

Governance Framework for Clinical Safety

Robust governance structures form the foundation of safe, effective FCP services and must be established before clinical activity commences. The framework should clearly define accountability, supervision arrangements, escalation pathways, and quality assurance processes that satisfy both CQC requirements and professional indemnity standards. Clinical directors must ensure these structures are documented, communicated, and regularly reviewed through formal governance meetings.

1 Named Clinical Supervisor

A designated senior clinician (typically an experienced physiotherapist with advanced practice credentials or clinical lead) provides clinical supervision, case discussion, and professional support. Formal supervision sessions occur monthly as a minimum, with informal access available for urgent queries. The supervisor reviews complex cases, validates clinical decision-making, and supports continuing professional development. This role requires protected time and appropriate remuneration. The clinical supervisor should have expertise in MSK management and understanding of primary care context.

2 Monthly Case Review

Structured review of clinical cases including challenging presentations, unexpected outcomes, and learning opportunities. Reviews examine diagnostic accuracy, management appropriateness, and adherence to clinical protocols. Documentation of these reviews demonstrates ongoing quality assurance and supports revalidation requirements for both FCP and supervising clinician.

3 Audit Schedule

Regular audit activity monitors key quality indicators including diagnostic accuracy compared to subsequent specialist opinion, imaging appropriateness, referral quality, and patient satisfaction. Annual audit cycles examine specific clinical areas such as red flag recognition, injection technique outcomes, or adherence to NICE guidance. Results inform service development and training needs.

4 Incident Pathway

Clear procedures for reporting and managing clinical incidents, near misses, and patient safety concerns. Integration with PCN-wide incident reporting systems ensures appropriate investigation, learning dissemination, and implementation of corrective actions. The pathway includes defined escalation routes and timeline expectations for incident review.

5 Outcome Reporting

Regular reporting to PCN boards and practice partners on service utilisation, clinical outcomes, patient feedback, and quality metrics. Quarterly reports provide transparency, demonstrate value, and identify opportunities for service enhancement. Reporting templates should align with PCN dashboard requirements and ICB monitoring frameworks.