

# **ARRS ROLES – Guidance on supervision, training and responsibility**

**4 August 2021**

As part of the Long-Term Plan, Primary Care Networks (PCNs) and General Practices are encouraged to build a team of people with diverse skills and capabilities to support increased access for patients, alleviate pressures on existing staff, and improve the quality of care and services. The Additional Roles Reimbursement Scheme (ARRS) provides PCNs with funding for some of these roles. Staff can be reimbursed in line with their skills and capabilities and the role that they are undertaking, up to the maximum level of reimbursement set out in the Network Contract DES.

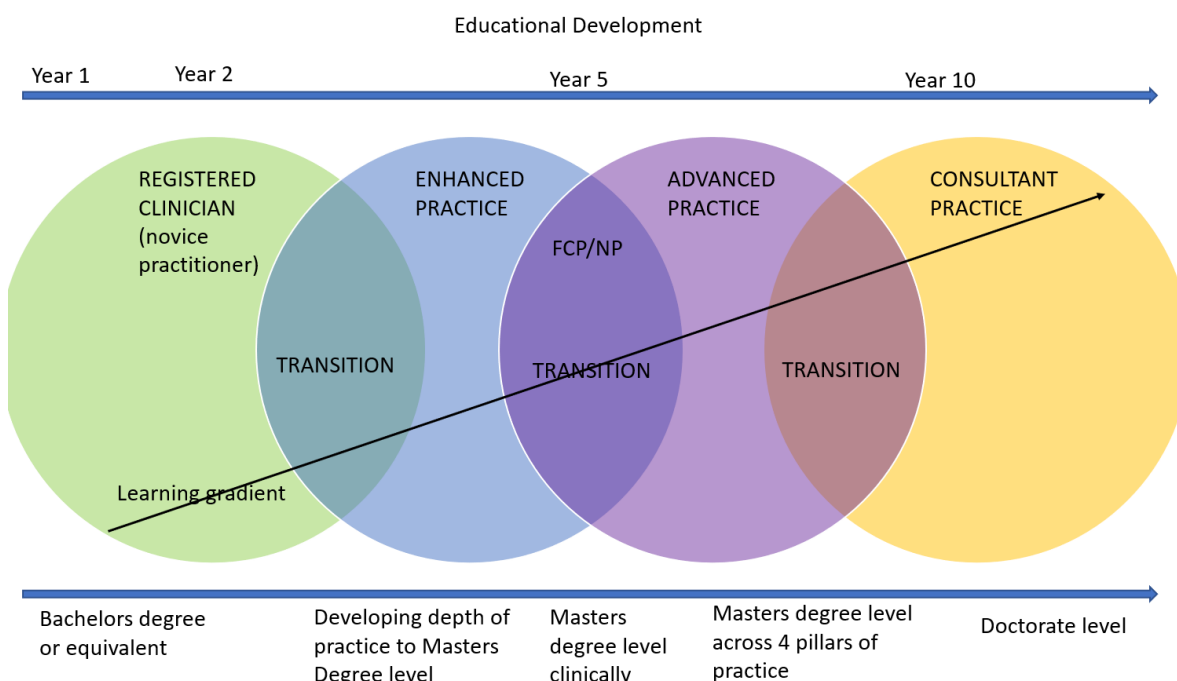
Primary Care Networks (as extensions of GP practices) determine how staff operate in General Practice. Staff need to operate within the limits of their capability and skills as determined by the GP contract holders.

Only GPs (and GP Specialty Trainees) are required to be on the National Medical Performers List to provide General Practice Services (referred to as primary medical services in regulations) and all other Nursing, Allied Health Professionals (AHPs) and other colleagues are required to operate under the direct supervision of the ‘Performers’.

## **FCPs and APs**

AHPs are able to follow roadmaps to evidence their capability as First Contact Practitioners (FCPs) or Advanced Practitioners (APs). AHPs who have followed and demonstrated the capabilities will be able to see and manage more clinically complex patients. They will be able to work independently in primary care, within their scope of practice. APs will be able to supervise other relevant members of the MDT.

While it is not required for practitioners to complete these roadmaps to work in primary care, it is good practice to do so and there is a central directory of FCP and AP.



## Educational supervision of FCPs and APs

Experienced staff in primary care may wish to be verified as, or become, FCPs and APs, although there is no obligation to do so. There are currently 75 national roadmap verification supervisors (RMSV) and more than 360 educational supervisors with courses continuing to develop RMSV via training hubs regionally. Training Hubs can support staff and PCNs in identifying local RMSVs. The roadmap creates a developmental and career path so that patients, staff and employers can be confident about the post holder's level of competence.

## Clinical supervision of FCPs and APs

In General Practice all AHPs, including FCPs and APs operate under the clinical direction of the GP contract holders (National Medical Performers). Day to day supervision of all clinical staff will continue to be provided within the practice by a relevant senior member of the primary care team. This can be an AP or FCP. This will be for the individual practice and the practitioner to determine. HEE has also published [guidance for employers on workplace supervision](#) for advanced clinical practice.

## Additional Roles Reimbursement Scheme requirements

The role descriptions for all AHPs and clinical pharmacists working in primary care are set out in the network contract specifications. AHPs will be working at level 7 clinically, with the exception of paramedics who have an option to be reimbursed at a lower level in a rotational

scheme, see below. There are also specific requirements for the reimbursable Advanced Practitioner role:

### Paramedics

As per the Network Contract DES, paramedics who are employed under the Additional Roles Reimbursement Scheme need to have completed their two-year 'Consolidation of Learning' period as a "newly qualified paramedic" and have a further three years' experience as a AFC Band 6 (or equivalent) paramedic.

In addition, they need to be working towards developing masters level (academic Level 7) capability in paramedic areas of practice and, ideally within six months of commencement of reimbursement for that individual, have completed and been signed off formally within the clinical competencies of the FCP Roadmap. However, a longer time period for this can be agreed with the commissioner where it is appropriate for the needs of the PCN and the paramedic and where the capacity to take the required numbers of paramedics through the FCP/AP Roadmap is not available locally. Where a paramedic is not working at academic Level 7 capability, the PCN must ensure that they are working as part of a rotational model in which they have access to regular supervision and support. We encourage PCNs to work with their systems and local ambulance service providers to come to an arrangement that ensures that the paramedic is operating within the scope of their competency.

### Advanced Practitioners

Each PCN is entitled to claim reimbursement for one AP under the ARRS. This AP can be from any of the AHP or clinical pharmacist roles currently reimbursable under the scheme i.e., Physiotherapists; Paramedics; Occupational Therapist; Dieticians; Podiatrists or Clinical Pharmacists. To be reimbursable the AP needs to be operating at academic level 7 in each of the four pillars of clinical practice; leadership and management; education; and research.

More information on the [Multi-professional Advanced Clinical Practice Framework](#) is available.

The roadmaps have an ongoing process of revision as we all learn more about these new roles in practice.



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## Frequently asked questions

### **1. Who determines if an AHP can work in general practice?**

The GP contract holder does. The roles that are reimbursable via the Network DES ARRS are set out in the contract specifications. To be eligible for reimbursement staff must be able to deliver the role outline in the Network DES

### **2. How do AHPs who want to progress to FCP / AP receive the training that they need?**

Staff can either undertake a taught course at a Higher Education Institute or be verified by a Roadmap Supervisor (RMSV) by completing a portfolio. It is [best practice for Stage 1](#) of the portfolio to be undertaken before entry to primary care.

### **3. Do all ARRS staff need educational supervision?**

No, only those on an educational/development programme.

### **4. Who provides the educational supervision (RMSV) for ARRS roles?**

There are currently 75 national roadmap verification supervisors and more than 360 Roadmap supervisors with further courses developing the roadmap supervisors via regional training hubs. Training Hubs will have a list of the multi-professional Roadmap Supervisors.

### **5. Who provides clinical supervision?**

All health care staff working in general practice work under the direction of the GP contract holder (National Medical Performer) provide clinical supervision. Some AHPs who choose to pursue a recognised training programme may need clinical supervision for that aspect which is specific to that individual and must be discussed with the practice/employer.

### **6. We have had a paramedic working in our PCN for a few years and they want to undertake the Roadmap to become a First Contact Practitioner. Do they have to be on a rotational model with the ambulance service provider?**

Where the paramedic has already worked in primary care for a significant period they can undertake Stage 1 and Stage 2 of the FCP Roadmap in primary care retrospectively. The Roadmap Supervisor for these paramedics is still likely to come from the ambulance sector. The PCN and ambulance service provider are encouraged to reach an agreement about this and be confident that the member of staff will be able to progress to FCP at the point they embark on the process.

**7. Our ambulance service provider cannot train the numbers of paramedic FCPs we require. Can we just recruit our own?**

To be eligible for ARRS reimbursement paramedics must be able to deliver the role outline described in the Network Contract DES. This requires level 7 clinical capability. PCNs can directly recruit paramedics with this level of capability.

In areas where there is a severe supply constraint commissioners may agree that paramedics can be recruited into PCNs under the ARRS at level 6 competency, provided there is an agreed time period within which they will commence the FCP Roadmap or undertake training. We would expect the requirement for this arrangement to diminish over time.