



Supervising the Wider Workforce

- Workshop
- Thames Valley Faculty Day
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Supervision

Roles now working in primary care



Hear about your interactions with the wider workforce



Hear your views for discussion

What is working well

What improvements
can be made

How do you
supervise

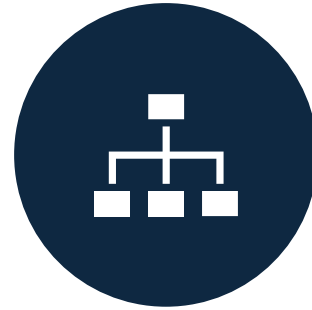
Traditional Model



GP



PRACTICE NURSE /
HCA



ADMINISTRATION
AND MANAGEMENT



TRAINEE

What would happen to your workload if there was not a wider workforce ?

Workload

Measure success

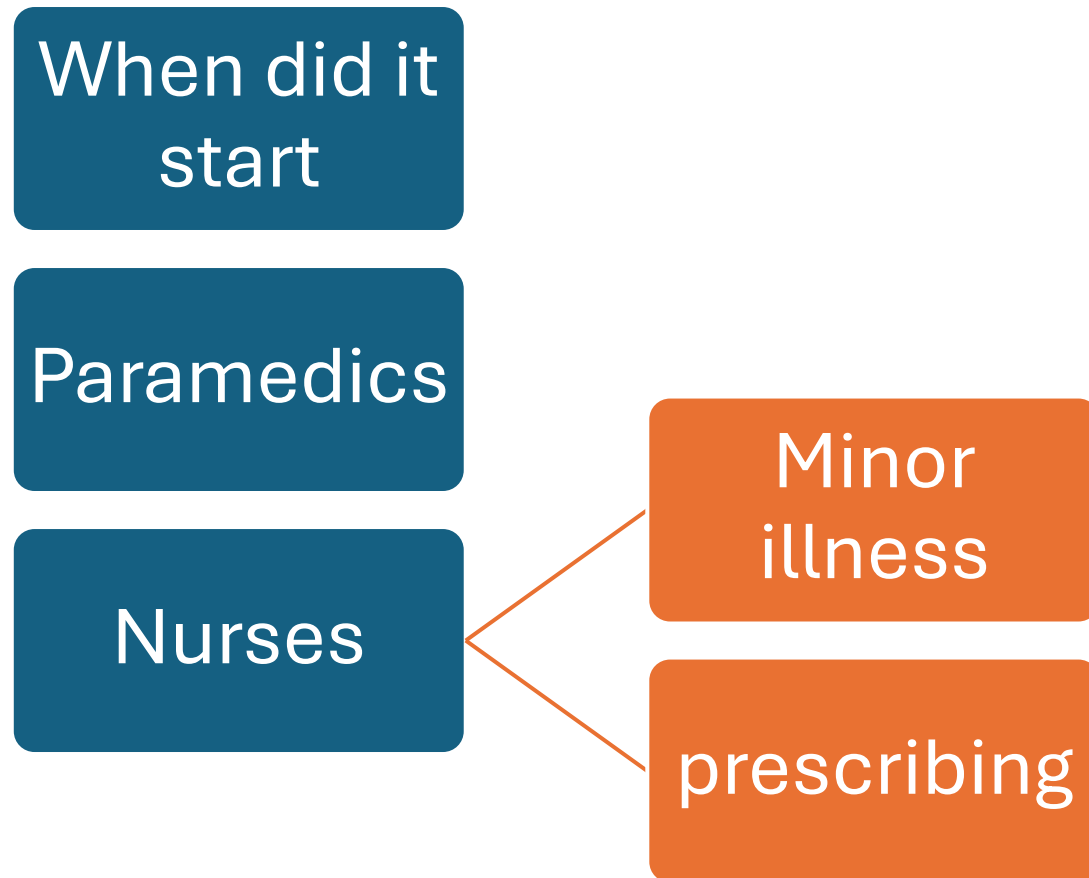
Appointment waiting time

Continuity of care

Contributions that we had not expected

Change to narrative of primary care and the TEAM

Change of workforce



Advent of PCN's

Significant change in workforce

Attempt to integrate them

PCN DES

ARRS funding

Who are the wider workforce

The primary care professionals provide direct patient care or assist doctors in doing so, and do not include administration positions. The roles include:

- care coordinators
- dieticians
- health and wellbeing coaches
- nursing associates
- paramedics
- pharmacists
- pharmacy technicians
- physician associates
- physiotherapists
- podiatrists
- social prescribing link workers
- occupational therapists
- Student nursing associates



British Journal of General Practice
bringing research to clinical practice

“GPs’ understanding of other roles was highly variable with reasonable understanding of some (for example, advanced nurse practitioners, first contact physiotherapists) but poor for others (for example, physician associates, pharmacy technicians, health and wellbeing coaches, care coordinators).”

Who is now working ?

4 P's

- Paramedics
- Physiotherapists
- Pharmacists
- Physician Associates

Mental Health

- Mind linkworkers
- Care co-ordinators

Social and Wellbeing

- Social prescribers
- Mental health linkworkers

Patient view of the wider workforce ?



APPRECIATE THE
RANGE OF ROLES



SUPPORT



LARGELY POSITIVE ?

Numbers

PCNs are employing 37,000 staff through the additional roles reimbursement scheme (ARRS)

31,000 in October 2023

PCN claims for ARRS staff wages

no upper limit in the number of staff employed

Total FTE employed – 24,421

Numbers – May 2024

5315	Pharmacists
4734	Care Co-ordinators
2832	SPLW
1910	Pharmacy technicians
1584	Physiotherapist
1165	Physician Associates
1081	GP Assistants
1071	Health and Wellbeing Coaches
468	Nursing Associates
421	Mental Health Practitioners
138	Dietician
48	Podiatrists

Contract

Employed

- Responsibility
- Service development
- Finance

Subcontract

- Responsibility
- Governance
- Peer supervision
- Peer support

PCN DES

DES requirements

Care Homes

IIF

SMR / Vaccines

Type of work being done

4 P's

- Paramedics and Physician Associates
 - ??? Types of patients and cases
- Physiotherapists
 - First contact
- Pharmacists
 - Most independent work
 - SMR, medication queries,

Mental Health

- Mind linkworkers
- Care co-ordinators
 - Frailty and home

Social and Wellbeing

- Social prescribers
- Mental health linkworkers

Autonomous practitioners ?

Introduction without guidelines

Understanding of their limitations

Understanding of their training

PCN LE Phase 1 – WWF

Supervision is needed for all roles

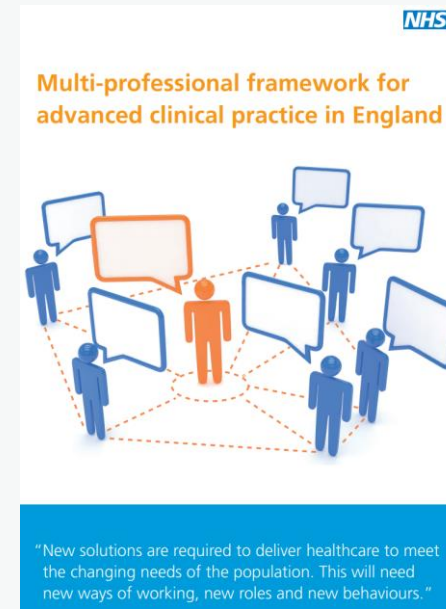


What is enhanced practice

- Enhanced practice
- Describes a level of practice
- Describes a level of complexity of the work beyond 1st level registration
- Encompasses a risk managing workforce

What is an Advanced Practitioner?

- Advanced Practice (AP) is delivered by experienced, registered health care practitioners.
- Master's level award or equivalent that encompasses the four pillars of clinical practice
- Allied Health Professionals (AHP's), Nursing and Pharmacy
- Underpinned by the Multi-professional framework for advanced clinical practice in England (2017)



Enhanced Practice

Uses reflection in action to function in unpredictable environment

Manages risk but defers major decision making

Uses freedom to act within own scope of practice

Found in different settings and across professions

Has a specific body of knowledge

Uses complex clinical decision making but confers with others for overall plan

Often manage a caseload, sometimes providing interventions as part of a dedicated clinical pathway

Post registration qualification / CPD and occasionally masters qualification

Evaluates and creates

will work within national and local protocols where these exist

Proficient

Advanced Practice

Uses reflection in action extensively in an unpredictable environment

Manages risks

Uses freedom to act, and provides professional leadership and supervision in situations that are complex and unpredictable

Found in different settings and across professions

Has a highly developed specific body of knowledge

Uses a high level of complex clinical decision making, including complete management of episodes of care

Manages defined episodes of clinical care independently, from beginning to end

Masters Level

Evaluates and creates

will shape the design and delivery of local protocols where these exist

Expert

The difference between Enhanced and Advanced practice roles

Why supervise



improved quality of patient care



regulatory



continued patient safety



improved productivity through CPD



enhanced job satisfaction, staff retention and wellbeing through improved team relationships



reduced stress and anxiety through the sharing of knowledge and res



Who around me can help?

Clinical supervision includes:

- Debrief and discussion of individual cases
- WPBA
- Reflecting and reviewing practice

CPD Supervision

This is provided by the employer or line manager but could also be offered by a senior professional from across the MDT. There is a requirement to evidence maintained capabilities against an agreed framework on a regular basis

What makes good supervision ?

Clinical supervision
can be essential for
the development of
the all clinicians:

can help improve
patient care

a bridge between
the theory and
practice

What makes good supervision ?

Solid
foundations

Reflection

Professional
development

Support

Flexible and
adaptable

What do you understand by supervision? Is it the same for all professions?

DEVELOPING SAFE PRACTITIONERS IS KEY TO ENSURING PATIENT SAFETY

ALL SUPERVISION is the responsibility of the employer

CPD Supervision
Supervision

Clinical

Educational Supervision

Mandatory, Peer support, Pastoral hand in hand with clinical

Who can supervise ?

Responsibility of the employer / partnership

Depend on the role

GP – partner or salaried

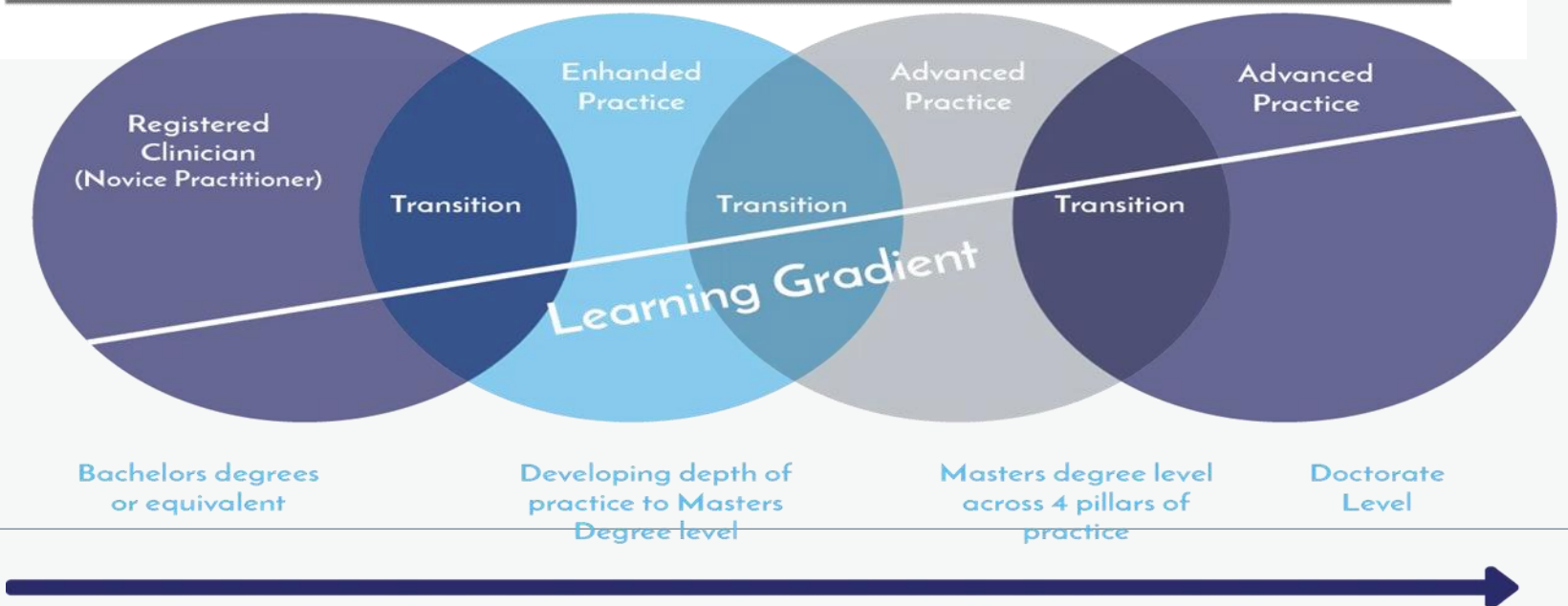
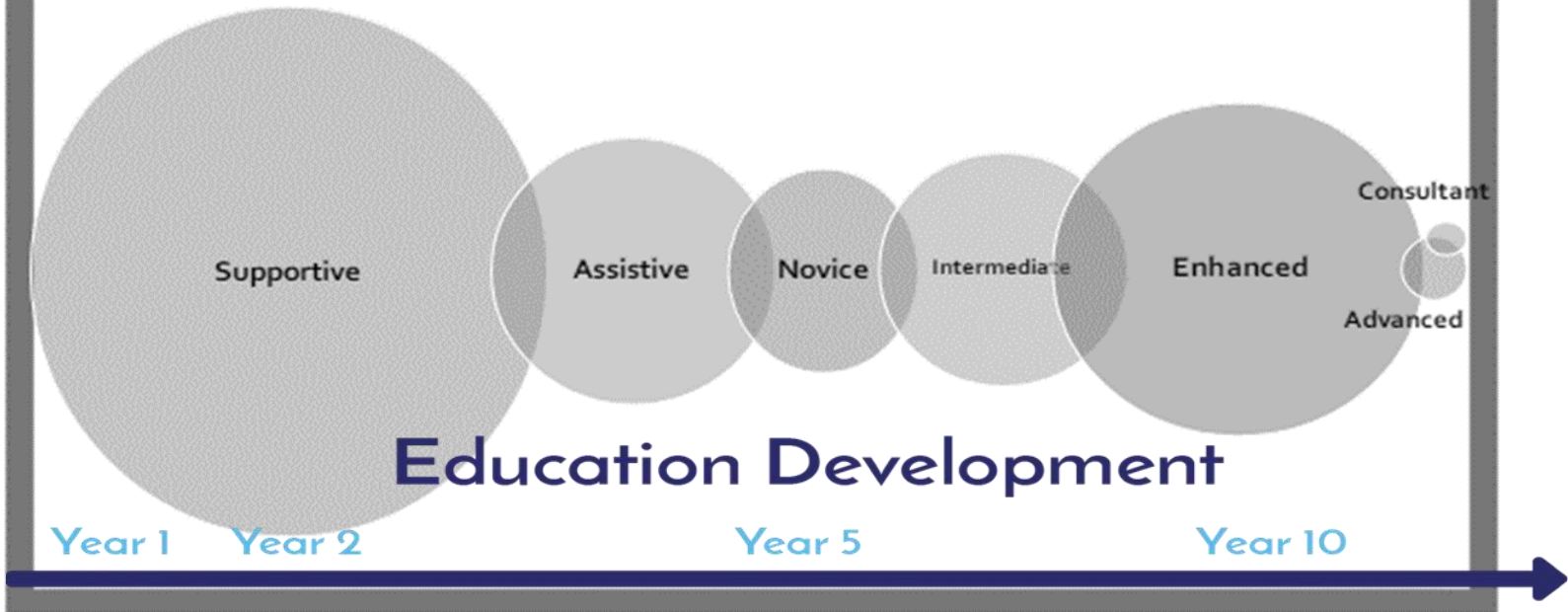
Clinician



Who can Supervise AHPs ?

- Clinical supervision is primarily provided by a GP or by a verified and recognised advanced practitioner.
- CPD supervision is usually provided by a line manager, however this could also be offered by a senior professional from across the multi-disciplinary team.
- Where there are different employment models in place, such as rotational working across a PCN and an NHS trust, it is the responsibility of the employing organisation to ensure there is appropriate clinical supervision in place. For example, for a paramedic working in primary care, their host organisation (their local ambulance trust) must ensure there are suitable arrangements in place.
- HEE have developed further guidance on Workplace Supervision for Advanced Clinical Practice which can be found here: <https://www.hee.nhs.uk/our-work/advanced-practice/reports-publications/workplacesupervision-advanced-clinical-practice>

Best estimates of scale of workforce



Employment

Employed vs
Subcontracted

All roles need
supervision

Professional
development
and Peer review

What skills are needed ?

Training needed ?

- Supervisors course

Listen and communicate

Supportive

Reflective

Honest and open

Understand limitations

What are the issues ?

Time

Risk
management

Not
understanding
role limitations

Not invested in
the roles

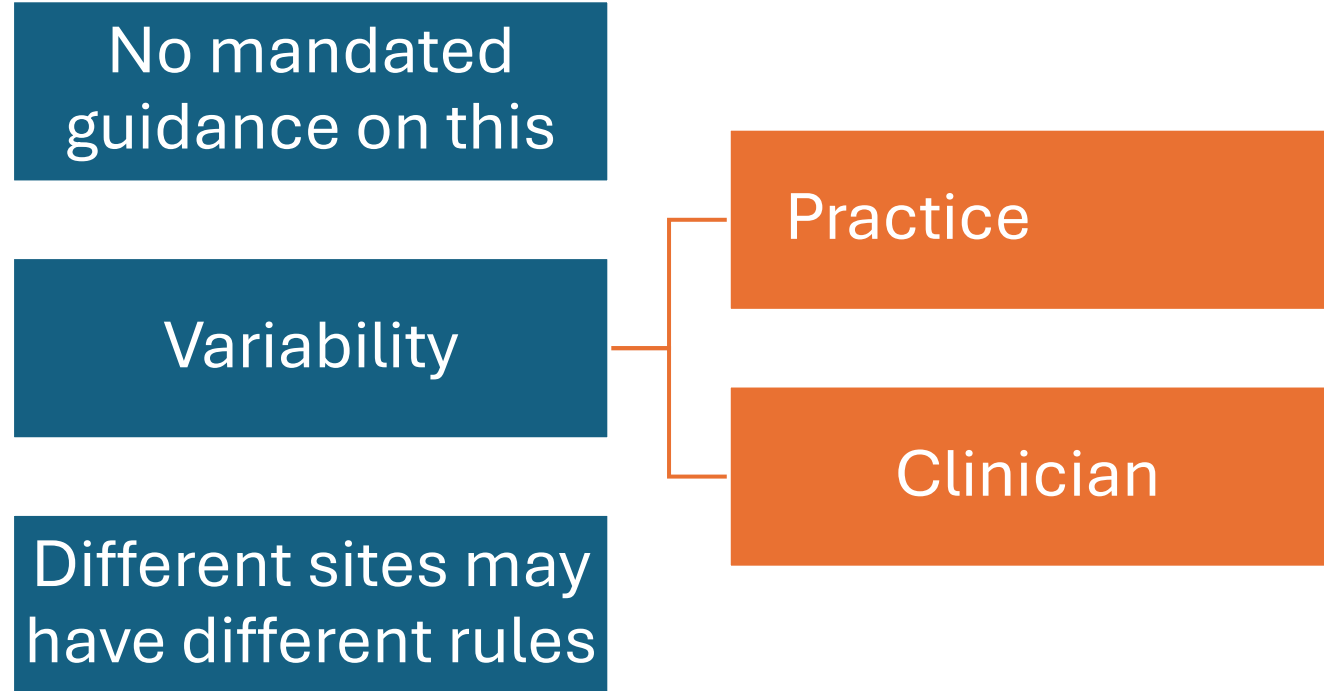
Funding

Peer support
and
development

What does good supervision look like ?



Guidance



Journey

Supervision is a journey

Early investment



Final product

Patient satisfaction

Reception and clinician confidence

How to learn - courses

Can all trainers be supervisors for the WWF ?

- Are there nuisances for the non-medical roles
- Early supervision vs Eventual

Supervisors course for non-trainers

Roadmap supervision course

Combined supervisor course

Any others ?

Where to start - factors?

Guidance and regulation

- BMA / RCGP

Personal preference

- Risk profile
- Belief in the use of non-GP roles

Ways you use the wider workforce

- Acute vs chronic
- Differentiated vs undifferentiated
- Types of work – care homes / HV

Time / interest in supervision and development

Factors - The Roles

Pharmacist vs Paramedic

Physician Associate vs
Physiotherapist

Care co-ordinators

Mental health team

Use of the Roles – seeing the most appropriate clinician



ACUTE ON THE
DAY



CHRONIC
DISEASE – QOF



TELEPHONE VS
FACE TO FACE



CARE HOMES



HOME VISITS

Wider workforce is here to stay !

Patient
access

Medicines
management
and reviews

Docman and
admin

IIF targets

Care homes

Urgent care

Mental health

MSK

Level of supervision

Role

Type of work being done

Experience of the clinician ?



WORK



Creating Work



Saving Work



What is your net 'work benefit' ?



Could you change the work to make it net gain ?



Supervision - Not One Size Fits All



Governance is the only
mandatory criteria



Each practice will have its
model of supervision



Models of supervision



What is your supervision method ?

Models of supervision

Developmental model

- Focuses on the supervisee's growth and change over time, and adapts the supervision style based on their competence level

Long-arm supervision model

- A supervisor supports a student from a distance, while another member of staff supports the student on a day-to-day basis

Integrated model

Reduced appointments

Supervision only

‘Consultant’ GP

The Supervisory GP !



Clinical Supervision

- Daily clinical including patients debrief
- Workplace based assessments (min 1/12) triangulated with LNA
- Formative and summative in nature
- Ensuring patient safety
- Ensuring practitioner safety (professionally, physically and emotionally)
- To promote and facilitate development of core



One patient Debrief

- Debrief after each patient – ‘ medical student’
- Early days of a clinician
- Recent completion of training
- Not used the role before
- Case mix
- Practice policy
- Risk management

End of clinic discussion

- Allow the clinician to see all patients independently and make decisions
- Supervise end of clinic

Joint supervision

4pm debrief

Other colleagues

- GP trainees
- F2
- Paramedic vs PA
- Medical students

Supervisory GP	On call GP	Feedback
Clinic	9-10am	4 F2F
Supervision break	10 – 10.30am	Catch up / coffee
Clinic	10.30am to 12pm	3-4 F2F or telephone
12pm to 1pm	Admin / Lunch	Urgent extras / scrips / on call work
1pm to 2pm	Team Debrief	GP trainees / F2 / Paramedics / PA / Med students TEAMS for remote
Clinic	2-4pm	4 -6 appointments max
4-5 pm	Team Debrief	

Educational Session

1 hour a week

Invited to clinical meetings

- Weekly 8.45am to 10am
- Practice meetings quarterly
- Tutorials
risk management

Investing in them as members of the team

Continued professional development (cpd)

CPD SUPERVISION

Must be provided by the employer

- This **happens alongside Clinical Supervision** but has a different purpose
- For those in **established roles** - need to evidence maintained capabilities and for CPD purposes
- Regular meetings (such as 6 weekly) to touch base, discuss ways of working, developing teams, identify any learning needs/opportunities, support, feedback, peer review.
- May need to use WPBA to monitor standards/capabilities are being maintained.

- CPD needs are based on the requirements of professional registrations
- CPD needs to be undertaken by the employer though a learning needs analysis (LNA) to support the development of a practitioner
- It can support QIP, Audit, Education and leadership across a practice or PCN
- Facilitate inter professional education
- Could facilitate peer reviews
- Can be done remotely
- But must be documented as evidence in the practitioners portfolio of evidence



FLOOR by FLOOR

1 GP

1-2 GP trainees

1 PA

1 CP

1-2 Medical students

Deliver the work

teach and train

Care Homes / Home visits

Learning from each other

Integrated workforce

Clinical meetings

Joint supervision

Joint tutorials

MDT

- Care homes
- Diabetes

Summary

Integration of the wider workforce



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graph TD; A[Integration of the wider workforce] --> B[Continued need to supervise]; B --> C[Training and development]; C --> D[Team members]; D --> E[Not one size fits all];
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Continued need to supervise

Training and development

Team members

Not one size fits all