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| FCP Stage 1 Internal training | Time frames |
| Healthshare development modules-mandatory https://cpd.healthsharehull.org.uk/1. Cauda Equina Syndrome V4
2. Principles and referring for injections
3. Rheumatology differential diagnosis and treatment
4. Blood Tests Protocol and Guidance
5. Radiology Xray principles: UL x-ray, LL x-ray, Spinal x-rays
 | 12 half days over first 6/12 of FCP role CES training to be completed as part of Healthshare mandatory training within 1/52 of commencement Healthshare employment regardless of FCP or not |
| FCP Stage 1 External training  |  |
| E-learning for Health modulesMusculoskeletal primary care programme:https://www.e-lfh.org.uk/programmes/musculoskeletal-primary-care/1 – What is Primary Care2 – Identification of the Ill and at Risk3 – Mental Health in Primary Care4 – Complex Decision-making Managing Patients Comorbidity5 – Public Health6 – Persistent pain7 – Overview of Medicines and Prescribing8 – Serious Pathology of the SpinePersonalised Care Institute:https://www.personalisedcareinstitute.org.uk/1 - Shared Decision Making2 - Personalised Care and Support Planning3 - Core Skills | 2-3 days over first 1-3/12 of FCP role |
| Ionising Radiation (Medical Exposure) Regulations (e-IRMER)https://portal.e-lfh.org.uk | Half day |
| Previous Masters L7 Modules completed showing MSK currency (last 5 years), injection/non-medical prescribers courses, teaching experience, conference/poster presentations, reflective essays, reflective debriefs *(appendix 10).*  | N/A |

**FCP Healthshare Internally Governed Training Syllabus 6/12 and 1 year options (competency dependent)**

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| **Stage 2 Triangulated Portfolio Evidence** | **Frequency & numbers for 6/12 and 1 year routes** |
| PDP plan with SMART goals *(appendix 8)* | Two minimum over 6/12 or four over 1 year showing development |
| Record of all ELFH mandatory training including BLS and Safeguarding | Update as ELFH requirements mandate |
| Healthshare Intranet development and competency modules:1. Spinal modules: neck, thoracic, lumbar
2. Upper limb modules: shoulder, elbow, wrist & hand
3. Lower limb modules: hip, knee, foot & ankle
4. Radiology MRI modules- Lx, Cx, knee MRI
 | Ongoing |
| Reflective log *(appendix 4)* filled out by FCP and sent to supervisor for feedback weekly.  | Minimum one per week |
| Work based/independent learning & supervision | Complete weekly reflections/case review/reflective debrief, prepare CBD case, intranet modules, audit, integrate- shadow MDT, PP presentation- educate MDT |
| Consultation observation tool (COT)- supervised F2F, virtual, telephonic *(appendix 3)*Clinical examination procedures (CEP)- supervised ideally F2F but virtual is possible *(appendix 2)* | Minimum 1 x each monthly over 6/12- 1 year***6/12 route- 6 x AM or PM clinics observed monthly******1 year route- 12 x AM or PM clinics observed monthly*** |
| Case based discussion (CBD)- supervised virtually, telephonic *(appendix 1)* | Minimum 1 x monthly over 6/12- 1 year.Allocate 30 minutes monthly to complete. |
| Case review/reflective debrief *(appendix 10)* or Tutorial *(appendix 5)-* supervised via phone, virtually (not to be confused with *appendix 4* the weekly reflective log) | Weekly 30 minutes for first 10-12/52 of FCP process (FCP competence depending). Can be individual or group FCP MS Teams sessions. Suggest maximum 4x FCPs (60-80 mins- 1 case per FCP) |
| QIP/ Audits  | One per year - ideally an audit on the appropriate use of your FCP role within Primary care but can be other audit type (Liaise with audit lead for audit template) |
| Patient complaints / compliments  | If applicable – all |
| Significant event analysis *(appendix 7)* | At least one over 6-12 months(safeguarding, serious medical emergency etc) |
| PSQ *(appendix 6)* | A cohort of 40 patients over 6-12 months |
| Multisource feedback MSF<https://www.hee.nhs.uk/sites/default/files/documents/MSK%20July21-FILLABLE%20Final%20Aug%202021_2.pdf>  | A cohort of 10 (5 clinical/ 5 non-clinical) over 6-12 months |