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The Experiences and Perceptions of First Contact Practitioners in Primary Care—A Qualitative Systematic Review

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ABSTRACT

Background: First Contact Practitioners (FCP) have developed as a more advanced physiotherapy clinical role delivering specialist MSK services in GP practice settings. They aim to support GPs in effectively managing increasing patient workloads. As FCPs are now a more established NHS role, it is important to understand how these clinicians perceive their roles to guide and support future service development.

Aims: To review the current evidence regarding the experience of FCPs in the UK. To understand how FCPs perceive their role. To gain an insight into FCP practice which can inform future primary research studies.

Method: A systematic review of FCP primary qualitative research studies. Multiple database and grey literature search with screening following PRISMA guidelines. Qualitative critical appraisal and analysis used tools and frameworks from the Joanna Briggs Institute.

Results: The review reports on 11 included studies which informed the creation of six key concepts impacting upon FCP role experience and perceptions. These were complexity, competency and role development, role understanding, job satisfaction, wellbeing and burnout and service delivery.

Conclusion: FCP clinicians feel broadly positive about their roles, although they report a clear risk of burnout and associated negative impact on their wellbeing. Job satisfaction is linked to adequate training and developing the competencies required to manage patients in an environment of clinical uncertainty. Having access to regular clinical mentorship is a key requirement and FCPs must adapt to the specific demands of work in a GP practice environment.

1 | Introduction

The proportion of MSK patients on GP caseloads has grown from 14% in 2010 (Jordan et al. 2010) to 30% in 2023 (NHS England 2023). The ambition is for all adults in England with a MSK disorder to have direct access to a First Contact Practitioner (FCP) by the year 2024 (NHS England 2023).

FCP roles are a relatively new development in the UK health system. The role was introduced following the NHS Five Year

Forward View (NHS 2014) to pilot broader staffing roles in primary care and has been promoted in subsequent health policy documents, including the NHS Long Term Plan (NHS 2019). FCP roles also support the focus on enhanced and advanced roles advocated in the recent NHS Long Term Workforce Plan (NHS 2023).

FCPs are experienced MSK physiotherapists working in extended roles in GP practices in primary care, who can manage complex patient presentations. FCPs have a clear training pathway (HEE 2021) aligning with the four pillars of advanced practice (NHS 2017). Core capabilities are developed across a wide range of domains, including person centred care, assessment, diagnosis, management and prevention (HEE 2018). To support their role, they have enhanced practice skills such as non-medical prescribing and injection therapy.

There is a growing body of evidence supporting the FCP role. There are high levels of patient satisfaction (Leach and Lievesley 2020), lower onward referral rates compared to GPs (Goodwin and Hendrick 2016) and positive appointment outcomes (Walsh et al. 2024) There are low numbers of patients seeking GP appointments for the same MSK problem after consulting with an FCP (Stynes et al. 2021). A recent evaluation supports implementation of FCP in general practice as a safe, clinically effective and cost-beneficial approach for managing people with MSK problems (Walsh et al. 2024).

Non-medical advanced practice roles are associated with several pressures. Primary care advanced practice (AP) roles in nursing have been shown to create concerns from GPs and patients regarding accountability, responsibility and trust and the APs themselves can struggle with their own scope of practice (Jakimowicz, Williams, and Stankiewicz 2017). Wood et al. (2020) also found higher levels of work related stress in UK nurse APs compared to NHS averages. To date, there has been no systematic review of the evidence considering how FCPs themselves perceive their role and their experiences of managing the demands of an ever-increasing MSK workload in primary care.

This systematic review seeks to understand the experiences of FCP's and whether their training adequately prepares them for the demands of the role.

The study aims are:

To review the current evidence regarding the experience of FCPs in the UK.

To understand how FCPs perceive their role.

To gain an insight into FCP practice which can inform future primary research studies.

2 | Methodology

This qualitative systematic review was registered with PROSPERO (registration number CRD42022339727). PRISMA guidelines (Page et al. 2021) were used to ensure transparency in reporting and enhance the rigour of this review.

The search strategy sourced data from qualitative or mixed methods studies to maximise the ability to find relevant material. The following electronic databases were searched in August 2022, with an updated search in April 2024, to identify relevant primary studies. MEDLINE, CINAHL, AMED, Embase, Conference proceedings through Web of Science, Google Scholar and MedRxiv. A secondary citation search was also conducted. The expertise of an academic librarian was sought to advise on the framework of the search strategy to ensure a thorough process was undertaken. Table 1 shows the search terms employed, which included Boolean operators to capture key concepts and their alternatives.

The eligibility criteria employed in the screening process are shown in Table 2.

2.1 | Data Extraction (Selection and Coding)

The PRISMA flow diagram (Figure 1) depicts the flow of information through the different phases of the systematic review (Page et al. 2021). Papers were initially screened for eligibility by five reviewers (N.B., L.B., F.M., A.P. and S.B.) using title and abstract. The reviewers acted independently and were blinded to other reviewers' results. Any disagreements on individual judgement were resolved by discussion and consensus by the review team. A separate member of the team, not involved in screening (J.T.), arbitrated any decisions that could not be resolved. A second screening stage of the remaining full-text articles was then carried out by the same five reviewers. A further discussion took place and consensus was reached with the support of the review lead (J.T.). The screening results were recorded in Excel for clarity and to support consensus discussions.

Data were extracted to Excel based on criteria from the JBI QARI extraction tool (Aromataris et al. 2020). This included participant characteristics, author, year of publication, methodology, method, phenomena of interest, setting, geographical, cultural, data analysis and author conclusions. Data extraction was undertaken by a team of five reviewers. The team met with the review lead to compare data and resolve differences.

TABLE 1 | Search terms.

Population	Clinicians working as first contact practitioners/first contact physiotherapists.
Intervention	This review focused on the personal experiences and perceptions of clinicians working as first contact practitioners/first contact physiotherapists.
Context	Physiotherapists working in a new emerging role as first contact practitioners/first contact physiotherapists within primary care in the UK.

2.2 | Quality Assessment

Included studies were critically appraised using the Joanna Briggs Institute (JBI) critical appraisal checklist for qualitative research (JBI 2020). Discrepancies were resolved by discussion and consensus among all six researchers.

TABLE 2 | Eligibility criteria.

Inclusion
About first contact practitioner and/or first contact physiotherapist role
Considers the FCP's experience and perception of their role
Provides data on role experience or perception, for example, themes
Primary qualitative or mixed methods research
Published 2014 onwards.
English language
Exclusion
Paper about any other advanced practice role
No mention of role experience or perception
Paper solely about patient or colleagues FCP role experience or perception
Paper before 2014
Not based in UK (due to specific role confined to UK)
Systematic review papers

2.3 | Strategy for Data Synthesis

As the focus of this review was clinician experience and perception, a qualitative metasynthesis was carried out. This was based upon the process described by the JBI (Aromataris et al. 2020).

The meta-aggregative synthesis had two main stages. For each stage, members of the review team worked independently before a consensus was reached. In stage 1, the selected papers were reviewed to identify reported themes or author observations through repeated reading of the results. These findings were the original authors interpretations of their data, and each finding was supported through illustrative quotes taken from the papers to ensure credibility.

Stage 2 of the process involved categorising the findings from stage 1 into key concepts. Two or more like findings enabled a category to be formed. These categories were created through consensus discussions.

Following these two main stages, the aggregated findings have been used to generate recommendations for practice or further research through consensus discussion.

3 | Results

Eleven papers passed the screening process and proceeded to critical appraisal (Ashton 2020; Bassett and Jackson 2020, 2022; Goodwin et al. 2020, 2021; Greenhalgh, Selfe and Yeowell 2020; Ingram, Stenner, and May 2023; Langridge 2019; Lewis and Gill

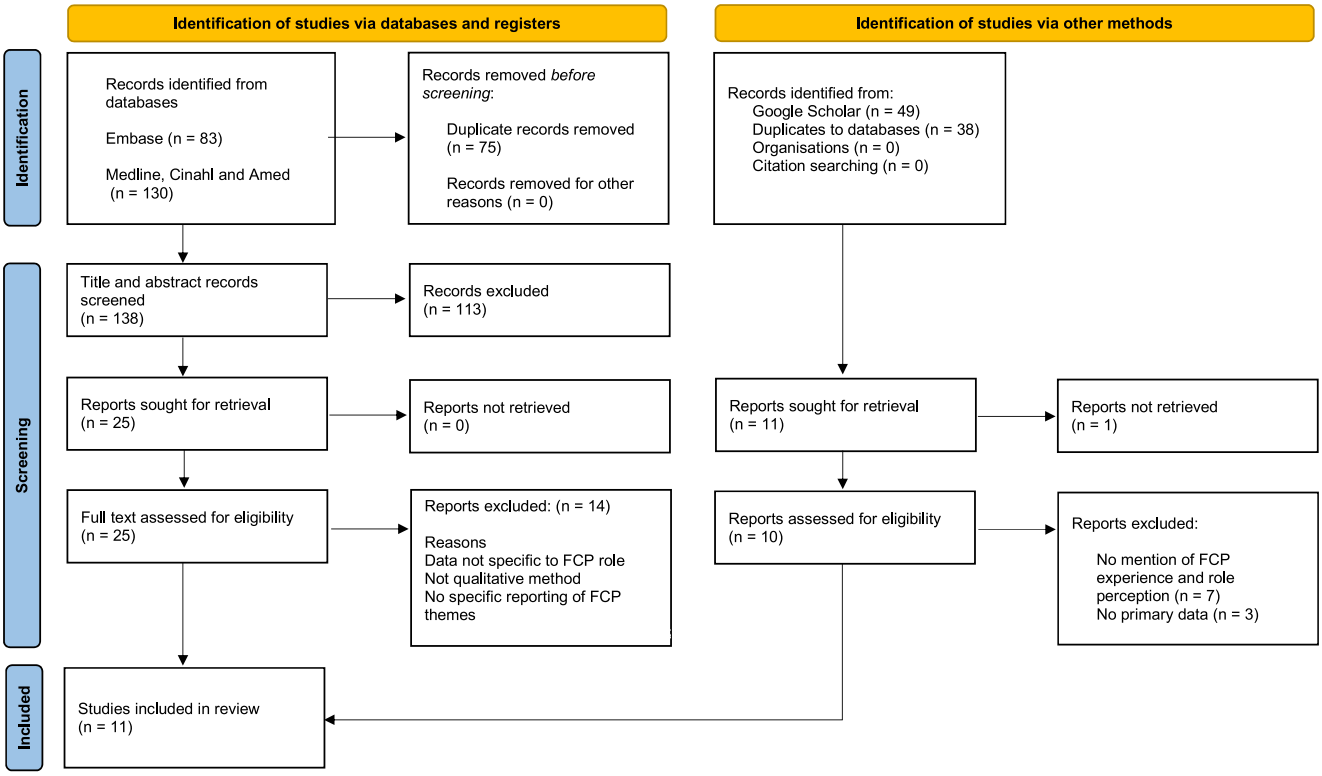

FIGURE 1 | PRISMA flowchart.

2023; Pain 2022; Saunders et al. 2022). Of these 11 papers, eight were primary qualitative studies, one mixed methods study and two conference poster presentations. The main characteristics from each study are described in Table 3 below.

3.1 | Meta Aggregative Synthesis

3.1.1 | Stage 1

Each of the included papers contains themes directly related to the research question posed in this review. The themes reported had to have come directly from the experiences of the FCP's themselves and have been supported by verbatim quotes.

Ashton (2020) undertook a mixed methods study to consider medical uncertainty in FCP roles with framework analysis revealing themes of seeking guidance, taking action, building relationships and competency. Direct illustrative quotes attached to the themes are not available due to the study being published as a conference poster presentation.

Bassett and Jackson (2020) researched placement opportunities in FCP services. An emerging theme was operational challenges due to time. "*We have twenty-minute patient appointments. I don't think, there will be the time to reflect and learn over [with students] what has happened, what was done with the patient - and to identify future learning needs because of that". (10)*

Bassett and Jackson (2022) considered professional development and career journey. Themes included career path into FCP "*from the pure clinical side, that [MSK FCP] role has actually provided me with a career opportunity to progress on ... I needed a bit of a change in environment, just to keep my interests up". (P4)*

and relevance of pre & post registration education "*Well, we [students] didn't touch on primary care, as it was all acute hospital based. So, I don't think it has prepared me for the [MSK] FCP role". (P13)*

"*lots of the master's modules have been really fundamentally helpful, in terms of me doing part of my [MSK FCP] job role at the moment". (P10)*

Goodwin et al. (2020) found themes of FCP role awareness *"It's a culture shift, isn't it, with people. Because I think, again, if you look at media .... when they talk about any sort of health problems, musculoskeletal or otherwise, the first advice they give is you should really seek advice from your GP on this" (Phy2)*

and administrative staff or patients' awareness of the FCP role *"The critical ingredient was the reception administration staff. If they were fully engaged, they understood what the service was about, what it was aiming to achieve, and they also had the ability or the confidence to ask the patients what it was that they were coming to see the, coming to the practice for, they utilised the service a lot more effectively" (Phy2)*

Goodwin et al. (2021) presented themes related to roles.

Insufficient capacity *"I don't think I've reduced the burden on GPs in terms of, I don't think I've increased their capacity, purely because I'm doing two sessions for 22 GP practices, so I don't think they'll notice a difference" (FCP4)*

Positive experiences *"Yeah, I love doing it. I really love working in the clinics. I feel you're just getting to people so much quicker and giving them the right information to make changes" (FCP9)*

and the complexity of FCP caseloads *"You don't know what's coming through the door....you have no prior warning" (FCP7)*

Greenhalgh, Selfe, and Yeowell (2020) consider themes related to role experience.

Clinical complexity, "*it's being able to think on your feet quickly and making that decision there, so the patient is managed appropriately....it's the level of clinical complexity that you're dealing with". (P1)*

rewards and challenges of the role, "*It's probably the most rewarding job that I've done. I think that patients feel like they've had a good experience because they feel like they've been looked at and given good advice to take away and manage the problem. You feel like you're really contributing". (P1)*

"I can't order an x-ray. And we're getting to the point now where I'm feeling it may affect patient safety". (P2)

well-being in relation to burnout and isolation, "*You can feel quite isolated in your FCP role" (P8)*

"*How close are we to burnout? I can't speak for everybody else, but me, I'm not far off. I think I'm running at about 98% capacity*" (P4)

support

"*the FCPs professional development I think that I have been lucky to have a good GP practice, a good GP training practice and young enthusiastic GPs. They are more than happy to provide that mentorship*". (P6)

"*The mentorship is zero, and going forward, there isn't any mentorship at all, and there hasn't been a GP set up as my mentor*" (P4)

and service pressures "*Twenty minutes is tight. I know that my colleagues do it in 20 min, but what's the quality we're giving patients. But, obviously, I understand from a cost and financial point of view that might be the way in needs to go". (P10)*

Ingram, Stenner, and May (2023) explored the uncertainty faced by FCPs.

Role clarity *"FCPs have zero identity. Nobody understands what we do" (FCP 8)*

burden of the role *"I feel there is a lot of responsibility and accountability" (FCP 1)*

TABLE 3 | Study characteristics.

Study	Participants	Participant characteristics	Data collection method	Analytic strategy	Themes	Sub themes
Ashton (2020) Does medical uncertainty affect physiotherapist practitioners working within a first contact role? An exploratory study—Poster presentation only	15 APP's		Survey—Adapted version of the revised physicians response to uncertainty scale (PRU) containing text boxes for open responses	Statistical analysis on the data Framework analysis on the written responses	Seeking guidance Taking action Building relationships Competency	*Unavailable*
Bassett and Jackson (2020) Challenges and learning opportunities of pre—Reg physiotherapy placements in first contact settings: The perspectives of the MSK FCP	15 FCPs	Total time worked so far as FCP 0 (as just started post)-6 years Number of years since graduation 4.5–38 13 FCPs in GP setting 2 FCPs in ED None of the 15 had previously clinically supervised pre reg physio students	Telephone interview—Semi structured	Deductive thematic analysis	1. Operational challenges 2. Challenges for pre reg physiotherapy students 3. Learning opportunities for pre reg physiotherapy students	Ensuring sufficient support from MSK FCP practice educators Financial cost implications of placements Lack of capacity in existing MSK FCP workforce to provide placements Time pressures and stressors of a MSK FCP placement Identifying red flags Complexity of patient presentations Experience a specialised physiotherapy role in a primary healthcare setting Bringing awareness of the MSK FCP career pathway Experience MDT working in primary care

(Continues)

TABLE 3 | (Continued)

Study	Participants	Participant characteristics	Data collection method	Analytic strategy	Themes	Sub themes
Bassett and Jackson (2022) The professional development and career journey into FCP: A telephone interview study	15 FCP's	Physios in FCP MSK posts only From Eng (11), Wales (3) and Scotland (1). Years since graduation 4.5–38 years Length of time working as an FCP range from just started to 4.8 years. 13 had post reg accredited academic qual applicable to FCP role. 2 were working towards this 13 worked in GP practice. 2 worked in ED.	Semi structured interviews	Qualitative approach informed by interpretivist epistemology and constructionist ontology	1. Decision to choose career path as an MSK FCP 2. Relevancy of pre-reg physio education for MSK FCP 3. Relevancy of post reg continuing professional development for MSK FCP 4. Improving pre reg physio education for the foundation knowledge and skills required to work in MSK FCP	1. Opportunity to advance career. 2. An opportunity to extend the scope of physio practice. 3. To make an impact on patient out comes on the frontline of physio care 2.1 Limited relevance for the knowledge and skills required for MSK 2.2 Developing the skills in how to conduct a physio assessment 2.3 Knowledge of anatomy and physiology. 3.1 Undertaken PG courses relevant to the role of MSK FCP 3.2 PG work experience 3.3 Independent learning and professional development 4.1 Identifying red flags 4.2 Opportunities to undertake placements in primary healthcare settings 4.3 Focus on clinical reasoning

(Continues)

TABLE 3 | (Continued)

Study	Participants	Participant characteristics	Data collection method	Analytic strategy	Themes	Sub themes
						4.4 Educational content on health promotion and behavioural change interventions
Goodwin et al. (2020) First point of contact physiotherapy; a qualitative study	10 Pt's who have FPCP service Following is unclear ?2 physios involved in delivering FPCP service ?2 GP's ?2 Admin staff ?2 Commissioners	Not given	Semi structured interviews and focus groups	Realist research methodology	1. Level of awareness of FPCP role V GP as first contact practitioner 2. Patients attain an awareness of FPCP from a variety of sources 3. Patient understanding of physiotherapy arises from several sources and is poorly aligned with the FPCP 4. Characteristics & behaviours of patients influence access to FPCP	4.1 Patient characteristics influence access to FPCP services 4.2 Autonomous health seeking behaviours influence access to FPCP services
Goodwin et al. (2021) Evaluation of the FCP model of primary care: A qualitative insight	39 (all FCP service staff) 14 patients 8 GPs 10 FCP 6 GP admin staff	Nil	Semi structured interviews and focus groups for staff Patient participants were interviewed individually to allow opportunity to fully contribute	Mixed methods evaluation of Phase 3 Hybrid deductive and inductive thematic analysis	No themes but data aligned to the 6 qualitative service aims and their respective success criteria	

(Continues)

TABLE 3 | (Continued)

Study	Participants	Participant characteristics	Data collection method	Analytic strategy	Themes	Sub themes
Greenhalgh, Selfe, and Yeowell (2020) A qualitative study to explore the experiences of first contact physiotherapy practitioners in the NHS and their experiences of their first contact role	10 FCP's	B8a's and those in FCP training posts as B7's Mean years qualified 12.8 Location of work: MSK, ED and MCATS	Semi Structured face to face interviews	Gadamerian hermeneutic phenomenology	1. It's the level of clinical complexity that you're dealing with 2. FCP role rewards and challenges 3. Own wellbeing 4. Professional development & education 5. Realities of working in practice governed by business	Not given
Ingram, Stenner, and May (2023) The experiences of uncertainty amongst musculoskeletal physiotherapists in first contact practitioner roles within primary care	8 FCPs purposive sample	11–30 months FCP experience across England	Semi-structured interviews	IPA thematic analysis	Role clarity Burden responsibility Preparedness Not sure how long will stay in the role Mitigating uncertainty	2.1. First contact 2.2. Boundaries of role 2.3. Diagnostic uncertainty 2.4. It's the nasties, isn't it? 3.1. I felt a bit thrown in to be honest 3.2. Time pressure 3.3. Governance structures 3.4. Feeling of isolation 5.1. Consultation approaches 5.2. Support networks 5.3. Becoming comfortable with uncertainty

(Continues)

TABLE 3 | (Continued)

Study	Participants	Participant characteristics	Data collection method	Analytic strategy	Themes	Sub themes
Langridge (2019) The skills, knowledge and attributes needed as a FCP in musculoskeletal healthcare	Stage 1–8 APPs Stage 2–3 APPs and 1 GP (2 of the APPs were involved in stage 1)	Stage 1- range of FCP experience 0–6 years Range of AP exp 2–15 years Stage 2—Range FCP exp 6 months Range of AP exp 10–15 years	Stage 1—semi structured interviews on Skype Stage 2—focus group (4 participants) to deepen findings from stage 1	Inductive thematic analysis	1. Medical Assessment & systems knowledge (knowledge) 2. Speed of thought in an uncertain environment (attribute) 3. Breadth of knowledge (knowledge) 4. People and communication skills (skill) 5. Common sense/ simplify (skill and attribute) 6. Responsibility and experience (attribute)	Unavailable
Lewis and Gill (2023) facilitators and barriers regarding the implementation and interprofessional collaboration of a first contact physiotherapy service in primary care in Wales: a Qualitative study.	11 FCPs purposive sample	< 1–2 years experience 3 services in Wales	Semi-structured interviews	Hermeneutic phenomenology 3 step analysis	New ways of working FCP purpose Interprofessional collaboration Inappropriate use of service Operations leadership Professional development	1.1. Burnout
Pain (2022)	GP, FCP, B7 physiotherapists and patients		Interviews	Mixed methods service evaluation with inductive thematic analysis	"it's all good", "staff get it, patients not yet", "Admin is key" "communication is crucial"	

(Continues)

TABLE 3 | (Continued)

Study	Participants	Participant characteristics	Data collection method	Analytic strategy	Themes	Sub themes
Saunders et al. (2022) First contact practitioners' and GP's perceptions towards FCPs delivering vocational advice to patients with MSK conditions: A qualitative investigation of the implementation potential of the I-SWAP initiative	10 FCP's 5 GP's	5 GP's from same GP practice 10 FCP's from 2 FCP services taking part in I-SWAP Clinical experience-GP's ranged from newly qualified to 20 years experience FCP's 6–20 years All FCP's also worked in community or secondary care PT roles	Focus groups and one to one semi structured interviews	Thematic analysis Mapping the identified themes	1. Feasibility of incorporating VA within the current FCP role 2. Perceptions towards the use of the AHP health and work report 3. Implications of the provision of VA by FCPs for interdisciplinary working	Unavailable

preparedness *"The volume, the pace is very different" (FCP 4)*

longevity in the role *"You feel exhausted, you're constantly working.....You can't switch off" (FCP 2)*

and mitigating uncertainty *"Safety netting, watchful waiting is certainly something we should be utilising" (FCP 6)*

Langridge (2019) studied the skills knowledge and attributes of FCPs.

Systems knowledge and breadth of knowledge required, "*Well, comorbidities are massive, aren't they, like diabetes, cancers, neurological conditions, anything that's happened recently—falls, things that flag up frailty and things like that". (T1)*

"I think your scope of knowledge has to be even broader than what it is". (T6)

speed of thought in uncertainty, "*The ability to analyse the information* that is *coming in quickly, making sense of it, facilitating a different conversation that might take them off on a different pathway". (T6)*

communication skills, "*I think it is so important to be a person that can develop a relationship with a patient, and to listen to them and to be empathetic towards their whole life". (T1)*

and responsibility and experience. "*Mark the boundaries where that responsibility stops". (T3)*

Lewis and Gill (2023) focussed on facilitators and barriers.

New ways of working *"not only a new service, but also a new role"*

purpose *"some GPs almost think of it as being a physiotherapy service"*

interprofessional collaboration *"It was quite difficult to find the time to create form relationships"*

use of services *"the next appointment slot might be 3 or 4 weeks down the line...stopped it being first contact and just being a physiotherapy waiting list"*

operational leadership *"lots of clinical encounters that are more complex....to handle the clinical learning curve....that's a big ask"*

and professional development *"training was inadequate, we were left to learn on the job. I felt isolated and scared"*

Pain (2022) considers the positive support FCPs receive and how important the infrastructure is to allow the FCP to complete their role. Themes from interviews included "*it's all good,*" "*staff get it, patients not yet,*" "*admin is key,*" "*communication is crucial.*" There are limited direct quotes from this paper as the research was reported through a conference poster presentation.

Saunders et al. (2022) consider how FCPs incorporate work assessments into their role and the issues of appointment length as a barrier to deeper discussions.

"*You're always discussing how [patients] can be as involved in their activities as they can be with their problem. So you're always discussing work to some extent" (FCP2)*

"Definitely the psychosocial element. You can't in half an hour" (FCP3)

and impact of FCPs undertaking work assessments.

"Our GPs will categorically say that they sign far fewer sick notes now than they ever did" (FCP1)

3.1.2 | Stage 2 Synthesis and Concept Creation

Six key concepts were developed.

3.1.2.1 | Complexity. Eight papers consider themes related to clinical complexity, including aspects of uncertainty, risk and safety netting (Ashton 2020; Bassett and Jackson 2020, 2022; Goodwin et al. 2021; Greenhalgh, Selfe, and Yeowell 2020; Ingram, Stenner, and May 2023; Langridge 2019; Lewis and Gill 2023).

The complex and unpredictable nature of the role was acknowledged as introducing some challenges. Commonly FCP's felt comfortable in managing MSK issues but there was a perception of a more complex patient presenting in primary care (Bassett and Jackson 2020; Greenhalgh, Selfe, and Yeowell 2020; Langridge 2019) and the FCP's felt a burden of responsibility to recognise and appropriately manage non-MSK pathology.

Many have raised concerns about missing serious pathology (Greenhalgh, Selfe, and Yeowell 2020; Langridge 2019). Further complexity stemmed from other factors such as drug interactions and the effects of drugs on patient presentation.

A scope of knowledge that combines multi-systems thinking with clinical reasoning is deemed essential for differentiating non-MSK conditions masquerading as MSK and for managing and delivering person centred care (Greenhalgh, Selfe, and Yeowell 2020; Langridge 2019).

Ongoing mentorship by GP's or advanced practice physiotherapists was perceived as helping to cope with uncertainty (Bassett and Jackson 2022; Greenhalgh, Selfe, and Yeowell 2020). Clinical experience was also reflected in a confidence and ability to manage uncertainty. Those appointed to the role from lower bands were less confident (Greenhalgh, Selfe, and Yeowell 2020) with increased levels of anxiety secondary to dealing with uncertainty in younger and less experienced staff (Ashton 2020).

3.1.2.2 | Competency and Professional Development. Six papers point to competency as a key theme in FCP experience (Ashton 2020; Bassett and Jackson 2020, 2022; Greenhalgh, Selfe, and Yeowell 2020; Ingram, Stenner, and May 2023; Langridge 2019).

There was a lack of pre-registration training in clinical reasoning, red flags, the lack of using the biopsychosocial model and no clinical placements in primary care failed to prepare the FCP's for their current role (Bassett and Jackson 2022).

There was an opinion that exposing undergraduate students to practice based learning alongside an FCP would allow them to gain knowledge of extended practice capabilities and experience of acute assessment and management.

Three papers (Bassett and Jackson 2022; Greenhalgh, Selfe, and Yeowell 2020; Langridge 2019) discussed knowledge as a facilitator of competency. The requirements of the role were seen to include a breadth of knowledge that encompasses medical systems and clinical reasoning but also a knowledge of behavioural change interventions, health promotion and wider public health issues.

The need for a clinical mentor was discussed by many as being important for safe and effective practice, as well as development within the role, but availability differed. Not all FCPs could access regular support and mentorship (Greenhalgh, Selfe, and Yeowell 2020). Having a senior health care professional to mentor them, significantly improved their clinical reasoning with complex presentations (Bassett and Jackson 2022; Greenhalgh, Selfe, and Yeowell 2020).

Post-registration training courses, particularly those covering extended skills such as injection therapy, prescribing, and clinical reasoning, were seen as fundamental to be able to perform the role.

3.1.2.3 | Role Understanding. Several papers considered how the FCP role is interpreted from the patients', staff and FCP perspectives (Ashton 2020; Goodwin et al. 2020, 2021; Greenhalgh, Selfe, and Yeowell 2020; Ingram, Stenner, and May 2023; Lewis and Gill 2023; Pain 2022).

All groups felt that the role was poorly understood by patients (Greenhalgh, Selfe, and Yeowell 2020), but FCP staff reported that once the role had been explained to patients, they seemed to welcome the idea of seeing an FCP (Greenhalgh, Selfe, and Yeowell 2020).

Some FCPs were concerned that general practice staff lacked knowledge about the FCP role, reporting that they were essentially being used as a practice-based Physiotherapist for second contact rehabilitation (Goodwin et al. 2020).

3.1.2.4 | Job Satisfaction. Job satisfaction is discussed in three papers (Bassett and Jackson 2022; Goodwin et al. 2021; Greenhalgh, Selfe, and Yeowell 2020). Many FCPs felt that the role was positive for the profession and was rewarding overall (Greenhalgh, Selfe, and Yeowell 2020).

The FCPs agreed that the role provided them with opportunity for career progression as well as having a positive impact on patient care outcomes, which added to job satisfaction.

However, several common factors were described that may negatively influence job satisfaction: service delivery, role understanding, competency and well-being.

3.1.2.5 | Service Delivery. Five papers discuss how FCPs consider service delivery and how it impacts their role (Bassett and Jackson 2020; Greenhalgh, Selfe, and Yeowell 2020; Ingram, Stenner, and May 2023; Langridge 2019; Saunders et al. 2022). This often relates to GP practices operating as a business.

Appointment length was identified as a common factor impacting service delivery and level of care. Pressure of shorter appointment times was also identified in the Langridge (2019) paper and led to pressure to make quick decisions in an uncertain environment. This was supported by the findings of Saunders et al. (2022) in which the ability of the FCPs to fulfil their role was limited by time restrictions.

Changes in funding also have a negative impact on the FCP role itself, for example, in relation to injecting. Greenhalgh, Selfe, and Yeowell (2020) identified that some GP practices were only being paid if the injection was carried out by the GP and not the FCP, which then negates the reason for the FCP role.

Differences in infrastructure and NHS governance across services also led to challenges in the delivery of the FCP role, although this frustration was not seen in all services.

3.1.2.6 | Wellbeing/Burnout. FCPs identified factors that impact upon their own wellbeing and negatively affect the role to the point where there is a risk of professional burnout (Bassett and Jackson 2020; Goodwin et al. 2021; Greenhalgh, Selfe, and Yeowell 2020; Ingram, Stenner, and May 2023).

Other concepts that have emerged within this review such as clinical uncertainty, patient complexity and the volume of work can negatively impact on FCP wellbeing and lead to staff considering changing their role (Ingram, Stenner, and May 2023).

This is supported by Greenhalgh, Selfe, and Yeowell (2020), where FCPs voiced similar concerns about burnout due to the pressure of the role.

4 | Discussion

FCPs have identified challenges within their roles which can impact upon clinician wellbeing. Primary care cases are perceived as being more complex with FCPs consistently voicing concerns over missing serious or non-MSK pathology (Langridge 2019). Although the proportion of patients with underlying serious pathology is low (approximately 2.30%) (Budtz et al. 2021), early identification remains of the utmost importance. Many FCP's felt the burden of responsibility to identify serious pathology but, as Ingram, Stenner, and May. (2023) discuss, this may be due to a perceived expectation that they should be operating in a similar way to GP colleagues rather than an absolute risk. Safety netting is seen as essential in helping to manage uncertainty in consultations (Jones et al. 2019) and was frequently cited as a strategy to mitigate complexity and manage anxiety (Greenhalgh, Selfe, and Yeowell 2020).

Knowledge is a key facilitator of competency and the FCP role requires a wide breadth of knowledge that encompasses medical systems and enhanced clinical reasoning and decision-making skills. Although it has been acknowledged that developing competency can be difficult alongside the clinical pressures of the role (Carus et al. 2023). Reflecting the wider remit of the FCP in delivering a population health approach (CSP 2022), knowledge of behavioural change interventions, health promotion and wider public health issues is also necessary. This should be facilitated through broad post-registration clinical experience to develop the knowledge, skills and attributes required in an FCP role (Bassett and Jackson 2022). Clinical rotations across core areas of physiotherapy were seen as vital preparation for dealing with complex presentations. Chronic pain management was particularly emphasised for the development of pharmacological knowledge, as was the development of advanced practice skills such as non-medical prescribing. The opportunity to develop these skills was seen as a motivator for choosing the MSK FCP role (Bassett and Jackson 2022). For FCPs, it is key that they receive support within GP practices to ensure competency and are able to deliver quality care (CQC 2024).

It appears that there is a consensus to expand undergraduate experience of the FCP role through direct teaching and practice-based learning. This is supported by the professional body (CSP 2022) and the awareness of knowledge gaps in physiotherapy students about the FCP role (Empson and May 2024). Operational challenges to supporting student placements have been highlighted and relate to lack of funding, time restricted appointments, as well as lack of general capacity within the FCP current workforce (Bassett and Jackson 2020). In contrast, postgraduate modules in extended practice appear to be well established, based upon stage 1 and stage 2 training (HEE 2021) and informed by specific MSK competencies (HEE 2018). Ashton (2020) indicates that there may be a need for specific training to adapt clinicians for working within the primary care environment to develop attributes such as resilience and the ability to deal with uncertainty. This may reduce how much these factors negatively impact on wellbeing.

There was a feeling among FCPs that a critical ingredient of success is ensuring that care navigators have knowledge and understanding of the FCP role. In a recent survey, 88% of FCPs reported that their appointments were not first contact, despite 68.8% reporting that clinical staff had received specific guidance about their role (Lamb et al. 2023b). This additional step can delay patient access to the specialist MSK treatment provided by FCPs and is an inefficient use of resources. Lamb et al. (2023a) note that it may still improve overall use of the healthcare system if patients receive appropriate MSK care as a second appointment rather than using several GP appointments. The overall perception of FCPs is that there are still significant gaps in the knowledge of both service users, care navigators and health care professionals, resulting in patients expecting ongoing physiotherapy treatment.

FCP report increased stress levels due to managing complex patients in short appointments (Bassett and Jackson 2020). Workload stress impacts on FCPs (Nozedar and O'Shea 2023) as it does on out-patient physiotherapy staff (Ferguson et al. 2023) with a statistically significant link found between increased workload and higher emotional exhaustion. If staff have a more balanced work plan between direct clinical and non-clinical

time this can reduce the risk of exhaustion and burnout (Nozedar and O'Shea 2023). Guidance from the CSP (CSP 2022) suggests minimum FCP appointment times of 20 min but having flexibility to extend this if required. A recent survey found that FCPs had appointment durations ranging from 15 to 45 min (Thompson, Thompson, and Bailey 2024).

High percentages of FCPs report exhaustion and the FCPs in this review identified being at risk of burnout. Nozedar and O'Shea (2023) report 13% of FCPs are suffering directly with burnout. Feelings of isolation were highlighted, supported by a recent systematic review showing that limited support from colleagues can be a factor in burnout (Burri et al. 2022). It should be noted that this review considered burnout within the international physiotherapy profession as a whole and not specifically advanced practitioners. Although it does highlight the importance of FCPs securing effective clinical support from GP colleagues or FCP peers.

Access to a GP mentor was discussed by many FCP's as being important for safe and effective practice and role development. This generally took the form of case discussions which questioned clinical reasoning and decision making Greenhalgh, Selfe, and Yeowell (2020). This review has highlighted discrepancies in the availability of support, with FCPs unable to access regular support and mentorship. Job plans should include adequate non-clinical time for supervision and support (Nozedar and O'Shea 2023). The availability of informal support from peers, using messaging applications, was also considered essential in an FCP role (Ingram, Stenner, and May 2023).

FCPs are broadly positive about their roles and the opportunities they provide through increased impact on patient care, career progression and development of new skills. The evidence concerning satisfaction amongst those in advanced physiotherapy roles is limited although Advanced Clinical Practitioners report a link between career development and increased job satisfaction (Hooks and Walker 2020). More broadly, advanced practitioners in nursing feel that their wider scope of practice is rewarding (Steinke et al. 2018), and a recent study showed that 90% of them are satisfied with their job (Kim et al. 2024). Further research to gain a greater understanding of FCP job satisfaction and the factors impacting upon this should be considered.

4.1 | Strengths and Limitations

A robust search strategy was employed to review published and grey literature, although it is possible that relevant material may have been excluded. The included studies have variations in method and quality and this can impact upon the robustness of the available information within this review.

The qualitative synthesis is based upon data collected at a certain point in time and as the FCP role is a developing area of practice, new themes may emerge as the role becomes more established and practitioner experience increases.

4.1.1 | Recommendations for Practice and Future Research

1. Increase FCP awareness of wellbeing and risk of burnout and consider how risks can be mitigated within service models
2. Seek regular peer support and clinical mentorship within the role
3. Ensure FCP access specific clinical training and ongoing CPD, including the differences of working within GP practice environments
4. Consider more specific education and exposure to FCP and advanced practice roles in undergraduate education programmes
5. Consider further research into FCP job satisfaction and burnout risk.

5 | Conclusion

FCP clinicians feel broadly positive about their roles and the opportunity that a FCP post has had on their career development. Although FCPs report a clear risk of burnout and associated negative impact on their wellbeing. Job satisfaction is linked to adequate training and developing the competencies required to manage patients in an environment of clinical uncertainty and heightened risk in diagnosis and decision making. Having access to regular clinical mentorship is a key requirement and FCPs must adapt to the specific demands of work in a GP practice environment.

Author Contributions

J.T. developed the review protocol and search strategy. All other authors were involved in the article screening process and critical appraisal. The whole research team contributed to the metasynthesis and formation of practice and research recommendations. All authors have contributed to the writing and editing of the manuscript and have agreed to the final version for publication.

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Ethics Statement

The authors have nothing to report.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Data sharing is not applicable to this article as no primary data were collected or created.

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