Guidance for Clinical Mentors for AHP First Contact Practitioner Role Development
HI4015

2018-19
Introduction

Welcome to your role as a Clinical mentor (CM) for the AHP First contact practice Course at the University of Central Lancashire. We value your contribution to the course and recognise that your role is essential in helping the student achieve success. This booklet aims to provide you with the information you will require to undertake the role of CM. The information provided includes details specific to the University of Central Lancashire AHP FCP course but also more generic information on your role as CM.

If you require more information or guidance and support in your role as CM, please contact the Course Leader, Gillian Rawlinson GRawlinson@uclan.ac.uk or a member of the course team.

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Background to the Course

This module was commissioned by the North West AHP Network which is funded by Health Education England, and is part of the North West Centre for Professional Workforce Development (CPWD). Health Education England (HEE) is responsible for ensuring that the future workforce of the NHS has the right numbers, skills, values, cultural sensitivities and behaviours to meet patients’ needs and deliver high quality health care. Whilst employers are responsible for continuing the professional development of their employees, HEE has a leadership role in ensuring that services continue to invest in education and training programmes to promote service innovation and transformation.

Allied Health Professions in England are the group of professions that come under the remit of the Chief Allied Health Professions Officer: art therapists, drama therapists, music therapists, chiropodists/podiatrists, dietitians, occupational therapists, operating department practitioners, osteopaths, orthoptists, prosthetists and orthotists, paramedics, physiotherapists, diagnostic radiographers and therapeutic radiographers, and speech and language therapists. These are autonomous professions regulated by the Health and Care Professions Council (HCPC), with the exception of osteopaths who are regulated by the General Osteopathic Council (GOC).

The module was commissioned in response to AHPs into Action (NHS England, 2017), the national strategy for AHPs in England, describes how AHPs can support the delivery of Sustainability and Transformation Plans (STPs) and the triple aim in the Five Year Forward View. Impact 2 focuses on how AHPs will support and provide solutions to general practice and urgent and emergency services to address demand.

As well as this the General Practice Forward View, published in April 2016, includes practical steps to grow and develop the primary care workforce, including primary care physiotherapy and paramedics. The Future of Primary Care (Primary Care Commission, 2015) identified that some team members can bring specialist skills to the general practice workforce, including physiotherapists and paramedics. Also Sustainability and Transformation Plans (STPs) across the North of England identify primary care workforce as a priority, including primary care skill mix to meet GP recruitment challenges.
There are increasing numbers of AHPs working in primary care. This programme will build on work taking place in the South of England, as part of the Hampshire Vanguard\(^1\), as well as general practice nurse foundation programmes in the North West. Although many models of AHP roles in primary care are predominantly physiotherapy or paramedic focused a number of other first contact roles for AHPs are being developed or considered, this programme will therefore both respond to and drive transformation and innovation in AHP role and service development.

The module has been designed with stakeholders to deliver a level 7 education programme that supports the knowledge, skills and behaviours needed for AHPs to work safely and effectively in primary care. The programme will enable participants to work safely and effectively in primary care as autonomous first contact practitioners with a particular focus on clinical reasoning, decision making and risk management in the context of primary care.

The programme will also enable participants to be able to critically appraise the value and impact of AHP services in primary care, apply service evaluation methods to their own role and service, and contribute to the growing evidence-base for AHP services in primary care.

Capabilities and learning outcomes for the programme have been developed in conjunction with existing professional standards and competencies and taking account of standards from professional bodies and those currently in development for musculoskeletal practitioners and from HEE-funded work in the South.

Students eligible for the course will have been identified as best placed to deliver care in a FCP role. The course enables students to develop their professional role and work safely and effectively within their defined area of practice. AHP First contact practitioners must only prescribe within the parameters of their own sphere of expertise and competence.

**The AHP First Contact Practice Course:**

The student you will be supervising is undertaking an Certificate AHP First Contact Practice course and on successful completion will be able to work in first contact practice role within their defined scope of practice. The course is a multi-professional course and as such, the student will be learning alongside a range of Allied Health professionals (AHPs).
The course structure

The course consists of one 30 credit module at academic level 7 (Post-grad/ Master’s). It runs over 5 months and consists of 5 days theory and 10 days (75 hours) of practice/observation. The course is delivered partly as directly taught multi-professional study days and partly utilising online resources.

There are 10 days (75 hours) of clinical observation in practice that is mandatory for successful completion of the course. 30 hours MUST be undertaken with you as the CM. Students may use the remaining 45 hours to gain alternative practice experiences and must be negotiated with the CM, student and student’s manager if appropriate but must be completed within the duration of the course.

The content of the course reflects the needs of this emerging role and has been designed with professional body and stakeholder agreement overseen by Health Education England. The principal areas addressed include:

- Reflection on, evaluation and development of clinical assessment and management skills e.g. history taking, clinical assessment, prescribing, triage, social prescribing, therapeutic interventions and risk stratification within defined scope of practice.
- Critical appraisal of contemporary evidence underpinning diagnostic, treatment and management planning and prevention strategies for a range of relevant conditions.
- Wider determinants of health, health promotion, behaviour change theory and self-care strategies.
- Clinical safety, risk management and quality
- Primary care structure and culture
- Understanding and influencing effective team working
- Shared decision making with patients, across agencies, families and carers.
- Patient and carer experiences and involvement.
- International, national and local policy and guidance within AHP, FCP and primary care fields
- Measuring Outcomes and digital development in primary care.
- Legal and ethical issues in primary care working
- Professional development planning
- Professional values, scope of practice and autonomy in first contact roles.
- Theory and practice of service improvement
- Methods of evaluating impacts of service delivery, understanding and influencing effective team working

The course content is AHP FCP and therefore students will be expected to relate the theory issues that evolve from prescribing and apply those issues to their own individual practice.
As part of the assessment process in university, all students are required to identify a consultation, involving the treatment of a condition(s) relevant to their scope of practice. They are required to critically evaluate and reflect on this consultation, their decision making and management planning with supplementary information to support this including the service user’s perspective.

**Specific Learning Needs**
Due to the nature of this multi-professional programme many of the university sessions are shared. However it is recognised that individual professions and practitioners have specific learning needs in relation to FCP practice and these should be documented and addressed within their CM in the learning agreement and future professional development plans.

Some sessions will focus upon clinical and diagnostic skills identified as relevant to their scope of practice. The sessions include the recognition and response to common signs and symptoms indicative of clinical problems. Students are expected to negotiate with the CM any additional clinical skills, to the ones identified above, should they be required for their own clinical practice.

**Academic assessments**
The AHP FCP course is designed to prepare the student to work safely and competently in an FCP role. During the course students are expected to develop and expand their knowledge, understanding and skills in relation to their practice and the clinical environment. The assessment processes support the achievement of learning during the course and the achievement of specified outcomes at the end of the course.

A range of assessment strategies will be employed during the course; these are:

1. **3000 word portfolio of practice development— in University**

2. A 30 min presentation around the evaluation of their service and contribution – in University

3. **Satisfactory completion of the period of practice experience using the Clinical Assessment Document (CAD) with you as the CM – in Practice**
In order to pass the course students must achieve a pass in all parts of the assessment. If a student fails to achieve a pass in one or more parts they are deemed to have failed the course but are only required to resit the part or parts they have failed.

The CM role focuses upon the 3rd of these assessment strategies, though each of the mechanisms employed to assess the student’s competence are designed to complement each other.

A copy of the clinical assessment document will be given to the student on the first day of the course. This contains the competencies which the student must achieve in practice. It is essential that the learning experience available within the practice placement area is appropriate and will enable the student to meet the competencies.
**Who can be a Clinical Mentor (CM)?**

It is essential that the CM is a registered medical practitioner who:

- Has normally had at least three years recent clinical experience for a group of patients/clients in the relevant field of practice

- Is within a GP practice and is either vocationally trained or is in possession of a Joint Committee for Post-Graduate Training in General Practice (JCPTGP) certificate

  Or

- Is a specialist registrar, clinical assistant or a consultant within a NHS Trust or other NHS employer

- Has the support of the employing organisation to act as the CM who will provide supervision, support and opportunities to develop competence in prescribing practice

- Has some experience or training in teaching and/or supervising in practice

- Normally works with the student. If this is not possible, arrangements can be agreed for another doctor to take on the role of CM, provided the above criteria are met and the learning in practice relates to the clinical area in which the student will ultimately be carrying out their role

**Defining the Role of the Clinical Mentor**

The practice component of the FCP course is of vital importance to the student’s success and your role in this process is crucial. Your role as CM encompasses two key responsibilities:

- To facilitate the student’s personal and professional development, using a reflective process.

- To assess the student’s clinical practice in order to award a Pass or Refer grade for practice, based on the criteria set in the clinical assessment document
What is the Clinical Mentor expected to do?

- Establish a learning contract with the student (detailed information regarding learning contracts can be found on page 12)

- Encourage reflection and critical thinking

- Provide learning opportunities which will enable the student to meet the learning outcomes and competencies of the course

- Provide dedicated time and opportunities for the student to observe consultations and development of management plans

- Provide opportunities for the student to carry out consultations and suggest clinical management and prescribing options

- Provide formal and informal constructive feedback on student performance that should be prompt and relevant to the course learning outcomes

- Provide formative and summative assessment of the clinical outcomes and level of competence

- Where certain experiences are unavailable to the student, the CM assesses the student’s knowledge and understanding of the associated issues

- Liaise with the course leaders and the student’s manager in the event of any problems regarding the assessment process and student progress.

Teaching and Learning

It is recognised that the student/CM relationship will probably differ from practice to practice depending on the circumstances at the time and that different models of student support will result. However, it is recommended that the model below is used as a guide. It should be remembered that the most important aspect of the relationship must be that the assessment of the student’s performance in the practice area is both thorough and reliable.

Although in relation to prescribing development, a useful resource to support the CM role for FCP with information on learning styles can be found in the National Prescribing Centre (2005) *Training non‐medical prescribers in practice: a guide to help doctors prepare for and carry out the role of designated medical practitioner*, Liverpool: NPC
Model for Supporting FCP Students in Practice

The preliminary Interview

The purpose of this initial interview is to review the learning outcomes and competencies in order to identify the student’s learning objectives. It should be undertaken prior to commencing the 10 days practice and should involve the CM, the student and the student’s manager if appropriate. Part of the preliminary interview should involve the development of a learning contract designed to meet the learning objectives identified. It is likely that this meeting will last for about two hours and therefore should be pre-planned to avoid interruptions. The student is expected to play a full part in determining his/her learning needs required to meet the learning outcomes and achieve the competencies. It may be necessary to plan so that student and CM are able to work together on a regular basis.

The Learning Contract

Each student’s identified learning needs will be slightly different but should be directly relevant to the course learning outcomes and competencies. A learning contract is an agreement between the student and CM which clearly identifies the students learning objectives and ways in which these will be met. The Clinical Assessment Document includes a template for developing a learning contract and there are key elements for inclusion:

- The student’s learning needs and objectives
- An action plan which clearly identifies how each learning need will be met
- Agreed dates for meeting the learning objectives
- Evidence required to demonstrate achievement of learning objectives
- Agreed dates for review of learning contract

Hints and tips

- Development of a learning contract has to take account of the nature of clinical practice and the learning opportunities that exist or need to be created during the course.
- Sometimes students may not immediately recognise every day activities as learning opportunities and may need guidance.
• Build on student strengths and reduce their weaknesses.
• Be practical about what can be achieved within a timescale.

**What activities might be incorporated in your action plan?**

The CM is responsible for assessing achievement of ALL the competencies within the clinical assessment document. The purpose of the practice element of the course is to enable the students to be exposed to the necessary learning experiences to enable them to achieve the competences of the programme. This may mean that it is appropriate for the student to spend some time with other professionals in order to achieve some of the competencies. However, the student must spend a minimum of 50% (5 days) of the 10 practice days with their CM.

If it is negotiated with the student that they spend some of the practice hours with a professional other than the CM, it is essential that the CM ensures this is appropriate. It is important that the learning objectives of any such practice experience are agreed beforehand and that the CM ensures that the professional is able to provide an appropriate learning experience for the student. As this experience may be undertaken in order to achieve whole or part of one or more competencies, it is essential that the CM ensures the professional is aware of the learning objectives and agrees with the student and the professional what evidence must be provided to demonstrate learning has taken place. Discussion between the student, CM and other professional providing learning in placement is also recommended. Remember, even if the student has spent time with another professional to enable learning in order to achieve a competency, it is the CM who must ultimately decide if the student has achieved that competency. **A checklist to assist this process is provided and should be completed for each non-CM placement to ensure recording (appendix 1).**

Practice with the CM should include:

• Dedicated time and opportunities to observe how the CM conducts consultations with patients and/or carers and the development of a subsequent treatment plan

• Dedicated time and opportunities to carry out consultations with patients and/or carers and to develop subsequent management plans
In-depth discussion and analysis of treatment scenarios when patient care and skills and behaviours could be further examined using a case analysis approach

Facilitate student learning through critical thinking and reflection

The CM and student may agree that the student needs to develop practice skills with related networks. Examples of other activities which it may be appropriate for the student to undertake include time spent with:

- Nurse or other health professional undertaking clinical skills
- Specialist nurses, pharmacists, or other AHPs
- Other doctors in the same speciality

These are examples only and practice spent with anyone other than the CM will depend very much on the individual student and CM.

The Interim Interview

The interim interview is a means of assessing the student’s progress. This should be pre-planned and where appropriate should include the student’s manager. Although the CM will work with the student throughout the course, this interim interview allows for a more structured forum to discuss and record the student’s progress towards meeting the learning outcomes and competencies. It is an opportunity to revisit the learning contract and make any necessary amendments. It also allows student and CM to note any problems and to contact the course leaders if necessary. There is no need to wait until the end of the practice period to sign off the competencies. The student’s progress is much clearer if the competencies are signed off as they are achieved.

The Final Interview

As with the previous interviews, the final interview should be undertaken between the CM, the student and the student’s manager. At this point the course outcomes are reviewed and the evidence is examined to ensure that the student is competent. The interview will probably require an appointment of about two hours and should be booked by all involved well in advance. This interview allows the CM to judge that all competencies are met and to make a final judgement on the student’s ability. The document should be checked to ensure
that all assessment boxes are completed and both the CM and the student should sign the final page of the document.

The following points are essential:

- A student must be assessed as competent in all aspects of practice detailed on the clinical assessment document in order to obtain a pass grade.

- The CM must contact the course leader as early as possible if there are any issues or problems arising from clinical assessment, either generally or specifically.

- If a student is referred (failed), it is compulsory for the CM and student to make comments on the final page.

Assessing Competence

The assessment of the student in clinical practice is recorded in the Clinical Assessment Document.

Competence is dynamic and always developmental in orientation; it is continually re-formulated through work and the assessment process needs to take into account this complexity. The development of competence takes place in a relationship of mutual support and critique with colleagues and ultimately competence is

‘the state of having the knowledge, skills, energy, experience and motivation required to respond to the demands of one’s professional responsibilities’ (Roach 1985).

In clinical practice it is the behavioural manifestations of actions that allow the clinical mentor to form a judgement of the student’s competence. The model below, adapted from Steinaker and Bell (1979), is included as a guide to measuring the student’s progress through the programme. The student is required to have reached the level of ‘internalisation’ to be deemed competent.

The clinical assessment strategies are commensurate with the teaching strategies that enable to student to progress through the taxonomic levels of:-

- Exposure – where the student has observed practice techniques demonstrated by the CM (including patient assessment, diagnosis, intervention options and clinical decision making)
• Participation - where the student is encouraged to participate in the assessment process, and consider intervention options.

• Identification - where the student becomes an active participant in the clinical processes and given opportunity to articulate his/her hypothesis, that is, the diagnosis and treatment plan.

• Internalisation - where the student’s learning has been incorporated into their behaviour and attitudes to include problem solving, the ability to analyse the situation, to interpret findings and to express the treatment plan.

Adapted from Steinaker and Bell (1979)

In order to award a Pass for the clinical practice, it is essential that the student is competent in all the standards set within the clinical assessment document. Where a student fails to demonstrate any of the competencies in the standards set within the clinical assessment document, a ‘Refer’ mark must be awarded. According to university regulations, students achieving a ‘Refer’ grade at first attempt are normally given the opportunity to resubmit their work. In the event of having to ‘Refer’ a student, the course team will work closely with the student and CM in order to develop an appropriate action plan to achieve competency in those standards not achieved.

It is essential that the student provides the evidence to assure you, as the CM/assessor that he/she is competent in all aspects of practice stated in the clinical assessment document. You may use a range of processes to satisfy your professional judgement about the student’s achievements, including:

• Observation
• Questioning oral and/or written
• Testimony
• Simulation
• Case studies
• Portfolio

As with all the assessments within this course, it is essential that there is parity in the clinical assessment of students. This is achieved through a structured process which aims to ensure
all CMs utilise the same criteria when assessing students. The first part of this process is to ensure that CMs are familiar with the course content, the learning outcomes and their role in the assessment process. Therefore, all CMs are visited in placement by a member of the course team. Information and guidance is given in supporting the student to achieve the competencies on which the clinical assessment is based. The information given verbally is supported by the CM Guidance booklet. The Clinical Assessment Document breaks down the competencies into specific behavioural statements which clearly indicate how competence is achieved.

References


End of course academic learning outcomes

The learning outcomes for are stated on below. You, as the CM will primarily assist the student in meeting learning outcome 3 but their clinical practccewill encompass learning across all outcomes.

On successful completion of this module a student will be able to:

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<tr>
<td>1</td>
<td>Critically reflect on the roles of AHPs working in primary care including how primary care works, and the collaborative working with the primary care MDT.</td>
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<td>2</td>
<td>Critically evaluate and synthesise the holistic approach to the assessment and management, including the wider determinants of health, promotion of health and support of self-care.</td>
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<td>3</td>
<td>Demonstrate and critically reflect upon the consultation, clinical reasoning and decision-making in the context of primary care, including appraising the need for referrals and further investigations in those with complex and undifferentiated diagnoses.</td>
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<td>4</td>
<td>Critically analyse approaches to service innovation and redesign and measurement of the value and impact of service delivery in AHP services in primary care.</td>
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<td>5</td>
<td>Critically reflect upon their personal development and educational needs in order to meet their own continuing professional development requirements and competencies within their scope of practice.</td>
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And Finally...

Whilst the assessment process may seem quite complex, the course team have made every effort to minimise the paperwork involved. This CM booklet has attempted to outline the CM’s responsibilities and provide guidance for the role. If any clarification or further
information is required please do not hesitate to contact the course leader. The course leader is eager to evaluate and develop the CM role and welcomes your comments about your induction, quality of information, the CM pack and your experience, (problems and FCP student.

We would like to take this opportunity to thank you sincerely for your contribution to the course and the anticipated success of your student.
Appendix 1

CM Checklist for Briefing Non CM Colleagues Teaching Students on Clinical Placement

Please complete a checklist for each non-CM placement

Placement Area / Speciality .................................

Non-CM Name ..................................................

Date of Non-CM Placement .................................

Tick Box

Student’s learning objectives identified

Discussion with non-CM to establish suitability of placement in enabling achievement of learning objectives

Non-CM informed of course structure

Non-CM informed of relevance of placement to overall assessment of competence in practice

Evidence to be provided from placement agreed

Contact details of Course Team provided
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