

First Contact Practitioners in Primary Care: Podiatry

A Roadmap to Practice

Refreshed 2026



Contents

First Contact Practitioners in Primary Care: Podiatry	1
1. Introduction	3
1.1 Introduction to the roadmaps	3
1.2 What is a First Contact Practitioner?	4
2. FCP Development and Education	6
2.1 Role of the Centre for Advancing Practice	6
2.2 Requirements for Roadmap Completion	6
2.3 Knowledge, Skills and Attributes (KSA) Document for First Contact Practice	8
3. FCP development process in relation to the KSAs	9
3.1 Checklist of Preparation Processes: Stage 1 and Stage 2	9
4. Appendices	12
4.1 Knowledge, Skills and Attributes document	12
Domain A: Personalised approaches	12
Domain B: Assessment, investigation, and diagnosis	15
Domain C: Condition management, interventions and prevention	20
Domain D: Service and professional development	26
Personal attributes	28
4.2 Core clinical skills, core indicative knowledge, key clinical presentations, investigations, and referrals	31
4.3 National standards and frameworks for podiatrists	46

1. Introduction

In the context of the [NHS 10-Year Health Plan](#) and the associated NHS workforce plan, first contact practice helps facilitate the intended shift of care from hospitals to communities through developing new neighbourhood health services for proactive, personalised care. It also contributes to the shift from sickness to prevention through enabling a focus on preventing illness and managing long term conditions earlier and more effectively.

1.1 Introduction to the roadmaps

This section provides an overview of the Roadmaps of education for practice when moving into a First Contact Practitioner (FCP) role in primary care. It sets out:

- An overview of first contact practice roles
- Their associated preparation and educational pathways
- The Knowledge, Skills and Attributes (KSAs) of the capabilities for first contact practice

The Roadmaps are relevant to all appropriately experienced statutory regulated healthcare professionals specialising in first contact practice; those either working in FCP roles in primary care or those working toward such roles. To uphold safe patient care the capabilities detailed in the KSAs are those that practitioners in FCP roles need to maintain, and those working towards FCP roles need to attain.

The application of frameworks are dependent on the determined scope of practice, appropriate knowledge and skills that may apply to specific patient groups, and the job description that an individual FCP is working under as part of the organisational governance processes for their role.

There are five different speciality Roadmaps to Practice:

1. First Contact Practitioners in Primary Care: Musculoskeletal
2. First Contact Practitioners in Primary Care: Paramedic
3. First Contact Practitioners in Primary Care: Occupational Therapy
4. First Contact Practitioners in Primary Care: Dietitian
5. First Contact Practitioners in Primary Care: Podiatry

This is the podiatry version of the educational pathway to first contact practice in primary care, which is relevant to appropriately experienced podiatrists either working in FCP roles in primary care or those working toward such roles.

Podiatrists working in primary care, who are not training to be FCPs, will normally be working for their local NHS Trust's community health service, and will have a different scope of practice which falls outside the remit of this document.

1.2 What is a First Contact Practitioner?

A FCP working in a primary care setting is a diagnostic clinician capable of working at the full extent of their clinical scope of practice. Individuals working in FCP roles can assess and manage patients presenting with undifferentiated and undiagnosed problems, within their agreed scope of practice, once they have completed the relevant education, which includes assessments in practice. FCPs should demonstrate working at advanced level capability in the clinical practice pillar within their respective area of practice.

FCPs work as integrated members of the primary care multi-disciplinary team, making appropriate onward referrals of patients to other members of the multi-disciplinary team and other appropriate agencies, where additional assessment and management outside the practitioner's agreed scope of practice exists.

For those practitioners working or preparing to work in FCP roles, successfully completing stages 1 and 2, as described in this information, is the expectation for maintaining patient safety and optimising practitioners' clinical reasoning, assessment and decision-making skills within their scope of practice, for working as a first point-of-contact practitioner assessing patients with undifferentiated undiagnosed conditions, within their agreed scope of practice, in primary care. Since its inception the Roadmap process has been further developed and now is fully supported by an academic institution. With additional education, training, and experience, practitioners working in FCP roles, can progress along the continuum of advancing practice, which encompasses the enhanced, advanced, and consultant levels of practice.

To note, for FCPs considering progression along the continuum, the Centre for Advancing Practice [standards of governance for the multi-professional advanced and consultant practice workforce](#) indicate the minimum prospective training for advanced practice is an accredited MSc Advanced Practice programme. Currently consultant practice training can take many forms. For either level of practice (advanced or consultant) the required qualifications, competencies, and capabilities should be identified and agreed prior to the practitioner starting any relevant training programme.

FCPs work at Master's level (level 7), and the training programmes that prepare them for first contact practice are taught at the same level.

Relevant and comprehensive experience of working as a registrant healthcare professional is fundamental for working effectively and safely in a first contact practice role. Accordingly, development as a FCP is a post-registration activity, which requires suitable progression past the newly qualified or early career phase of entry-level practice, including experience and consolidation within the speciality, before individual registrants enter first contact practice education and training programmes.

Progression beyond the newly qualified, early career phase of entry level practice, enables practitioners to consolidate experience before entering FCP training. Such progression is normally a minimum of five years' post-qualification experience, with at least 3 years' specialist expertise (experience) working in an appropriate clinical specialism being required.

To note – FCP roles in general practice settings within primary care are usually funded through the Additional Roles Reimbursement Scheme (ARRS), which is part of the annual Network Contract Directed Enhanced Service (DES) specification published by NHS England. The ARRS section of the DES outlines the minimum requirements that different FCP roles must meet to qualify for reimbursement, such as the minimum requirements for post-qualification experience.

The ‘[GP mythbuster 106: Staff not directly employed by a GP practice](#)’ published by the Care Quality Commission (2024) outlines the responsibilities of organisations when recruiting and managing staff deployed in FCP roles via ARRS.

2. FCP Development and Education

2.1 Role of the Centre for Advancing Practice

The Centre for Advancing Practice works collaboratively with professional bodies and other stakeholders, such as system-level organisations, employers, and universities, to support education and training in support of advancing practice within England. This includes providing guidance for those either working or seeking to work in first contact practice roles in primary care settings, and those engaged in education and workforce development for FCPs.

- The Centre publishes and updates guidance for first contact practice, such as the FCP Roadmaps to Practice. The guidance describes how individuals either in, or seeking, FCP roles can demonstrate how they meet requirements set out in the suite of five FCP Roadmaps to Practice.
- The Centre recognises education providers' FCP modules/courses through a self-declaration process completed by those education providers. To note, this recognition only applies to education providers and does not extend to individuals who complete Centre-recognised FCP education provision.
- The self-declaration process involves education providers completing a mapping document which indicates that their respective FCP modules/courses map to the relevant capabilities for practice.
- On completion of the mapping document education providers can self-declare to the Centre that their corresponding module(s)/course(s) meets the attributes of appropriate 'FCP in Primary Care: Roadmap to Practice' and submit that to the Centre.
- Once a self-declaration outcome has been reviewed and ratified by the Centre's Education Assurance Group, education providers of FCP modules/courses that have completed the self-declaration process are listed in the ['Education Providers of FCP training'](#) page of the 'Allied health professions' section of the NHS England website.

2.2 Requirements for Roadmap Completion

The requirement for successful completion of the Roadmap by individual practitioners consists of two stages ('Stage 1' and 'Stage 2') provided by an education provider, usually a university, whose FCP education provision should normally have been self-declared to the Centre for Advancing Practice. For assurance that the provision fully meets the requirements of the Roadmap, prospective learners should check the list of providers who have undertaken the self-declaration process described above.

To note, the Roadmap capabilities can be evidenced once in practice, but there must be robust governance in place to maintain patient safety. Governance arrangements for first contact practice are the responsibility of both the employer and the practitioner.

- **Stage 1** which is ideally to be completed prior to starting a FCP role. This stage describes the KSA requirements for practitioners moving into primary care and can be completed through one of two routes: a Taught Route; OR via a Supported Portfolio Route. These programmes may be completed either by undertaking taught modules alongside supervised practice, or by submitting a clinical evidence portfolio to a FCP education provider in combination with supervised practice. Practitioners must meet the KSA requirements of stage 1 in order to progress to stage 2 and therefore completion of the Roadmap.
- A personalised Learning Needs Analysis (LNA) undertaken with a FCP education provider will help identify the most suitable route (either taught or portfolio) for individual practitioners. The LNA provides an opportunity for evaluating an overview of previous experience, education, and training of relevance to first contact practice, including attainment of prior post-registration level 7 learning, and any current work in first contact practice (where relevant).
- **Stage 2** is completed when working in primary care. It is the phase where the individual practitioner demonstrates that they can apply the KSAs gained in Stage 1 in primary care practice. It focuses on capability in day-to-day clinical work and is evidenced through a structured portfolio.
- **Taught Route:** The practitioner successfully completes an education provider's course, comprising modules of study, that have been mapped to the Roadmap's KSA framework appropriate to a practitioner's speciality area of practice.
- **Supported Portfolio Route:** The practitioner completes a mapping of their KSAs to the FCP Roadmap document (see section 5), with a portfolio of evidence alongside eight Primary Care e-learning modules and three personalised care e-learning modules required for Stage 1. This mapping process is then verified by a practice-based supervisor and an education provider.

Stage 2 is normally completed in the practitioner's place of work and is supervised by an appropriate practice-based supervisor in primary care. The '[Supervision](#)' section of [NHS England First Contact Practice FAQs](#) provides further details of the capability, support, and training requirements for FCP supervisors. Practitioners undertaking the Roadmap need to be supported by a supervisor in their clinical setting. This is to facilitate planning and development to meet their specific learning and professional needs. Supervised practice-based learning is recognised and supported by universities offering FCP education and training programmes, and is intended to develop a practitioner's professional scope of practice.

2.3 Knowledge, Skills and Attributes (KSA) Document for First Contact Practice

The KSA document, found in each appendix of the roadmaps (Appendix 4.1) and also on the self-declaration webpage for education providers of the First Contact Practice webpages, are used as part of the process of preparation as an FCP. Each of the respective KSA documents outline the relevant knowledge and skills required for attaining first contact practice capabilities.

The KSA document found in appendix 4.1 is used as part of the process of recognition of an FCP. Each required capability is described within the KSA document. To the right of each capability there is indication of cross-referencing to the Health Education England (2021) [Multi-Professional Advanced Capabilities Framework for Lower Limb Viability](#) and Royal College of Podiatry (2021) [Musculoskeletal Capability Framework](#). This cross-referencing enables individuals preparing to become FCPs to build evidence for their preparation as a FCP in primary care.

3. FCP development process in relation to the KSAs

- The Roadmap completion process supports quality assurance and governance of the preparation of practitioners for FCP roles attained against the relevant capabilities for practice detailed in the KSAs.
- For FCP development, this attainment is assessed at Master's level / level 7.
- It is important to have a standardised preparation for FCP roles, through attainment of the capabilities noted in the KSAs, as a minimum entry level for diagnostic clinicians in primary care. FCPs work with patients presenting with undifferentiated and undiagnosed conditions (within their agreed scope of practice), often within the context of multimorbidity and polypharmacy. Therefore, such practice requires the FCP to be working at the full extent of their clinical scope of practice to be fully effective in their role, thus contributing to patient safety.

3.1 Checklist of Preparation Processes: Stage 1 and Stage 2

The table below shows the checklist form to be kept by the practitioner for evidence of completion of the Stage 1 and Stage 2 Roadmap processes, whereby assessment and sign-off by a practice-based supervisor and a FCP education provider verifies fulfilment of the KSAs at level 7 and completion of the Roadmap process. This checklist is a summary of the required evidence in the portfolio.

FOR FCP – Stage 1, ideally to be completed before entry to primary care, Stage 2 in primary care		
CONTENT	NUMBER	DATE, Practitioner & Supervisor's SIGNATURE
STAGE 1		
1. Knowledge, Skills and Attributes verified	Portfolio of evidence required	
2. * Primary Care e-learning modules completed (via e-lfh)	Certificates from modules required	
3. ** Personalised care e-learning modules (via PCI)	Certificates from modules required	

STAGE 2		
Personal Development Plan (PDP) identifying SMART objectives	Need evidence that it has been developed – regularly updated	
A record of modules successfully completed at university – dates of completion		
A record of mandatory training including BLS and Safeguarding – dates of completion	As per mandated requirement.	
Reflective log entries	Minimum of one a week over a range of capabilities – verified when capable	
Consultation observation tool (COT)		
To include face-to-face, telephone, and video	Minimum of one per month – verified when capable	
Case-based discussion (CBD)	Minimum of one per month – verified when capable	
A range of clinical examination procedural skills	To reflect any required procedural skills or any required for the profession – verified when capable	
Participation in Quality Improvement Projects (QIP)/audit – showing ongoing engagement with QIP/audit – audits follow the audit cycle, shows systematic change/leaves a legacy	At least one completed audit or QIP but demonstrating an ongoing involvement	
Patient satisfaction questionnaires (PSQ)	At least one full round with 10 – 20 respondents	
Multi-source feedback (MSF) – at least one full round with 10 respondents – five clinical and five non-clinical	Minimum of one round	
Significant Event Analysis	At least one then one per year	
Any patient compliments or complaints		

Summary Confirmation of attainment of First Contact Practice knowledge, skills, and attributes

Summary confirmation by First Contact Practitioners who have completed the **Checklist of Preparation Processes: Stage 1 and Stage 2:**

I confirm that I have completed all components of Stage 1 and Stage 2 of the FCP Roadmap to Practice for my speciality area of First Contact Practice (insert speciality); this demonstrates successful completion of the FCP Roadmap process in the correspondent area of practice.

Name:

Signature:

Date:

Supervisor(s) details:

Name:

Registration number:

Contact email:

*** Primary Care e-learning modules (x8):** 1) What is Primary Care; 2) Identification of the Ill and at Risk; 3) Mental Health in Primary Care; 4) Complex Decision-making Managing Patients with Comorbidity; 5) Public Health; 6) Persistent Pain; 7) Overview of Medicines and Prescribing; 8) Serious Pathology of the Spine.

**** Personalised care e-learning modules (x3):** 1) Core Skills; 2) Shared Decision Making; 3) Personalised Care and Support Planning (PCSP).

4. Appendices

4.1 Knowledge, Skills and Attributes document

Domain A: Personalised approaches

NHS England – Personalised care: (<https://www.england.nhs.uk/personalisedcare/>)

Capability 1. Communication Capability 2. Personalised care			
Essential knowledge: specific knowledge underpinning capabilities 1 & 2	MPACF-LLV	RCPod Foot & Ankle MSK CF	FCP Capabilities
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.	B1	A1	1a
Demonstrate comprehensive advanced knowledge of the influence of the clinician's behaviour on a patient's behaviour and vice versa.	B1	A1	A1
Critical skills: specific skills underpinning capabilities 1 & 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.	A1 B1	A1 A2	A1 A2
Demonstrate advanced use of interpersonal and communication skills in the effective application of practical skills for assessment, diagnosis, and management of individuals with lower limb conditions, including in the obtaining of consent, and in the interpretation and discussion of test results.	A1 A2 B1 B2	A1	A1
Demonstrate advanced self-awareness to mitigate against the impact of a clinician's own values, beliefs, prejudices, assumptions, and stereotypes when interacting with others.	B1	A1	A1
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	B1	A1	A1

appropriate and accessible information and support to ensure understanding of the podiatry condition's current and potential future impact on their lives.			
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.	A2 B1 B2	A1 A2	A1 A2
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.	A2 B1 B2	A1	A1
Demonstrate effective documentation of informed consent from the individual for assessment and management procedures as appropriate.	B1	B4	A1
Record all pertinent information gathered in history and from examination concisely and accurately for clinical management, and in compliance with local guidance, legal and professional requirements for confidentiality, data protection, and information governance.	B1	A1	A1 A2 C12
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.	B1	A1	A1 A1 A2
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 lower limb condition and life, such as paid/unpaid work, including doing nothing.	A1 A2 B1 B2	A2 B3 C6 C7	A1 A2
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 podiatry related long-term conditions and comorbidities, and their potential impact upon physical activity and healthy living.	B2 B3	A2 B3 C6 C7	A2

Demonstrate effective advanced communication skills when identifying opportunities for peer, social or other community-based support mechanisms available to promote or enhance foot health.	B1	A1 B3 C6 C7	A1
--	----	----------------------	----

Domain B: Assessment, investigation, and diagnosis

Capability 3. History-taking Capability 4. Assessment Capability 5. Investigations and diagnosis			
Essential knowledge: general knowledge underpinning capabilities 3, 4 & 5	MPACF-LLV	RCPod Foot & Ankle MSK CF	FCP Capabilities
Demonstrate critical understanding of the process of complex hypothetico-deductive clinical reasoning, including complex hypothesis generation and testing.	B2 B3	B3 B4	B4 B5
Demonstrate an advanced level of effective use of the process of complex pattern recognition, including the importance of organising advanced clinical knowledge in patterns.	B2 B3	B3 B4 B5	B3
Demonstrate comprehensive knowledge of the theoretical physiological systems underpinning assessment of the lower limb, and the interpretation of assessment findings within the context of differential diagnosis.	B2	B3 B4 B5 Appendix 1	B4 B5
Demonstrate advanced evaluation of common clinical reasoning errors.	B2	B3 B4 B5 Appendix 1	B5
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.	A2 B2	B4 B5	B3
Demonstrate comprehensive advanced knowledge of the relevant clinical sciences as applied to podiatric conditions, such as clinical anatomy, physiology, pain science, biomechanics, tissue viability, and epidemiology in assessment.	A2 B2	B4 B5.	B4 B5

Demonstrate comprehensive advanced knowledge of the interrelationship of anatomical structures in lower limb function and dysfunction.	A2 B2	B3 B4 B5	B4 B5
Demonstrate comprehensive advanced knowledge of pathology and pathogenesis of mechanical dysfunction of the MSK, neurological, and vascular systems presenting to podiatrist first contact practitioners.	A2 A3	B3 B4 B5	B4 B5
Demonstrate comprehensive advanced knowledge of assessment, diagnosis, and management of non-mechanical dysfunction related to 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.	A2 B2	B3 B4 B5 Appendix 1	B3 B4 B5 Appendix 1
Demonstrate comprehensive advanced knowledge of neurological and cardiovascular dysfunctions linked with the podiatry related conditions.	A2 B2	Appendix 1	B3 B4 B5
Demonstrate comprehensive advanced knowledge of pain sciences related to the lower limb conditions	A2	B4 B5 Appendix 1	B4 B5
Demonstrate comprehensive advanced knowledge of examination procedures to enable differential diagnosis of the MSK, neurological, vascular, and lymphatic dysfunction, while additionally exploring comorbidities, mental health, and social health impacts as seen within the FCP podiatry role.	A2	B5	B5
Demonstrate comprehensive advanced knowledge of the specific diagnostic and evaluative qualities of assessment tools likely to be used within the FCP podiatry role, including reliability, validity, responsiveness, positive likelihood, negative likelihood, and diagnostic accuracy.	A2 B2	B5	B5
Demonstrate comprehensive advanced knowledge of static, dynamic, and functional posture in the assessment of the MSK system and interpretation of this assessment.	A2 A3	B4 B5 Appendix 1	B4 B5
Demonstrate comprehensive advanced knowledge of the biomechanics and principles of active and passive movements of the articular system, including the joint surfaces, ligaments, joint	A2 A3	B4 Appendix 1	B4

capsules, and associated bursae in the assessment of the MSK system and interpretation of this assessment.			
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.	A2 A3	B5	B4 B5
Demonstrate comprehensive advanced knowledge of the specific special/screening tests for the assessment of the muscular, skeletal, integumentary, nervous, and vascular systems and interpretation of these assessments.	A2 B2	B3 B5	B4 B5
Demonstrate comprehensive advanced knowledge of appropriate medical diagnostic tests and their integration required to make a podiatric clinical diagnosis, e.g. able to select the appropriate investigative tests, interpret results, and inform assessment and decision making.	A2 B2	B5	B5
Demonstrate comprehensive advanced knowledge of the specific indications and contraindications (including behavioural principles) for the use of diagnostic tools including imaging, blood tests, etc.	A2 B2	B5	B5
Critical skills: Specific skills underpinning capabilities 3, 4 & 5			
Demonstrate an evidence-informed approach to the advanced assessment of individuals with lower limb conditions.	A2 A3 B2 B3	B3 B4 B5	B3 B4 B5
Demonstrate advanced application of comprehensive knowledge of the examination and management of individuals with lower limb 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.	A2 B2	B3 B4 B5 C11	B4 B4 B5
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.	B2	B5	B5

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.	B2	A1 B3 B4 B5	B5
Demonstrate application of comprehensive advanced knowledge of the biomedical, clinical, and behavioural sciences in the assessment of individuals with lower limb conditions e.g. presentation of pathological and psycho- social presentations affecting the structure, function, inflammation, and pain, including wounds.	A1 A2 B1 B2	B3 B4 B5	B3 B4 B5
Demonstrate effective application of assessment and outcomes to evaluate aspects of the complex clinical behavioural principles in the management of individuals whilst addressing any queries or concerns they may have.	A1 B1 B2	A2 B3 B4 C7	B5
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).	A1 A2 B1 B2	A1 A2 B3	A1 A2
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 podiatric conditions (pain, stiffness, deformity, weakness, sensory loss, and impact on tasks and occupation etc.).	A1 A2 B1 B2	A1 A2 B3	A1 A2 B3
Demonstrate the advanced ability to simultaneously monitor multiple complex dimensions of information while maintaining a professional and appropriate communication style throughout contact with the individual e.g. some lower limb symptoms have the potential to be features of serious pathology, compounded by psychological and mental health factors, and affected by lifestyle factors (including smoking, alcohol, and drug misuse).	B1 B2 B3	A1 A2 B3	A1 A2 B3

Demonstrate the ability to efficiently and effectively gain an individual's consent, respecting and maintaining privacy and dignity, complying with infection control procedures.	B1	A1	A1
Demonstrate advanced prioritisation in the physical assessment and management of individuals with complex lower limb 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).	A2 B1 B2	A2 B3 B4	A2 B3 B4
Demonstrate advanced level of sensitivity and specificity in the physical and functional assessment of the articular, muscular, fascial, nervous, vascular, and cardiorespiratory systems.	A1 B1	B5	B5
Demonstrate accurate physical diagnosis of lower limb dysfunctions e.g. identify, analyse, and interpret significant information from the assessment, including any ambiguities.	A2 B2	B3 B4 B5	B3 B4 B5

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			
Essential knowledge: generic knowledge underpinning capabilities 6, 7, 12 & 13	MPACF-LLV	RCPod Foot & Ankle MSK CF	FCP Capabilities
Demonstrate comprehensive advanced knowledge of prognostic, risk, and predictive factors of relevant health problems in relation to all podiatric management strategies e.g. adequate vitamin D for bone health, and the effects of smoking, obesity, mental health, frailty, inactivity etc.	A3 B3	C6	C6
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 podiatric assessment and management.	B3	C7	C7
Demonstrate comprehensive knowledge of the role of the biopsychosocial model, e.g. risk factors for the persistence of lower limb conditions and the role of MDT management strategies.	A1 A3 B1 B3	C7	C7
Demonstrate comprehensive advanced knowledge of all possible interventions for management of lower limb 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.	B3	C6 C7 C11 C12 C13	C6 C7 C11 C12 C13

Demonstrate comprehensive advanced knowledge including indications and contraindications of all available multimodal therapeutic interventions for management of lower limb 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.).	A3 B3	C6 C7 C8 C9 C10 C11 C12	C6 C7 C8 C9 C10 C11 C12 C13
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 lower limb-related work loss e.g. appropriate recommendation of FIT note.	A2 A3 B2 B3	C6 C11 C12 C13	C6 C11 C12 C13
Demonstrate comprehensive advanced knowledge of preventative programmes for podiatric associated health conditions e.g. knowledge of and referral pathways for all local ex. groups, smoking cessation, and weight management programmes.	B3	C6 C13	C6 C13
Critical skills: specific skills underpinning capabilities 6,7,12 & 13			
Demonstrate an advanced level in the ability to retrieve, integrate, and apply evidence-based knowledge from the medical, and behavioural sciences in the clinical setting, recognising the limitations of incorporating evidence when managing individuals with lower limb conditions e.g. considering social, economic, and environmental factors on an individual's behaviour, intervention, and management plan decision-making.	A3 B3	C12 C13 D14	C12 C13 D14
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.	A1 A3 B1 B3	C6 C7 C11 C12 C13	C6 C7 C11 C12 C13
Demonstrate advanced effective interpersonal and communication skills in the application of knowledge of complex biomedical sciences in the management of podiatric 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.	A1 B1 B3	A1 A2 C6 C7 C12	A1 A2 C6 C7 C12

		C13	C13
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.	A2 B2 B3	C12 C13	C12 C13
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.	A1 A3 B1 B3	A2 C12 C13	A2 C12 C13
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 lower limb condition e.g. supports and recognises when to discharge the individual with self-management.	B1 B3	A2	A2
Demonstrate effective implementation of the biopsychosocial model e.g. able to identify risk factors for the persistence of podiatric conditions and advise, signpost, and refer individuals to psychological therapies, counselling, and pain services as appropriate.	B1 B3	B3 B5 C13	B3 B5 C13
Demonstrate an advanced level of skill in implementing and educating individuals in appropriate rehabilitation 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 lower limb condition.	B3	A2 C11	A2 C11
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 foot ulceration but restricted by regular hospital appointments or footwear and concerned about a loss of employment.	B3	C12 C13	C12 C13
Demonstrates effective MDT working to optimise service delivery of the management of lower limb 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.	B3	C12 C13	C12 C13
Make recommendations to employers regarding individuals' fitness to work, including through the appropriate recommendation of fit notes and seeking of appropriate occupational health advice.		C12 C13	C12 C13

Capability 8. Pharmacotherapy			
Essential knowledge: general knowledge underpinning capability 8	MPACF-LLV	RCPod Foot & Ankle MSK CF	FCP Capabilities
Demonstrate comprehensive knowledge of indications, contraindications, effects, and side-effects of therapeutic drugs, understanding local and national formularies, resources, guidelines, and policies including the podiatrist's exemptions list, related to their use in the examination and management of podiatric 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.	B3	C8 C9	C8 C9
Critical skills: specific skills underpinning capability 8			
Advise patients on the most common medications used in the management of podiatric disorders, to advise individuals for medicines management of their lower limb 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.	B3	C8 C9	C8 C9
Keep individuals' responses to medication under review, recognising differences in the balance of risks and benefits that may occur in the context of polypharmacy, multimorbidity, 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.	B3	C8 C9 C10 C11 C13	C8 C9 C10 C11 C13
Capability 9. Injection Therapy			
Essential knowledge: Specific knowledge underpinning capability 9	MPACF-LLV	RCPod Foot & Ankle MSK CF	FCP Capabilities
Understand the role of joint injections, informed by the evidence base in podiatric practice, local and national guidelines, pathways, and policy.		C9	C9

Critical skills: specific skills underpinning capability 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.		C9	C9

Capability 10. Surgical interventions			
Essential knowledge: specific knowledge underpinning capability 10	MPACF-LLV	RCPod Foot & Ankle MSK CF	FCP Capabilities
Demonstrate comprehensive advanced knowledge of indications for, and the nature of, 'minor' surgical intervention in the management of podiatric conditions, such as nail surgery, 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. conservative management, interventions, and social prescribing.	A3	C10	C10
Critical skills: specific skills underpinning capability 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.	A3	A2 C10	A2 C10
Capability 11. Rehabilitative Interventions			
Essential knowledge: specific knowledge underpinning capability 11	MPACF-LLV	RCPod Foot & Ankle MSK CF	FCP Capabilities
Demonstrate comprehensive knowledge and understanding of rehabilitative interventions for podiatric conditions commonly seen within the FCP role, including the expected benefit,	A3 B3	C10 C11	C10 C11

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.		C12	C12
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.	A3	C11	C11
Demonstrate comprehensive knowledge of the role of digital technology to support adherence to rehabilitation and/ or self-care interventions for individuals with lower limb conditions e.g. apps and wearables and have an appreciation for potential barriers or limitations to their use.	A3	A2 C11	A2 C11
Demonstrate comprehensive knowledge of evidence- informed outcome measures appropriate to the management of podiatric conditions.	B3	C11 D14	C11 D14
Critical skills: specific skills underpinning capability 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.	A1 A3 B1 B3	A2 C11 C13 D14	A2 C11 C13 D14
Demonstrate integration of principles of patient education as a component of multi-modal therapy intervention for the management of lower limb conditions.	B1 B3	A2 C12	A2 C12
Demonstrate integration of principles of exercise physiology as it applies to therapeutic rehabilitation exercise programmes, including gait rehabilitation, as a component of multi-modal intervention for management of MSK conditions e.g. an exercise programme with orthotist referral.	B3	C11 Appendix	C11 Appendix
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.	B3	A2 C11	A2 C11

Domain D: Service and professional development

Capability 14. Evidence-based practice and service development			
Essential knowledge: specific knowledge underpinning capability 14	MPACF-LLV	RCPod Foot & Ankle MSK CF	FCP Capabilities
Demonstrate advanced critical evaluative application of evidence-informed practices e.g. uses clinical audit to evidence the use of best practice/ national guidelines within podiatric care and service delivery, identifying where modifications are required.	B3 L & M in ACP Research in ACP	D14	D14
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.	L & M in ACP	B3 B4 B5 C11 D14	B3 B4 B5 C11 D14
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.	Education in ACP	C11 D14 Appendix 1 Appendix 2	C11 D14 Appendix 1 Appendix 2
Evaluate the existing and changing professional, social, and political influences on the breadth and scope of advanced podiatric practice within the context of delivery of services to continuously improve podiatric healthcare.	L & M in ACP Education in ACP	A2 D14	A2 D14
Evaluate the extent to which advanced podiatric practice contributes to strategies related to collaborative inter- professional working and person-centred care.	A1 B1 L & M in ACP	A2 D14	A2 D14

Critical skills: specific skills underpinning capability 14			
Demonstrate ability to critically review the recent literature of the basic and applied sciences relevant to lower limb conditions, to draw inferences for practice and present appraised, synthesised, material logically in verbal and written forms.	Research in ACP	D14	D14
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.	B3 L & M in ACP	D14	D14
Demonstrate effective critical appraisal of research relevant to podiatric practice.	Research in ACP	D14	D14
Demonstrate ability to consult skilfully with peers, other professionals, and legislative and regulatory organisations as appropriate.	A2 B2 L & M in ACP	A1 C13 D14	A1 C13 D14
Critically analyse leadership practice through self- awareness of ability to lead, influence, and negotiate with others.	L & M in ACP	C13 D14	C13 D14
Critically apply changes to their behaviour relating to underpinning theory on leadership and analyse and reflect on these changes.	L & M in ACP Education in ACP	D14	D14

Personal attributes

FPC Podiatrist Core Competency: attributes of an FCP Podiatrist	
Essential personal attributes: generic attributes underpinning all 14 capabilities	FCP
Ensure own work is within professional and personal scope of practice and access advice when appropriate.	B3 B4 B5 C
Be confident in and take responsibility for own decisions while being able to recognise when a clinical situation is beyond own capability or competence and escalate appropriately	B3 B4 B5 C
Demonstrate advanced professional judgement, empathy, and cultural competence within clinical practice.	A2 B3 B4 B5 C
Advocate and utilise the expertise and contribution to peoples' care of other allied health and social care professionals and work collaboratively within the multi-professional team to optimise assessment, diagnosis and integrated management and care for people.	C13
Demonstrate a critical and evaluative approach to all aspects of advanced practice	-
Demonstrate adaptability of comprehensive knowledge of biomedical sciences in the context of personalised care.	A2
Demonstrate criticality, creativity, and innovation of practice in the application of knowledge of biomedical sciences in the examination and management of individuals with lower limb conditions.	D14
Demonstrate an objective and analytical attitude in the application of complex knowledge of the clinical sciences.	D14
Demonstrate an advanced level of sensitivity to changes in an individual's behaviour.	A1 A2

Demonstrate critical awareness of the central role of communication skills in the development of advanced clinical expertise.	A1 D14
Demonstrate empathy in the application of advanced communication skills.	A1 A2
Demonstrate critical awareness of person-centred communication as being central to effective advanced clinical practice.	A1 A2 D14
Demonstrate a critical understanding of the key role of person-centred complex clinical reasoning skills in all aspects of advanced clinical practice.	A1 A2 B5 D14
Demonstrate critical awareness of public health strategies and guidelines on the promotion of wellness and prevention through the education of individuals, the public, and health and social care professionals.	A1 A2 C6 C7
Demonstrate an advanced level in the application of complex biopsychosocial principles.	C6 C11 C12
Demonstrate adaptability of knowledge of lower limb management in the context of personalised care.	A2
Demonstrate criticality of evidence-informed practice in the application of knowledge of podiatric management and rehabilitation, in the context of personalised care.	A2 C11
Demonstrate an advanced level of effective collaborative and advanced communication skills in requesting further investigation or referral to another health or social care professional.	C13
Demonstrate criticality, creativity, adaptability, and innovation of practice in the application of practical skills in the context of personalised care.	A2
Demonstrate an advanced level of learning through critical reflection during and after the clinical encounter.	D14

Demonstrate an advanced level of reflection and self-evaluation in managing individuals.	C12
Demonstrate an advanced level of learning through precise and timely reassessment.	B3 B4
Demonstrate critical awareness of the role of research in advancing the body of knowledge in podiatric practice.	D14
Demonstrate a commitment to lifelong learning with continuous professional development.	D14
Demonstrate a commitment to contributing to professional development through teaching and mentoring and assisting in the advancement of podiatric provision across health and social care to the benefit of the public.	D14

4.2 Core clinical skills, core indicative knowledge, key clinical presentations, investigations, and referrals

Podiatry FCPs can manage acute patient presentations and existing diagnoses as listed in the table below.

Cardiovascular system		
Demonstrate knowledge of normal and abnormal presentations of the cardiovascular system affecting the lower limb and the impact on related systems. Demonstrate knowledge and skill in the identification and assessment of influencing factors, such as psychosocial wellbeing, risk factors, and prognostic indicators.		
Core clinical skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
• Demonstrate knowledge of the aetiology, pathophysiology, and treatment of any new or existing circulatory disorder affecting the lower limb • Identify the need for and initiate immediate investigation, treatment, or referral for: ◦ suspected critical limb ischaemia suspected venous thromboembolism (VTE) chest pain of suspected cardiac origin suspected vascular emergency with risk to lower limb viability ◦ suspected sepsis	Patient presentations • Sudden onset pain in the lower limb • increasing or extensive swelling in the lower limb • unusually cold feet or legs • colour changes in the lower limb • prominent or painful veins • sudden/ increasing pain in the calf when walking • heat and/ or swelling in the calf	• Lower limb vascular examination, inc. temperature, colour, tissue viability • Pulse palpation • Doppler ultrasound • ABPI, blood pressure • Heart rate • Respiration rate • Temperature • Oxygen saturation • ECG with MDT interpretation • Pain assessment • Quality of life assessment
Core clinical skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
• Take a structured and appropriate history of a person presenting with any suspected vascular pathology	Existing conditions • Acute lower limb ischemia	• Use of validated assessment scores • Use of validated risk calculators

• Perform appropriate assessment(s) • Initiate appropriate tests based upon differential diagnoses • Accurately interpret, analyse, and synthesise test results to inform treatment planning • Identify the need for additional professional support/ referral • Initiate appropriate referral based upon differential diagnoses • Accurately interpret, analyse, and synthesise test results to inform treatment planning • Identify the need for additional professional support/ referral • Initiate appropriate referral based upon differential diagnoses • Initiate appropriate management / personalised care plan based upon differential diagnoses • Initiate, review, instruct and support service users in the use of medicines and devices • Ensure records are accurate, concise, and contemporaneous using appropriate terminology • Recognise the effect that the environment, lifestyle, and genetics can have on cardiovascular conditions, provide lifestyle and health promotion advice or referral. • Recognise and discuss the impact of the presenting problem on the lifestyle and day to day living of the person • Advise and explain self-care measures where treatment is not routinely provided by the NHS	• Critical/ chronic lower limb ischemia • Other peripheral arterial disease inc. all causes, e.g. atherosclerosis • Acute or Chronic venous disease • Vasospastic conditions • Vasculitis • Cardiac arrhythmia	• Diagnostic or monitoring blood tests – U&E's, D-Dimer, LFT's, haematinics, vitamin D, HbA1c, triglycerides/ cholesterol, with MDT interpretation • Imaging – x-ray, CT, MRI, US, and use of appropriate/ related scoring or diagnostic criteria, with MDT interpretation • Use of personalised approaches to care, e.g. inc. advanced communication skills Possible referral to: - o Podiatry - o Foot protection team - o Vascular services - o Rheumatology - o Physiotherapy • Personal health budget assessment • Mental health and wellbeing coach • Healthy living services e.g. weight management, smoking cessation, eating well, substance misuse • Community assets e.g. Park Run, food bank • Care navigators
---	---	--

Dermatology

Demonstrate knowledge of normal and abnormal dermatological presentations affecting the lower limb and the impact on related systems. Demonstrate knowledge and skill in the identification and assessment of influencing factors such as psychosocial wellbeing, risk factors, and prognostic indicators

Core clinical skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
• Demonstrate knowledge of the aetiology, pathophysiology, and treatment of any new or existing dermatological disorder affecting the lower limb • Identify the need for and initiate immediate investigation, treatment, or referral for: ◦ pigmented skin lesions where malignancy is suspected ◦ suspected vascular emergency ◦ suspected risk to limb viability suspected sepsis • Take a structured and appropriate history of a person presenting with any suspected dermatological (nail or skin) pathology, including swelling, wounds, or infection • Perform appropriate assessment(s) • Initiate appropriate tests based upon differential diagnosis • Accurately interpret, analyse, and synthesise test results to inform treatment planning	Patient presentations • Toenail problems: swelling, discolouration, thickening, malodour, weeping, or ingrowing • Undiagnosed skin problem on lower leg: rashes or changes in skin colour, spots, blisters, lumps, problems or changes to moles/ existing marks, corns, hard skin, infections, splits in the skin or wounds, significant itching, or excessive sweating of the foot • Wound(s) to lower leg • Acute colour and/ or temperature change to lower limb	• Lower limb dermatological examination • Pain assessment • Quality of life assessment • Use of validated assessment scores • Use of validated risk calculators • Use of appropriate skin related tests, e.g. wound swab • Diagnostic or monitoring blood tests - ESR & CRP, urate, AST, ALT, FBC (neutrophils, Hb, platelets), eGFR, HbA1C, with MDT interpretation • Imaging – x-ray, CT, MRI, US, and use of appropriate/ related scoring or diagnostic criteria, with MDT interpretation • Use of personalised approaches to care, e.g. inc. advanced communication skills

Core clinical skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
- Identify the need for additional professional support/ referral - Initiate appropriate referral based upon differential diagnosis - Initiate appropriate management / personalised care plan based upon differential diagnosis - Initiate, review, instruct and support service users in the use of medicines and devices - Ensure records are accurate, concise, and contemporaneous using appropriate terminology - Recognise the effect that the environment, lifestyle, and genetics can have on skin and/or nail conditions, provide lifestyle and health promotion advice or referral. - Recognise the impact of the presenting problem on the lifestyle and day to day living of the person - Advise and explain self-care measures where treatment is not routinely provided by the NHS	Patient presentations • Diagnosed skin problems: e.g. flares of eczema, psoriasis, or cellulitis - Wound issues: e.g. acute or chronic ulceration, necrosis - Ischemia or localised infarcts, vasospastic changes - Pathological callus or corns e.g. heloma durum - Pathological skin condition common to the lower limb e.g. hyperhidrosis/ bromhidrosis, bullous pemphigus, diabetic foot (pre-)ulceration - Pathological nail condition e.g. onychomycosis	Possible referral to: - Podiatry services - Foot protection team - Dermatology - Tissue viability nurse - Rheumatology - Vascular services - Personal health budget assessment - Mental health and wellbeing coach • Healthy living services e.g. weight management, smoking cessation, eating well, substance misuse - Community assets e.g. Park Run, food bank - Care Navigators

Musculoskeletal (MSK)

Demonstrate knowledge of normal and abnormal presentations of the musculoskeletal system affecting the lower limb and the impact on related systems.

Demonstrate knowledge and skill in the identification and assessment of influencing factors such as psychosocial wellbeing, risk factors, and prognostic indicators.

Core clinical skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
- Demonstrate knowledge of the aetiology, pathophysiology, and treatment of any new or existing MSK disorder affecting the lower limb - Identify the need for and initiate immediate investigation, treatment, or referral for: - suspected rheumatic disease or related condition - suspected connective tissue disease - suspected gout - suspected osteoarthritis - other MSK condition - Take a structured and appropriate history of a person presenting with any suspected MSK pathology - Perform appropriate assessment(s) - Initiate appropriate tests based upon differential diagnoses - Accurately interpret, analyse, and synthesise test results to inform treatment planning	Patient presentations - Pain, stiffness, or change in appearance in the joints or soft tissues of the lower limb - Change in ability to stand or walk, e.g. limping, moving abnormally - Injury (or repeated sprains) to the lower limb caused by trauma or falls - Joint pain – single or multiple - Regional pain that has been present for four weeks or longer - Acute swelling to joints in foot as well as soft tissue that is non trauma related	- Lower limb MSK examination, inc. - weight-bearing (WB), non-WB, and gait analysis - Pain assessment - Quality of life assessment - Use of validated assessment scores - Use of validated risk calculators - Diagnostic or monitoring blood tests - ESR & CRP, ANA, RF/CCP, urate, AST, ALT, FBC (neutrophils, Hb, platelets), eGFR, with MDT interpretation - Imaging – x-ray, CT, MRI, US, DEXA and use of appropriate/ related scoring or diagnostic criteria, with - MDT interpretation

Core clinical skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
- Identify the need for additional professional support/ referral - Initiate appropriate referral based upon differential diagnoses - Initiate appropriate management / personalised care plan based upon differential diagnoses - Initiate, review, instruct and support service users in the use of medicines and devices - Ensure records are accurate, concise, and contemporaneous using appropriate terminology - Recognise the effect that the environment, lifestyle, and genetics can have on MSK conditions, provide lifestyle and health promotion advice or referral. - Recognise and discuss the impact of the presenting problem on the lifestyle and day to day living of the person - Advise and explain self-care measures where treatment is not routinely provided by the NHS	Patient presentations - Regional or joint pain/ stiffness (lasting longer than 30 minutes)/ swelling/ redness/ warmth of foot/ lower leg - Reduced range, quality, or direction of foot/ lower leg joint motion Existing conditions - Joint pain associated with suspected JIA*, IA, CTD or osteomyelitis: - X-ray confirmed erosion at least one joint - US confirmed synovitis in at least one joint - gait change	- Use of personalised approaches to care, e.g. inc. advanced communication skills Possible referral to: - Podiatry - Physiotherapy - Occupational Therapy - Rheumatology - Orthopaedics - Podiatric Surgery - Vascular services - Personal health budget assessment - Mental health and wellbeing coach - Healthy living services e.g. weight management, smoking cessation, eating well, substance misuse - Community assets e.g. Park Run, food bank - Care navigators - Engaging with strength and conditioning /exercise class - Falls prevention - Orthotist Footwear

Core clinical skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
	Existing conditions • regional or diffuse pain concomitant dermatological/ connective tissue presentation (e.g. Raynaud's phenomena, sudden nail changes) • Joint pain associated with suspected crystal arthropathy/ gout • possible presence of ulceration • possible presence of tophi • Joint pain associated with osteoarthritis (OA) • palpable osteophytic change at joint margins • non-painful change in joint appearance or function • joint effusion • Non-rheumatic 'other' MSK, including but not limited to: • plantar heel pain • undiagnosed metatarsalgia (fragility/stress fracture) • soft tissue trauma (e.g. tendinopathy/ ligament injury) • bursitis • paediatric MSK disorders (e.g. Severs disease) • Tendon disorders • Achilles, tib post, peroneal.	

Neurology

Demonstrate of knowledge of the nervous system, analysing potential severity and the impact of poor neurological health on related systems.

Demonstrate knowledge of the influencing factors such as psycho-social and family history, risk factors, prognostic indicators, symptoms, and clinical signs.

Core clinical skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
• Demonstrate knowledge of the aetiology, pathophysiology, and treatment of any new or existing neurological disorder affecting the lower limb • Identify the need for, and initiate immediate investigation, treatment, or referral for: • suspected motor neuropathy • suspected sensory neuropathy • suspected autonomic neuropathy • Take a structured and appropriate history of a person • Perform appropriate assessment(s) • Initiate appropriate tests based upon differential diagnoses • Accurately interpret, analyse, and synthesise test results to inform treatment planning • Identify the need for additional professional support/ referral	Patient presentations • Pain • Numbness, altered sensation • Change in strength/ function/ appearance in foot/ lower leg • Change in ability to stand/ walk • Falls • Change in temperature - hot/ cold foot/ lower leg • Change in colour foot/ lower leg	• Lower limb neurological examination, inc. • neurocutaneous markers, muscle bulk, tone/hypotonia, strength/ wastage, hyper-sensation/ neuropathy, reflex abnormality, tremor, balance, gait assessment, dyskinesia, and coordination • Pulse palpation • Blood pressure • Pain assessment • Quality of life assessment • Use of validated assessment scores • Use of validated risk calculators, with MDT interpretation, inc.: • Assessment tools for falls:Stroke: CHADS2, QRISK3,

Core clinical skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
• Initiate appropriate referral based upon differential diagnoses • Initiate appropriate management / personalised care plan based upon differential diagnoses • Initiate, review, instruct and support service users in the use of medicines and devices • Ensure records are accurate, concise, and contemporaneous using appropriate terminology • Recognise the effect that the environment, lifestyle, and genetics can have on neurological conditions, provide lifestyle and health promotion advice or referral. • Recognise and discuss the impact of the presenting problem on the lifestyle and day to day living of the person • Advise and explain self-care measures where treatment is not routinely provided by the NHS	Existing conditions • Peripheral neurological disease impacting the lower limb inc. e.g. peripheral diabetic neuropathy, chronic pain syndrome, spinal cord injury, post-polio disease, Parkinson's disease, post-Stroke, Charcot neuroarthropathy, Cauda Equina • Change in gait, balance, coordination, or proprioception	• HAS BLED • Frailty: Electronic frailty index, Rockwood frailty scale • Dementia: GPCOG • Malnutrition: MUST • Mental health: PHQ2 • Diagnostic or monitoring blood tests – U & E's, LFT's, HbA1C, with MDT interpretation • Imaging – x-ray, CT, MRI, US, and use of appropriate/ related scoring or diagnostic criteria, with MDT interpretation • Nerve impingement injuries - tarsal tunnel, neuroma, Baxter's nerve • CMT/MS/drop foot • Use of personalised approaches to care, e.g. inc. advanced communication skills Possible referral to: • Podiatry • Physiotherapy • Orthotist • Neurology • Vascular services

Core clinical skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
		Possible referral to: • Stroke services • Continence services • Memory Clinic • Personal health budget assessment • Mental health and wellbeing coach • Healthy living services e.g. weight management, smoking cessation, eating well, substance misuse • Community assets e.g. Park Run, food bank • Care navigators • Neurology • Vascular services • Stroke services • Continence services • Memory Clinic • Personal health budget assessment • Mental health and wellbeing coach • Healthy living services e.g. weight management, smoking cessation, eating well, substance misuse • Community assets e.g. Park Run, food bank • Care navigators • Pain management services

The older adult

Demonstrate knowledge of age-related pathology affecting the lower limb in the older adult and their individual needs.

Demonstrate knowledge and skill in the identification and assessment of influencing factors such as psychosocial wellbeing, risk factors, and prognostic indicators

Core clinical Skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
• Demonstrate knowledge of the aetiology, pathophysiology, and treatment of any new or existing age-related condition affecting the lower limb • Identify the need for, and initiate immediate investigation, treatment, or referral for the older adult presenting with: acute and suspected limb or life-threatening symptoms changes in mobility multi-morbidity • polypharmacy for conditions impacting the lower limb • Take a structured and appropriate history of an older adult presenting with any new or existing pathology which affects the lower limb or mobility • Perform appropriate assessment(s), including falls risk where appropriate • Initiate appropriate tests based upon differential diagnosis • Accurately interpret, analyse, and synthesise test results to inform treatment planning	Patient presentations • Reduced mobility, balance or strength affecting the lower limb • increased fall risk or recent fall • foot/lower limb fracture • change in sensation or increased pain affecting the lower limb • Hard skin (callus), corns or other break in the skin or skin lesion • Nail changes such as thickened or painful nails	• Lower limb musculoskeletal examination and gait analysis • Pain assessment • Quality of life assessment • Use of validated assessment scores • Use of validated risk calculators • Diagnostic or monitoring blood tests - ESR & CRP, urate, vitamin D, AST, ALT, FBC (neutrophils, Hb, platelets), eGFR, HbA1C, with MDT interpretation • Imaging – x-ray, CT, MRI, US, and use of appropriate/ related scoring or diagnostic criteria, with MDT interpretation • Use of personalised approaches to care, e.g. inc. advanced communication skills

Core clinical skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
• Identify the need for additional professional support/ referral • Initiate appropriate referral based upon differential diagnosis • Initiate appropriate management / personalised care plan based upon differential diagnosis • Initiate, review, instruct and support service users in the use of medicines and devices • Ensure records are accurate, concise, and contemporaneous using appropriate terminology • Recognise the impact of the presenting problem on the lifestyle and day to day living of the person • Advise and explain self-care measures where treatment is not routinely provided by the NHS	Existing conditions • Cardiovascular pathology • Skin and nail pathology • Musculoskeletal pathology • Neurological pathology	Possible referral to: • Podiatry • Physiotherapy • Occupational Therapy • Orthotist • Frailty services • Rheumatology • Orthopaedics • Podiatric Surgery • Vascular services • Social Care team • Personal health budget assessment • Mental health and wellbeing coach • Healthy living services e.g. weight management, smoking cessation, eating well, substance misuse • Community assets e.g. Park Run, food bank • Care navigators

Children and young people

Demonstrate knowledge of age-related pathological differences in children and young people and their individual needs.
Demonstrate knowledge and skill in the identification and assessment of influencing factors such as psychosocial wellbeing, risk factors, and prognostic indicators

Core clinical skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
• Demonstrate knowledge of the aetiology, pathophysiology, and treatment of paediatric conditions affecting the lower limb • Identify the need for, and initiate immediate investigation, treatment, or referral for children or young people presenting with: • Acute and suspected limb or life-threatening symptoms • Atypical gait, posture, balance, coordination, or proprioception • Take a structured and appropriate history of a child or young person presenting with any new or existing pathology which affects the lower limb or mobility • Perform appropriate assessment(s) • Initiate appropriate tests based upon differential diagnosis • Accurately interpret, analyse, and synthesise test results to inform treatment planning	Patient presentations • Walking problems • Pain in foot/ lower leg • Excessive joint movement (hypermobility) • Limp • Concern about appearance/ shape of the developing foot	• Identification of what matters to the child/young person and family/ carer(s) • Identification of values, beliefs, and motivations of the child/ young person and their family/ carer(s) as appropriate • Age-appropriate lower limb physical assessment, inc. weight-bearing • (WB) and non-WB • Age-appropriate activity/ participation and wellbeing assessment • Age-appropriate mental health assessment • Age-appropriate speech and cognition assessment • Age-appropriate pain assessment

Core clinical skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
- Identify the need for additional professional support/ referral - Initiate appropriate referral based upon differential diagnosis - Initiate appropriate management / personalised care plan based upon differential diagnosis - Initiate, review, instruct and support service users/ parents/guardians in the use of medicines and devices - Ensure records are accurate, concise, and contemporaneous using appropriate terminology - Recognise the impact of the presenting problem on the lifestyle and day to day living of the child or young person, and their family or carers - Recognise when a child or young person is ready to transition from paediatric to adult services if appropriate - Ensure the service user has adequate support at home, school, and other setting important to them - Advise and explain self-care measures where treatment is not routinely provided by the NHS	Existing conditions - Atypical growth or developmental delay affecting the lower limb - Gait abnormality - Musculoskeletal structural abnormality - Hypermobility - Congenital foot conditions - Unexplained pain or malaise that may be indicative of undiagnosed systemic illness - Developmental foot/ ankle conditions, e.g. Severs - Disease	- Use of validated assessment scores - Use of validated risk calculators - Diagnostic or monitoring blood tests - FBC, ferritin, folate, vitamin D, - HbA1C, ESR, CRP, creatine kinase, with MDT interpretation - Imaging - x-ray, CT, MRI, US, and use of appropriate/ related scoring or diagnostic criteria, with MDT interpretation - Use of personalised approaches to care, e.g. inc. advanced communication skills Possible referral to: - Podiatry - Physiotherapy - Occupational Therapy - Orthotist - Rheumatology - Orthopaedics - Paediatrics

Core clinical skills	Indicative presentations	Key clinical investigations / referrals (may include but not be limited to)
		Possible referral to: • Social Care services • Mental health and wellbeing coach • Healthy living services e.g. weight management, smoking cessation, eating well, substance misuse • Community assets e.g. Park Run, food bank. • Care navigators

4.3 National standards and frameworks for podiatrists

- It is important to note that podiatrists are a distinct profession, hence capabilities have been changed, added or removed in comparison to other FCP roadmaps to fit with the unique skills and attributes podiatrists bring to the primary care setting.
- The capabilities as defined in the domains above have been developed to set the standard required for a podiatrist working in a First Contact Practitioner role within Primary Care.
- The capabilities are cross-referenced with the Health Education England (2021) [Multi-Professional Advanced Capabilities Framework for Lower Limb Viability](#), the Royal College of Podiatry (2021) [Musculoskeletal Capability Framework](#), and are outlined in accordance with QAA level 7 descriptors.
- The Royal College of Podiatry develops specialist practice frameworks, which are targeted at podiatrists but could be used by other professions who treat lower limb pathology in primary care, such as tissue viability nurses.
- Podiatrists working in first contact practice roles in primary care assess, diagnose, formulate, and implement management plans for conditions affecting the foot, ankle, lower limb, and associated structures. The care navigation included within each KSA sub-section outlines key clinical presentations that podiatry FCPs need to manage within primary care, according to the scope of their role. Each KSA sub-section details the corresponding knowledge and skill that the podiatry FCP must be able to appropriately apply within the context of the capabilities outlined and the context of diverse primary care populations.

The application of these clinical presentations will be determined by the scope of the role of the podiatry FCP and the context in which they operate, and would be agreed between the podiatry FCP and their employer.

It should be noted that some key clinical presentations can be related to more than one system and that systems interlink. Therefore, while it is important for the podiatry FCP to have the appropriate knowledge and skills of each system outlined below, they must also understand the complex inter and co-dependencies of systems when providing care to people.

It will be for the podiatry FCP and their clinical supervisor to contextualise the knowledge statements appropriate to the clinical environment.

In addition to the generic capabilities outlined in the preceding KSA framework (see appendix 4.1) the podiatry FCP will need to know and understand:

- When a more focused history is required relating to a specific presenting problem.
- That conditions can present differently in people, and that many presentations can be attributed to more than one system.

- How to assess and recognise 'red flags' for the variety of presenting problems and an awareness of 'masquerading red flags'.
- How individuals' current medication and existing conditions may affect their presenting symptoms.
- The anatomy and physiology of the human body as it applies to the clinical condition/presentation to be assessed.
- The different stages of specific health conditions, including the short, medium, and long-term effects of specific health conditions on the individual's physiological, psychological, mental, and biological states and functions.
- Where further investigations can be carried out, who undertakes them, and the timescales involved.
- The importance of supporting people to develop their knowledge, confidence, and skills in managing their own health and improving their levels of empowerment.

Importantly, where there is doubt or ambiguity the podiatry FCP is not expected to make a diagnosis but rather to keep an open mind and treat according to presentation, formulating an impression/differential diagnosis as to what might be the cause and what needs escalation to be ruled out. At all times, the podiatry FCP podiatrist is required to put peoples' safety first and to manage risk(s) appropriately.