

News from your BSW Paramedic Fellows

Welcome to this newsletter which is designed to update all interested BSW staff on the primary care sector paramedic workforce in our area. We plan to update with further newsletters every 2 months. Please feel free to contact Gareth or Jim to comment or ask more about any of the subjects mentioned.

LATEST UPDATES IN THIS NEWSLETTER (See following pages for the detail)	
1. Update on progress since we started in role in January	Hello there! Here's what we're about!
2. NHSE/I South West Task & Finish Group on ARRS Paramedic Recruitment	Kath Whysall (GP Forward View Lead) and Jim Petter have been attending these meetings on behalf of BSW since the first one in January. This Task and Finish group represents the 'engine room' of SW regional approaches to the paramedic primary care workforce.
3. Two important publications pertaining to paramedics and primary care arrived at the end of January. <i>We'll keep you updated on progress as regards the paramedic workforce in BSW and what these initiatives mean. We have provided the 'headline news' below</i>	<p>a) First Contact Practitioners and Advanced Practitioners in Primary Care: (Paramedic) A Roadmap to Practiceⁱ. This sets out HEE's proposals for standardisation of paramedics moving into primary care. It follows an earlier iteration for physiotherapists and precedes further 'Roadmaps' for podiatry, occupational therapy and dietetics which are due in the spring.</p> <p>b) NHSE/I: Supporting General Practice in 2021/22 (Update). Annex B of this document provides details of the requirements for ARRS funding of paramedics ahead of April this year, when the funding becomes available.</p>
4. CPD, webinar discussion and information	DON'T MISS: Dermatology: Two separate BSW GP expert evening sessions coming up in March! Details on page 6

1. Update on progress since Gareth and Jim started in role for BSW Training Hub

Firstly, we are delighted to have received such a warm and supportive welcome, thank you!



We've hit the ground running, in that the new two publications discussed in this newsletter are absolutely key to expectations around funding and development of the paramedic primary care workforce at BSW.

As is often the case with system change (especially in the midst of a pandemic!) there will be some concern amongst paramedics already working in the BSW Training Hub area and practices will need to think about how best to support their existing staff, as well as thinking about future recruitment.



We hope very much that we can be of help to all stakeholders, not just with understanding and negotiating the changes, but with supporting paramedics to navigate these and to be the best clinicians they can be by sourcing various CPD, networking and information sharing initiatives.

Our current 'things to do list' (vaccinations permitting)

- Contact existing paramedics within BSW (primary care). **If you haven't already done so, please let us know you are out there!** by emailing: gareth.ward1@nhs.net
- Provide advice and guidance re the paramedic workforce, recruitment and development
- Create more CPD and networking opportunities that may be relevant to the paramedic workforce.

Please feel free to contact us on our email addresses to explore any thoughts or queries that we may be able to help with, or contact: <http://www.bswtraininghub.nhs.uk/>

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2. South West Task & Finish Group on ARRS Paramedic Recruitment

This group held its first regional meeting on 14th of January. Kath Whysall has already fed back to Clinical Directors on the first of these meetings, but we thought it might be useful also to share our thoughts.

Effects on ambulance services

SWAST (and other ambulance services) have voiced anxieties about destabilisation of their workforce should large numbers of paramedics move to Primary Care under ARRS funding. This is based on assumptions that 'standard' (i.e. AfC Band 6 frontline/999 paramedics) would be recruited into primary care roles.

Our view is that this concern is overestimated because the number of SWAST paramedics that are both keen to enter primary care and suitably qualified to work (with autonomy) in primary care is actually quite small.

Looking at AfC Band 6 paramedics, that's those that work as frontline (999) paramedics now. These are defined under HEE's primary care guidance (see below) as 'Trainee First Contact Practitioners' (Tr/FCP). In the past, practices have recruited direct from ambulance services to roles with less autonomy and with a bespoke development pathway as part of the deal. This model continues to work for some practices. Last week's ARRS funding announcement states that if a paramedic

can't provide '*Level 7 capabilities or equivalent*' then the paramedics should only be used as part of an ambulance rotation (i.e. as a 'Trainee FCP') The advantage to practices of working with SWAST to recruit a rotational Tr/FCP will be that these posts are fully funded and employed by SWAST. They will not be experienced in primary care and will require close support. NHSE suggested they should be: "treated as supernumerary". SWAST will very likely be looking for collaborative opportunities soon to enable this.

Over recent years SWAST developed around 150 'Specialist Paramedics' (SpPara) who were trained to better manage low acuity 999 calls (i.e. those more akin to urgent or possibly primary care) and are paid at a higher grade (Band 7). However, many have already left SWAST in recent years. This trend was mirrored in the other southern ambulance trusts (South Central and South East Coast). SWAST told the Task and Finish meeting that the number of Sp/Paras that could be made available for rotations into primary care regionally is currently 38 and they are looking for ways to collaborate with practices to develop more.

Summary

SWAST doesn't yet have enough (Band 7) paramedics trained at postgraduate level in specific primary and urgent care skills to provide fully functioning (autonomous) rotational paramedics, (i.e., paramedics who remain as SWAST employees and are rotated through practices under agreement)

SWAST needs to develop many more suitably qualified paramedics to supply potential demand for ARRS-funded rotational primary care roles. They will move to develop their existing workforce to do this

3 (a) *First Contact Practitioners and Advanced Practitioners in Primary Care: (Paramedic) A Roadmap to Practice*

On Thursday 21st January HEE released their “Roadmap” document, which seeks to provide a standardised model for the use of paramedics in primary care, either as part of a rotational model with ambulance services or via ARRS-funded or direct (unfunded) employment.

[For a link to the full document see the link at page 6]

First Contact Practitioner (FCP)

The guidance lays out a new pathway, under which newcomers to the sector can develop as ‘Trainee FCPs’ through an ambulance service rotational model, using a postgraduate module, known as the First Contact Practitioner (FCP) module, which is being provided by two universities from Spring 2021.



Retrospective validation

Paramedics already working in the sector are being asked to undertake retrospective validation through the pathway defined in the guidance.

Naturally, questions are arising about how this will be implemented.

We have arranged a webinar to help with that
[See details at Page 6 below]

The Centre for Advanced Practice Directory

Completion to FCP or AP status will lead to inclusion in HEE’s Centre for Advanced Practice Directory, with either FCP or Advanced Clinical Practitioner (ACP) (aka AP) status. The Directory is not linked to HCPC registration status. The CQC are being asked to take compliance with the pathway into account from 2022.

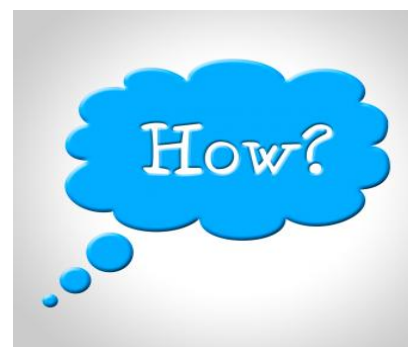


Validation

Validation of portfolio and other evidence used during the new pathways will be undertaken by a network of ‘Roadmap Supervisors’, who are required be either:

existing GP trainers, or:
primary care Nurses or AHPs with a MSc.

The course is online of 2-day duration. GPs will be asked to take a shortened version (3-4 hours online)



We’re currently looking now at how to ensure BSW has enough Roadmap Supervisors to sign off progress and how best to support our paramedics along this new pathway

HEE and NHSE/I anticipate all paramedics working in primary care in the future will be validated as either FCP or AP and listed as such on HEEs Directory, with CQC-backed scrutiny from 2022.

Paramedics already employed in primary care have been told that they will need to move through the standardisation process retrospectively over the next year. However, since January there have already been changes made and this is a fast-moving issue.

Meanwhile we have arranged for HEE’s PFCP/AP Project Manager to talk about the new scheme and what it means in practice. **See below for details**

3(b) NHSE/I: Supporting General Practice in 2021/22 (Update). Annex B

This update was also published in January 21st. It provides specific details of requirements for ARRS funding of paramedics at Annex B. ARRS funding is due to go live in April 2021

‘First Contact Practitioner’ (FCP) roles (AfC Band 7 or equivalent)

Key points:

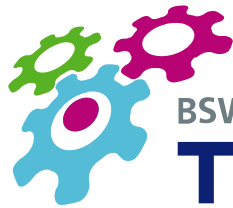
Qualifications	The update contradicts itself here in that at (1)a it requires ARRS-funded paramedics to have: ‘degree/diploma level in Paramedicine or equivalent experience’ , whereas at (2) of the update it stipulates that ARRS-funded paramedics should be able to demonstrate “Level 7 capability in paramedic areas of practice or equivalent” . We have asked for further clarity on this point but we suggest it means that ARRS-funded paramedics should possess HE Diploma and/or degree (or equivalent) but should be able to demonstrate postgraduate capabilities (again further definition required). Existing HEE guidance suggests postgraduate qualifications are required ⁱⁱ
Post-registration experience	The update stipulates that ARRS funded paramedics should have 5 years post-registration experience, this includes the 2-year ‘Consolidation of Practice’ period that Newly Qualified Paramedics (NQPs) undergo when first recruited into ambulance services, plus three years’ experience beyond that point as Band 6 paramedic ‘or equivalent’.
Integrated Working	The update stipulates that if a paramedic cannot demonstrate ‘Level 7 capabilities’, then they should be employed within an ambulance service rotational model. Level 7 capabilities suggests academic attainment at postgraduate level, with skills defined by the update as: <i>‘advanced assessment, diagnosis and treatment’</i>
Clinical responsibilities	The elements listed in the update are largely generic and familiar to readers of the original GP DES role descriptors and the various clinical frameworks /capabilities



Advanced Practitioner (AP) roles (AfC Band 8A or equivalent)

Here the update is more clear in that it requires AfC Band 8A funded postholders to have completed a Masters qualification.

These roles should also include the [4 pillars of consultancy](#)ⁱⁱⁱ, i.e. include research, leadership and management and teaching elements as well as clinical skills. again, the clinical elements defined are familiar as largely generic and contained within HEEs Multiprofessional Advanced Practice Frameworkⁱⁱ



BSW PRIMARY AND COMMUNITY CARE

TRAINING HUB

4 CPD opportunities, discussions and information that may be of interest specifically to paramedics.

a) Dermatology evening Lectures:

These have been arranged as part of HEE's PiPC programme. Access to enrol for either or both of these is via a request to attend, to do so please email: paddy.myers@nhs.net

Monday 8th March

19:30 – 21.00

Dr Alex Clarke (GP)

Dermatology for primary care:

Lesion recognition and management'

Monday 22nd March

19:00 – 20.30.

Dr Ruth Alexander (GP)

Dermatology for primary care:

Inflammatory Disorders

b) Webinar/discussion: Paramedics and the FCP Pathways:

To join this webinar please email gareth.ward1@nhs.net

'Paramedics and the FCP Roadmap'

Thursday 25th February. 19.30 to 21.00

This discussion will include **Amanda Hensman-Crook, FCP Project Manager**, Health Education England.

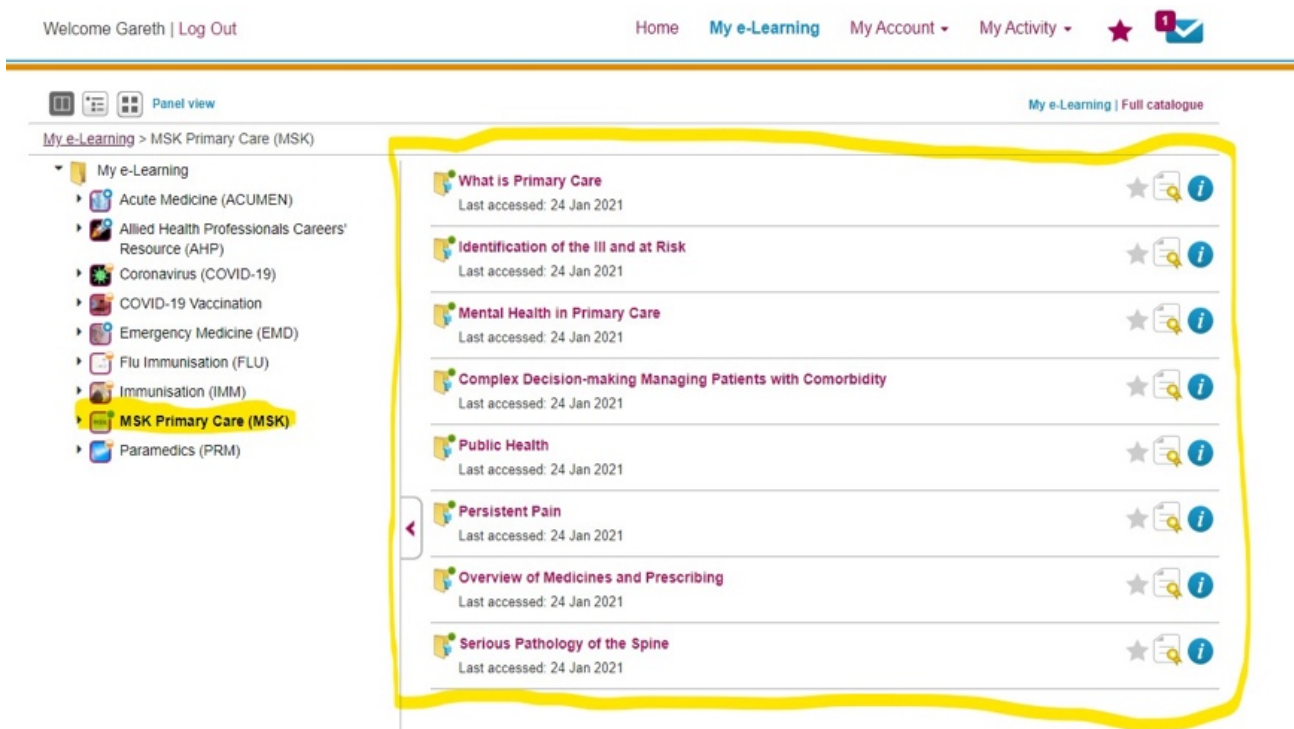
This will be your opportunity to ask questions about the new pathway and to understand it better

4 c) The E-Learning for Health Modules

Several BSW paramedics have asked how to access the e-Learning for Health modules which are mentioned in the FCP Roadmap

To find them go to: www.E-lfh.org.uk

Once there, to access the modules search for: 'MSK Primary Care' where you will find the 8 modules. Here is a screenshot:



REFERENCES

ⁱ First Contact Practitioners and Advanced Practitioners in Primary Care: (Paramedic) A Roadmap to Practice (HEE, 2021)

https://www.hee.nhs.uk/news-blogs-events/news/hee-launches-new-roadmap-paramedic-careers?fbclid=IwAR3ck1a6oZFjoM05_ZeGVRmTeMMKUfopV_0lRvmc85eUGmD7eFCuXtvpV0s

ⁱⁱ Multi-professional framework for advanced clinical practice in England. (HEE, 2017)

<https://www.hee.nhs.uk/sites/default/files/documents/Multi-professional%20framework%20for%20advanced%20clinical%20practice%20in%20England.pdf>

ⁱⁱⁱ Advanced Practice. Health Education England (HEE, 2017) <https://www.hee.nhs.uk/our-work/advanced-clinical-practice>