

<b>Totton PCN</b>	<b>First Contact Practitioner (FCP) education pathway development</b>	
<b>Additional project description</b>	Support for trainee FCP's joining the workforce to enable them to thrive in the Primary Care environment, and complete their FCP courses with ongoing post qualification support	
<b>Project deliverables</b>	<b>Outcomes and impact</b>	<b>Reflections and learning</b>
<ul style="list-style-type: none"> <li>• Support paramedic and physiotherapist FCP trainees to complete their qualification</li> <li>• To put in place a template for training and supporting future FCP and advanced practice (ACP) trainees and integrate FCPs within the clinical team and build understanding of these new roles within the existing clinical team</li> <li>• To create a culture of learning across the PCN</li> <li>• To provide support and training to facilitate the delivery of high standards of patient care across our PCN</li> </ul>	<ul style="list-style-type: none"> <li>• The additional funding allowed FCP's more dedicated time to experience more aspects of Primary Care without placing undue pressures on clinical staff already employed within the PCN / surgeries by providing dedicated senior clinical supervision time</li> <li>• Qualification of two FCP's and start of training for another paramedic FCP trainee</li> <li>• Support for nurse practitioner with objective to undertake ACP qualification</li> <li>• Successful trial of non-urgent visiting service to complement existing acute visiting service</li> <li>• Upskilling FCPs to undertake vaccinations</li> <li>• Reduced visiting / MSK workload for GP's as FCPs competent to undertake this more independently</li> <li>• FCP's access whole PCN training and education including the PCN wide education programme, SEA's and any internal practice meetings such as those for palliative care</li> <li>• Upskilling MSK FCP to be able to request imaging and issue MED3's</li> </ul>	<ul style="list-style-type: none"> <li>• Balance of clinical workload and time required for CPD / education is challenging</li> <li>• Having dedicated supervisor essential for upskilling the supervisor and the supervisee</li> <li>• Supervisor / lead educator role allows for collaborative working across PCN in terms of increasing understanding of FCP roles and limitations within the more established teams</li> <li>• Lead FCP supervision role allows for the supervisor to become more upskilled in the educational requirements of these learners who come from different clinical backgrounds</li> <li>• Co-ordinating the training requirements and service requirements from each trainee requires oversight from both a line manager and educational supervisor</li> <li>• One of the challenges in bringing in FCP's to our PCN was integrating them into the wider clinical team and increasing understanding from the longer standing clinical roles of what they could offer and what their limitations are</li> <li>• We need to continue to work with colleagues to improve understanding and facilitate team cohesion</li> </ul>
<b>Methods</b>	<b>Breakdown and use of funding</b>	<b>Next steps</b>
<ul style="list-style-type: none"> <li>• Appointed FCP / ARRS supervision and education lead</li> <li>• Four hours of monthly protected tutorial/supervision time, per trainee</li> <li>• Detailed induction, including time with allied teams within the PCN, and wider Primary Care economy (e.g. frailty, and social prescribers)</li> <li>• Daily workplace-based supervision / support</li> <li>• Development of non-urgent home visiting to support QoF and upskill in vaccination and other non-urgent work (e.g. diabetic foot checks)</li> <li>• Supported FCP physiotherapist to develop a patient group education programme for arthritis</li> <li>• Protected time / backfill to attend paramedic course</li> </ul>	<ul style="list-style-type: none"> <li>• Funding used to purchase the time of senior clinicians to undertake direct supervision. Unit cost for a session of supervision (3-4 hours) was set at £250, which allowed for 20 additional sessions of supervised time</li> </ul>	<ul style="list-style-type: none"> <li>• The process of induction and role planning with appropriate levels of supervision and access to senior clinical support has been improved and can be applied to future FCP (and ACP) trainees. Ongoing support for current FCP trainee and qualified FCP's</li> </ul>