group policies and procedures

# practice policy – staff not directly employed

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| Category | Corporate Governance  |
| Author | Sarah Faulkner |
| Responsible Director | James Leyland |
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**Related policies and guidance**

**Document revision and approval history**

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| Version | Date | Author | Approved by | Comments |
| V1 | Nov 2023 | SF | JL |  |
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| V3 | Feb 2024 | SF | FC/DH/JL | Edits incorporated |

# background

Practices are accountable for staff who they do not employ directly, but who work on their behalf delivering regulated activity to their patients. Roles include, for example: Care coordinators, pharmacists, First Contact Practitioners, Paramedics, Physicians Associates, Social Prescribers.

The GP practice who is directing the regulated activity is responsible for compliance with regulation and legislation. This means that even if not responsible for the direct employment a practice is responsible for making sure they have oversight, support, supervision, guidance, advice, and information.

Practices also need to ensure all roles working under their direction and control have appropriate recruitment checks. This is irrespective of who holds the employment contract. This can be in the form of a letter of confirmation, MOU, or SLA.

# supervision requirements

Practices must make sure all roles are competent and have suitable supervisory arrangements in place in line with NHSE guidance. Each role should have the following in place:

1. Practice Supervision – named senior clinician supervising each day for advice & support, safeguarding and opportunity for clinical reasoning and debriefs.
2. Professional supervision – regular support by a named practitioner to develop expertise and promote clinical standards. This can be provided with different elements as long as staff are receiving appropriate supervision and the frequency meets their needs. This can be a mix of group, peer and 1 to 1s and should include opportunities for reflection on performance, case discussion/reflection, evidence of capabilities, CPD, identification of learning needs and review of training.
3. Educational Supervision – required for those undertaking educational courses or portfolio routes. accredited educator using a range of models depending on the profession of the member of staff being supervised. They are responsible for the overall supervision of the member of staff while in training and their progression during the training programme.

# minimum supervisory requirements

Minimum supervisory requirements are based on the NHS guidelines for supervisory requirements or additional roles – see [*https://www.england.nhs.uk/long-read/supervision-guidance-for-primary-care-network-multidisciplinary-teams/*](https://www.england.nhs.uk/long-read/supervision-guidance-for-primary-care-network-multidisciplinary-teams/)

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| **Role** | **Recommended minimum frequency (dependent on experience)** | **Recommended supervisor role** |
| Clinical pharmacist | Monthly (note 1) | Advanced pharmacist practitioner or senior clinical pharmacist (note 2). GP for support and development |
| Senior clinical pharmacist | Monthly | GP |

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| Pharmacy technician | Monthly | Clinical pharmacist |
| Mental health practitioner | Monthly | Local mental health trust (adult MHPs), local provider of children and young people’s community mental health teams (CYP MHPs), employer where subcontracted by the trust, or a more senior/experienced MHP |
| First contact physiotherapist | Monthly | GP, consultant practitioner, recognised (note 3) advanced practitioner or more experienced first contact physiotherapist (note 4) |
| Dietitian | Monthly | GP, consultant practitioner, recognised advanced practitioner or more experienced dietitian |
| Occupational therapist | Monthly | GP, consultant practitioner, recognised advanced practitioner or more experienced occupational therapist |
| Podiatrist | Monthly | GP, consultant practitioner, recognised advanced practitioner or more experienced podiatrist |
| Paramedic (trainee first contact paramedic) | Daily debrief/reflection while in trainingMonthly for assessment | First contact paramedic, recognised advanced practitioner, GP. May be provided by ambulance trust if working on rotation |
| Paramedic (working at master’s level or equivalent capability) | Monthly | More senior/experienced first contact paramedic, recognised advanced practitioner or GP |
| Advanced practitioner | Monthly | GP, consultant practitioner or experienced recognised advanced practitioner |
| Trainee nursing associate | Monthly | Experienced nursing associate, registered nurse or advanced practitioner if a registered nurse |
| Nursing associate | Monthly | Registered nurse or other healthcare professional including advanced practitioner |
| Physician associate | Monthly | GP |
| Physician associate preceptee | Daily | Physician associate must work under their GP clinical supervisor during their day-to-day clinical practice |
| Social prescribing link worker | Monthly | Member of staff with relevant competencies, as described in the career framework, e.g. GP, senior clinician/professional or advanced practitioner |
| Health and wellbeing coach | Monthly | Member of staff with relevant competencies, as described in the career framework, e.g. GP, senior clinician/professional including advanced practitionerIn addition, must have access to regular supervision from a health coaching mentor |

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| Care co-ordinator | Monthly | Member of staff with relevant competencies, as described in the career framework, e.g. GP, senior clinician/professional including advanced practitioner |
| General practice assistant | Monthly | Registered nurse, senior clinician/professional including advanced practitioner, GP |

Notes:

1. HCPC (March 2020) [Research on the characteristics of effective clinical and peer supervision in the workplace | (hcpc-uk.org)](https://www.hcpc-uk.org/registrants/updates/2020/research-overview-on-the-characteristics-of-effective-clinical-and-peer-supervision-in-the-workplace/#:~:text=Effective%20clinical%20and%20peer%20supervision%20has%20a%20range,negative%20effects%20associated%20with%20no%20or%20poor%20supervision.)
2. The requirement of the Network Contract DES is that 1 WTE senior clinical pharmacist can supervise no more than 5 clinical pharmacists.
3. Recognised by the Health Education England (HEE) centre having completed the portfolio route to advanced practitioner or the taught ACP master’s degree.
4. First contact physiotherapist to have completed the 2-day roadmap to practice supervision training.

# PROCESS

It is the responsibility of the recruiting manager for each additional role to provide the following information to all practices for all roles providing regulated activity to their patients. This includes all roles who are working under an MOU or SLA. The Practice Manager is responsible for storing this information in line with their HR procedures and filing systems.

**Recruitment Checks**

DBS number & date

Confirmation of right to work in UK

Confirmation medical performers list checked

Confirmation qualifications evidence seen

Confirmation of satisfactory references received x 2

Confirmation of health clearance or any relevant adjustments

Professional registration number if relevant.

Confirmation induction plan complete

Job plan issued to practice

Date of 6 month probation

Date of annual appraisal

Name of appraiser

Confirmation mandatory training checked and date

**Supervision (see requirements above)**

Practice Supervision – name of supervisor for each working day or arrangement e.g. Duty doctor at x practice.

Professional supervision – names and frequency.

Education supervision (if relevant) – name of training, name of supervisor and frequency of supervision.

# FURTHER REFERENCES

[*https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-106-primary-care-first-contact-practitioners-fcps*](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-106-primary-care-first-contact-practitioners-fcps)