

First Contact Practitioners in Primary Care: Musculoskeletal

A Roadmap to Practice

Refreshed 2026



Contents

First Contact Practitioners in Primary Care: Musculoskeletal	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	14
Domain C: Condition management, interventions and prevention	18
Domain D: Service and professional development	24
Personal attributes	25

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 musculoskeletal (MSK) version of the educational pathway to first contact practice in primary care and is relevant to all appropriately experienced statutory regulated healthcare professionals specialising in MSK practice, either working in FCP roles in primary care or those working toward such roles.

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 and 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.

There are key frameworks that underpin this MSK focused roadmap. Within Primary Care, the particular capabilities required to be safe and competent in musculoskeletal practice have been assessed and published. The standard of competency within this environment has been formally addressed by the [MSK Core Capabilities Framework](#) (2018), which was a joint collaborative project involving Skills for Health, NHS England, Public Health England, and the Arthritis and Musculoskeletal Alliance (ARMA).

The MSK Core Capability Framework was designed for practitioners who will be the first point of contact for people with musculoskeletal conditions.

The work was built around clear research principles (Delphi Consensus) and the methods/methodology has been published. It was designed for practitioners who, with the suitable professional skills and knowledge, were able to provide a first point of contact MSK assessment and management plan within a Primary Care environment.

The MSK Core Capability Framework sets out several clear domains of practice. 14 capabilities are housed within the four domains (Person-Centred Approaches; Assessment, Investigation and Diagnosis; Condition Management, Interventions and Prevention; and Service and Professional Development).

Each required capability for first contact practice is described within the KSA document. To the left of each capability there is a cross reference to the MSK Core Capabilities Framework and, where relevant, to the right of each capability there is a cross reference to the relevant standard of the [International Federation of Manual and Musculoskeletal Physical Therapists \(IFOMPT\)](#). 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 in 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	
Cross-referenced MSK CCF	Essential knowledge: Specific knowledge underpinning capabilities 1 & 2	Cross-referenced IFOMPT
A.1	Demonstrate advanced critical understanding of the processes of verbal and non-verbal communication, clinical documentation, and the common associated errors of communication e.g., use of inappropriate closed questions, appropriate use of lay and professional terminology.	D7.K1 D7.K2 D7.K3 D7.K4
A.2	Demonstrate comprehensive advanced knowledge of the influence of the clinician's behaviour on a patient's behaviour and vice versa.	D4.K5
Critical skills: Specific skills underpinning capabilities 1 & 2		
A.1 A.2	Demonstrate an advanced level in the ability to enhance and promote the rights of a person to actively participate in their healthcare management through shared decision making by taking into consideration the patient's wishes, goals, attitudes, beliefs, and circumstances.	D1.S7
A.1 A.2	Demonstrate advanced use of interpersonal and communication skills in the effective application of practical skills for assessment, diagnosis, and management of individuals with MSK conditions.	D8.S10
A.1	Demonstrate advanced self-awareness to mitigate against the impact of a clinician's own values, beliefs, prejudices, assumptions, and stereotypes when interacting with others.	D7.S3 D7.A4
A.1	Demonstrate effective advanced communication skills when applying behavioural principles e.g., modifying conversations based on an individual's levels of activation and health literacy, providing appropriate and accessible information and support to ensure understanding of the MSK condition's	D4.S2

	current and potential future impact on their lives.	
A.1	Demonstrate advanced use of interpersonal and communication skills during the history taking, physical examination, reassessment, and management of individuals, including all documentation e.g. consideration of verbal and non-verbal communication, adapting to individual preferences, cognitive and sensory impairment, and language needs. Avoids jargon and negative assumptions.	D5.S9
A.1	Demonstrate efficient and effective use of advanced active listening skills throughout the individual's encounter e.g., both are involved in an active, two-way process.	D7.S2
A.1	Demonstrate effective documentation of informed consent from the individual for assessment and management procedures as appropriate.	D7.S6
A.1	Demonstrate maintenance of clear, accurate, and effective records of assessment and management to meet clinical and legal requirements.	D7.S7
A.2	Demonstrate effective and efficient communication and shared decision making with all individuals involved in determining and managing goals, clinical interventions, social prescribing, and measurable outcomes to ensure integrated patient care e.g. verbal, written, and digital communication to serve the individual's best interest.	D6.S5 D7.S4 D10.S3
A.2	Demonstrate an advanced level of effective direct, person-centred approach to practice, responding and rapidly adapting the assessment and intervention to the emerging information and the patient's perspective e.g., enabling individuals to make and prioritise decisions about their care, exploring risks, benefits, and consequences of options on their MSK condition and life, such as paid/unpaid work, including doing nothing.	D10.S2 D10.S10
A.2	Demonstrate advanced use of clinical reasoning to integrate scientific evidence, clinical information, the individual's perceptions and goals, and factors related to the clinical context and the individual's circumstances e.g., using clinical outcome measures such as pain, function, and quality of life to progress meaningful goals, and offering regular appointments to monitor other healthcare needs associated with MSK long-term conditions and co-morbidities.	D6.S3

Domain B: Assessment, investigation, and diagnosis

	Capability 3. History-taking Capability 4. Physical assessment Capability 5. Investigations and diagnosis	
Cross-referenced MSK CCF	Essential knowledge: General knowledge underpinning capabilities 3, 4 & 5	Cross-referenced IFOMPT
B.3 B.4 B.5	Demonstrate comprehensive advanced knowledge of the theoretical basis of the assessment of the MSK system and interpretation of this assessment towards a clinical diagnosis.	D5.K2
B.3 B.4 B.5	Demonstrate critical understanding of the process of complex hypothetico-deductive clinical reasoning, including complex hypothesis generation and testing.	D6.K1
B.3 B.4 B.5	Demonstrate an advanced level of effective use of the process of complex pattern recognition, including the importance of organising complex clinical knowledge in patterns.	D6.K2
B.3 B.4 B.5	Demonstrate advanced application of the various categories of hypotheses used in MSK healthcare, including those related to diagnosis, treatment, and prognosis. For example, understand where early referral and diagnosis may affect long-term outcome, such as ruptured Achilles tendon, internal derangement of the knee, and cauda equina.	D6.K3
B.3 B.4 B.5	Demonstrate advanced evaluation of common clinical reasoning errors.	D6.K5
B.3 B.4 B.5	Demonstrate integration of advanced knowledge and clinical reasoning in the evaluation of complex clinical information obtained e.g., infectious causes or metabolic causes manifesting as joint pain and muscle pain.	D8.K4
B.3 B.4 B.5	Demonstrate comprehensive advanced knowledge of the relevant clinical sciences as applied to MSK conditions, such as clinical anatomy, physiology, pain science, biomechanics, and epidemiology in assessment and management.	D3.K1

B.3 B.4 B.5	Demonstrate comprehensive advanced knowledge of the interrelationship of anatomical structures in MSK function and dysfunction.	D5.K1
B.3 B.4 B.5	Demonstrate comprehensive advanced knowledge of pathology and pathogenesis of mechanical dysfunction of the MSK, neurological, and vascular systems presenting to MSK first contact practitioners.	D2.K4
B.3 B.4 B.5	Demonstrate comprehensive advanced knowledge of assessment, diagnosis, and management of nonmechanical dysfunction of the MSK system, MSK masquerades, and complex multi-system pathology e.g. local and national guidelines, pathways, and policies for tumours and metastatic disease, fractures, autoimmune/ inflammatory diseases, infections, endocrinology, haematology, and other associated red flags.	D2.K5
B.3 B.4 B.5	Demonstrate comprehensive knowledge of neurological, internal visceral, cardio-vascular, dental, and orthodontic dysfunctions linked with the MSK system.	D2.K6 D2.K7 D2.K8 D2.K9
B.3 B.4 B.5	Demonstrate comprehensive advanced knowledge of pain sciences related to the MSK system.	D2.K10
B.3 B.4 B.5	Demonstrate comprehensive advanced knowledge of examination procedures to enable differential diagnosis of the MSK, neurological, vascular, and lymphatic dysfunction, while additionally exploring co-morbidities, mental health, and social health impacts as seen within the MSK FCP role.	D2.K11
B.3 B.4 B.5	Demonstrate comprehensive advanced knowledge of the specific diagnostic and evaluative qualities of assessment tools likely to be used within the MSK FCP role, including: reliability, validity, responsiveness, positive likelihood, negative likelihood, and diagnostic accuracy.	D3.K3
B.3 B.4	Demonstrate comprehensive advanced knowledge of static, dynamic, and functional posture in the assessment of the MSK system and interpretation of this assessment.	D5.K3
B.5	Demonstrate comprehensive advanced knowledge of the biomechanics and principles of active and passive movements of the articular system, including the joint surfaces, ligaments, joint capsules, and associated bursae in the assessment of the MSK system and interpretation of this assessment.	D5.K4
B.3 B.4	Demonstrate comprehensive advanced knowledge of the specific tests for functional status of the muscular, nervous, and vascular system in the assessment of the MSK system and interpretation of this assessment.	D5.K5 D5.K6

		D5.K7
B.5	Demonstrate comprehensive advanced knowledge of the specific special/screening tests for the assessment of the MSK system and interpretation of this assessment.	D5.K8
B.3 B.4	Demonstrate comprehensive advanced knowledge of appropriate medical diagnostic tests and their integration required to make a MSK clinical diagnosis e.g. able to select the appropriate investigative tests, interpret results, and inform assessment and decision making.	D5.K9
B.5	Demonstrate comprehensive advanced knowledge of the specific indications and contraindications (including behavioural principles) of the use of diagnostic tools including imaging, blood test, neurophysiology etc.	D4.K3
Critical skills: Generic skills underpinning capabilities 3, 4 & 5		
B.3 B.4 B.5	Demonstrate an evidence-informed approach to the advanced assessment of individuals with MSK conditions.	D1.S3
B.3 B.4 B.5	Demonstrate advanced application of comprehensive knowledge of the examination and management of individuals with MSK conditions e.g., able to assess and manage commonly seen patterns and syndromes and the causes to which they relate: joint, bone pain, muscle pain and weakness, systemic extra-skeletal problems related to trauma, degenerative, neoplastic, developmental/congenital, and psychological causes etc.	D5.S1
B.3 B.4 B.5	Demonstrate advanced professional judgements when selecting assessment, diagnostic, and treatment techniques; evaluating benefit and risk; and adapting practice to meet the needs of different groups and individuals e.g., cognitive impairment, learning difficulties, remote consultation, chaperones, and interpreters.	D10.S6
B.3 B.4 B.5	Demonstrate an advanced level of critical and evaluative collection of clinical information to ensure reliability and validity, ensuring concise and accurate documentation for clinical management, and in accordance with local protocols, legal and professional requirements.	D6.S2
B.3 B.4 B.5	Demonstrate application of comprehensive advanced knowledge of the biomedical, clinical, and behavioural sciences in the assessment of individuals with MSK conditions e.g., presentation of pathological and psychosocial presentations affecting the structure, function, inflammation, and pain.	D2.S1 D4.S1 D3.S1
B.3 B.4 B.5	Demonstrate effective application of assessment and outcomes to evaluate aspects of the complex clinical behavioural principles in the management of individuals e.g. fear of movement.	D4.S1 D4.S4
B.3	Demonstrate advanced level of efficient and effective questioning strategies to obtain reliable and valid information from history taking, while demonstrating the ability to explore and appraise an individual's perceptions, ideas, and beliefs about their symptoms e.g. appropriate and sensitive communication styles, exploring, synthesising, and	D7.S1

	distilling relevant information about relationships between social activities, work, and health (biological and psychosocial barriers to recovery, frailty, dementia, other determinants of health).	
B.3	Demonstrate an advanced level of accurate and efficient selection of inquiry strategies, based on early recognition and correct interpretation of relevant complex clinical cues e.g. gather, synthesise, and appraise from various sources, sometimes incomplete or ambiguous information relating to current and past history, their activities, any injuries, falls, frailty, multimorbidity, or other determinants of health and wellbeing and characteristics of MSK conditions (pain, stiffness, deformity, weakness, sensory loss, and impact on tasks and occupation etc.).	D6.S1
B.3	Demonstrate the advanced ability to simultaneously monitor multiple complex dimensions of information while maintaining a professional but relaxed communication style throughout contact with the individual e.g. MSK symptoms have the potential to be features of non-MSK serious pathology, compounded by psychological and mental health factors and affected by lifestyle factors (including smoking, alcohol, and drug misuse).	D10.S7
B.4	Demonstrate the ability to efficiently and effectively gain an individual's consent, respecting and maintaining privacy and dignity, complying with infection and control procedures.	D7.S3 D7.S6
B.4	Demonstrate advanced prioritisation in the physical assessment and management of individuals with complex MSK conditions, adapting to the needs of individuals and potential limitations of the clinical environment e.g., cognitive impairment, chaperone, remote consultations, and local policy (social distancing, PPE).	D6.S6
B.4	Demonstrate advanced level of sensitivity and specificity in the physical and functional assessment of the articular, muscular, fascial, nervous, vascular, and cardiorespiratory systems.	D8.S1 D8.S2 D8.S3 D8.S4 D8.S5
B.4	Demonstrate accurate physical diagnosis of MSK dysfunctions e.g. identify, analyse and interpret significant information from the assessment, including any ambiguities.	D5.S2

Domain C: Condition management, interventions and prevention

	Capability 6. Prevention and lifestyle intervention Capability 7. Self-management and behaviour change Capability 8. Pharmacotherapy Capability 9. Injection therapy Capability 10. Surgical interventions Capability 11. Rehabilitative interventions Capability 12. Interventions and care management Capability 13. Referrals and collaborative work	
Cross-referenced MSK CCF	Essential knowledge: Generic knowledge underpinning capabilities 6, 7, 12 & 13	Cross-referenced IFOMPT
C.6 C.7 C.12 C.13	Demonstrate comprehensive advanced knowledge of prognostic, risk, and predictive factors of relevant health problems in relation to MSK management strategies e.g. adequate vitamin D for bone health, and the effects of smoking, obesity, mental health, frailty, inactivity etc.	D3.K4
C.6 C.7 C.12 C.13	Demonstrate comprehensive knowledge of the relevant theories of behaviour health change e.g. the transtheoretical model and patient activation (behavioural reactions to pain and limitations, coping strategies, personal goal setting etc) related to MSK assessment and management.	D3.K4
C.6 C.7 C.12 C.13	Demonstrate comprehensive knowledge of the role of the biopsychosocial model, e.g. risk factors for the persistence of MSK conditions and the role of MDT management strategies.	D3.K4
C.6 C.7 C.12 C.13	Demonstrate comprehensive advanced knowledge of all possible interventions for management of MSK conditions e.g. where agreed in partnership and acting in the individual's best interest, refer and/or signposting for relevant investigations, local and national services, including self-help, counselling, and coaching support.	D5.K10 D6.K4

C.6 C.7 C.12 C.13	Demonstrate comprehensive advanced knowledge including indications and contraindications of all available multimodal therapeutic interventions for management of MSK conditions e.g. the safety and appropriateness of referral for rehabilitation and/or specific interventions (manual techniques, electrotherapy, social prescribing, injection therapy, and pharmacotherapy etc.).	D5.K11 D5.K14 D5.K15 D8.K1 D8.K2
C.6 C.7 C.12 C.13	Demonstrate comprehensive advanced knowledge of ergonomic strategies and advice to assist the individual/ relevant agencies on effective risk assessments and provision of appropriate working conditions. This may include adaptation to meet the individual's needs in their work environment to prevent MSK-related work loss e.g. appropriate use of fit note.	D5.K17
C.6 C.7 C.12 C.13	Demonstrate comprehensive advanced knowledge of preventative programmes for MSK-associated health conditions e.g. knowledge of and referral pathways for all local ex groups, smoking cessation, and weight management programmes.	D5.K18
Critical skills: Generic skills underpinning capabilities 6,7,12 & 13		
C.6 C.7 C.12 C.13	Demonstrate an advanced level in the ability to retrieve, integrate, and apply evidence-based knowledge from the clinical, medical, and behavioural sciences in the clinical setting; recognising the limitations of incorporating evidence when managing individuals with MSK conditions e.g. social, economic, and environmental factors on an individual's behaviour, intervention, and management plan.	D1.S1 D1.S3 D1.S6 D10.S1
C.6 C.7 C.12 C.13	Demonstrate an advanced ability to integrate and apply evidence-informed approaches in the presentation of health promotion and preventative care programmes e.g., work in partnership utilising behaviour change principles to promote and support the individual with continuing work/exercise participation and the importance of social networks, and clinical and non-clinical groups and services.	D1.S6
C.6 C.7 C.12 C.13	Demonstrate advanced effective and appropriate interpersonal and communication skills in the application of knowledge of complex biomedical sciences in the management of MSK conditions to facilitate communication and behaviour change that enables: self-management; independence; risk assessment and health and wellbeing promotion for individuals, carers, communities, and populations.	D2.S3
C.6 C.7 C.12 C.13	Demonstrate an advanced ability to identify the nature and extent of an individual's functional abilities, pain, and complex multidimensional needs in relation to their management plan e.g. advising individuals, carers, and relevant agencies on living with frailty and how to adapt the environment to reduce the risk of falls, manage pain, and maintain independence etc.	D3.S1

C.6 C.7 C.12 C.13	Demonstrate advanced effective interpersonal skills to inform the individual about their clinical presentation and all their management options e.g. supports the individual to engage in identifying the risks, prognosis, potential side effects, and likely benefits of interventions related to their personal needs and health goals.	D3.S4 D7.S3
C.6 C.7 C.12 C.13	Demonstrate advanced effective application of aspects of behavioural principles in the management of individuals to optimise their physical activity, mobility, fulfilment of personal goals and independence relevant to their MSK condition e.g. supports and recognises when to discharge the individual with self-management.	D4.S1
C.6 C.7 C.12 C.13	Demonstrate effective implementation of the biopsychosocial model e.g. able to identify risk factors for the persistence of MSK conditions and advise, signpost, and refer individuals to psychological therapies, counselling, and pain services as appropriate.	D4.S3
C.6 C.7 C.12 C.13	Demonstrate an advanced level of skill in implementing and educating individuals in appropriate rehabilitation exercise programmes, supporting individuals to engage and explore personal goals, the consequences of their actions and inactions on these goals, and their health status and independence relevant to their MSK condition.	D7.S5
C.6 C.7 C.12 C.13	Demonstrate efficient and effective management of patients with multiple complex inter-related or separate problems and/or co-morbidities e.g. communicate and collaborate with inter-professionals, educating and advising on management interventions and plans for individuals who are off work with back and knee pain but restricted to exercise due to COPD and concerned about a loss of employment.	D6.S5 D10.S11
C.6 C.7 C.12 C.13	Demonstrates effective MDT working to optimise service delivery of the management of MSK conditions and health, prevention, and wellbeing for the benefit of individuals, carers, professionals, and agencies e.g. evidence of shared learning, development, audit, referral pathways.	D10.S12

	Capability 8. Pharmacotherapy	
Cross-referenced MSK CCF	Essential knowledge: Generic knowledge underpinning capabilities 8	Cross-referenced IFOMPT
C.8	Demonstrate comprehensive knowledge of indications, contraindications, effects, and side-effects of therapeutic drugs, understanding local and national formularies, resources, guidelines, and policies related to their use in the examination and management of MSK conditions e.g. analgesics, non-steroidal and anti-inflammatory drugs, corticosteroid, and drugs used in treating individuals with metabolic bone disease, gout, inflammatory arthritis, and in the management of persistent pain.	D2.K12
Critical skills: Generic skills underpinning capabilities 8		
C.8 C.12	Advise patients on the most common medications used in MSK and pain disorders to advise individuals for medicines management of their MSK problem, including the expected benefit, limitations, advantages, and disadvantages of pharmacotherapy and the importance of an impartial approach to the information shared in the context of other management options e.g. address and allay individuals' fears, beliefs, and concerns.	D2.S1
C.8	Keep individuals' responses to medication under review, recognising differences in the balance of risks and benefits that may occur in the context of polypharmacy, multi-morbidity, frailty, and cognitive impairment. Seeking appropriate support or onward referral for pharmacotherapy where required, and utilising available resources to further complement advice given e.g. signpost to websites, leaflets, pharmacists, MHRA yellow card scheme.	D2.S2
	Capability 9. Injection therapy	
Cross-referenced MSK CCF	Essential knowledge: Generic knowledge underpinning capabilities 9	Cross-referenced IFOMPT
C.9	Understand the role of joint injections, informed by the evidence base in MSK practice, local and national guidelines, pathways and policy.	
Critical skills: Generic skills underpinning capabilities 9		
C.9	Work in partnership to explore the suitability for injection therapy, including the expected benefit, limitations, advantages, and disadvantages of injection therapy and the importance of an impartial approach to the information shared in the context of other management options. Seeking advice and local referral for injection where required.	

	Capability 10. Surgical interventions	
Cross-referenced MSK CCF	Essential knowledge: Generic knowledge underpinning capabilities 10	Cross-referenced IFOMPT
C.10	Demonstrate comprehensive advanced knowledge of indications for and the nature of surgical intervention in the management of MSK conditions, including the expected benefits, limitations, advantages, and disadvantages of surgical interventions and the importance of an impartial approach to the information shared in the context of other management options e.g. rehabilitative interventions and social prescribing.	D2.K13
Critical skills: Generic skills underpinning capabilities 10		
C.10	Work in partnership with individuals to explore suitability of surgical intervention e.g. to allay individuals' fears, beliefs, and concerns, seeking assistance where required, referring appropriately and with consideration of local and national pathways, guidelines, resources, and policies.	
C.10	Make recommendations to employers regarding individuals' fitness to work, including through the appropriate use of fit notes and seeking of appropriate occupational health advice.	

	Capability 11. Rehabilitative interventions	
Cross-referenced MSK CCF	Essential knowledge: Generic knowledge underpinning capabilities 11	Cross-referenced IFOMPT
C.11	Demonstrate comprehensive knowledge and understanding of rehabilitative interventions for MSK conditions commonly seen within the FCP role, including the expected benefit, limitations, advantages, and disadvantages of surgical interventions, and the importance of an impartial approach to the information shared in the context of other management options, for example surgery.	D5.K12
C.11	Demonstrate comprehensive knowledge of various manual exercise therapy approaches, including the expected benefits, limitations, advantages, and disadvantages, and of other therapeutic adjuncts e.g. taping, acupuncture, and electrotherapy modalities including those in physiotherapy, medicine, osteopathy, and podiatry etc used in the rehabilitative management of MSK conditions.	D5.K13 D8.K6
C.11	Demonstrate comprehensive knowledge of the role of digital technology to support adherence to rehabilitation interventions for individuals with MSK conditions e.g. apps and wearables.	D7.K1 D8.K4 D8.K5
C.11	Demonstrate comprehensive knowledge of evidence informed outcome measures appropriate to the management of MSK conditions.	D5.K16
Critical skills: Generic skills underpinning capabilities 11		
C.11	Work in partnership with individuals to explore suitability of rehabilitation intervention (referrals to physiotherapy, occupational therapy, exercise instructors, and self-management resources etc.), seeking assistance where required, referring appropriately and with consideration of local and national pathways, guidelines, resources, and policies.	D6.S5
C.11	Demonstrate integration of principles of patient education as a component of multi-modal therapy intervention for the management of MSK conditions.	D5.S7
C.11	Demonstrate integration of principles of exercise physiology as it applies to therapeutic rehabilitation exercise programmes, as a component of multi-modal intervention for management of MSK conditions e.g. an exercise programme with podiatry referral.	D5.S5
C.11	Demonstrate sensitivity and specificity of handling in the implementation and instruction of individuals in appropriate therapeutic rehabilitation exercise programmes e.g. graded return to normal activity, modifying activity advice and programmes.	D8.S9

Domain D: Service and professional development

	Capability 14. Evidence-based practice and service development	
Cross-referenced MSK CCF	Essential knowledge: Generic knowledge underpinning capability 14	Cross-referenced IFOMPT
D.14	Demonstrate advanced critical evaluative application of evidence-informed practices e.g. uses clinical audit to evidence the use of best practice/national guidelines within MSK care and service delivery, identifying where modifications are required.	D1.K1
D.14	Demonstrate evaluative understanding of appropriate outcome measures e.g. data collection and analysis, satisfaction feedback, and stakeholder engagement to improve quality of care, service delivery, and health inequalities.	D1.K2
D.14	Demonstrate effective integration of comprehensive knowledge, and cognitive and metacognitive proficiency e.g. understands the importance of reflective practice and supervision on professional and service development.	D10.K1
D.14	Evaluate the existing and changing professional, social, and political influences on the breadth and scope of advanced MSK practice within the context of delivery of services in order to continuously improve MSK healthcare.	
D.14	Evaluate the extent to which advanced MSK practice contributes to strategies related to collaborative interprofessional working and person-centred care.	
Critical skills: Specific skills underpinning capability 14		
D.14	Demonstrate ability to critically review the recent literature of the basic and applied sciences relevant to MSK conditions, to draw inferences for practice and present material logically in verbal and written forms.	D1.S2
D.14	Demonstrate advanced use of outcome measures to evaluate the effectiveness of clinical interventions and services and uses outcomes to inform future planning and development.	D1.S5
D.14	Demonstrate effective critical appraisal of research relevant to MSK practice.	D9.S1
D.14	Demonstrate ability to consult skilfully with peers, other professionals, and legislative and regulatory organisations as appropriate.	D10.S12
D.14	Critically analyse leadership practice through self-awareness of ability to lead, influence, and negotiate with others.	
D.14	Critically apply changes to their behaviour relating to underpinning theory on leadership and analyse and reflect on these changes.	

Personal attributes

MSK FCP CORE COMPETENCY: ATTRIBUTES OF AN MSK FCP CLINICIAN		
Cross-referenced MSK CCF	Essential personal attributes: Generic attributes underpinning all 14 capabilities	Cross-referenced IFOMPT
A.1-2 B.3-4 C.6-13	Demonstrate a critical and evaluative approach to all aspects of advanced practice	D1.A1
A.1-2 B.3-4 C.6-13	Demonstrate adaptability of comprehensive knowledge of biomedical sciences in the context of person-centred practice.	D2.A1
A.1-2 B.3-4 C.6-13 D.14	Demonstrate criticality, creativity, and innovation of practice in the application of knowledge of biomedical sciences in the examination and management of individuals with MSK conditions.	D2.A2 D2.A3
A.1-2 B.3-4 C.6-13 D.14	Demonstrate an objective and analytical attitude in the application of complex knowledge of the clinical sciences.	D3.A1
A.1	Demonstrate an advanced level of sensitivity to changes in an individual's behaviour.	D4.A1
A.1	Demonstrate critical awareness of the central role of communication skills in the development of advanced clinical expertise.	D7.A2
A.1	Demonstrate empathy in the application of advanced communication skills.	D7.A4
A.1 A.2	Demonstrate critical awareness of person-centred communication as being central to effective advanced clinical practice.	D7.A1

A.2	Demonstrate a critical understanding of the key role of person-centred complex clinical reasoning skills in all aspects of advanced clinical practice.	D6.A1 D6.A2
C.6 C.7	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.	D7.A3
C.6-13	Demonstrate an advanced level in the application of complex biopsychosocial principles.	D4.A3
C.11	Demonstrate adaptability of knowledge of MSK management and rehabilitation in the context of person-centred practice.	D5.A1
C.6-13	Demonstrate criticality of evidence-informed practice in the application of knowledge of MSK management and rehabilitation, in the context of person-centred care.	D5.A2
A.1 B.5	Demonstrate an advanced level of effective collaborative and advanced communication skills in requesting further investigation or referral to another health or social care professional.	D6.A3
A.2 B.3-5 C.6-13	Demonstrate criticality, creativity, adaptability, and innovation of practice in the application of practical skills in the context of person-centred practice.	D8.A1 D8.A2 D8.A3
A.1-2 B.3-4 C.6-13 D.14	Demonstrate an advanced level of learning through critical reflection during and after the clinical encounter.	D6.A4
A.1-2 B.3-4 C.6-13 D.14	Demonstrate an advanced level of reflection and self-evaluation in managing individuals.	D4.A2
B.3-5 C.6-13	Demonstrate an advanced level of learning through precise and timely reassessment.	D6.A5
D.14	Demonstrate professional, ethical, and autonomous practice.	D10.A1
D.14	Demonstrate advanced professional judgement, empathy, and cultural competence within clinical practice.	D10.A5

D.14	Demonstrate critical awareness of the role of research in advancing the body of knowledge in MSK practice.	D9.A1 D9.A2
D.14	Demonstrate a commitment to life-long learning with continuous professional development.	D10.A2
D.14	Demonstrate a commitment to contributing to professional development through teaching and mentoring and assisting in the advancement of MSK provision across health and social care to the benefit of the public.	D10.A3 D10.A4