Supervising the Wider Worforce

- Workshop
- Thames Valley Faculty Day
- March 2025

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Supervision

Roles now working in primary care

Hear about your interactions with the wider workforce

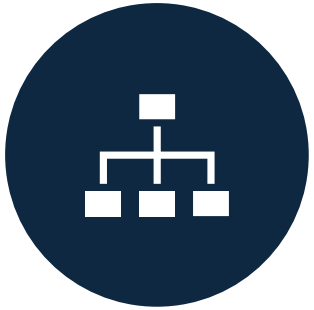
Hear your views for discussion

What is working well	What improvements can be made	How do you supervise

Traditional Model of primary care workforce

GP

PRACTICE NURSE / HCA



ADMINISTRATION AND MANAGEMENT

TRAINEE

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

Workload

Measure success

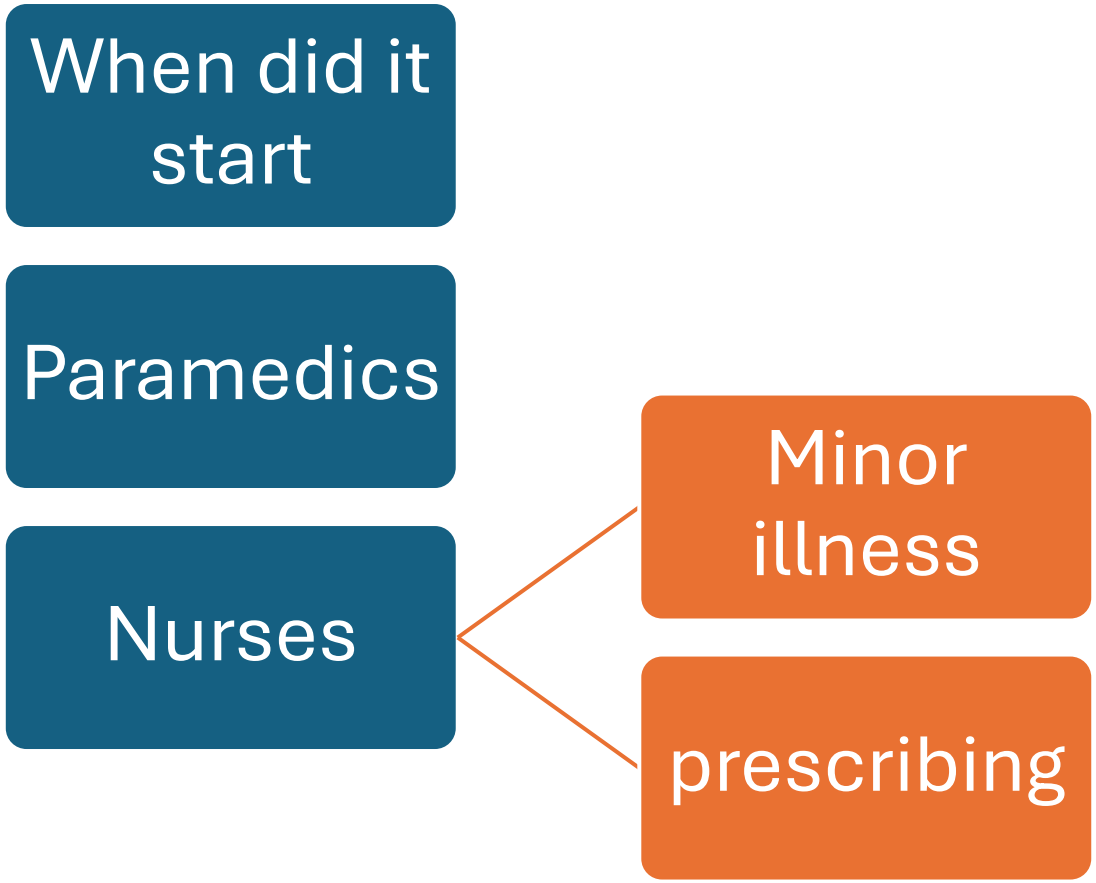
Appointment waiting time

Continuity of care

Contributions that we had not expected

Change to narrative of primary care and the TEAM

Change of workforce – graduated evolution



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

BJGP 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 36,000 staff through the additional roles reimbursement scheme (ARRS)

31,000 in October 2023

35,000 in June 2024

PCN claims for ARRS staff wages

no upper limit in the number of staff employed

Total FTE employed – 24,421

Numbers – December 2024

7253	Pharmacists
7062	Care Co-ordinators
3543	SPLW
2806	Pharmacy technicians
2156	Physiotherapist
1923	Physician Associates
2670	GP Assistants
1294	Health and Wellbeing Coaches
1205	Nursing Associates
1238	Mental Health Practitioners
1802	Paramedics
60	Podiatrists

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

PCN DES

- DES requirements
- Care Homes
- IIF
- SMR / Vaccines

Autonomous practitioners ?

- Introduction without guidelines
- Understanding of their limitations
- Understanding of their training
- PCN LE Phase 1 – WWF
- Supervision is needed for all roles

Employment

Employed vs Subcontracted

All roles need supervision

Professional development and Peer review

Contract

Employed	Subcontract
• Responsibility • Service development • Finance	• Responsibility • Governance • Peer supervision • Peer support

What does good supervision look like ?

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

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

Types of Supervision

Agreed across professional bodies

Clinical - On the day cases and discussions

Professional – regular support for high clinical standards and expertise

Educational supervision – supports learning

Results

Achieve

Increased confidence:
Supervisor
ARRS
Practice Staff
Patient

Regulatory

Professional Bodies

College Faculty
CQC
GMC
NHSE
RCGP

CQC

2 September 2024

The GP practice who is directing and controlling the regulated activity is responsible for compliance with regulation and legislation.
oversight
support
supervision
Guidance
advice and information.

Supervision guidance for primary care network multidisciplinary teams

NHS England 16/05/2023

Supervision with a more experienced/senior member of staff

Group supervision or action learning set with a senior/experienced member of staff

Peer support which may be in a group setting or on a 1-to-1 basis

Supervision guidance for primary care network multidisciplinary teams

NHS England 16/05/2023

Model 1

Slots made available in the diaries of named senior or experienced clinicians

Model 2

A named senior/experienced clinician solely provides advice and support for a clinical session.

Physician Associates in general practice: Supervision

https://www.rcgp.org.uk/representing-you/policy-areas/physician-associates-supervision

Publication date: 09 October 2024

GP CS is responsible for overseeing the work of the PA in the GP practice and is the clinician to whom the PA will come for advice and to debrief cases on a regular basis..

The GP CS may, from time to time, delegate responsibility for supervision to another qualified GP in the practice who has agreed to undertake the supervision.

The GP CS and those with delegated responsibility for supervision, must be on the GMC GP register and the NHS Performers List. It may be appropriate for salaried and retainer GPs to undertake the supervision of PAs, either as the GP CS or those with delegated responsibility for supervision

Faculty of Physician Associates

Royal College of Physicians

PAs should always be supervised by a General Medical Council (GMC)-registered general practitioner (GP).

There is no ‘one-size-fits-all’ approach to supervision. The level of supervision and debriefing of patients is the responsibility of the supervising senior doctor and the employer

RCGP supervision

RCGP

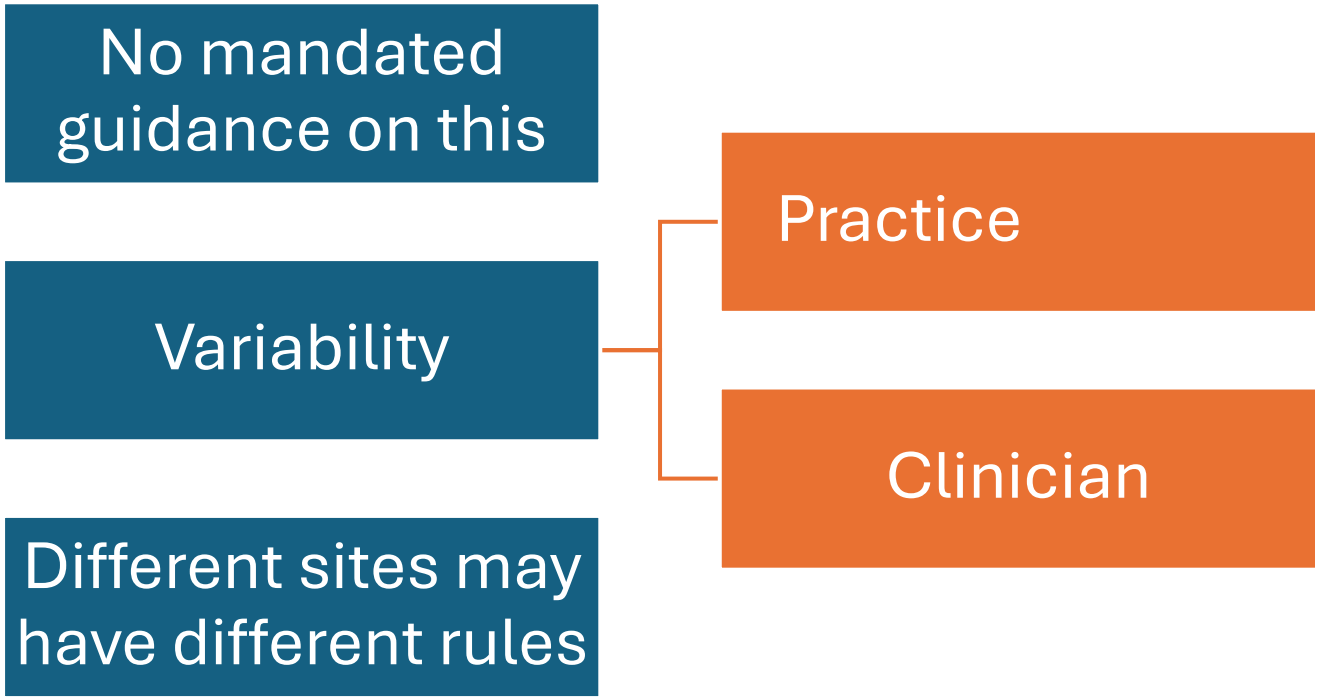
•The GP CS or GP with delegated responsibility for supervision must be available to provide immediate support for PAs who are new to general practice, for at least the first 12 months in general practice.

•All PAs must have regular supervision time, on a daily basis, to ‘hot review’ all the cases that have been seen that day. This time could also be used to review the progress of the PA and identify further training needs.

•A weekly or fortnightly review meeting must take place between PA and GP CS to discuss areas that are working well, or those that need additional help or training to enable the PA to work to their full potential.

•There must be regular in-house reviews, during protected time,

Guidance


No mandated guidance on this
Variability
Practice
Clinician
Different sites may have different rules

Journey

Supervision is a journey

Early investment → Final product

Patient satisfaction

Reception and clinician confidence

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

Level of supervision

- Role
- Type of work being done
- Experience of the clinician ?

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 !

Joint supervision

4pm debrief

Other colleagues

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

Supervision - Not One Size Fits All

Governance is the only mandatory criteria

Each practice will have its model of supervison

Models of supervision

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

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	

FLOOR by FLOOR

1 GP
1-2 GP residents
1 PA
1 CP
1-2 Medical students

Deliver the work
teach and train

Care Homes / Home visits

Educational Session

1 hour fortnightly

Invited to clinical meetings

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

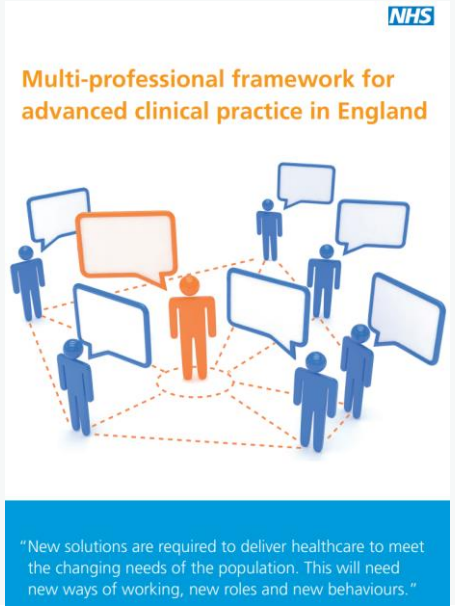
Investing in them as members of the team

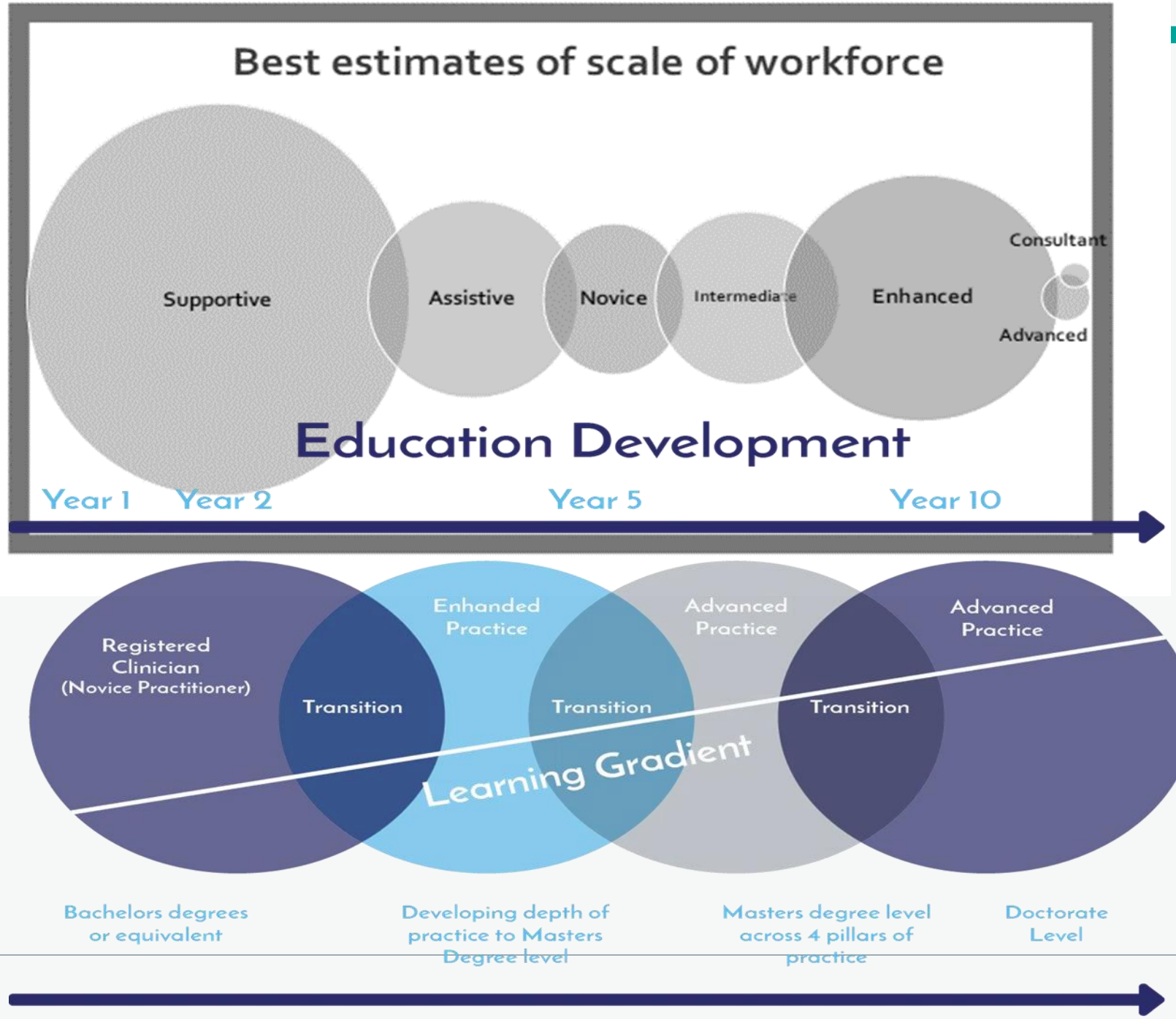
What is enhanced practice

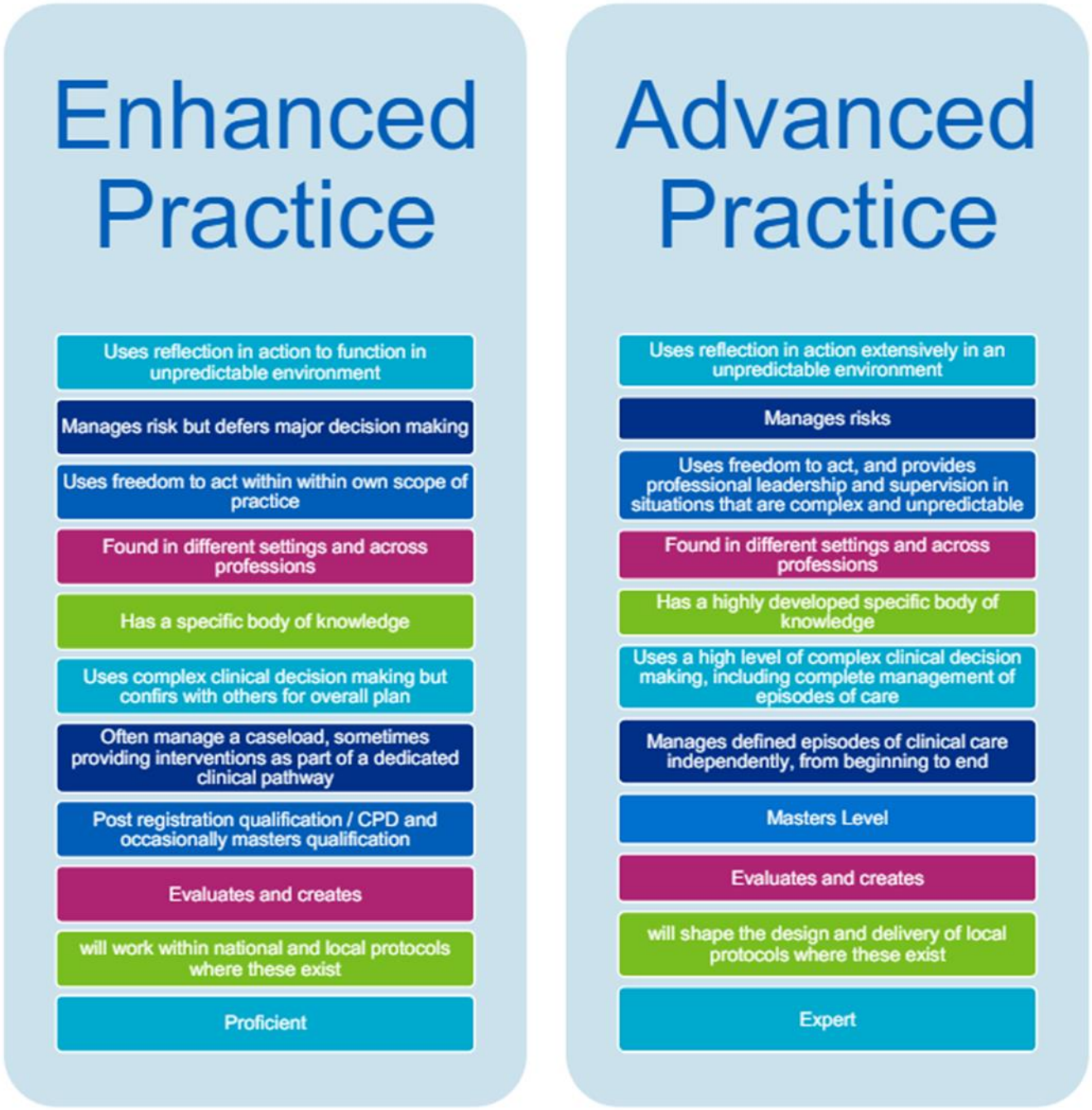
- Enhanced practice
- Describes a level of practice
- Describes a level of complexity of the work beyond 1st level registration
- Encompasses a risk managing workforce

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)




Best estimates of scale of workforce
Supportive
Assistive
Novice
Intermediate
Enhanced
Consultant
Advanced
Education Development
Year 1
Year 2
Year 5
Year 10
Registered Clinician (Novice Practitioner)
Transition
Enhanded Practice
Transition
Advanced Practice
Transition
Advanced Practice
Learning Gradient
Bachelors degrees or equivalent
Developing depth of practice to Masters Degree level
Masters degree level across 4 pillars of practice
Doctorate Level



The difference between Enhanced and Advanced practice roles

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

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

Clinical Supervision

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

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

Where to start - factors?

Guidance and regulation	Personal preference	Ways you use the wider workforce	Time / interest in supervision and development
• BMA / RCGP	• Risk profile • Belief in the use of non-GP roles	• Acute vs chronic • Differentiated vs undifferentiated • Types of work – care homes / HV	

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 ?

Wider workforce is here to stay !

Patient access	Medicines management and reviews	Docman and admin	IIF targets
Care homes	Urgent care	Mental health	MSK

WORK

Creating Work

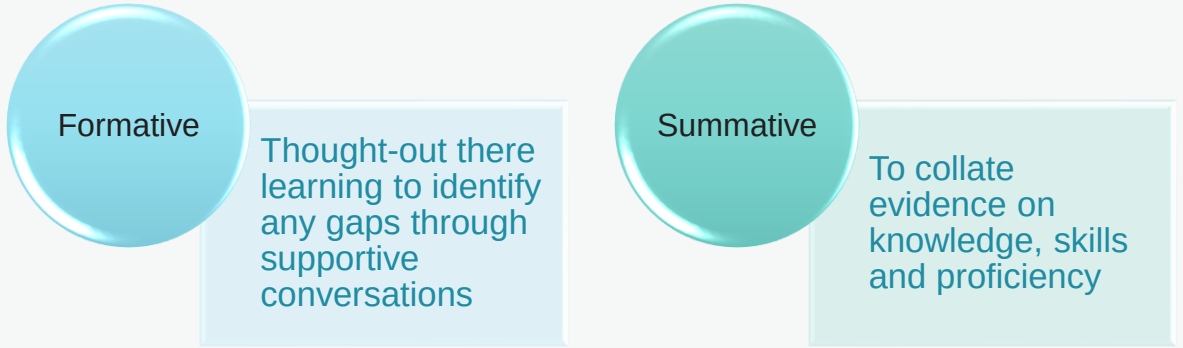
Saving Work

What is your net ‘work benefit’ ?

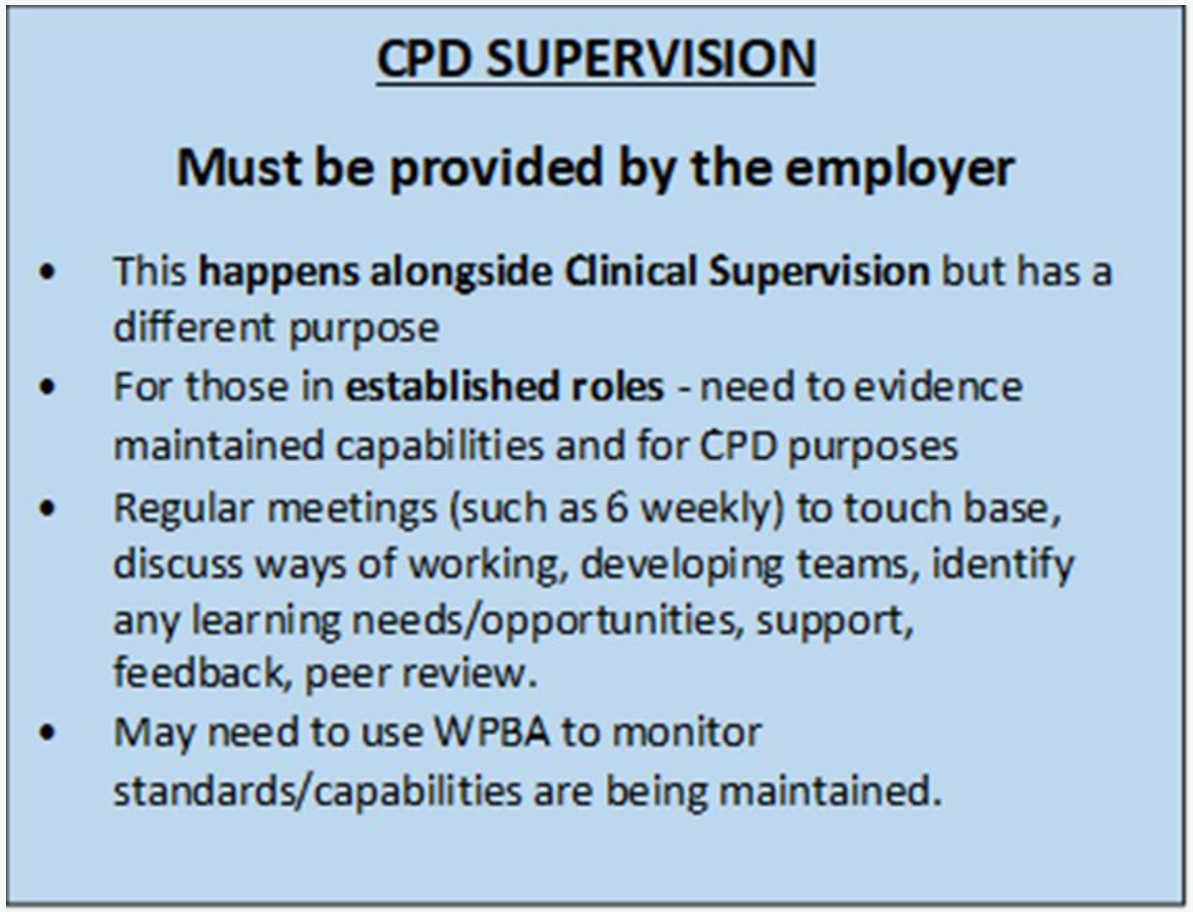
Could you change the work to make it net gain ?

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



Continued professional development (cpd)



- 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

Learning from each other

- Integrated workforce
- Clinical meetings
- Joint supervision
- Joint tutorials
- MDT
  - Care homes
  - Diabetes

Summary

- Integration of the wider workforce
- Continued need to supervise
- Training and development
- Team members
- Not one size fits all