

## **First Contact practice**

## **Learning Needs Analysis Form: MSK Roadmap**

An LNA is an iterative process which you start by providing details about yourself, your education, experience, and relevant education including a self-assessment mapping exercise against a series of questions – based on the Knowledge, Skills and Attributes specific to the FCP roadmap for your profession. The process uses a series of questions drawn from the KSAs to allow you to summarise the key pieces of evidence you can use to create your FCP portfolio.

One this form is completed, please email it to FCP@aecc.ac.uk. You will need to include your professional degree, e-learning module certificates, and evidence of linking documents to the roadmap for stage 1 (if appropriate) i.e. case studies, and other evidence. The FCP team will analyse the responses and advice you on a pathway to achieving the FCP roadmap. For further details on the route, please visit our website. As required, we will organise a meeting with one of our team to go through your LNA and appraise options on a 1:1 basis. The meeting will identify any gaps your learning/preparation for working as an FCP and how these can be met either through the taught or portfolio route to FCP.

The outcomes from the LNA process are as follows:

- 1. <u>Taught route to FCP</u> The PGCert First Contact Practice is the taught route to becoming a recognised First Contact Practitioner (FCP) and made up of 2 academic units of study mapped against the Knowledge, Skills and Attributes required to meet the roadmaps for each profession (HEE, 2021).
- 2. <u>Supported portfolio route</u> you may be directed towards the supervised portfolio route to FCP rather than the taught route. This may be because you have already completed academic study which is relevant to the roadmap stage 1 and need to build your portfolio to evidence experiential learning at Stage 2. This is supported by a 20 credit masters level unit.

# **Stage of Learning**

I am hoping to apply for:	Please tick appropriate box below:	
PGCert FCP (Unit 1 = stage 1 Roadmap + stage 2 e-portfolio) (60 credit module)		60 M level credit module: Unit 1: 5 month course covering knowledge and skills required as FCP covering all knowledge, skills and attributes required for stage 1 of the Roadmap to Practice.  This is followed by Unit 2: 6 month e-portfolio covering stage 2 of the Roadmap to Practice in clinical practice. You will require a clinical supervisor for this part of the course.  This is the full PGCert and is designed for those who have recently started(<2 years FCP) or are shortly to start in First Contact Practice.
Stage 2: supported e- portfolio standalone (20 Credit module)		20 M level Credit module: 6 month e-portfolio covering the stage 2 of the Roadmap to Practice. The expectation is that you have completed mapping fully to the Knowledge, Skills and Attributes of the Roadmap on paper. Proof of this and cross referencing of the KSAs to your reflective case studies, university module proof, and other sources of evidence will be examined prior to the LNA discussion meeting. If you are unable to provide this evidence it is recommended that you apply for the PGCert FCP as above.)  Please note there is minimal academic teaching on this course apart from the overview of course requirements as the course is supported e-portfolio as per NHSE guidance to complete Stage 2 of the relevant Roadmap to Practice.

Section 1: About you				
Name:				
Profession	Physio	Osteopath		
Initial professional registration: (Date)				
Regulatory Body: (NMC/HCPC etc)				
Visa status:	Visa type if applicable and exp date:			
British Citizen/ visa				
Workplace				
Current employer:				
NHS/GP Practice				
Which <u>ICS</u> do you work in?				
Area of Clinical Practice:				
Job / role:				
Time in current post				
Contact details				
Preferred Email:		Phone number:		
Address:				
Qualifications				

Additional professional qualifications: (Post initial Registration)			
Academic qualifications from completed programmes of study	Award (Level & Title of programme) (e.g., Diploma, BSc)	Date (Year)	University
Detail of modules/courses studied which relate to FCP role:	Module	Date (Year) and Level (e.g., 5, 6, 7)	Education Provider (e.g. NHS trust, Education Provider, Commercial Provider)
Experience			
Summary of current role, responsibilities:  *To be considered alongside a current job description, job role and other relevant role related documentation.			

Summary of any previous	Employer	Dates of Employment	Responsibilities
Advanced Practice roles:			
Practice roles:			

### **Section 2: Confirmation of Relevant e-learning for FCP**

I confirm that I have completed the following e learning modules required as per the FCP roadmap (as relevant):

Name of module	Date of completion
1	
2	
3	
4	
5	
6	
7	
8	
9 Personalised Care	

Please note you will be provided to provide evidence of completion prior to enrolment

I am hoping to apply for:	Please tick appropriate box below:	
PGCert FCP (Unit 1 = stage 1 Roadmap + stage 2 e-portfolio) (60 credit module)		60 M level credit module: Unit 1: 5 month course covering knowledge and skills required as FCP covering all knowledge, skills and attributes required for stage 1 of the Roadmap to Practice.  This is followed by Unit 2: 6 month e-portfolio covering stage 2 of the Roadmap to Practice in clinical practice. You will require a clinical supervisor for this part of the course.  This is the full PGCert and is designed for those who have recently started(<2 years FCP) or are shortly to start in First Contact Practice.
Stage 2: supported e- portfolio standalone (20 Credit module)		20 M level Credit module: 6 month e-portfolio covering the stage 2 of the Roadmap to Practice. The expectation is that you have completed mapping fully to the Knowledge, Skills and Attributes of the Roadmap on paper. Proof of this and cross referencing of the KSAs to your reflective case studies, university module proof, and other sources of evidence will be examined prior to the LNA discussion meeting. If you are unable to provide this evidence it is recommended that you apply for the PGCert FCP as above.)  Please note there is minimal academic teaching on this course apart from the overview of course requirements as the course is supported e-portfolio as per NHSE guidance to complete Stage 2 of the relevant Roadmap to Practice.

#### Section 3: Your knowledge, skills and experience

This section is based around the FCP roadmap for your profession. You are asked to rate your level of knowledge/skill and competence, in relation to the given outcomes. We also ask you to consider the experience that you have relevant to each of the domains where possible. If you have ticked you are applying for PGCert FCP in the table above, you do not need to fill in this section.

Please use the following rating scale for your knowledge, skills, and competence:

0.	I have little or no knowledge or skill in relation to this outcome
1.	I have some knowledge and skill in this outcome, but need help and support with applying this to practice
2.	I am competent in this area – have the knowledge and skill to practice in relation to this outcome without supervision
3.	I am competent and confident in this area – I have knowledge, skill, and experience of practicing in relation to this outcome and feel able to begin to develop and supervise others in this area of practice
4.	I have expertise in this area – I have considerable knowledge, skill, and experience of practicing in relation to this outcome and would feel confident in teaching and supervising others in relation to this area of practice.

## **Domain A: Personalised approaches**

DOM	AIN A: PERSONALISED APPROACHES  https://www.england.nhs.uk/personalisedcare/ Capability 1.  Communication Capability 2. Personalised care			
Cross-ref CCF MSK	Essential knowledge: Specific knowledge underpinning capabilities 1 & 2	Cross-ref IFOMPT	Your rating (0-4)	Documentary evidence of level 7 learning
A.1	Demonstrate advanced critical understanding of the processes of verbal and non-verbal communication, clinical documentation, and the common associated errors of communication e.g. use of inappropriate closed questions, appropriate use of lay and professional terminology.	D7.K1 D7.K2 D7.K3 D7.K4		
A.2	Demonstrate comprehensive advanced knowledge of the influence of the clinician's behaviour on a patient's behaviour and vice versa.	D4.K5		
Critica	al skills: Specific skills underpinning capabilities 1 & 2			
A.1 A.2	Demonstrate an advanced level in the ability to enhance and promote the rights of a person to actively participate in their healthcare management through shared decision making by taking into consideration the patient's wishes, goals, attitudes, beliefs, and circumstances.	D1.S7		
A.1 A.2	Demonstrate advanced use of interpersonal and communication skills in the effective application of practical skills for assessment, diagnosis, and management of individuals with MSK conditions.	D8.S10		
A.1	Demonstrate advanced self–awareness to mitigate against the impact of a clinician's own values, beliefs, prejudices, assumptions, and stereotypes when interacting with others.	D7.S3 D7.A4		

A.1	Demonstrate effective advanced communication skills when applying behavioural principles e.g. modifying conversations based on an individual's levels of activation and health literacy, providing appropriate and accessible information and support to ensure understanding of the MSK condition's current and potential future impact on their lives.	D4.S2	
A.1	Demonstrate advanced use of interpersonal and communication skills during the history taking, physical examination, reassessment, and management of individuals, including all documentation e.g. consideration of verbal and non-verbal communication, adapting to individual preferences, cognitive and sensory impairment, and language needs. Avoids jargon and negative assumptions.	D5.S9	
A.1	Demonstrate efficient and effective use of advanced active listening skills throughout the individual's encounter e.g. both are involved in an active, two-way process.	D7.S2	
A.1	Demonstrate effective documentation of informed consent from the individual for assessment and management procedures as appropriate.	D7.S6	
A.1	Demonstrate maintenance of clear, accurate, and effective records of assessment and management to meet clinical and legal requirements.	D7.S7	
A.2	Demonstrate effective and efficient communication and shared decision making with all individuals involved in determining and managing goals, clinical interventions, social prescribing, and measurable outcomes to ensure integrated patient care e.g. verbal, written, and digital communication to serve the individual's best interest.	D6.S5 D7.S4 D10.S3	

A.2	Demonstrate an advanced level of effective, direct, person-centred approach to practice, responding and rapidly adapting the assessment and intervention to the emerging information and the patient's perspective e.g. enabling individuals to make and prioritise decisions about their care, exploring risks, benefits, and consequences of options on their MSK condition and life, such as paid/unpaid work, including doing nothing.	D10.S2 D10.S10	
A.2	Demonstrate advanced use of clinical reasoning to integrate scientific evidence, clinical information, the individual's perceptions and goals, and factors related to the clinical context and the individual's circumstances e.g. using clinical outcome measures such as pain, function, and quality of life to progress meaningful goals, and offering regular appointments to monitor other healthcare needs associated with MSK long-term conditions and co-morbidities.	D6.S3	

## **Domain B: Assessment, investigation and diagnosis**

	DOMAIN B: ASSESSMENT, INVESTIGATION AND DIAGNOSIS Capability 3. History-taking Capability 4. Physical assessment Capability 5. Investigations and diagnosis			
Cross-ref MSK CCF	Essential knowledge: General knowledge underpinning capabilities 3, 4 & 5	Cross-ref IFOMPT	Your rating (0-4)	Documentary evidence of level 7 learning
B.3 B.4 B.5	Demonstrate comprehensive advanced knowledge of the theoretical basis of the assessment of the MSK system and interpretation of this assessment towards a clinical diagnosis.	D5.K2		
B.3 B.4 B.5	Demonstrate critical understanding of the process of complex hypothetico-deductive clinical reasoning, including complex hypothesis generation and testing.	D6.K1		
B.3 B.4 B.5	Demonstrate an advanced level of effective use of the process of complex pattern recognition, including the importance of organising advanced clinical knowledge in patterns.	D6.K2		
B.3 B.4 B.5	Demonstrate advanced application of the various categories of hypotheses used in MSK healthcare, including those related to diagnosis, treatment, and prognosis. For example, understand where early referral and diagnosis may affect long-term outcome, such as ruptured Achilles tendon, internal derangement of the knee, and cauda equina.	D6.K3		
B3 B.4 B.5	Demonstrate advanced evaluation of common clinical reasoning errors.	D6.K5		

B.3 B.4 B.5	Demonstrate integration of advanced knowledge and clinical reasoning in the evaluation of complex clinical information obtained e.g. infectious causes or metabolic causes manifesting as joint pain and muscle pain.	D8.K4	
B.3 B.4 B.5	Demonstrate comprehensive advanced knowledge of the relevant clinical sciences as applied to MSK conditions, such as clinical anatomy, physiology, pain science, biomechanics, and epidemiology in assessment and management.	D3.K1	
B.3 B.4 B.5	Demonstrate comprehensive advanced knowledge of the interrelationship of anatomical structures in MSK function and dysfunction.	D5.K1	
B.3 B.4 B.5	Demonstrate comprehensive advanced knowledge of pathology and pathogenesis of mechanical dysfunction of the MSK, neurological, and vascular systems presenting to MSK first contact practitioners.	D2.K4	
B.3 B.4 B.5	Demonstrate comprehensive advanced knowledge of assessment, diagnosis, and management of non- mechanical dysfunction of the MSK system, MSK masquerades, and complex multi-system pathology e.g. local and national guidelines, pathways, and policies for tumours and metastatic disease, fractures, autoimmune/ inflammatory diseases, infections, endocrinology, haematology, and other associated red flags.	D2.K5	
B.3 B.4 B.5	Demonstrate comprehensive advanced knowledge of neurological, internal visceral, cardio-vascular, dental, and orthodontic dysfunctions linked with the MSK system.	D2.K6 D2.K7 D2.K8 D2.K9	
B.3 B.4 B.5	Demonstrate comprehensive advanced knowledge of pain sciences related to the MSK system.	D2.K10	

B.3 B.4 B.5	Demonstrate comprehensive advanced knowledge of examination procedures to enable differential diagnosis of the MSK, neurological, vascular, and lymphatic dysfunction, while additionally exploring co-morbidities, mental health, and social health impacts as seen within the MSK FCP role.	D2.K11	
B.3 B.4 B.5	Demonstrate comprehensive advanced knowledge of the specific diagnostic and evaluative qualities of assessment tools likely to be used within the MSK FCP role, including: reliability, validity, responsiveness, positive likelihood, negative likelihood, and diagnostic accuracy.	D3.K3	
B.3 B.4 B.5	Demonstrate comprehensive advanced knowledge of static, dynamic, and functional posture in the assessment of the MSK system and interpretation of this assessment.	D5.K3	
B.3 B.4 B.5	Demonstrate comprehensive advanced knowledge of the biomechanics and principles of active and passive movements of the articular system, including the joint surfaces, ligaments, joint capsules, and associated bursae in the assessment of the MSK system and interpretation of this assessment.	D5.K4	
B.3 B.4 B.5	Demonstrate comprehensive advanced knowledge of the specific tests for functional status of the muscular, nervous, and vascular system in the assessment of the MSK system and interpretation of this assessment.	D5.K5 D5.K6 D5.K7	
B.3 B.4 B.5	Demonstrate comprehensive advanced knowledge of the specific special/screening tests for the assessment of the MSK system and interpretation of this assessment.	D5.K8	
B.3 B.4 B.5	Demonstrate comprehensive advanced knowledge of appropriate medical diagnostic tests and their integration required to make a MSK clinical diagnosis e.g. able to select the appropriate investigative tests, interpret results, and inform assessment and decision making.	D5.K9	

B.3 B.4 B.5	Demonstrate comprehensive advanced knowledge of the specific indications and contraindications (including behavioural principles) of the use of diagnostic tools including imaging, blood test, neurophysiology etc.	D4.K3	
	Critical skills: Generic skills underpinning capabilities 3, 4 & 5		
B.3 B.4 B.5	Demonstrate an evidence-informed approach to the advanced assessment of individuals with MSK conditions.	D1.S3	
B.3 B.4 B.5	Demonstrate advanced application of comprehensive knowledge of the examination and management of individuals with MSK conditions e.g. able to assess and manage commonly seen patterns and syndromes and the causes to which they relate: joint, bone pain, muscle pain and weakness, systemic extra-skeletal problems related to trauma, degenerative, neoplastic, developmental/congenital, and psychological causes etc.	D5.S1	
B.3 B.4 B.5	Demonstrate advanced professional judgements when selecting assessment, diagnostic, and treatment techniques; evaluating benefit and risk; and adapting practice to meet the needs of different groups and individuals e.g. cognitive impairment, learning difficulties, remote consultation, chaperones, and interpreters.	D10.S6	
B.3 B.4 B.5	Demonstrate an advanced level of critical and evaluative collection of clinical information to ensure reliability and validity, ensuring concise and accurate documentation for clinical management, and in accordance with local protocols, legal and professional requirements.	D6.S2	
B.3 B.4 B.5	Demonstrate application of comprehensive advanced knowledge of the biomedical, clinical, and behavioural sciences in the assessment of individuals with MSK conditions e.g. presentation of pathological and psycho-social presentations affecting the structure, function, inflammation, and pain.	D2.S1 D4.S1 D3.S1	

B.3	Demonstrate effective application of assessment and outcomes to evaluate	D4.S1	
B.4	aspects of the complex clinical behavioural principles in the management of	D4.S4	
B.5	individuals e.g. fear of movement.		
B.3	Demonstrate advanced level of efficient and effective questioning strategies to obtain reliable and valid information from history taking, while demonstrating the ability to explore and appraise an individual's perceptions, ideas, and beliefs about their symptoms e.g. appropriate and sensitive communication styles, exploring, synthesising, and distilling relevant information about relationships between social activities, work, and health (biological and psycho-social barriers to recovery, frailty, dementia, other determinants of health).	D7.S1	
B.3	Demonstrate an advanced level of accurate and efficient selection of inquiry strategies, based on early recognition and correct interpretation of relevant complex clinical cues e.g. gather, synthesise, and appraise from various sources, sometimes incomplete or ambiguous information relating to current and past history, their activities, any injuries, falls, frailty, multimorbidity, or other determinants of health and wellbeing and characteristics of MSK conditions (pain, stiffness, deformity, weakness, sensory loss, and impact on tasks and occupation etc.).	D6.S1	
B.3	Demonstrate the advanced ability to simultaneously monitor multiple complex dimensions of information while maintaining a professional but relaxed communication style throughout contact with the individual e.g. MSK symptoms have the potential to be features of non-MSK serious pathology, compounded by psychological and mental health factors and affected by lifestyle factors (including smoking, alcohol, and drug misuse).	D10.S7	
B.4	Demonstrate the ability to efficiently and effectively gain an individual's consent, respecting and maintaining privacy and dignity, complying with infection and control procedures.	D7.S3 D7.S6	

B.4	Demonstrate advanced prioritisation in the physical assessment and management of individuals with complex MSK conditions, adapting to the needs of individuals and potential limitations of the clinical environment e.g. cognitive impairment, chaperone, remote consultations, and local policy (social distancing, PPE).	D6.S6	
B.4	Demonstrate advanced level of sensitivity and specificity in the physical and functional assessment of the articular, muscular, fascial, nervous, vascular, and cardiorespiratory systems.	D8.S1 D8.S2 D8.S3 D8.S D8.S5	
B.4	Demonstrate accurate physical diagnosis of MSK dysfunctions e.g. identify, analyse and interpret significant information from the assessment, including any ambiguities.	D5.S2	

## Domain C: Condition management, interventions and prevention

	DOMAIN C: CONDITION MANAGEMENT, INTERVENTIONS AND PREVENTION Capability 6. Prevention and lifestyle intervention Capability 7. Self- management and behaviour change Capability 8. Pharmacotherapy Capability 9. Injection therapy Capability 10. Surgical interventions Capability 11. Rehabilitative interventions Capability 12. Interventions and care management Capability 13. Referrals and collaborative work			
Cross-ref MSK CCF	Essential knowledge: Generic knowledge underpinning capabilities 6, 7, 12 & 13	Cross-ref IFOMPT	Your rating (0-4)	Documentary evidence of level 7 learning
C.6 C.7 C.12 C.13	Demonstrate comprehensive advanced knowledge of prognostic, risk, and predictive factors of relevant health problems in relation to MSK management strategies e.g. adequate vitamin D for bone health, and the effects of smoking, obesity, mental health, frailty, inactivity etc.	D3.K4		
C.6 C.7 C.12 C.13	Demonstrate comprehensive knowledge of the relevant theories of behaviour health change e.g. the transtheoretical model and patient activation (behavioural reactions to pain and limitations, coping strategies, personal goal setting etc) related to MSK assessment and management.	D3.K4		

C.6 C.7 C.12 C.13	Demonstrate comprehensive knowledge of the role of the biopsychosocial model, e.g. risk factors for the persistence of MSK conditions and the role of MDT management strategies.	D3.K4	
C.6 C.7 C.12 C.13	Demonstrate comprehensive advanced knowledge of all possible interventions for management of MSK conditions e.g. where agreed in partnership and acting in the individual's best interest, refer and/or signposting for relevant investigations, local and national services, including self-help, counselling, and coaching support.	D5.K10 D6.K4	
C.6 C.7 C.12 C.13	Demonstrate comprehensive advanced knowledge including indications and contraindications of all available multimodal therapeutic interventions for management of MSK conditions e.g. the safety and appropriateness of referral for rehabilitation and/or specific interventions (manual techniques, electrotherapy, social prescribing, injection therapy, and pharmacotherapy etc.).	D5.K11 D5.K14 D5.K15 D8.K1 D8.K2	
C.6 C.7 C.12 C.13	Demonstrate comprehensive advanced knowledge of ergonomic strategies and advice to assist the individual/ relevant agencies on effective risk assessments and provision of appropriate working conditions. This may include adaptation to meet the individual's needs in their work environment to prevent MSK-related work loss e.g. appropriate use of FIT note.	D5.K17	
C.6 C.7 C.12 C.13	Demonstrate comprehensive advanced knowledge of preventative programmes for MSK-associated health conditions e.g. knowledge of and referral pathways for all local ex groups, smoking cessation, and weight management programmes.	D5.K18	
Cri	tical skills: Generic skills underpinning capabilities 6,7,12 & 13		

C.6	Demonstrate an advanced level in the ability to retrieve, integrate, and apply	D1.S1	
C.7	evidence-based knowledge from the clinical, medical, and behavioural sciences	D1.S3	
C.12	in the clinical setting; recognising the limitations of incorporating evidence	D1.S6	
C.13	when managing individuals with MSK conditions e.g. social, economic, and	D10.S1	
	environmental factors on an individual's behaviour, intervention, and		
	management plan.		
C.6	Demonstrate an advanced ability to integrate and apply evidence-informed	D1.S6	
C.7	approaches in the presentation of health promotion and preventative care		
C.12	programmes e.g. work in partnership utilising behaviour change principles to		
C.13	promote and support the individual with continuing work/exercise participation		
	and the importance of social networks, and clinical and non-clinical groups and		
	services.		
A.1	Demonstrate advanced effective interpersonal and communication skills in the	D2.S3	
C.6	application of knowledge of complex biomedical sciences in the management of		
C.7	MSK conditions to facilitate communication and behaviour change that enables:		
C.12	self-management, independence, risk assessment, and health and wellbeing		
C.13	promotion for individuals, carers, communities, and populations.		
C.6	Demonstrate an advanced ability to identify the nature and extent of an	D3.S1	
C.7	individual's functional abilities, pain, and complex multidimensional needs in		
C.12	relation to their management plan e.g. advising individuals, carers, and relevant		
C.13	agencies on living with frailty and how to adapt the environment to reduce the		
	risk of falls, manage pain, and maintain independence etc.		
C.6	Demonstrate advanced effective interpersonal skills to inform the individual	D3.S4	
C.7	about their clinical presentation and all their management options e.g. supports	D7.S3	
C12	the individual to engage in identifying the risks, prognosis, potential side		
C.13	effects, and likely benefits of interventions related to their personal needs and		
	health goals.		

C.6 C.7 C12	Demonstrate advanced effective application of aspects of behavioural principles in the management of individuals to optimise their physical activity, mobility, fulfilment of personal goals and independence relevant to their MSK condition	D4.S1	
C.13	e.g. supports and recognises when to discharge the individual with self- management.		
C.6 C.7 C.12 C.13	Demonstrate effective implementation of the biopsychosocial model e.g. able to identify risk factors for the persistence of MSK conditions and advise, signpost, and refer individuals to psychological therapies, counselling, and pain services as appropriate.	D4.S3	
C.6 C.7 C.12 C.13	Demonstrate an advanced level of skill in implementing and educating individuals in appropriate rehabilitation exercise programmes, supporting individuals to engage and explore personal goals, the consequences of their actions and inactions on these goals, and their health status and independence relevant to their MSK condition.	D7.S5	
C.6 C.7 C.12 C.13	Demonstrate efficient and effective management of patients with multiple complex inter-related or separate problems and/or co-morbidities e.g. communicate and collaborate with inter-professionals, educating and advising on management interventions and plans for individuals who are off work with back and knee pain but restricted to exercise due to COPD and concerned about a loss of employment.	D6.S5 D10.S11	
C.6 C.7 C.12 C.13	Demonstrates effective MDT working to optimise service delivery of the management of MSK conditions and health, prevention, and wellbeing for the benefit of individuals, carers, professionals, and agencies e.g. evidence of shared learning, development, audit, referral pathways.	D10.S12	

	DOMAIN C: CONDITION MANAGEMENT, INTERVENTIONS AND PREVENTION  Capability 8. Pharmacotherapy			
Cross- ref MSK CCF	Essential knowledge: Specific knowledge underpinning capability 8	Cross- ref IFOMPT	Your rating (0-4)	Documentary evidence of level 7 learning
C.8	Demonstrate comprehensive knowledge of indications, contraindications, effects, and side-effects of therapeutic drugs, understanding local and national formularies, resources, guidelines, and policies related to their use in the examination and management of MSK conditions e.g. analgesics, non-steroidal and anti-inflammatory drugs, corticosteroid, and drugs used in treating individuals with metabolic bone disease, gout, inflammatory arthritis, and in the management of persistent pain.	D2.K12		
	Critical skills: Generic skills underpinning capabilities 6,7,12 & 13			
C.8 C.12	Advise patients on the most common medications used in MSK and pain disorders to advise individuals for medicines management of their MSK problem, including the expected benefit, limitations, advantages, and disadvantages of pharmacotherapy and the importance of an impartial approach to the information shared in the context of other management options e.g. address and allay individuals' fears, beliefs, and concerns.	AP MSK bolt-on D2.S1		

C.8	Keep individuals' responses to medication under review, recognising differences in the balance of risks and benefits that may occur in the context of polypharmacy, multi-morbidity, frailty, and cognitive impairment.  Seeking appropriate support or onward referral for pharmacotherapy where required, and utilising available resources to further complement advice given e.g. signpost to websites, leaflets, pharmacists, MHRA yellow card scheme.	AP MSK bolt-on D2.S2	
DOMAIN C	CONDITION MANAGEMENT, INTERVENTIONS AND PREVENTION CAPABILITY 9.  THERAPY	INJECTION	
Cross- reference d MSK CCF	Essential knowledge: Specific knowledge underpinning capability 9	Cross- referen ced IFOMPT	
C.9	Understand the role of joint injections, informed by the evidence base in MSK practice, local and national guidelines, pathways and policy.	AP MSK bolt-on	
Criti	ical skills: Generic skills underpinning capabilities 6,7,12 & 13	•	
C.9	Work in partnership to explore the suitability for injection therapy, including the expected benefit, limitations, advantages, and disadvantages of injection therapy and the importance of an impartial approach to the information shared in the context of other management options. Seeking advice and local referral for injection where required.	AP MSK bolt-on	
DOMAIN C	: CONDITION MANAGEMENT, INTERVENTIONS AND PREVENTION CAPABILITY 10 INTERVENTIONS	). SURGICAL	

Cross- reference d MSK CCF	Essential knowledge: Specific knowledge underpinning capability 10	Cross- referen ced IFOMPT		
C.10	Demonstrate comprehensive advanced knowledge of indications for and the nature of surgical intervention in the management of MSK conditions, including the expected benefits, limitations, advantages, and disadvantages of surgical interventions and the importance of an impartial approach to the information shared in the context of other management options e.g. rehabilitative interventions and social prescribing.	D2.K13		
	Critical skills: Specific skills underpinning capability 10			
C.10	Work in partnership with individuals to explore suitability of surgical intervention e.g. to allay individuals' fears, beliefs, and concerns, seeking assistance where required, referring appropriately and with consideration of local and national pathways, guidelines, resources, and policies.	AP MSK bolt-on		
C.10	Make recommendations to employers regarding individuals' fitness to work, including through the appropriate use of fit notes and seeking of appropriate occupational health advice.	AP MSK bolt-on		
DOMAIN C	CONDITION MANAGEMENT, INTERVENTIONS AND PREVENTION CAPABILITY 11 REHABILITATIVE INTERVENTIONS			
Cross- reference d MSK CCF	Essential knowledge: Specific knowledge underpinning capability 11	Cross- referen ced IFOMPT	Your rating (0-4)	Documentary evidence of level 7 learning

C.11	Demonstrate comprehensive knowledge and understanding of rehabilitative interventions for MSK conditions commonly seen within the FCP role, including the expected benefit, limitations, advantages, and disadvantages of surgical interventions, and the importance of an impartial approach to the information shared in the context of other management options, for example surgery.	D5.K12	
C.11	Demonstrate comprehensive knowledge of various manual exercise therapy approaches, including the expected benefits, limitations, advantages, and disadvantages, and of other therapeutic adjuncts e.g. taping, acupuncture, and electrotherapy modalities including those in physiotherapy, medicine, osteopathy, and podiatry etc used in the rehabilitative management of MSK conditions.	D5.K13 D8.K6	
C.11	Demonstrate comprehensive knowledge of the role of digital technology to support adherence to rehabilitation interventions for individuals with MSK conditions e.g. apps and wearables.	D7.K1 D8.K4 D8.K5	
C.11	Demonstrate comprehensive knowledge of evidence- informed outcome measures appropriate to the management of MSK conditions.	D5.K16	
	Critical skills: Specific skills underpinning capability 11		
C.11	Work in partnership with individuals to explore suitability of rehabilitation intervention (referrals to physiotherapy, occupational therapy, exercise instructors, and self- management resources etc.), seeking assistance where required, referring appropriately and with consideration of local and national pathways, guidelines, resources, and policies.	D6.S5	
C.11	Demonstrate integration of principles of patient education as a component of multi-modal therapy intervention for the management of MSK conditions.	D5.S7	

C.11	Demonstrate integration of principles of exercise physiology as it applies to therapeutic rehabilitation exercise programmes, as a component of multimodal intervention for management of MSK conditions e.g. an exercise programme with podiatry referral.	D5.S5	
C.11	Demonstrate sensitivity and specificity of handling in the implementation and instruction of individuals in appropriate therapeutic rehabilitation exercise programmes e.g. graded return to normal activity, modifying activity advice and programmes.	D8.S9	

## **Domain D: Service and professional development**

DOMAIN D: SERVICE AND PROFESSIONAL DEVELOPMENT Capability 14. Evidence-based practice and service development				
Cross-ref MSK CCF	Essential knowledge: Specific knowledge underpinning capability 14	Cross- ref IFOMPT	Your rating (0- 4)	Documentary evidence of level 7 learning
D.14	Demonstrate advanced critical evaluative application of evidence- informed practices e.g. uses clinical audit to evidence the use of best practice/national guidelines within MSK care and service delivery, identifying where modifications are required.	D1.K1		
D.14	Demonstrate evaluative understanding of appropriate outcome measures e.g. data collection and analysis, satisfaction feedback, and stakeholder engagement to improve quality of care, service delivery, and health inequalities.	D1.K2		
D.14	Demonstrate effective integration of comprehensive knowledge, and cognitive and metacognitive proficiency e.g. understands the importance of reflective practice and supervision on professional and service development.	D10.K1		
D.14	Evaluate the existing and changing professional, social, and political influences on the breadth and scope of advanced MSK practice within the context of delivery of services in order to continuously improve MSK healthcare.	ACP MSK bolt-on		

D.14	Evaluate the extent to which advanced MSK practice contributes to strategies related to collaborative inter- professional working and person-centred care.	ACP MSK bolt-on	
Critical skills: Specific skills underpinning capability 10			
D.14	Demonstrate ability to critically review the recent literature of the basic and applied sciences relevant to MSK conditions, to draw inferences for practice and present material logically in verbal and written forms.	D1.S2	
D.14	Demonstrate the advanced use of outcome measures to evaluate the effectiveness of clinical interventions and services, and uses outcomes to inform future planning and development.	D1.S5	
D.14	Demonstrate effective critical appraisal of research relevant to MSK practice.	D9.S1	
D.14	Demonstrate ability to consult skilfully with peers, other professionals, and legislative and regulatory organisations as appropriate.	D10.S12	
D.14	Critically analyse leadership practice through self- awareness of ability to lead, influence, and negotiate with others.	AP MSK bolt-on	
D.14	Critically apply changes to their behaviour relating to underpinning theory on leadership, and analyse and reflect on these changes.	AP MSK bolt-on	