirements. The greatest value and impact of FCP in general practice will be gained from those that demonstrate a high level of independence (without the day-to-day support of peers), the ability to order further examinations, and to refer on to a range of different services and for the delivery of specialist treatments. The job role is likely to be either band 7 or 8. As these roles are established in greater numbers it is likely that FCP teams with a greater mix of banding will be necessary, to support on-going workforce development. Salary is therefore entirely dependent on the skills and competence as well as what the employer deems appropriate however potentially First contact Physiotherapists will usually start on salaries detailed below based on the Skills framework (see above)

Band 6

Newly Qualified Physiotherapist

Band 7

Experienced FCP

Band 8a

Senior FCP

Job Titles

NHS England used the term 'First Contact Practitioner' which refers to a broad programme of work for the non-medical professions. The CSP recommends always using 'Physiotherapist' in a job title, including for roles that are new so that the title would be first contact physiotherapist (FCP). This ensures that patients are fully informed about who they are seeing. This means that there is no ambiguity, and not a need for a complex explanation of a practitioner's professional background. Using 'physiotherapist' recognises and promotes the profession's value in contributing to a modern primary care team. It also gives a strong message that, by shifting services into primary care, the physiotherapy profession is actively responding to the needs of the whole population, including through advancing a preventative, early-intervention approach to meeting patients' needs. 'Physiotherapy' and 'physiotherapist' are both strong brands. Physiotherapist is a protected title. Its use therefore requires individuals to be registered and regulated by the HCPC. This safeguards patients' interests and safety, and upholds public protection.

Please click on these links for further information

[FCP Guidance on employment](#)

[Resources](#)

[E-learning for physios](#)

For ongoing support please contact your local Training Hub representatives for local contacts and advice.

Eastkent.traininghub@nhs.net

NorthKent.traininghub@nhs.net

kmccg.wkenttraininghub@nhs.net

Appendix 1

1. Sample Welcome Letter - *Welcome to the PCN/Practice*

Dear _____

Welcome to your new role at _____

Working in primary is a unique environment, requiring both a sound understanding of Primary Care and a variety of clinical skills that are often not part of other roles.

We want to help you settle into your new role quickly and with support, but more importantly enjoy your time with us. An effective period of induction helps ensure that as a new member of staff you quickly and confidently become confident and competent in your role.

There are 3 key goals:

- To help you understand your own role
- To provide clear guidance on where you fit within the organisation as a whole
- To enable you to work safely and effectively within the new work environment

AREA OF FOCUS

PRIMARY CARE

PCN

Clinical Support

The practice should help you to identify a preceptor who can facilitate your learning during your period of induction and a mentor/buddy who can support this learning. Details will be provided on your first day

Your clinical lead will have appointed you a preceptor and you will meet them on your first day in practice who can facilitate your learning during your period of induction and a mentor/buddy who can support this learning. Details will be provided on your first day.

Communications

Do ensure you are set up on an NHS email address for you as soon as possible as most correspondence is sent to Staff this way

As part of your local induction you will be sent a log in for the various systems you will be required to use, including NHS mail if you do not have one already

Learning and Development

Log on to the GP Staff Training Team Training Website via Invicta Health Learning Pool and set up a username and password to access training

East Kent Email and website:

eastkent.traininghub@nhs.net

www.eastkenttraininghub.org

West Kent Email and Website

kmccg.wkenttraininghub@nhs.net

www.westkenteducationnetwork.co.uk

North Kent Email and Website

NorthKent.traininghub@nhs.net

www.nktraininghub.co.uk

AREA OF FOCUS

Professional Registration

PRIMARY CARE

Register online for revalidation information from your professional body

PCN

All newly qualified staff are expected to undertake the organisation's preceptorship, details will be sent as part of your joining instructions

Working in a small team necessitates sharing of goals and aspirations.

The contents of this pack facilitate discussion with your Manager or Clinical Lead GP(s) and other colleagues. We hope you enjoy your new post and you will access all available opportunities to enhance your practice.

Please contact your Primary Care Workforce Development Lead or Practice Development/ Learning Environment Lead if we can be of any help to you via the Training Hub website.

Appendix 2

2. Sample Induction Checklist

	COMPLETED	SIGN/INITIAL	DATE	NOTES
Introduction to team/PCN (names and contact details) <ul style="list-style-type: none"> • PCN Clinical Director/Lead • GP Partners & Salaried GP's • Practice Manager/Office Manager • Nursing/Allied Health Professional Staff /Team • Clinical Support Staff • Office Administrators • Safeguarding Lead • IG/Caldicott Guardian/Freedom to speak • Guardian • IPC Lead/Link Worker • CCG Contact leads 				
Named Supervisor/Mentor Introduction				
Walk around working environment				
Signing in and out process- (i.e. access to clinical rooms)				
HR Lead, Annual leave process/Salary pay day				
CPD/Education Lead/Opportunities <ul style="list-style-type: none"> • East Kent eastkent.traininghub@nhs.net www.eastkenttraininghub.org • West Kent www.westkenteducationnetwork.co.uk kmccg.wkenttraininghub@nhs.net • North Kent NorthKent.traininghub@nhs.net https://www.nktraininghub.co.uk 				
Fire exits / hydrants				
Fire procedure/Fire test day and time				
Staff facilities				
Tea & coffee				
Emergency policy and protocol on/off site				
Chaperone Policy				

Relevant policies • Access to Staff handbook				
Practice Procedures i.e.: triage home visiting, prescription management, clinical rooms, stock				
Dates of Practice/PCN/ Clinical Meetings				
IT Access/Log in/IT Support contacts				
Accident reporting/Health and Safety				
Contact details of wider team				
Local Prescribing guidelines etc				
Access to Consumables				
Clinician specific items: ie. Cold Chain protocol/Fridge Management Process				
Business Continuity process				

Signature of employee.....

Name (please print):

Signature of Staff Representative

Name (please print)

Date:

Appendix 3

Useful websites

<https://www.kent.gov.uk/social-care-and-health>

<https://www.kent.gov.uk/social-care-and-health/information-for-professionals>

<https://fingertips.phe.org.uk/profile/atlas-of-variation>

<https://fingertips.phe.org.uk/>

<https://www.nmc.org.uk/registration/guidance-for-employers/responsibilities/>

<https://www.hcpc-uk.org/check-the-register/>

<https://www.fparcp.co.uk/employers/pamvr>

<https://www.kssleadership.nhs.uk/>

<https://improvement.nhs.uk/resources/qsir-programme/>

<https://www.hee.nhs.uk/our-work/advanced-clinical-practice/multi-professional-framework>

Acronym Glossary

STP - Sustainability Transformation Partnership

HEE - Health Education England

CPD - Continuing professional development

ESFA - Education and Skills Funding Agency

PCN - Primary Care Network

QSIR - Quality Service Improvement and Redesign Programmes

ROANS - Responsible Officer and Appraisal Network publications)

GMC- General Medical Council

RCPG- Royal College of General Practitioners

QIPP - Quality Innovation Productivity and Prevention

PDA - Pharmacists Defence Association

PA-MVR -Physician Associate Managed Voluntary Register

FPARCP - Faculty of Physician Associate

SAM - Society of Acute Medicine

HCPC - Health and Care Professions Council

SECamb - South East Coast Ambulance Service

VCSE - Voluntary,Community and Social Enterprise

FCP - First Point of Contact Practitioner

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