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**Department of Allied Health Professions, Midwifery and Social Work**

**First Contact Practice (FCP)**

**Learning Needs Analysis (LNA) Form: MSK**

The purpose of this LNA is to provide a platform for collaboration between you and the university to guide you in your FCP journey. You start by providing information about yourself, your work experience and any relevant education, and then undertake a self-assessment mapping exercise which is aligned to the Knowledge, Skills and Attributes (KSA) specific to the FCP roadmap for MSK practitioners (HEE, 2021). Once this form is completed please send to [cpdhealth@herts.ac.uk](mailto:cpdhealth@herts.ac.uk). Based on your LNA the FCP team will advise you on a pathway to achieving the FCP status. The process may also involve a 1:1 TEAMs discussion with a member of the FCP team and reflection about any identified learning needs.

The outcome from the LNA process is as follows, you will be recommended to undertake either:

1. The taught route to FCP - this is the university taught route to becoming a recognised First Contact Practitioner (FCP) and is made up of 2 short courses of academic study:
   1. First Contact Practitioner 1 (FCP1): 30 Credits at level 7
   2. First Contact Practitioner 2 (FCP2): 15 Credits at level 7 (please note the Credit rating of FCP2 is currently being reviewed)

These short courses have been mapped against the KSA requirements to meet the roadmap for MSK FCP status (HEE, 2021).

1. Supported portfolio route to FCP - you will be advised to undertake the supported portfolio route to FCP status rather than the taught route. This may be because you have already completed relevant postgraduate study or have evidence of relevant experience for stage 1 and/or stage 2, or with a small amount of additional work could achieve this within a 6–12-month timeframe. You will work with a university supervisor and peers undertaking a similar process.

**Section 1: Your Details**

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| Full name | | |  | | | | |
| Profession | | |  | | | | |
| HCPC/GOsC/Regulatory Body Registration number | | |  | | | | |
| Date of initial professional registration | | |  | | | | |
| Chartered Society of Physiotherapy Membership Number (if applicable) | | |  | | | | |
| Details of current employer NHS/GP Practice | | |  | | | | |
| Which ICS do you work in? | | |  | | | | |
| Current area of clinical practice  e.g MSK, other | | |  | | | | |
| Current job / role | | |  | | | | |
| Time in current post  (please indicate if you have at least 3 years of MSK experience) | | |  | | | | |
| Contact details | | | | | | | |
| Preferred Email | | |  | | Phone number |  | |
| Address | | |  | | | | |
| Qualifications | | | | | | | |
| Academic qualifications from successfully completed programmes of study & any additional professional qualifications (post initial registration) | | | Award (Level & Title of programme) (e.g., Diploma, BSc) | | Date (Year) | | University/Awarding Body |
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| Detail of modules/courses studied which relate to FCP role | | | Module/course | | Date (Year) & Level (5, 6, 7 etc..) | | Education Provider  (e.g. NHS trust, Education Provider, Commercial Provider) |
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| Please indicate if you have undertaken previous university based FCP courses.  If yes, please indicate where this was undertaken, the outcome and whether the study was NHSE funded | | |  | | | | |
| 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 FCP or ACP roles | Employer | Dates of Employment | | Responsibilities | | | |
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**Section 2: Confirmation of relevant e-learning for FCP (MSK)**

**Please note you will need to provide evidence of completion prior to enrolment on taught or supported portfolio routes.**

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| Name of module | Date of completion/or indicate if yet to complete |
| E-learning for Healthcare sessions  <https://www.e-lfh.org.uk/programmes/musculoskeletal-primary-care/> |  |
| **Session 1 – What is Primary Care** |  |
| **Session 2 – Identification of the Ill and at Risk** |  |
| **Session 3 – Mental Health in Primary Care** |  |
| **Session 4 – Complex Decision-making Managing Patients with Comorbidity** |  |
| **Session 5 – Public Health** |  |
| **Session 6 – Persistent pain** |  |
| **Session 7 – Overview of Medicines and Prescribing** |  |
| **Session 8 – Serious Pathology of the Spine** |  |
| Personalised Care Institute modules  <https://www.personalisedcareinstitute.org.uk/> |  |
| **Shared decision making** |  |
| **Core skills** |  |
| **Personalised care and support planning** |  |
| **Remote consultations eLearning (recommended)** |  |

**Section 3: Student Preference**

**Please select your preference for either the taught route to FCP (undertaking short courses FCP1 & FCP2) or the supported portfolio route to FCP (working with a supervisor to complete your portfolio). Your preference will be taken into consideration when reviewing your LNA.**

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|  | Please tick preferred option and give a brief outline to explain this choice |
| **Taught route to FCP** |  |
| **Supported portfolio route to FCP** |  |

**Section 4: Your Knowledge, Skills and Attributes**

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. There is also space for you to record any self-identified current learning needs.

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

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| --- | --- |
| **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**

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| **DOMAIN A: PERSONALISED APPROACHES**  **Capability 1 Communication**  **Capability 2 Personalised care** | | | |
| Cross-ref  MSK CCF | **Essential knowledge: Specific knowledge underpinning capabilities 1 & 2** | Cross-ref  IFOMPT | Your rating  (0-4) |
| 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 |  |
| **Critical 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**

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| **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: Specific knowledge underpinning capabilities 1 & 2** | Cross-ref  IFOMPT | Your rating  (0-4) |
| 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 |  |
| B.3  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  B.4  B.5 | Demonstrate effective application of assessment and outcomes to evaluate aspects of the complex clinical behavioural principles in the management of individuals e.g. fear of movement. | D4.S1  D4.S4 |  |
| 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, multi- morbidity, 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.S4D8.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**

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| **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) |
| 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 |  |
| **Critical skills: Generic skills underpinning capabilities 6, 7, 12 & 13** | | | |
| C.6  C.7  C.12  C.13 | Demonstrate an advanced level in the ability to retrieve, integrate, and apply evidence-based knowledge from the clinical, medical, and behavioural sciences in the clinical setting; recognising the limitations of incorporating evidence when managing individuals with MSK conditions e.g. social, economic, and environmental factors on an individual’s behaviour, intervention, and management plan. | D1.S1  D1.S3  D1.S6  D10.S1 |  |
| C.6  C.7  C.12  C.13 | Demonstrate an advanced ability to integrate and apply evidence-informed approaches in the presentation of health promotion and preventative care programmes e.g. work in partnership utilising behaviour change principles to promote and support the individual with continuing work/exercise participation and the importance of social networks, and clinical and non-clinical groups and services. | D1.S6 |  |
| A.1  C.6  C.7  C.12  C.13 | Demonstrate advanced effective interpersonal and communication skills in the application of knowledge of complex biomedical sciences in the management of MSK conditions to facilitate communication and behaviour change that enables self-management, independence, risk assessment, and health and wellbeing promotion for individuals, carers, communities, and populations. | D2.S3 |  |
| C.6  C.7  C.12  C.13 | Demonstrate an advanced ability to identify the nature and extent of an individual’s functional abilities, pain, and complex multidimensional needs in relation to their management plan e.g. advising individuals, carers, and relevant agencies on living with frailty and how to adapt the environment to reduce the risk of falls, manage pain, and maintain independence etc. | D3.S1 |  |
| C.6  C.7  C12  C.13 | Demonstrate advanced effective interpersonal skills to inform the individual about their clinical presentation and all their management options e.g. supports the individual to engage in identifying the risks, prognosis, potential side effects, and likely benefits of interventions related to their personal needs and health goals. | D3.S4  D7.S3 |  |
| C.6  C.7  C12  C.13 | 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 e.g. supports and recognises when to discharge the individual with self-management. | D4.S1 |  |
| 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 |  |

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| **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) |
| 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 Injection therapy** | | | |
| Cross-ref MSK CCF | **Essential knowledge: Specific knowledge underpinning capability 9** | Cross-ref  IFOMPT | Your rating  (0-4) |
| 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 |  |
| **Critical 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 Surgical Interventions** | | | |
| Cross-ref MSK CCF | **Essential knowledge: Specific knowledge underpinning capability 10** | Cross-ref  IFOMPT | Your rating  (0-4) |
| 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-ref MSK CCF | **Essential knowledge: Specific knowledge underpinning capability 11** | Cross-ref  IFOMPT | Your rating  (0-4) |
| 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 multi-modal 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**

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| **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) |
| 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 skillfully 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 |  |
| For office use only  Date of review for LNA:  Outcome (please highlight): Taught route Portfolio route  Name/Signature of academic: | | | | |