

First Contact Practitioners – future modelling the MSK workforce

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Developing people
for health and
healthcare

Content

- **Training & Development**
 - A road map for training & self assessment
- **EoE Regional provision**
 - As well as National Provision and how they link?
- **Implementation Guidance**

Acknowledgements

- Amanda Hensman-Crook (HEE)
- Dr Neil Langridge
 - Consultant MSK Physiotherapists

Workforce

- NHS Providers
 - Primary Care
 - Primary Care Networks (PCN)
- Supporting development of FCP in the private sector

HEE supported LWABs



Workforce modelling

- Numbers working as FCPS
- Future supply
 - Demand scoping
 - Linking to transformation work within STPs/ICS
- No formal ESR coding
 - Work to cleanse data for ESR coding

HEE Core function

East of England

- Current : 112 ACPs
- Gathered data around expressions of interest for these roles : 156
- ? Current data ref. FCPs

HEE Current programmes – optimizing use of advanced/extended roles eg ACPs

HCPC Annotation

- Currently no formal annotation
 - E.g. Podiatric Surgery
 - Independent Prescribing

Developing the specialised MSK workforce

- Apprenticeships to FCP and ACP.
- FCP modules suitable to upskill band 6s to band 7 roles and to bridge the gap for band 7 moving into primary care from other sectors
- ACP courses with an FCP bolt on to support band 8a roles
- Opening out MSK professional special interest groups as a vehicle for ACP sign off for MSK
- E-learning

Governance

Internal

- Clinician responsibility to HCPC
- Standardised physio data, standardised JD B7 and 8a capabilities
- All MSK professions same referenced documents
- Implementation guidance

External

- HCPC
- CQC



Supervision

- Part of governance
- Core supervisor training
- ACP Supervisor training



Educational Roadmap –MSK:ACP & FCP.

Current situation.

- ACP = a level of practice, not clinically specific.
- Defining ACP = Level 7 (Masters).
- FCP = an area of practice, specialised at Band 7 and above (AFC)- Advanced MSK practice at the First POC in Primary Care.
- MSK Core Capabilities Framework = in place to define the competencies of practice for FCP at Level 7 (Masters).
- Numerous level 7 MSc/Modules in MSK.
- Individual organisations setting up ACP/FCP portfolios for Governance and education – but in silos.

Competency

Advanced Clinical Practice - Band 8a

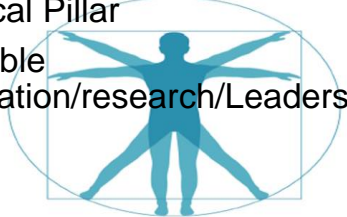
4 Pillars



"New solutions are required to deliver healthcare to meet the changing needs of the population. This will need new ways of working, new roles and new behaviours."

FCP – Band 7

Clinical Pillar
Variable education/research/Leadership



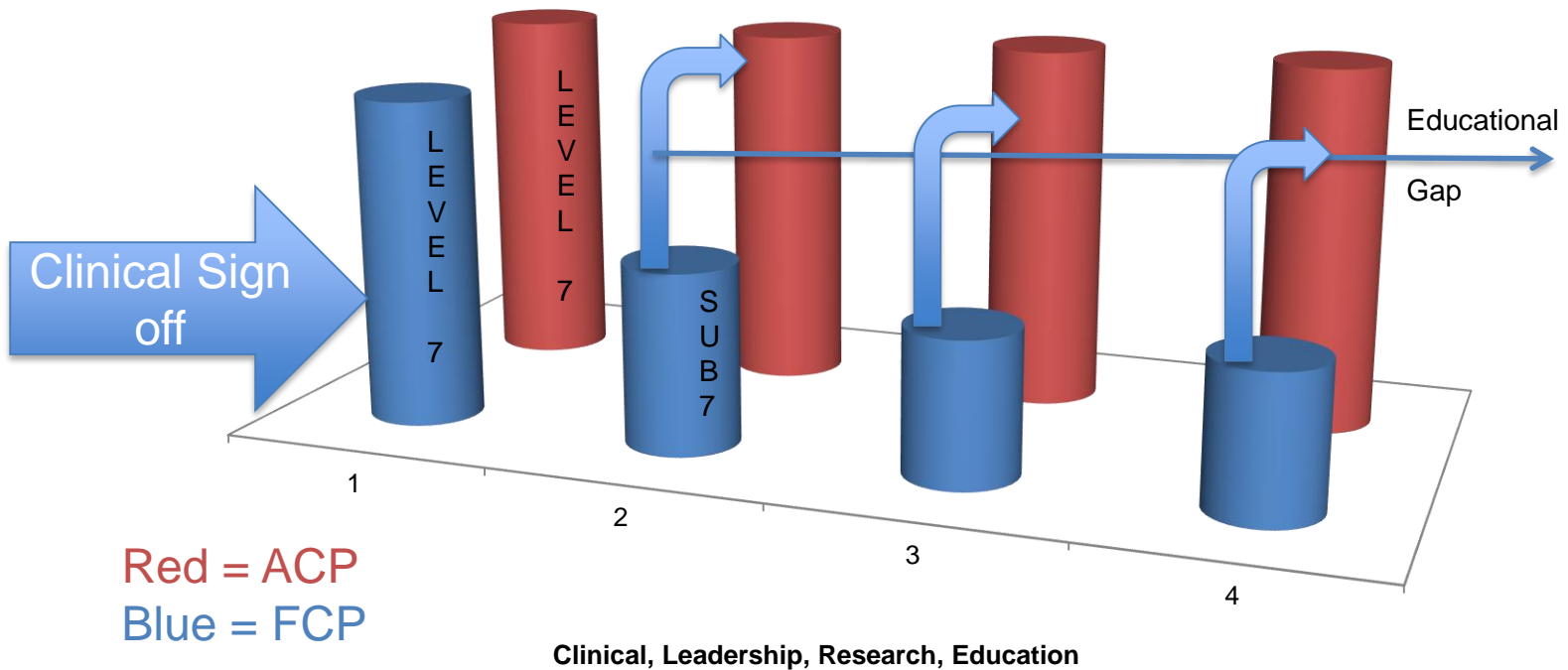
Musculoskeletal core capabilities framework for first point of contact practitioners



MSK Clinician/Pathway – Bands 5/6

Variable CPD
Nil consistency in frameworks
No standardised model to work towards

Pillars – example



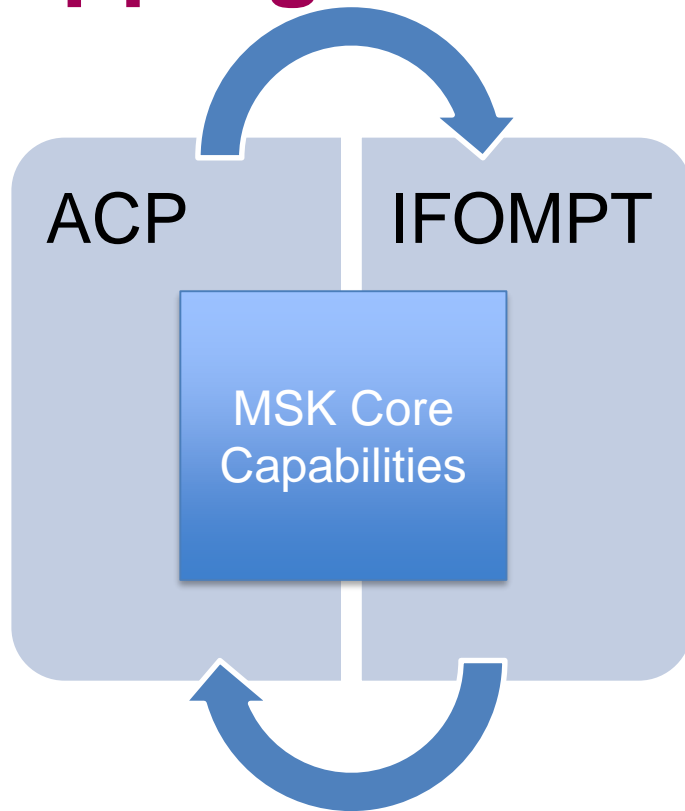
Leaves 2 educational needs?

- 1. Gaining FCP level – A clinical pillar of ACP (this can be any area of MSK) – in this context assurance is needed against the MSK Core Capabilities Framework FCP.
- 2. How do we develop the MSK workforce against ACP and MSK Framework to enhance the clinical **and** leadership, research literacy, educational skills that will positively influence the system?
- 3. How do clinicians gain and demonstrate this?

What we already have - Mapping

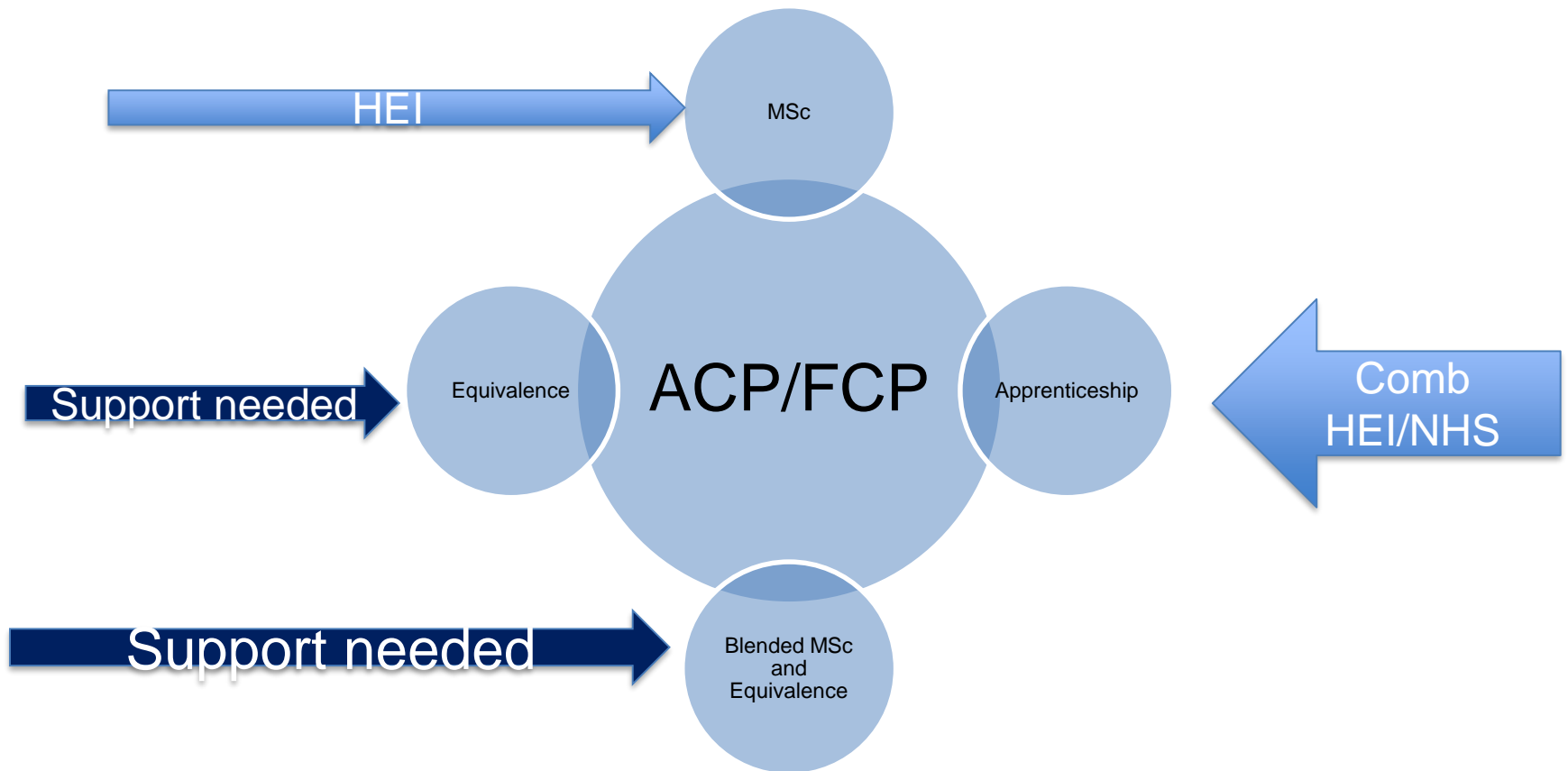
- International Federation of Manipulative Physiotherapists – UK = Musculoskeletal Association of Chartered Physiotherapists – Internationally recognised Level 7 Competencies (M-level)
- ACP Framework
- MSK Core Capabilities Framework

Mapping



- International Federation of Manipulative Physiotherapists/ (UK MACP) Internationally recognised Level 7 Competencies (M-level)
- ACP Framework
- MSK Core Capabilities Framework

How can clinician achieve this?



How can we facilitate this?

- 1. Pull from the mapping exercise the domain in the IFOMPT domains that map to MSK CCF. This then allows us to see within a ACP framework the **CLINICAL PILLAR**.
- 2. Look at the University guidelines at Level 7 to define competency in the Clinical workplace.
- 3. Define the lower levels as part of the **Road Map** to FCP competency.
- 4. Define the lower levels at ACP to support the CPD towards the other 3 pillars.

What do we need?

- Clear mapping in the work place to support the portfolio evidence to 1. **FCP** (Clinical pillar) 2. **ACP** (3 other Pillars)
- Clear examples of practice to facilitate synthesis, breadth and depth in practice.
- Agree the competency across professions and intra-professionally.
- Build in this to a **Road Map** from Band 5 – to level 7 Competency.

The Road Map

- Will give a standard of practice built around the ACP/IFOMPT level competency
- Will give the CLINICAL PILLAR pathway to support FCP competency.
- Will offer a MSK standard in practice that can be built into to portfolio/blended and support MSc programmes.

Evidence

CPD examples

Supervisor Sign off



Clinical Competencies

MSK CCF (FCP) Clinical Pillar of ACP

Blended programmes/Equivalence model/MSc Module



Domains of ACP

ACP MSK Standards

Supervisor sign off as above - Linked to the Academy of Adv Prac

Clinical Example – Communication

- D7 – K1-K4; S1-S7 – IFOMPT MSK DIMENSION mapped to MSK CCF supporting the Clinical Pillar.
 1. Record a consultation with a patient after gaining consent. Listen to the assessment and highlight where verbal communication has been effective and less effective. Consider this against commonly known methods of communication and interviewing styles.
 2. Gain feedback from patients regarding your communication – look for themes and highlight areas of practice for development.
 3. A peer observation – look specifically at noting the non-verbal cues used in the consultation - and evaluate this in light of the evidence around non-verbal communication – produce a short action plan for future consultations.
 4. Ensure a record-keeping audit has been completed against national standards.
 5. After a mentor review of practice ensure that capacity to consider active listening, explanation, collaborative, educating and gaining consent. This can also be assessed via recorded assessments. This may need to be completed with a range of patients/clients to demonstrate scope, depth and breadth. Self-reflection is vital as part of the triangulation of data in supporting this dimension.

Standardised Documentation

- Verbal and non-verbal cues document.
- Communication standards form.
- Peer review, patient feedback and mentor review form.
- Consent form for recording – example.
- Examples of listening and communication styles to consider.
- Reflective feedback form.

HEE Implementation guidance

Health Education England

Musculoskeletal First Contact Practitioner Services

Implementation guide

Developing people for health and healthcare
www.hee.nhs.uk

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Contents and introduction

The FCP approach

Planning and development

Service delivery

Glossary

Skills and Capabilities of the FCP

As regulated MSK practitioners, FCPs work at an Advanced Clinical Practice (ACP) level. This “is a level of practice characterised by a high degree of autonomy and complex decision making... It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people’s experience and improve outcomes”. The skills and knowledge required for this role are attained through postgraduate-level MSK learning, which may include independent prescribing skills, injection therapy skills and imaging expertise.

Two national frameworks outline the requirements to ensure patient safety, public confidence, and the development of professional competencies. These are:

Multi-professional Framework for Advanced Clinical Practice in England

The national ACP framework has been developed to provide a structured process to recognise the four pillars of Advanced Clinical Practice: clinical capability, leadership and management, education, and research skills of practitioners in Advanced Clinical Practice roles. As a minimum standard, FCPs must meet (or be working towards with appropriate mentoring) the capabilities as detailed in the Musculoskeletal Core Capabilities Framework.



Musculoskeletal Core Capabilities Framework for FCPs

This framework, commissioned by Health Education England and NHS England, sets out the core capabilities to deliver high quality, consistent and person-centred care for MSK patients presenting to an FCP. The following page provides information on the capabilities.



<https://www.hee.nhs.uk/sites/default/files/documents/FCP%20How%20to%20Guide%20v21%20040919%20-%202.pdf>

Sustainability

- Awaiting National Evaluation Tool
- Peer support/ network
 - Primary employer
 - ? PCNs?
 - NHS Provider?
- Retention strategies
- Professional development

HEE – Developing a Framework for Supervision

Summary

- ACP Framework – developed as a MSK ACP Model
- FCP competency defined as the Clinical Pillar within the ACP/MSK Framework.
- Road Map as a “Passport” of transferable CPD that works in parallel to the frameworks ensuring competency, assurance and aligning the workforce.
- Improved, clear guidelines that will support CPD activity at every level.
- Fast tracking competent staff into the system.

HEE Midlands and East of England AHP Network

- The network is open to all AHPs across the region and provides an opportunity to:
- Stay up to date with the latest news, publications and information relating to AHPs
- Shape and influence the work of HEE across the region
- Sharing innovative workforce transformation developments and good practice
- To tell us what you want from the HEE AHP network
- Link with the HEE Regional Head of AHPs
- If you would like to join the HEE Midlands and East of England AHP Network and receive these updates directly then please register by following the link below.

<https://healtheducationyh.onlinesurveys.ac.uk/me-ahp>

Thank you!

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