

COMPLETING PORTFOLIO AND TRAINING

Issued 16th December 2020

Q: Do well established FCPs, who have many years of experience +/- MSc and additional training, still need to complete the portfolio for registration or is it just for new members of staff coming through?

A: Yes, established FCPs/APs in primary care will still need to complete the portfolio.

Q: I am currently working as the FCP lead and feel I can demonstrate that I am working at level 7 across all 4 pillars . Do I still have to have a supervisor and go through stage 1 and 2 of the portfolio? Or will it be a case of me uploading all of my evidence I already have onto the online platform once it is live?

A: Everyone would need to be accredited by HEE to be on FCP national register. You will be accredited by portfolio route once you have uploaded your evidence, it will be assessed by the HEE team.

Q: As a lone FCP employed directly by a PCN what would be my next step, find a training hub?

A: We would encourage you to contact your Training hub, follow closely the support and information provision by the associated professional networks e.g APPN, reach out to FCP services near you (this might be accessible via the Training hubs or via HEE regional networks).

Q: I am the only FCP in my trust and across three GP practices. Who could supervise me? I have an MSc and 23 yrs experience.

A: As above

Q: You say we need to confirm that we have KSA before starting employment. How do you suggest getting this information verified from external applicants for posts? How should they demonstrate they have the KSA?

A: Once the digital portal is live, this information will be available through this route.

Q: How do you suggest we observe practice in the current covid pandemic - in a new virtual world of MSK?

A: Many organisations are doing a mix of virtual and physical training, as they are doing for patient contact. Risk assessment would obviously be completed as with all staffing.

Q: How do I fit the portfolio development and supervision sessions into my already busy work schedule?

A: We should be doing CPD anyway to fulfil our HCPC registration. This is just focused CPD. Self-directed learning is very important when working at level 7. Supervisors are there for guidance and to review your evidence, comment and support to help you move forward.

Q: FCP's Physiotherapists in our service have already gone through rigorous local supervision by advanced practitioners who don't have a full Masters qualification. Will they need to go through supervision processes again?

A: They will need to complete the supervision aspect again but will be able to use all the previously accumulated CPD towards their portfolio submission

Q: How will this model of supervision work in situations where providers have already agreed terms with PCNs, ie service delivery and funding. FCP supervision time will be costly, who finds this funding?

A: It is acknowledged that there will be a challenge in many areas to agree the time for supervision to occur. Primary care is very used to supervision practices occurring as it is well established for GPs. There is consultation which is ongoing to agree time for CPD/supervision within contracts as part of the DES, as well as plans to build supervision time into job plans. At the moment, agreement of this will need to be made on a local basis. There is some funding available through Training hubs but it is acknowledged that this varies by locality.

Q: How many hours do you envisage the supervision process will entail?

A: This depends on a clinician's starting point. Some people will require more hours than others. See 9.4 Checklist of recognition processes in Roadmap p.36

Q: When do you envisage that the grandparenting accelerated portfolio route to ACP accreditation is finalised?

A: This is not currently set in stone, however pilots will be undertaken in the spring of 2021.

Q: Could you please give some more detail as to what the accelerated route will entail?

A: Full details will be released once IFOMPT have verified the route from the international perspective.

ADVANCED PRACTICE

Q: What is the definition of Advanced Practice?

A: See Roadmap p.13. Verification and recognition of capabilities to level 7 across all 4 pillars of practice clinical, leadership and management, research and education either by an advanced practice masters degree or via a portfolio route and on the directory at the Centre for advancing practice

Q: When is the MSK (stage 3) for APs going to be finalised? Any target date?

A: Once the AP standards for MSK are finalised more information will be released. It is anticipated to be Summer/Autumn 2021.

ROADMAP DESIGN AND PATHWAY

Q: Were any physios from MSK A&E considered or asked as anyone from A&E consulted on the standards?

A: Yes, there was representation from all MSK within physio and all other MSK professions.

Q: Has there been any involvement from the private sector or is FCP just seen as an NHS role?

A: The private sector has been one of the major stakeholders. They have been part of our national evaluation of the roadmap and roadmap supervision and we also have small independent providers and individual private clinicians helping with evaluation

Q: “Minimum of 3 years before starting the roadmap” - do you mean 3 years at B6 or 3 years post-qualification? The latter doesn’t constitute an experienced B6

A: Minimum of 3 years in MSK specialism.

Q: Is there any documentation linking the e-flh modules to the specific KSA capabilities?

A: No, these are additional to the KSAs

Q: Is there any documentation to guide/provide examples for specific KSA capabilities?

A: Not yet, but we are expecting some examples will be shared.

Q: DES - The money available, does it include monies to cover training/GP time for mentoring as well as salaries?

A: No

FCP ACCREDITATION/REGISTER

Q: I already work as an FCP. Is it mandatory for me to do the accreditation?

A: It will become a mandated agreement of the DES. As it is demonstration of standardised governance of the roles, CQC will have the expectation that any FCP will be verified.

Q: Is the HEE register aimed only at primary care FCPs / AP clinicians or also include AP clinicians in MSK interface services?

A: FCP roadmap and register is particular to primary care as it is a totally different environment to work in and needs a different layer of governance

Q: How are we defining primary care in this context? Is FCP not any clinician that sees a patient as the first point of contact i.e. Without previous assessment (e.g. Includes ED, self referral etc) or is it based on the location of work (e.g. GP practice etc)?

A: It is based on GP practice only, as a definition primary care is: "anything you access directly. This includes general practitioners (GPs), health visitors, dentists and opticians. Primary care provides the first point of contact in the healthcare system. It is the route by which we most commonly access other parts of the NHS, such as hospital care."

Ref: <https://nhsproviders.org/topics/delivery-and-performance/the-nhs-provider-sector>

<https://contact.org.uk/advice-and-support/health-medical-information/health/an-introduction-to-the-nhs/#>

Q: I work as an AP in a triage MSK service and we are setting up an FCP service. How would I become registered to work in FCP?

A: You would need to evidence against the knowledge skills and attributes document as need to do specific training for working in primary care.

Q: I am an established Band 8a FCP with a masters and have been working for a few years in this role. Do I still need to do the accreditation?

A: Yes

Q: How do you see this framework affecting the other home nations health services?

A: There is currently no official roadmap for other 3 nations. The HEE roadmap is only for England. All 4 nations have different funding systems, healthcare models and staffing levels, and are negotiating their governance and standards with awareness of the HEE roadmap.

Q: Will clinicians who work in private practice and are employed as first contact practitioners also be expected to undertake this work?

A: Yes

Q: I am a current FCP can I start submitting evidence now?

A: The portal is not yet live. By all means start to gather evidence for your portfolio and HEE will be updating as to when the portal goes live.

Q: If I accredit as an FCP, do I have to accredit as an AP?

A: No you do not have to accredit as an AP.

Q: If I don't go on to accredit as an Advanced Practitioner will I no longer be able to use the job title ACP, which I use in the Tier 2 Triage service which I also work within?

A: Eventually, you will not be able to use the title if you don't have accreditation.

Q: We have one FCP who will leave to go on mat leave in April 2021 - will she be able to get an extension past April 2022 to send in portfolio of evidence?

A: Yes, this should be negotiated locally with HR departments.

Q: I am a band 8b working as FCP already for last 18 months. What will completing this accreditation mean for my banding?

A: There is no difference, All FCP's will need to get accredited by HEE either by taught route or portfolio route. It is the same for all.

Q: How are we/'trainees' supposed to access all the detailed documentation relating to post graduate course attendance/completion for older courses? Will we get charged for asking for this?

A: Your certificate of completion should be sufficient. If you do not possess the certificate, you can request it from the university. It depends upon the university whether they will charge or not. We would advise that you liaise with individual universities for further information on charges.

Q: Once the portfolios are uploaded who will be assessing these?

A: An experienced team within Health Education England will be assessing portfolios.

SUPERVISOR

Q: Why do I have to have a masters to be able to do the supervisors course?

A: Please see explanations on webinar. To allow for APs/FCPs to be supervisors there had to be a minimum standard of practice that was recognisable multi-professionally. Once on the FCP register, clinicians will then be verified and can become FCP supervisors themselves.

Q: For supervisor eligibility, is the criteria MSc only or is MRes (clinical research) also eligible? Does the MSc specialism matter?

A: Needs to be an MSc in musculoskeletal physiotherapy.

Q: What about a pre-registration MSc?

A: No, this is not eligible

Q: Do we have enough supervisors?

A: The supervisor courses have been well subscribed to and most now have waiting lists.

Q: Can supervisors be external?

A: Supervisors can be external, the various organisations and professional networks providing the courses (APPN, MACP, SOMM, Connect) will have directories of those who have completed their supervisor courses.

Q: Are the supervisor courses free?

A: Yes

Q: Do supervisors have to be APs or can they be a GP in practice?

A: They can be GPs in practice. GPs will complete a one day rather than two day course.

Q: Does a GP supervisor have to be a recognised supervisor for trainee GPs? And if so, can they supervise an FCP trainee without doing additional training?

A: Yes they need to be a recognised GP supervisor for trainee GPs. No they can't supervise without taking additional training (1 day as above).

Q: Do the supervisors need to work or have experience in primary care practice?

A: They need to have experience in MSK but not necessarily be working in Primary care as skills are transferable.

Q: Can the day to day supervisor be a different person to the verification supervisor.

A: Yes, there are slightly different demands. The supervisor must have completed the HEE supervisors course.

Q: Would someone near the end of their Masters be able to qualify for the supervisor training?

A: No, you should have finished your MSc.

Q: FCP Supervisor training sessions/nominations have been advertised (max two per Trust). Is this to be expanded. I would guess you will require more than these to support large teams?

A: Two per Trust/ PCN for each individual course. So there can be more than two supervisors per Trust.

Q: What about MACP membership to qualify to attend the supervisor training?

A: MACP membership is not mandatory. MSc in Musculoskeletal Physiotherapy and experience of MSK is mandatory. In addition, you should be currently working in an MSK set up.

HEI ROUTE

Q: Which universities will have courses which will lead to FCP accreditation?

A: This is not yet confirmed but more information will be released on this as soon as we know.

Q: In the roadmap it talks about doing an FCP MSc module...what counts as an FCP module? For example does the HEE funded PACR, PADRAP or NMP count? Or an Advanced Practice module?

A: This depends whether universities can map the modules to the roadmap.

Q: How can we access funding for these modules ?

A: There will be some regional HEE support for level 7 FCP modules, the details are still being finalised.

Q: How do you decide whether to do portfolio route or module route and how long do each take?

A: You would need to finish the portfolio route by April 2022. Also, MSc FCP modules need to be finished by April 2022 to get accredited by HEE and this is mandatory for the national FCP register.