



Sam Chittenden

First Contact Practitioner (FCP) Taught route



Professional background and current role:

I completed my undergraduate Physiotherapy degree at the University of Hertfordshire and then undertook my clinical rotations at Luton hospital. I then got my band 6 role in musculoskeletal (MSK) at The Royal Surrey and stayed there for a while. After this I worked within the private sector in an MSK sports clinic for over a year, which

was really good. Then, I came back to the NHS and was keen to progress to a band 7 post, so applied for the FCP role. I obtained my first FCP role with 'First Community' in East Surrey and stayed there for a year. More recently I have moved to a different FCP role for 'Surrey Physio,' which is still within East Surrey. For me, the FCP role kind of bridged the gap from secondary and tertiary MSK care, to being in that frontline role, of which I had experienced in the private practice.

What motivated you to become an FCP?

I think it was the excitement of being the 'first contact' clinician. I think it feels quite sheltered in NHS MSK in one sense, as you get referrals with the diagnosis, but what I enjoyed in the private sector is when someone walks in and it could be anything. That felt a little bit wild westy in one sense because you didn't always have access to the past medical records, so you had to ask a lot more questions in order to obtain all the necessary information. For me, I also wanted to stay working within the NHS and it seemed really nice to have that FCP skill set and work alongside GPs to streamline the MSK pathway. But, more importantly I was motivated to be that first contact for patients and give them the right advice at the right

time. As physio's we've got the ability to see that patient with back pain for example, that's our bread and butter, so we should be seeing that rather than a GP and I kind of wanted to be part of that.

Which route did you decide to take for your FCP training?

I had some friends who started their FCP training process a lot earlier and they had chosen the portfolio route because at that time there weren't any recognised taught routes. I thankfully had the option, so I decided to do stage one as taught and so far so I've completed that remotely with the University of Essex. Now I have completed this stage I get to choose whether I want to go back and do a second module with Essex for stage two, alternatively I can complete it in clinic with a mentor and build up the evidence for my clinical experience in primary care.

What does the taught programme entail?

So for stage 1 I initially had four weeks of online directed learning, so each week something else would be released that you'd have to spend approximately six to 10 hours a week working on. There were e-learning for health modules that you need to complete and the university gave you the exact links for everything, which was really good. I then had three days of lectures, which were still remote thankfully, which is nice because getting to Essex can be a bit of a nightmare! The lectures were really good in order consolidate all your learning, but then have direct lectures looking more in depth at red flag analysis, medications and rheumatological conditions. We also did

some role-playing in groups, which gave me the opportunity to network with other FCPs undertaking the module. I then had a case scenario that you have to submit beforehand, which was referenced and then there is a 6-9000 word portfolio at the end. But it's all very mapped to the road map in a very succinct way. So I didn't have to plan that or work that out myself, you just need to work out how to meet the set requirements.

What parts of the programme have you found most beneficial?

The teaching days were really good. I found that I gained so much more from listening to other people, asking questions and working through patient scenarios. We actually had a lady come in who set up the first FCP clinic in her PCN around 5 years ago, so listening to her experience of the roadblocks that they had overcome helped prepare me for going into PCNs and ironing out the process straight away. This helped me to formulate relationships and help others understand what the FCP role needed to be, but also understand what the PCNs required, which was useful.

Have you encountered any challenges with your training?

I think the biggest challenge is getting it done! Working full time and then trying to do a master's module on top, is challenging, but I found just setting aside the time to make sure you're you're doing your reflections and bits on a weekly basis important. For the taught route it takes six months to complete stage one, so you've got to be dedicated, you've got to get it done as there's a deadline. I think in hindsight I love that I've done the taught route. It was a hard six months just because of life circumstances

around it, but I've got it done now, so I can now just focus on stage 2 and so that's really good.

What are your future FCP career pathway?

My plan at this point is to get embedded into the new PCN I'm in and really form those relationships. I'd then have a chat with them about what skill sets I need to add. I am currently working towards ordering xrays, but as at the moment I don't inject or prescribe,

so those those are the skills I want to add next. Longer-term, ultimately, I want to end up being a team lead for a group of FCPs, either within a PCN or across PCNs, whatever works. I think once you've got good working relationships and connections, plus a good team, you just want to keep pushing that team forward. So I'd like to be involved in that. That's what I'd like to do.

Many thanks Sam and best of luck for the future

For further information on FCP training please contact the Surrey training hub: syheartlandsicb.surreytraininghub@nhs.net