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First Contact Practitioner Self-Declaration Mapping Document for Education Providers: Musculoskeletal

Version 2.0; 12/2022

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# Introduction

This mapping document should be used in conjunction with the Centre for Advancing Practice’s ‘First Contact Practitioners: Self-Declaration Guidance for Education Providers’. The guidance document can be found via [our website](https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/first-contact-practice-self-declaration-education-providers).

The process of self-declaration requires Education Providers to complete the following mapping document, ensuring their module(s) full maps to the specific [Roadmap](https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/ahp-roadmaps/first-contact-practitioners-advanced-practitioners-roadmaps-practice), prior to completing the self-declaration.

A mapping document has been devised for each Roadmap (Musculoskeletal, Paramedics, Podiatry, Occupational Therapy and Dietitian) and Education Providers are required to complete all mapping documents relevant to the training and education they deliver. This mapping document is relevant to the Musculoskeletal (MSK) Roadmap.

# First Contact Practitioner Level 7 Module(s): Musculoskeletal

|  |  |
| --- | --- |
| **Name of Programme Lead** |  |
| **Name of the module(s) reviewed** |  |
| **Online link to module(s) details** |  |
| **Date of most recent module(s) validation** |  |
| **Date when next validation is required/planned** |  |

HEE’s threshold requirements for accepting self-declaration are set out below. Please complete all sections.

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| **#** | Threshold requirement | **Evidence that supports the threshold requirements** |
| --- | --- | --- |
|  | The module(s) includes both stage 1 and stage 2 of the First Contact Practitioners (FCP) in Primary Care: (Musculoskeletal): A Roadmap to Practice, with stage 2 including 75-hours of assessed work-based learning in Primary Care |  |
|  | The module(s) has been mapped to the Knowledge Skills and Attributes document from the First Contact Practitioners in Primary Care: (Musculoskeletal): A Roadmap to Practice |  |
| c. | The Education Provider works with the Primary Care Training Hub/s to support the provision of appropriately trained Roadmap Supervisors for assessment in practice.  OR  Where an Education Provider offers assessed work-based learning, provide details of how this will be consistent with that supervised and assessed by Roadmap Supervisors as described in the FCP MSK Roadmap. |  |
| d. | The module(s) is at level 7 and credits could be used as part of an Advanced Practice Master’s degree (please state number of credits to be awarded) |  |
| e. | Applicants will have a minimum of 5 years of post-graduate experience to enrol on the module, 3 of which must be specialising in MSK |  |
| f. | Applicants will have successfully completed online learning as outlined in the First Contact Practitioners in Primary Care: (Musculoskeletal): A Roadmap to Practice during stage 1, prior to commencing stage 2 |  |
| g. | Applicants will have secured employer's approval to complete the modules including approval for the assessed supervision of Stage 2 and final sign-off by an appropriately trained Roadmap Supervisor, Educator and Employer OR Education Provider |  |

|  |  |  |
| --- | --- | --- |
| Domain A: Personalised ApproachesCapability 1: CommunicationCapability 2: Personalised Care | | |
| Essential Knowledge: Specific knowledge underpinning capabilities 1 & 2 | | Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed |
|
| 1.1 | 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. |  |
| 1.2 | Demonstrate comprehensive advanced knowledge of the influence of the clinician’s behaviour on a patient’s behaviour and vice versa |  |
| 1.3 | Demonstrate an advanced level in the ability to enhance and promote the rights of a person to actively participate in their health care management through shared decision making by taking into consideration the patient’s wishes, goals, attitudes, beliefs, and circumstances |  |
| 1.4 | 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 |  |
| Critical Skills: Specific skills underpinning capabilities 1 & 2 | | Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed |
| 1.5 | Demonstrate advanced self –awareness to mitigate against the impact of a clinician’s own values, beliefs, prejudices, assumptions, and stereotypes when interacting with others. |  |
| 1.6 | Demonstrate effective advanced communication skills when applying behavioural principles. Examples, modifying conversations based upon individual’s levels of activation and health literacy, provide appropriate and accessible information and support ensure understanding of MSK conditions current and potential future impact on lives. |  |
| 1.7 | Demonstrate advanced use of interpersonal and communication skills during the history taking, physical examination, re-assessment, 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. |  |
| 1.8 | Demonstrate efficient and effective use of advanced active listening skills throughout the individuals encounter e.g., both are an active, two-way process |  |
| 1.9 | Demonstrate effective documentation of informed consent from the individual for assessment and management procedures as appropriate |  |
| 1.10 | Demonstrate maintenance of clear, accurate and effective records of assessment and management to meet clinical and legal requirements |  |
| 1.11 | 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 to serve the individuals' best interest |  |
| 1.12 | 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 |  |
| 1.13 | Demonstrate advanced use of clinical reasoning to integrate scientific evidence, clinical information, the individuals’ 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 health care needs associated with MSK long term conditions and co morbidities |  |
| 1.14 | Demonstrate advanced self –awareness to mitigate against the impact of a clinician’s own values, beliefs, prejudices, assumptions, and stereotypes when interacting with others. |  |
| Domain B: Assessment, investigations, and diagnosisCapability 3: History-takingCapability 4: Physical AssessmentCapability 5: Investigations and diagnosis | | |
| Essential knowledge: General knowledge underpinning capabilities 3, 4 & 5 | | Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed |
| 2.1 | Demonstrate comprehensive advanced knowledge of the theoretical basis of the assessment of the MSK system and interpretation of this assessment towards a clinical diagnosis |  |
| 2.2 | Demonstrate critical understanding of the process of complex hypothetico-deductive clinical reasoning, including complex hypothesis generation and testing |  |
| 2.3 | Demonstrate an advanced level of effective use of the process of complex pattern recognition, including the importance of organising advanced clinical knowledge in patterns |  |
| 2.4 | 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 e.g., ruptured Achilles tendon, internal derangement of the knee and cauda equina |  |
| 2.5 | Demonstrate advanced evaluation of common clinical reasoning errors |  |
| 2.6 | 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. |  |
| 2.7 | 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 |  |
| 2.8 | Demonstrate comprehensive advanced knowledge of the interrelationship of anatomical structures in MSK function and dysfunction |  |
| 2.9 | Demonstrate comprehensive advanced knowledge of pathology and pathogenesis of mechanical dysfunction of the MSK, neurological and vascular systems presenting to MSK first contact practitioners |  |
| 2.10 | Demonstrate comprehensive advanced knowledge of assessment, diagnosis, and management of non-mechanical dysfunction of the MSK system, MSK masquerade’s 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 flag |  |
| 2.11 | Demonstrate comprehensive advanced knowledge of neurological, internal visceral, cardio-vascular, dental, and orthodontic dysfunctions linked with the MSK system |  |
| 2.12 | Demonstrate comprehensive advanced knowledge of pain sciences related to the MSK system |  |
| 2.13 | Demonstrate comprehensive advanced knowledge of examination procedures to enable differential diagnosis of the MSK, neurological, vascular, and lymphatic dysfunction whilst additionally exploring co morbidities, mental health, social- health impacts as seen within the MSK FCP role. |  |
| 2.14 | 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 |  |
| 2.15 | Demonstrate comprehensive advanced knowledge of static, dynamic, and functional posture in the assessment of the MSK system and interpretation of this assessment |  |
| 2.16 | 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 |  |
| 2.17 | 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 |  |
| 2.18 | Demonstrate comprehensive advanced knowledge of the specific special/screening tests for the assessment of the MSK system and interpretation of this assessment |  |
| 2.19 | 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 |  |
| 2.20 | 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 |  |
| Critical Skills: Generic skills underpinning capabilities 3, 4 & 5 | | Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed |
| 3.1 | Demonstrate an evidence informed approach to the advanced assessment of individuals with MSK conditions |  |
| 3.2 | 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 |  |
| 3.3 | 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 |  |
| 3.4 | 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. |  |
| 3.5 | 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 |  |
| 3.6 | 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 |  |
| Critical Skills: Specific skills underpinning capabilities 3, 4 & 5 | | Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed |
| 4.1 | Demonstrate advanced level of efficient and effective questioning strategies to obtain reliable and valid information from history taking whilst 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) |  |
| 4.2 | 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) |  |
| 4.3 | 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). |  |
| 4.4 | Demonstrate the ability to efficiently and effectively gain an individual’s consent, respecting and maintaining privacy and dignity, complying with infection and control procedures |  |
| 4.5 | Demonstrate advanced prioritisation in the physical assessment and management of individuals with complex MSK conditions, adapting to the needs of individual’s and potential limitations of the clinical environment e.g., cognitive impairment, chaperone, remote consultations, and local policy (social distancing, PPE) |  |
| 4.6 | Demonstrate advanced level of sensitivity and specificity in the physical and functional assessment of the articular, muscular, fascial, nervous, vascular, cardiorespiratory systems |  |
| 4.7 | Demonstrate accurate physical diagnosis of MSK dysfunctions e.g., identify, analyse, and interpret significant information from the assessment including any ambiguities |  |
| Domain C: Condition management, treatment, and preventionCapability 6. Prevention and Lifestyle InterventionCapability 7. Self-management and Behaviour ChangeCapability 8. PharmacotherapyCapability 9. Injection TherapyCapability 10. Surgical InterventionsCapability 11. Rehabilitative InterventionsCapability 12. Interventions and care managementCapability 13. Referrals and collaborative work | | |
| Essential Knowledge Generic knowledge underpinning capabilities 6, 7, 12 & 13 | | Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed |
| 5.1 | Demonstrate comprehensive advanced knowledge of prognostic, risk, and predictive factors of relevant health problems in relation to MSK management strategies e.g., adequate Vit D for bone health and the effects of smoking, obesity, mental health, frailty, inactivity etc |  |
| 5.2 | 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. |  |
| 5.3 | 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. |  |
| 5.4 | Demonstrate comprehensive advanced knowledge of all possible interventions for management of MSK condition e.g., where agreed in partnership and acting in the individuals best interest refer and/or signposting for relevant investigations, local and national services including self- help, counselling, and coaching support |  |
| 5.5 | Demonstrate comprehensive advanced knowledge including indications and contraindications of all available multimodal therapeutic intervention 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) |  |
| 5.6 | 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. |  |
| 5.7 | 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 |  |
| Critical Skills Generic skills underpinning capabilities 6,7,12 & 13 | | Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed |
| 6.1 | 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 |  |
| 6.2 | Demonstrate an advanced ability to integrate and apply evidenced 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, clinical and non- clinical groups, and services. |  |
| 6.3 | 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. |  |
| 6.4 | 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 |  |
| 6.5 | 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 |  |
| 6.6 | 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 |  |
| 6.7 | 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 |  |
| 6.8 | 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. |  |
| 6.9 | 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. |  |
| 6.10 | 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, agencies e.g., evidence of shared learning, development, audit, referral pathways. |  |
| Domain C: Condition management, treatment, and preventionCapability 8. Pharmacotherapy | | |
| Essential Knowledge Specific knowledge underpinning capability 8 | | Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed |
| 7.1 | Demonstrate comprehensive knowledge of indications, contraindications, effects, side-effects of therapeutic drugs, understanding local, 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, drugs used in treating individuals with metabolic bone disease, gout, inflammatory arthritis and in the management of persistent pain. |  |
| Critical Skills Specific skills underpinning capability 8 | | Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed |
| 8.2 | 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 |  |
| 8.3 | Keep individuals’ response 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. |  |
| Domain C: Condition management, treatment, and preventionCapability 9 &10. Injection & Surgical Interventions | | |
| Essential Knowledge Specific knowledge underpinning capability 9 & 10 | | Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed |
| 9.1 | Demonstrate comprehensive advanced knowledge of indications for and the nature of injections and surgical intervention in the management of MSK conditions, 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 e.g., rehabilitative interventions, social prescribing. |  |
| Critical Skills Specific skills underpinning capability 9 & FCP10 | | Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed |
| 10.1 | Work in partnership with individuals to explore suitability of injections and surgical intervention e.g., to allay individuals’ fears, beliefs, and concerns, seeking assistance where required, referring appropriately and with consideration of local and national pathway, guidelines, resources, and policies. |  |
| 10.2 | Make recommendations to employers regarding individuals’ fitness to work, including through the appropriate use of fit notes and seeking of appropriate occupational health advice. |  |
| Domain C: Condition management, treatment, and preventionCapability 11. Rehabilitative Interventions | | |
| Essential Knowledge Specific knowledge underpinning capability 11 | | Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed |
| 11.1 | 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. |  |
| 11.2 | Demonstrate comprehensive knowledge of various manual, exercise therapy approaches including the expected benefits, limitations, advantages, and disadvantage and of other therapeutic adjuncts e.g., taping, acupuncture, electrotherapy modalities including those in physiotherapy, medicine, osteopathy, podiatry etc used in the rehabilitative management of MSK conditions. |  |
| 11.3 | Demonstrate comprehensive knowledge in the role of digital technology to support adherence to rehabilitation interventions for individuals with MSK conditions e.g. apps and wearables |  |
| 11.4 | Demonstrate comprehensive knowledge of evidence informed outcome measures appropriate to the management of MSK conditions. |  |
| Critical Skills Specific skills underpinning capability 11 | | Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed |
| 12.1 | 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 pathway, guidelines, resources, and policies |  |
| 12.2 | Demonstrate integration of principles of patient education as a component of multi-modal therapy intervention for the management of MSK conditions |  |
| 12.3 | 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. |  |
| 12.4 | 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. |  |
| Domain D: Service and Professional DevelopmentCapability 14. Evidence-based Practice and Service Development | | |
| Essential Knowledge Specific knowledge underpinning capability 14 | | Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed |
| 13.1 | 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 |  |
| 13.2 | 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 |  |
| 13.3 | Demonstrate effective integration of comprehensive knowledge, cognitive and metacognitive proficiency e.g., understands the importance of reflective practice and supervision on professional and service development. |  |
| 13.4 | 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 |  |
| 13.5 | Evaluate the extent to which advanced MSK practice contributes to strategies related to collaborative inter-professional working and person-centred care |  |
| Critical Skills Specific skills underpinning capability 14 | | Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed |
| 14.1 | 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 both verbal and written forms |  |
| 14.2 | 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 |  |
| 14.3 | Demonstrate effective critical appraisal of research relevant to MSK practice |  |
| 14.4 | Demonstrate ability to consult skilfully with peers, other professionals, legislative and regulatory organisations as appropriate |  |
| 14.5 | Critically analyse leadership practice through self-awareness of ability to lead, influence and negotiate with others |  |
| 14.6 | Critically apply changes to their behaviour relating to underpinning theory on leadership and analyse and reflect on these changes |  |