

WHAT IS A FIRST CONTACT PARAMEDIC?

A guide to Paramedic FCPs in primary care for GP Practices and PCNs

Published by: **Cambridgeshire & Peterborough Training Hub**

Authored by:

Sarah-Jane Turner

Paramedic Ambassador, Cambridgeshire and Peterborough Training Hub

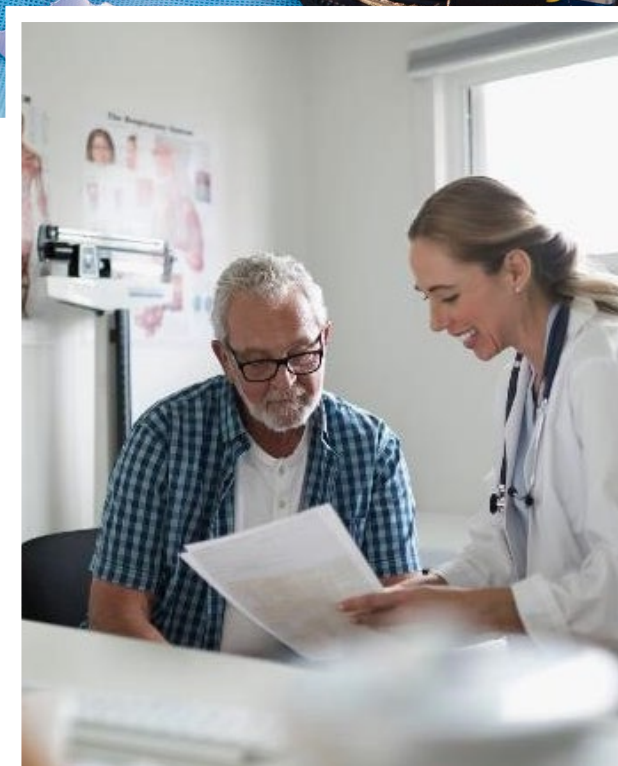
Lily Dixon

BNSSG Primary Care Development and Community Paramedic Lead



CONTENTS

- 01** Contents
- 02** Introduction
- 03** What is a First Contact Paramedic?
- 04** Paramedic Pre-employment Education Flow Chart
- 05** Understanding the Paramedic CV
- 06** Example Interview Questions
- 07** AP Roadmap Supervision - Portfolio Route
- 08** Paramedic Progression Flow Chart
- 09** Paramedic Educational & Development Flow Chart



(While the Information in this toolkit is considered to be true and correct at the date of publication, changes in circumstances after the time of publication may impact on the accuracy of the Information. The Information may change without notice and Cambridgeshire and Peterborough Training Hub is not in any way liable for the accuracy of any information downloaded, printed, stored or in any way interpreted and used by a user.)

INTRODUCTION

In recent years a variety of clinicians have been doing work previously done by GPs.

The numbers have increased dramatically recently as established nurses, pharmacist and paramedics in practices have been joined by physiotherapists and other new roles under the Additional Roles Reimbursement Scheme (ARRS).

With this increase has come greater national guidance and requirements around what roles these professionals can undertake, what training and competencies they need, and what ongoing support and supervision they require to work as First Contact or Advanced Clinical Practitioners (FCP/ACP).

GP employers, practice managers and PCN leaders all need to understand how to make the most of these varied clinicians and how to give them the conditions, support and supervision required.



WHAT IS A FIRST CONTACT PARAMEDIC?

First Contact Paramedics are autonomous, diagnostic clinicians with experience in handling undifferentiated and unpredictable cases, conducting a vast array of clinical assessment, diagnostic, and treatment activities, and directing and signposting care.

They are at the top of their clinical scope of practice at Agenda for Change Band 7.

For more information, please read:

- [HEE's A Roadmap to Practice](#)
- [College of Paramedics' Employers' Guide: Paramedics in Primary and Urgent Care Practice](#)

(see pages below)



Confused? Let's Make it easier...

With the help of Lily Dixon, PGDip BSc (hons) FdSc MC, Para Advanced Paramedic Practitioner - Armada Family Practice and BNSSG Primary Care Development and Community Paramedic Lead, we have put together a toolkit of useful information on employing an FCP/ACP for paramedics and practices.

PARAMEDIC PRE-EMPLOYMENT EDUCATION FLOW CHART

Pre-Employment

Completed the:

- 8x mandatory E-learning Modules
- 3x personal care E-learning modules

Employment under the ARR Scheme

- **5 + years Post Qualified** (A combined 2 yrs as a Band 5 Newly Qualified Paramedic and 3 years as Band 6 paramedic)
- **Demonstrate level 7 learning*** (or achieved within 6 months of employment)
- **Must complete the FCP Portfolio within 6 months of reimbursement of the individual** (can be extended to 12 months with agreement from the commissioner where appropriate)
- **To qualify for reimbursement of salary at Band 7**
:FCP – Must be able to demonstrate the Paramedic is completing or has completed stage 1 and Stage 2 of FCP portfolio
- **To qualify for reimbursement of salary at Band 8a**
:ACP – Must be able to Demonstrate Level 7 across all four pillars as per HEE requirements for AP accreditation Or completed taught HEI MSc in Advanced practice or equivalent to gain AP accreditation

Independently Employed

- **3 + years Post Qualified**
- **Demonstrate level 7 learning*** (or achieved within 6 months of employment)
- **No deadline to complete the FCP portfolio** (but expected to complete within 6-12 months of starting employment)
- **Salary is the employer's choice,-** (HEE suggests expected salary for a FCP is Band 7 afc equivalent , ACP Band 8a afc equivalent)

FCP- First Contact Practitioner

ACP- Advanced Clinical Practitioner

*Demonstration of level 7 learning (Masters level Modules) is important as it shows the Paramedic has the academic knowledge at a more advanced level ready to be applied into clinical practice. Stage 1 of the FCP roadmap is evidencing the “ACADEMIC” part of the competencies where stage 2 is putting that knowledge into practice (through supervision/work bases assessment / reflective practice /CPD). Ideally the paramedic will have at least 1x Level 7 module in either clinical examination and /or history taking and diagnosis.

Lily Dixon, BNSSG Primary Care Development and Community Paramedic Lead (31.08.21 V1)

UNDERSTANDING THE PARAMEDIC CV

ROLE TITLE

Newley Qualified Paramedic -NQP (Band 5, needs to complete a consolidation of practice portfolio over a 2 year period)

Paramedic (Band 6, Completed their NQP portfolio, may mentor an undergrad paramedic student, will be seen on both an ambulance and rapid response car)

Practice Placement Educator-PPED (Band 6 Paramedic working under the Learning Development team, still in clinical practice, mentoring all grades of staff, undertaking clinical practice reviews, restrictions of practice reviews and learning needs analysis)

Lead Paramedic – LP (Band 6 Paramedic working under the Operational Officer team, still in clinical practice, undertakes extra administrative duties such as incident report reviews, stock orders, Drug orders, ensures compliance with drug bag recording included controlled drugs)

Operational Officer -OO (Band 7 Paramedic, Managerial duties of the clinical staff within their sector. Will still attend more critical jobs, provide the lead as serious/major incidents, liaise with hospitals on bed management / delays)

Learning Development Officer -LDO (Band 7 Paramedic working within the learning development team providing mandatory training, updates and run educational days, undertakes annual clinical practice reviews on all clinical staff)

Specialist Paramedic in Urgent and Emergency Care -SPUEC (Band 7 Paramedic, working at an advanced clinical level, extended scope of practice for drug use and wound care. Has completed a placement within primary care/A+E and MIU, undertakes remote clinical triage provide advice to other clinicians and patients, may have a MSc and NMP qualification)

Critical Care Paramedic -CCP –(Band 7 Paramedic working at an Advance clinical level within the helicopter emergency medical service team. Focused on critical care with an extended scope of skills and drugs. May have a MSc and NMP qualification)

Hazardous Area Response Team -HART (Band 6 Paramedic, extended skills to deal with major or hazardous incidents)

QUALIFICATIONS

(These are some of the more common Level 7 modules seen. Any level 7 module in clinical assessment / history taking and diagnostics would fulfil the requirements for Stage 1 of the FCP portfolio)

PACR – Physical Assessment and Clinical Reasoning (Adult – the majority of paramedics are taught this at level 6 on their undergraduate programme)

PACR – Physical Assessment and Clinical Reasoning of the Presenting Child

PADRAP – Pathophysiology and Diagnostic Reasoning for Advanced Practice

MIMIC – Minor Illness and Minor Injury in Children

APICA – Advancing Practice in Clinical Examination and Diagnostic Reasoning for Urgent, Emergency and Primary Care Practitioners

RCDM- Remote Clinical Decision Making

ECP – Clinical Reasoning and Clinical Examination Skills and Practice for urgent and Emergency Care practitioners

NMP- independent non-medical prescriber

Other Non-Clinical Modules

AET- Award in Education and Training

Accredited Mentorship Modules –

- **FLAP** (Facilitated Learning and Assessment in Practice)
- **SSIP-** (supporting students in practice)

Leadership and innovation

Research Methods

Lily Dixon, BNSSG Primary Care Development and Community Paramedic Lead (31.08.21 V1)

EXAMPLE INTERVIEW QUESTIONS FOR THE PARAMEDIC FIRST CONTACT PRACTITIONER

NO	QUESTION
1.	What areas of practice do you anticipate being a problem and how do you think you will overcome this?
2.	You are not expected to know everything, but you will be inevitably end up seeing things that may be outside your current area of knowledge and scope of practice. Tell us how you would deal with presentations you are unsure how to manage/treat?
3.	What have you been doing up to now to enhance your clinical practice?
4.	What do you think makes a good practice team work well?
5.	Work life balance can be difficult to maintain – how do you try and achieve this?
6.	What do you think your strengths and weaknesses are and what do you think you could bring compared to the other candidates?
7.	What are your thoughts with regards to your career and future development, and do you have any areas of particular interest in General Practice?
8.	Do you have much understanding on how primary care is funded? – ie QOF
9.	What is your understanding of the Health Education England First Contact Practitioner Roadmap?
10.	Have you completed stage 1 of the Health Education England First Contact Practitioner Roadmap?

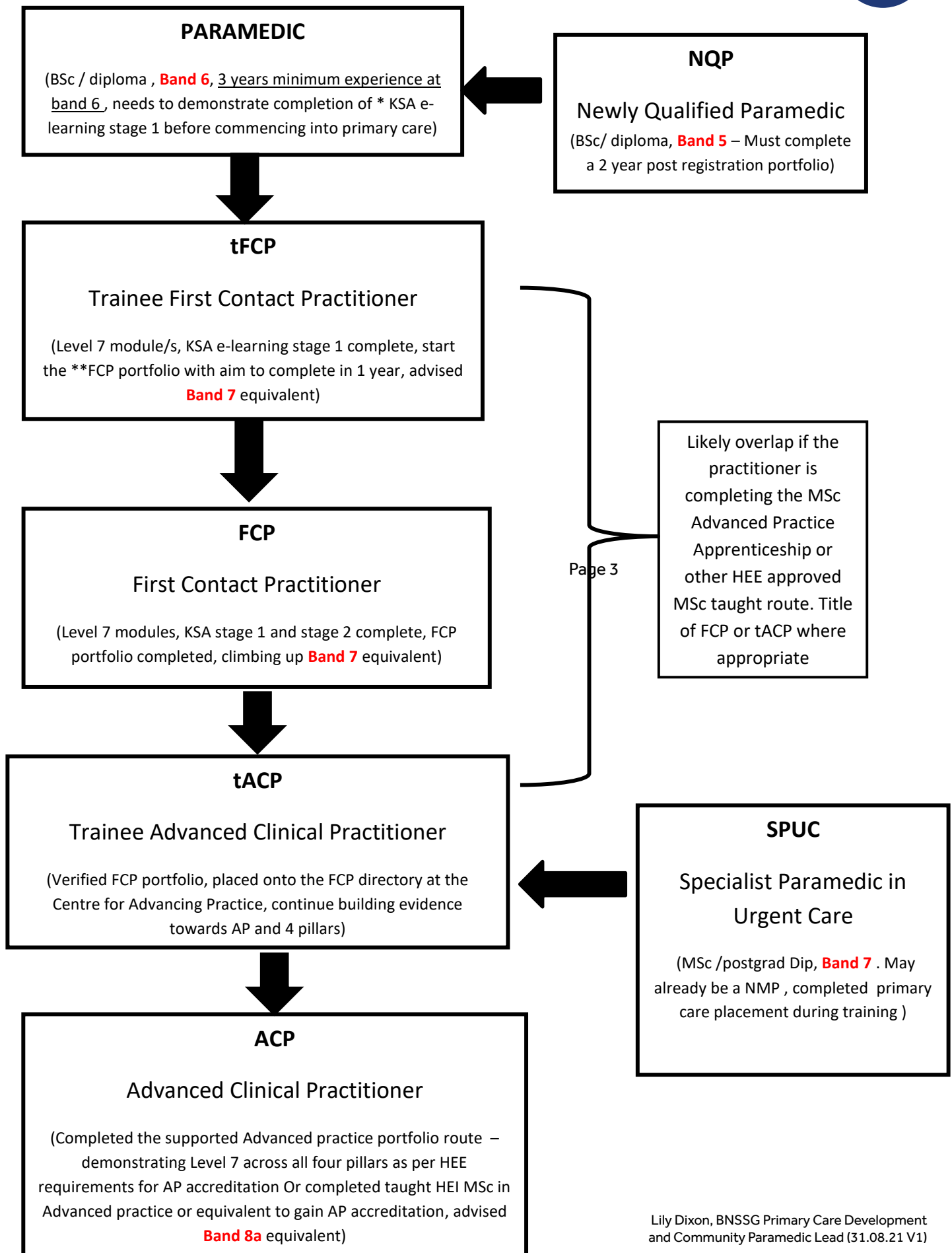
Lily Dixon, BNSSG Primary Care Development and Community Paramedic Lead (26.10.21 V1)

PARAMEDIC FCP - AP ROADMAP SUPERVISION - PORTFOLIO ROUTE

CLINICIAN	CLINICAL SUPERVISOR (RmSv)	PRACTICE MANAGER
PRE-EMPLOYMENT	PRE-EMPLOYMENT	PRE-EMPLOYMENT
<ul style="list-style-type: none"> Completed Level 7 learning ideally in Clinical Examination, History and Decision making Completed the 8x E-learning modules and 3 x Personal care modules identified in the HEE roadmap 	<ul style="list-style-type: none"> Complete the 2-day roadmap supervisor's course Top up course for GP Educational supervisors (not mandatory) 	<ul style="list-style-type: none"> Contract set up to allow 20% of time for supervision until roadmap complete or for duration of MSc Advanced practice apprenticeship 20% supervision includes day to day supervision and study days to attend MSc modules <p>For example:</p> <ul style="list-style-type: none"> 30 mins discussion after each session 3 hrs a month with Clinical Supervisor (more hrs may be identified depending on clinicians' development) 1-2hrs a month for structured tutorials
START OF EMPLOYMENT	START OF EMPLOYMENT	START OF EMPLOYMENT
<ul style="list-style-type: none"> Complete a PDP to identify any training / learning needs and agree set supervision time with RmSv Identify any days needed to attend MSc modules and inform PM asap. 	<ul style="list-style-type: none"> Go through the PDP with the clinician to discuss how to achieve the identified learning and training needs and agree to set supervision time with the clinician 	<ul style="list-style-type: none"> Agree to the PDP, contact the training hub for information on funding and training opportunities around needs identified in the PDP plan Block out agreed supervision time for clinician and RmSv to meet
FIRST 4 -6 MONTHS	FIRST 4-6 MONTHS	FIRST 4-6 MONTHS
<ul style="list-style-type: none"> Once a month meet with RmSv to complete a minimum 1x COT, 1xCEP, 1x CBD Once a month Review PDP – add /complete learning needs Complete Mandatory training 30 mins blocked out at end of each session to discuss cases/ formal and informal feedback (this can be with any GP / ACP) 	<ul style="list-style-type: none"> Once a month meet with Clinician to complete a minimum 1x COT, 1xCEP, 1x CBD – 2 -3 hrs total time Once a month review PDP – add/ sign off learning needs May need to set up tutorials for more directed learning – this can be hosted by the designated clinical supervisor or any suitable 	<ul style="list-style-type: none"> Identify supervising clinician each day (i.e on call GP) Block 30 min after each session to allow discussion or extended appointment to allow time to discuss each case after Ensure to schedule and block 2-3 hrs a month with RmSv Block any extra Tutorial time identified

Lily Dixon, BNSSG Primary Care Development and Community Paramedic Lead (31.08.21 V1)

PARAMEDIC PROGRESSION FLOW CHART



Lily Dixon, BNSSG Primary Care Development and Community Paramedic Lead (31.08.21 V1)

PARAMEDIC EDUCATIONAL AND DEVELOPMENT FLOW CHART

Clinical Level	MUST ACHIEVE	PAY (afc equivalent)
tFCP Trainee First Contact Practitioner (PARAMEDIC)	<p><u>Pre-employment</u></p> <ul style="list-style-type: none"> Completed 8 x mandatory E-learning Modules Completed 3x personal care E-learning modules <p><u>0-12 MONTHS (All clinicians)</u></p> <p>Completed Mandatory training – minimum Equality and diversity, safeguarding adult and child</p> <p><u>Undertake Level 7 modules</u></p> <ul style="list-style-type: none"> Clinical assessment History and diagnostic reasoning <p>Attend monthly Supervision meetings (first 6-12 months- as needed / FCP portfolio sign off)</p>	Bottom Band 7
FCP First Contact Practitioner (PARAMEDIC)	<ul style="list-style-type: none"> Completed stage 1 and Stage 2 of FCP portfolio Achieved sign off by your Roadmap Supervisor <p><u>Completed Level 7 modules</u></p> <ul style="list-style-type: none"> Clinical assessment History and diagnostic reasoning 	Increase to next increment within band 7 once achieved Pay will Increase yearly to top of band 7
tACP Trainee Advanced Clinical Practitioner (PARAMEDIC)	<ul style="list-style-type: none"> Verified FCP portfolio Non-medical Prescribing qualification Building evidence towards 4 pillars Undertaking a MSc in advanced practice 	Jump to top of band 7 with NMP qualification
ACP Advanced Clinical Practitioner (PARAMEDIC)	<ul style="list-style-type: none"> Completed supported Advanced Practice portfolio route – demonstrating Level 7 across all four pillars as per HEE requirements for AP accreditation Or completed taught HEI MSc in Advanced practice or equivalent to gain AP accreditation As you progress within the ACP role - additional responsibilities/expectations will include: <ul style="list-style-type: none"> Mentor trainee's / staff QOF work Audits / QIPs Clinical Lead for chosen specialism 	Band 8a Increasing yearly over 5 years to the top

Lily Dixon, BNSSG Primary Care Development and Community Paramedic Lead (07.09.21 V2)