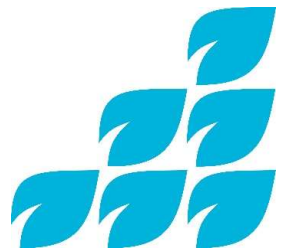


First Contact Dietitians

How did we get here and where are we going?

22nd Oct 2024

Tanya Rumney
BDA Subject Matter Expert



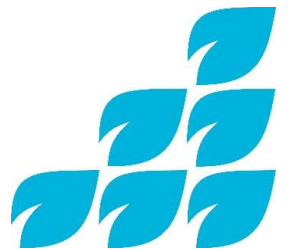
Agenda

How did we get here?

- How did we get here?
 - The relevance of the GP contract
 - First Contact or not?
 - The dietetic roadmap

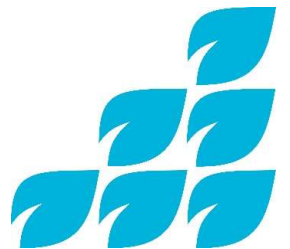
Where are we going?

- Where are we going?
 - FCP education
 - Supervision requirements
 - The 4 nations
 - What does the future look like



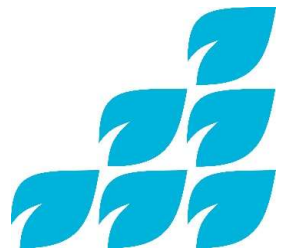
How did we get here?

- The GP 5 year forward view – published in 2016 – introduced the wider MDT and working at scale in ‘hubs’
- Dietitians appeared in the update to the GP contract in 2020 at AfC band 7 - ‘ARRS’
- Aim = 26,000 additional staff in GP to deliver 50 million more appointments
- GPs and nurses were not included initially – the purpose was to widen the MDT



How is the GP contract relevant?

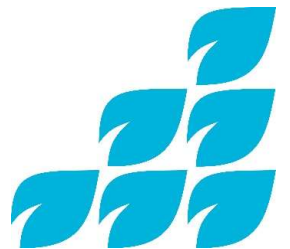
- ▀ The roles came with rules:
 - ▀ Had to be able to demonstrate ‘additionality’
 - ▀ Must not be used to deliver services that should be performed by community health providers – there to help meet the contractual requirements of GMS / DES
- ▀ Main purpose = **improve access within general practice**, cut waiting times in surgeries



First Contact or not?

- General Practice is part of primary care
- Primary care is the **first point of contact** for most patients in the NHS
- Dietitians employed through ARRS are first contact dietitians (or practitioners)

- But remember – this is about the work you are undertaking – not the location!
- The way to increase access is to see patients who would otherwise need to see a GP or nurse.





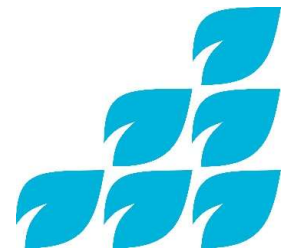
First Contact Practitioners
and Advanced Practitioners in
Primary Care: (Dietitian)

A Roadmap to Practice

Developing people
for health and
healthcare

www.hee.nhs.uk

November 2021



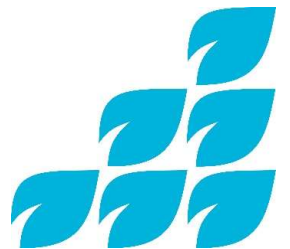

The dietetic roadmap

- The roles were aspirational
- This meant there would be learning needs
- It is a requirement to have the relevant education & training for safe, competent practice (links to SoP / Scope/ Insurance)
- The roadmap outlined this
- People could do the portfolio (intended for experienced FCP only) or taught module
- BDA promoted the taught route

NHS
Health Education England

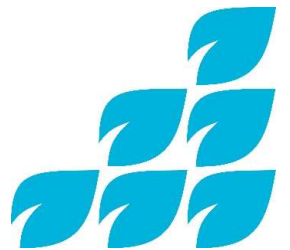
“The dietetic roadmap provides a clear educational pathway that will support experienced dietitians moving in to primary care. It will ensure that their unique clinical skills can be utilised for maximum benefit to achieve better patient outcomes, transform pathways of care and strengthen the multidisciplinary primary care workforce”.

Tanya Rumney, Advanced Practice Dietitian
Cheshire West Integrated Care Partnership



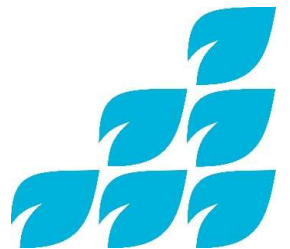
FCP module

- The roadmap has morphed into the FCP taught modules
- No-one should be starting the portfolio
- HEIs have self-certified against the roadmap
- Make sure you only go on the relevant courses
- NHSE has funded places



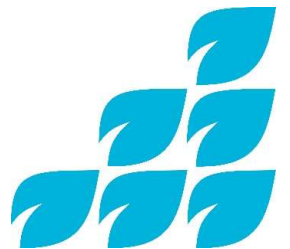
The MOST FAQ!!

- Do I have to do the training? / Do I have to be a First Contact Dietitian?
- It is YOUR responsibility to be able to demonstrate that you have the necessary education and training to be safe in practice
- The FCP modules have been developed to allow you to do so

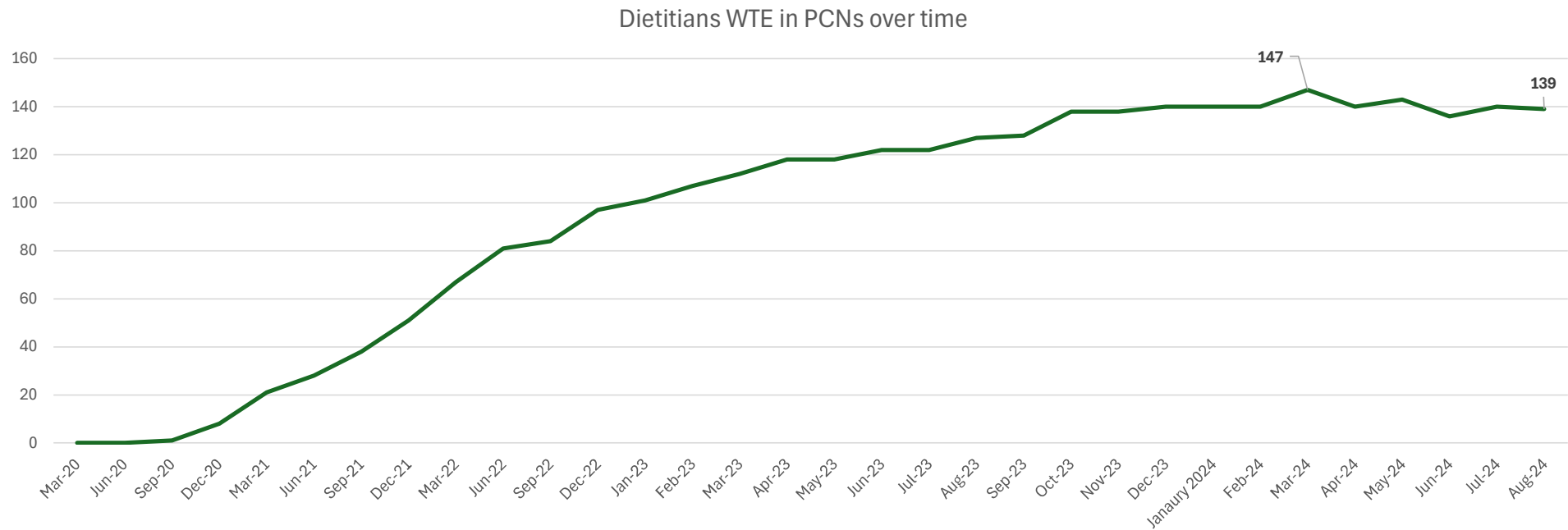


Where are we going?

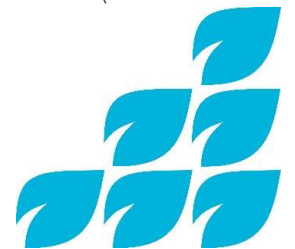
- A bit quiet in FCP world.....
- What is current (but could change):
 - FCP modules
 - CQC requirements
 - NHSE supervision requirements



How many dietitians are in these roles?

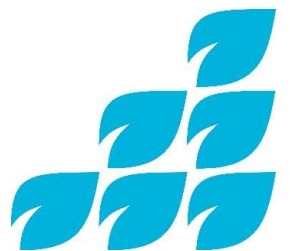


Source: NHS Digital



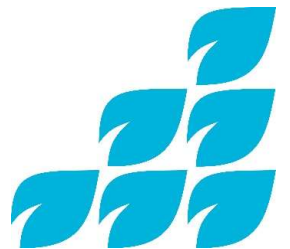
The 4 Nations

- This has mainly been about England
- At different stages on this journey, but all recognise the value of dietitians earlier in the patient journey
- Scotland are preparing to fund dietitians in primary care
- Wales already do
- Northern Ireland are considering its feasibility



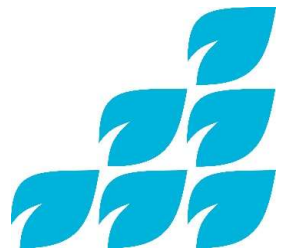
What is the future?

- ▀ A bit uncertain.....
- ▀ GPs have voted to support collective action
- ▀ The new government has committed to a new 10-year plan
- ▀ Focus = prevention, out of hospital care, sustainable GP, addressing inequalities
- ▀ This does present us with an opportunity!



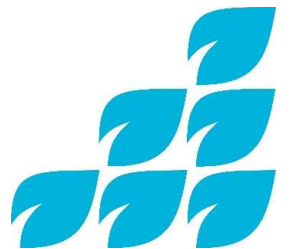
What is the BDA involved in?

- Future training for these roles may be through the Enhanced Practice Apprenticeship
- The roles are represented in the new career framework at the enhanced level
- Writing a blog to capture the FCP journey – please give me some quotes
- Working together
 - BDA = workforce
 - Sp Group = clinical



The BDA workforce projects

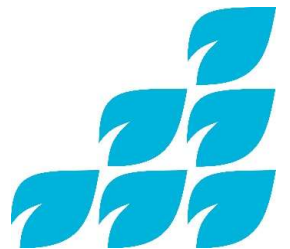
- Enhanced / Advanced / FCP project
- Pre-reg curriculum
- Preceptorship
- New career framework
- PBL projects
- Support Workforce
- Careers



A call to action!

*We need EVIDENCE
not EMOTION!*

Ref: A random doctor to a colleague



A call to action!

- ▀ We have an opportunity - If you don't like the narrative, change it!
- ▀ What is our USP? What is YOUR value? Are you able to clearly articulate this? If you cannot, how will anyone else know?
- ▀ We need published information to influence decision makers. Can they afford not to invest in dietitians?

