

# Musculoskeletal Capability Framework



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# Foreword

Foot and ankle conditions have been reported to account for 3-8% of general practitioner consultations with between 1 and 11 annual consultations per case each year being used to manage each individual problem<sup>1,2</sup>. Musculoskeletal conditions that are severe enough to restrict daily activities contribute to 5% of the overall picture of the personal impact of musculoskeletal conditions<sup>3</sup> with prevalence and severity often increasing with age<sup>4</sup>. Foot and ankle musculoskeletal conditions frequently lead to deformities<sup>5</sup> and pain. Aetiology is multifactorial with additional skin and sub-cutaneous lesions as well as tissue atrophy associated with peripheral vascular disease in the older adult contributing to presenting complaints<sup>6</sup>.

Guidelines are available to aid practitioners with clinical decision making but for many conditions, no standardised care pathway is outlined. Musculoskeletal provision in podiatry has seen rapid increases in research evidence leading to heterogeneity between practitioners creating a greater awareness of contemporary best practice and those practising outmoded and less effective methods of care<sup>7</sup>. A skills and knowledge escalator will help practitioners acquire a 'passport' of development that will translate beyond the immediate context and facilitate employers in determining the skill set of a potential employee identifying gaps for development. Similarly, a framework could act as a personal motivator towards achieving short and long-term career goals.

Musculoskeletal podiatry incorporates assessment and management of conditions in the foot and lower limb originating from local and systemic aetiologies. Podiatrists are trained in the assessment and management of conditions affecting all systems of the lower limb and it is an effective health profession in managing the full gamut of foot pain associated with musculoskeletal conditions. With competencies standardised, there is the potential to organise



the profession of podiatry into first-line practitioners with more generalist skill sets and less specialty, and second and third-line practitioners who have focused more on specialisation at the expense of the breadth of scope across conditions associated with generalist care or other sub-specialties.

Many conditions are not visible to the naked eye and require a careful evidence-informed approach to ensure accurate clinical impressions are formed in clinical settings with an effective management plan to alleviate symptoms and improve quality of life. As podiatrists develop their scope of practice along with increased clinical experience, they can acquire additional skills and knowledge which enable them to manage more complex conditions with use of pharmacotherapies alongside surgical, mechanical, and physical therapies. Whilst it may be more commonplace for podiatrists delivering routine care to manage the superficial lesions associated with foot deformity, they have a unique opportunity to build on existing expertise in the management of musculoskeletal conditions of the foot and ankle to advanced practitioner level. This field builds on and incorporates their knowledge of functional anatomy, pathological gait, clinical testing, and diagnostics to devise specific solutions from hosiery to orthoses, skin debridement to rehabilitation.

This capability framework aims to help develop musculoskeletal capability for podiatrists at undergraduate level to post-registration practice up to consultant level.

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# Who can use the Musculoskeletal Capability Framework?

The Musculoskeletal (MSK) Capability Framework sits among several other capability frameworks for podiatrists<sup>8-10</sup> and other health care practitioners. It focuses on management of musculoskeletal conditions of the foot and ankle. Whilst podiatrists may be best placed of all the allied health professions to manage the co-morbidities associated with foot deformity, musculoskeletal conditions can be managed by podiatry associates, physiotherapists, chiropractors, osteopaths, physician associates and other professions. The framework here omits surgical intervention as this domain of care is better described in documents set out by the Faculty of Podiatric Surgery of the Royal College of Podiatry (<https://membersarea.cop.org.uk/cpd2/career-development/podiatric-surgery>) and British Orthopaedic Foot and Ankle Surgeons<sup>11</sup>.

For the purpose of this framework, invasive procedures refer to injections into soft tissues and joints although it is acknowledged that advanced practice beyond this exists and other frameworks including podiatric surgery will identify a cross over between conservative and invasive care e.g. minor procedures and emerging novel therapies.

It is intended that undergraduate curricula and learning objectives will be informed from this Musculoskeletal Capability Framework as well as master level programmes and Royal College of Podiatry approved continuous professional development (CPD) content. Patients will benefit from this approach as they will be able to evaluate 'at a glance' the level of expertise of a clinician using the bandings in this and other frameworks which all relate to the Skills Domain of the Podiatry Career Framework<sup>9</sup>.

# Scope of the Framework

The scope of the framework addresses all levels of practitioner from pre-registration to consultant in a career focussed on management of musculoskeletal foot and ankle conditions.

Overall, in musculoskeletal practice there are four levels of capability<sup>9</sup>:

- 1) Pre-registration (including podiatry associate qualifications and undergraduate podiatrists)
- 2) Graduate (e.g. podiatrist)
- 3) Advanced Practitioner (AP)
- 4) Consultant Practitioner

The Musculoskeletal Capability Framework will outline levels of skills, knowledge and behaviours in four domains of practice relevant to musculoskeletal practice within podiatry and will reflect existing descriptors where available e.g. the Musculoskeletal Core Capabilities Framework for First Point of Contact Practitioners<sup>12</sup>.

The domains of practice as stated by Chance Larsen et al., (2019)<sup>13</sup> are:

Domain A: Person-Centred Approaches

Domain B: Assessment, Investigation and Diagnosis

Domain C: Condition Management, Interventions and Prevention

Domain D: Service and Professional Development

Guided by the 'Musculoskeletal Core Capabilities Framework for First Point of Contact Practitioners'<sup>12</sup>, this Musculoskeletal Capability Framework will map the 14 capabilities defined across the four domains for each practising level relevant to practice of management of the foot and



ankle. Achieving the capabilities in a particular order is not intended to direct a prescribed pathway, process or hierarchy but should ideally be addressed together before progressing to the next level. The capabilities form an expression of what a practitioner can do at a given level and should not be considered in isolation. Some elements of the framework will be encapsulated in programmes of study leading to awards such as the BSc (Hons) Podiatry degree, MSc programmes and other modules that will stand alone, such as the college suite of CPD resources. The framework does not prescribe how individual practitioners' fulfilment of the capabilities should be demonstrated or assessed but capability must be demonstrated summatively in some areas such as meeting the requirements for prescription-only medicines annotations on the Health and Care Professions Council register<sup>15</sup>.

## Professional values and behaviours

As outlined in the Musculoskeletal Core Capabilities Framework for First Point of Contact Practitioners<sup>12</sup>, registered podiatrists engaging with this framework should demonstrate several key values and behaviours relevant to their experience but applicable to all practice levels. This should include engagement and collaboration with all individuals involved in the care and treatment goals agreed for a patient showing empathy and understanding at all levels of communication (Appendix 1).

## The Framework in the patient journey

This framework ultimately aims to serve patients as they access musculoskeletal services. Practitioners should meet the expectations and needs of people with a musculoskeletal problem,



address the concerns they have and enable shared decision-making. As such, a blend of biopsychosocial and medical attributes to a practitioner in musculoskeletal care is critical and equally important.

# MSK underpinning knowledge and skills

The capabilities set out in this framework are outlined according to each stage on the Podiatry Career Framework<sup>9</sup>. At each level 1-4, there will be an expectation of development from the previous stage. In musculoskeletal care, it is an expectation that the appropriate level of knowledge will have been acquired to undertake the next role in the career progression. Cross-reference to the relevant part in the framework or appendices that aligns to the current level of knowledge and skills should be demonstrated<sup>9</sup>. Each level of capability is achieved by advancing knowledge and skills with regular peer review as well as progressing with postgraduate education and skill-specific training aligned to the defined level of practice<sup>9</sup> (Appendix 2).

At the level of graduate podiatrist, it is recognised that knowledge will likely outweigh experience, but a long-standing pre-registration associate may have seen more presentations yet have less academic knowledge of those presentations or what is needed to manage them. There will be a degree of unconscious incompetence in every practitioner, at every level, given their level of study and clinical experience. For this reason, mutual respect for each stage is essential in an MSK team.

It is acknowledged that many podiatrists are the first point of contact for patients with MSK conditions, particularly in private practice, and can demonstrate skills equivalent to a specialist podiatrist. This level of practice is the first step to becoming an advanced practitioner where the comprehensive understanding of the normal structure and function of the MSK system is



advanced with the skills of clinical research, leadership, management, and education. Those at stages beneath this level will have a less comprehensive understanding in terms of detail of anatomy, function, and pathological changes.

To complement the Musculoskeletal core capabilities framework for first contact practitioners<sup>9</sup>, which has been adopted by physiotherapy for first contact practitioner roles, podiatrists who become advanced practitioners understand the impact that musculoskeletal foot and ankle conditions have on individuals and on society in the context of the biopsychosocial model and the framework of the World Health Organisation International Classification of Functioning, Disability and Health<sup>16</sup>. They add a dimension of professional specialty to the field that addresses the need for assessment of the foot and ankle in the presence of complex musculoskeletal pain and pathology.

Podiatrists as APs can understand and recognise signs and symptoms that highlight the need to refer individuals onto specialist care and for further investigations. Additionally, they will have advanced knowledge in defining which presenting symptoms or conditions require urgent or emergency intervention. There is a strong understanding of health promotion and illness prevention. These skills are then further developed once reaching consultant level, with original enquiry, investigation, and delivery evident in clinical practice and reporting of research/audit data and clinical cases at a regional and national level. Both consultant and advance practitioner level of practice will be the driving force in development, leadership, research, and strategy for MSK practice in podiatry as per the four pillars set by Health Education England (HEE)<sup>10</sup>. Practitioners at all levels will know how to best manage and prevent musculoskeletal conditions with the skills to support individuals' self-management and behaviour change by engaging with the patient in collaboration. Practitioners progressively gain strong clinical-reasoning, problem-solving capabilities, and critical self-awareness skills that they can apply to their knowledge and skills within their professional scope of practice but advance to knowing when to seek advice and to make referrals to others to meet the best interests of the individuals they serve.

# Domain A: Person-centred approaches

## Introduction

Effective communication sits at the centre of providing best practice in health care through the expression of empathy, relevance, and accuracy.

Pre-registration associates will have the ability to be able to take basic factual histories using proformas and engage in interactions that provide continuity of care at a satisfactory level or provide onward referral if the presenting complication is beyond the practitioner's scope of practice. In addition to this, graduate-level of practice will be developing skills in listening and processing with empathy and understanding to inform first line decisions. At higher levels of musculoskeletal practice interpersonal and communication skills will have advanced to engage in effective, appropriate interactions with individuals, their carers and colleagues in the clinical environments and roles in which they practice. They will have the listening, information-processing and empathetic skills to ascertain, understand and respond to individuals' needs and concerns and use the appropriate language and media. They will be sensitive to individual preferences and needs, and uphold and safeguard individuals' interests.

## Capability 1. Communication

Level	Capability
Pre-registration	<p>Recognise the impact communication with others has on outcomes when considering the following:</p> <ul style="list-style-type: none"> <li>• Own values and beliefs, prejudice, and stereotypes.</li> <li>• Listening and active conversations.</li> <li>• Individuals and their carers' levels of health literacy.</li> <li>• Jargon and negative descriptors.</li> <li>• Different verbal and non-verbal communication styles and language needs.</li> <li>• Responding to questions and concerns and where necessary gain information from a senior colleague.</li> <li>• Seeking advice as to when to refer on to a regulated health professional to address an individual's needs for further support.</li> </ul> <p>At this level of practice, there should be effective communication with colleagues and throughout the multidisciplinary team, including tutors and mentors, engaging with a variety of different media to serve an individual's best interests. Practitioners should also be able to sustain and build relationships with colleagues that promote effective working practices and provides a high level of service provision.</p>
Graduate	<p>Demonstrate the capabilities of pre-registration as well as the following:</p> <ul style="list-style-type: none"> <li>• Continue to develop critical self-awareness of own values, beliefs, prejudices, assumptions, and stereotypes to mitigate the impact of these on how they interact with others.</li> <li>• Modify conversations to some extent to optimise engagement and understanding, informed by assessing individuals' and their carers' levels of activation and health literacy.</li> <li>• Adapt how they engage with others using different verbal and non-verbal communication styles, in ways that are responsive to individuals' communication and language needs and preferences.</li> <li>• Convey information and discuss issues in ways that avoid jargon, negative descriptors, and assumptions.</li> <li>• Engage with individuals and their carers, responding appropriately to questions and concerns about an MSK condition and its impact on their current situation.</li> </ul>

	<ul style="list-style-type: none"> <li>• Seek advice or make referrals where necessary due to lack of knowledge or experience.</li> <li>• Signpost individuals appropriately and effectively to sources of information and support.</li> </ul> <p>Additional to this, there will be an underlying respect for colleagues' knowledge and expertise within the multi-disciplinary team to serve individuals' best interests developed by communicating effectively with colleagues.</p>
Advanced and Consultant Practitioner	<p>Demonstrate the capabilities of pre-registration and graduate as well as the following:</p> <ul style="list-style-type: none"> <li>• Respond to complex individual communication and information needs whilst supporting sensitive information needed by accessing interpreters as required.</li> <li>• Communicate complex concepts and issues effectively with colleagues at all levels of practice using a variety of media (e.g. verbal, written and digital) to serve individuals' best interests.</li> <li>• Communicate with colleagues in ways that build and sustain relationships whilst seeking, gathering and sharing information appropriately, efficiently and effectively to expedite and integrate individuals' care.</li> </ul> <p>For further details on core communication and relationship building skills, see Person-Centred Approaches Skills for Health 2017:  <a href="https://skillsforhealth.org.uk/info-hub/person-centred-approaches-2017/">https://skillsforhealth.org.uk/info-hub/person-centred-approaches-2017/</a></p>

## Capability 2. Person-centred care

Level	Capability
Pre-registration	<p>Through all interactions, demonstrate a sensitivity to the significance of an individuals' background, identity, culture, values and experiences. Guidance from tutors will assist in relevant considerations that should be shown for how an MSK condition impacts the patient's life. Additionally, the following attributes should also be displayed:</p> <ul style="list-style-type: none"> <li>• Awareness of the impact persistent pain and disability has on individuals' lives, including on their relationships, self-esteem and ability to participate in what they need and want to do.</li> </ul>

	<ul style="list-style-type: none"> <li>• An understanding of the burden endured by individuals with long term MSK conditions and co-morbidities, including regular appointments for the management of their other healthcare needs.</li> </ul> <p>At this level of practice, individuals should be able to follow a progress plan set by a podiatrist or tutor recognising that reducing pain, restoring, and maintaining function and independence, and improving quality of life all form clinical outcomes and meaningful goals of treatment.</p>
Graduate	<p>Building on the capabilities of pre-registration level, this level of practice should also:</p> <ul style="list-style-type: none"> <li>• Recognise the expertise that an individual brings to managing their own care.</li> <li>• Consider, whilst care planning, the burden of treatment for individuals with long term MSK conditions and co-morbidities, including regular appointments that may also be for the management of their other healthcare needs.</li> <li>• Progress care, recognising that reducing pain, restoring, and maintaining function and independence, and improving quality of life, all form clinical outcomes.</li> <li>• Enable individuals to make decisions about their care by: <ul style="list-style-type: none"> <li>○ helping them to identify the goals, priorities and outcomes that are important to them</li> <li>○ supporting patients, by using non-technical language</li> </ul> </li> </ul> <p>Engaging in all available options, including doing nothing. If unable to undertake this for a patient refer to more expert specialist.</p>
Advanced and Consultant Practitioner	<p>Building on the capabilities of pre-registration level and graduate, this level of practice should also:</p> <ul style="list-style-type: none"> <li>• Co-create realistic and meaningful goals of treatment using advanced techniques such as health coaching, motivational interviewing and or other person-centred techniques.</li> <li>• Support individuals to make complex decisions, by exploring the risks, benefits, and consequences of each available option of care with them and discussing what these mean in the context of their life and goals. The outcome of which is to create a holistic management plan that can also complement and potentially enhance management of patients' other health concerns and conditions.</li> </ul>



	<p>For further details on core communication and relationship building skills, see Person-Centred Approaches (Skills for Health and Health Education England 2017): <a href="https://skillsforhealth.org.uk/info-hub/person-centred-approaches-2017/">https://skillsforhealth.org.uk/info-hub/person-centred-approaches-2017/</a></p>
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# Domain B: Assessment, Investigation and Diagnosis

## Introduction

Providing patients with a clinical assessment to characterise the presenting problem and discuss its impact is one of the core skills of clinical practice. Going on to develop differential diagnoses that will ensure most effective management and referral if needed adds to the development of the practitioner. This includes identifying the need for and requesting appropriate investigations and tests. Development towards the roles of MSK advanced practitioner and consultant requires a skills and knowledge escalator approach to problem-solving, increasing the complexity of understanding. The aim of the development is to demonstrate skills in problem-solving, critical thinking and evaluating the impact and outcomes of their interventions.

At the level of advanced practitioner, individuals will analyse and synthesise information, particularly concerning unfamiliar contexts and presentations where information may be incomplete or contradictory in the more likely event the presentation is rare or refractory. All levels of practitioners will work ethically, underpinned by their professionalism. Consultant practitioners will incorporate their considerable experience and a highly critical approach to uncertainty to provide a diagnosis and work closely with other health professionals to resolve conflict.

All podiatrists must demonstrate safe, effective, autonomous, and reflective practice, informed by available evidence and established best practice. They will work effectively as part of a team, either as a leader or as a team member, contributing to multi-disciplinary team-working to optimise the quality of service and clinical outcomes delivered to individuals. They will support and encourage





shared decision-making e.g. working together with patients and their carers to agree on tests and investigations based upon clinical need and individuals' informed preferences.

### Capability 3. History taking

Level	Capability
Pre-registration	<p>Building on the communication skills of listening, at pre-registration level an individual will be able to obtain appropriate additional information, with due sensitivity and consideration of what information needs to be sought to optimise the effectiveness and efficiency of the subjective examination. Guidance from clinical educators and tutors will assist in enabling practitioners to:</p> <ul style="list-style-type: none"> <li>• Gather information using proformas on the nature of the individual's symptoms and history.</li> <li>• Deliver information requiring analysis and assessment to a podiatrist</li> <li>• Record information gathered through taking individuals' history concisely and accurately for clinical management, and in compliance with local protocols, legal and professional requirements.</li> </ul>
Graduate	<p>Demonstrate the capabilities of pre-registration including the following:</p> <ul style="list-style-type: none"> <li>• Gather and synthesise according to experience and knowledge information on the nature of the individual's symptoms, taking account of how these issues relate to the presenting condition/complication and past medical history, their activities, any injuries, falls, frailty, multimorbidity or other determinants of health and the characteristics of MSK conditions.</li> <li>• Undertake basic assessment of the impact of individuals' presenting symptoms, including the impairment of function, limitation of activities and restriction on participation, including work.</li> <li>• Gather and synthesise information on the nature of individuals' issues from various appropriate sources e.g. previous histories and investigations, considering how symptoms relating to the MSK system may manifest as pain, stiffness, weakness, fatigue, limitation of activities and restriction of participation.</li> <li>• Explore and appraise with individuals' perceptions, ideas or beliefs about their symptoms and condition.</li> <li>• Begin to develop critical appraisal for information obtained, taking account of the potential for MSK symptoms to be features of non-MSK conditions, indicative of serious pathology, compounded by psychological and mental health factors, and affected by lifestyle factors (including smoking, alcohol, and drug misuse).</li> </ul>

	<ul style="list-style-type: none"> <li>Record the information gathered through taking individuals' history concisely and accurately for clinical management, and in compliance with local protocols, legal and professional requirements.</li> </ul>
Advanced and Consultant Practitioner	<p>Building on the capabilities of preregistration level and graduate, this level of practice should also be able to:</p> <ul style="list-style-type: none"> <li>Critically evaluate whether patient beliefs act as a driver or form a barrier to recovery or a return to usual activity or work.</li> <li>Appraise factors affecting individuals' ability to participate in life situations, including work and social activities, and their perceptions of the relationship between their work and health.</li> <li>Critically appraise information obtained, taking account of the potential for MSK symptoms to be features of non-MSK conditions, indicative of serious pathology, compounded by psychological and mental health factors, and affected by lifestyle factors (including smoking, alcohol and drug misuse).</li> <li>Critically appraise complex, incomplete, ambiguous, and conflicting information presented by individuals, distilling and synthesising key factors from the appraisal, and identifying those elements that may need to be pursued further.</li> </ul> <p>For further details on understanding frailty or dementia, see Frailty Core Capabilities Framework (Health Education England, NHS England, and Skills for Health 2018):  <a href="https://skillsforhealth.org.uk/info-hub/frailty-2018/">https://skillsforhealth.org.uk/info-hub/frailty-2018/</a>  Dementia Core Skills Education and Training Framework (Health Education England, Skills for Health and Skills for Care 2021):  <a href="https://skillsforhealth.org.uk/wp-content/uploads/2021/01/Dementia-Core-Skills-Education-and-Training-Framework.pdf">https://skillsforhealth.org.uk/wp-content/uploads/2021/01/Dementia-Core-Skills-Education-and-Training-Framework.pdf</a></p>

#### Capability 4. Physical assessment

Level	Capability
Pre-registration	<p>Appropriately obtain individuals' consent to physical examination; respect and maintain their privacy, dignity, and comfort, as far as practicable, and comply with infection prevention and control procedures. Assist in the assessment by providing support to others whilst also:</p> <ul style="list-style-type: none"> <li>Adapting practice to meet the needs of different groups and</li> </ul>

	<p>individuals (working with chaperones, where appropriate), including gaining experience of assessment in a wide variety of skin types, cultural beliefs, gender variations and neurodivergence as well as those with particular limitations such as cognitive impairment.</p> <ul style="list-style-type: none"> <li>• Undertaking observational and functional screening of individuals relevant to their presenting condition to identify and characterise specified abnormality on a proforma.</li> </ul> <p>Additional skills include recording information gathered through assessments concisely and accurately, for clinical management and in compliance with local protocols, legal and professional requirements.</p>
Graduate	<p>Working with pre-registration individuals and utilising their skills in physical assessment, you will be able to:</p> <ul style="list-style-type: none"> <li>• Assess the impact of individuals' presenting symptoms, including the impairment of function, limitation of activities and restriction on participation, including work.</li> <li>• Select and conduct an appropriate initial MSK screening assessment.</li> <li>• Apply a range of physical assessment techniques appropriately, systematically, and effectively. While being aware of how that assessment will present within people with varying levels of pigment.</li> <li>• Develop an understanding of assessment techniques' respective validity, reliability, specificity and sensitivity and the implications of these limitations within an assessment.</li> </ul> <p>At this level of practice during physical examination, a knowledge of red flag pathology is required to identify serious complications that need onward referral.</p>
Advanced Practitioner	<p>Building on the skills of a graduate this level of practice will also:</p> <ul style="list-style-type: none"> <li>• Identify, analyse and interpret potentially advanced significant information from the physical assessment.</li> <li>• Capture data using advanced assessment techniques to provide a further view on the aetiology of symptoms including gait analysis (kinematics and plantar pressure analysis).</li> <li>• Interpret and or report on assessments to inform the diagnosis and identify a treatment plan that can complement care received.</li> </ul>
Consultant Practitioner	<p>Building on the skills of an AP this level of practice will also:</p> <ul style="list-style-type: none"> <li>• Interpret unusual assessment results and where needed initiate a</li> </ul>

	<p>multi-disciplinary case meeting, regionally or nationally, where the results will inform further interventions e.g. devices or surgery.</p> <ul style="list-style-type: none"> <li>• Conduct and undertake physical assessments that are being explored as new and developing research practices.</li> <li>• Work with the team to deliver advanced assessment protocols that enhance learning, development, and service delivery to benefit the patient.</li> </ul>
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### Capability 5. Investigations and diagnosis

Level	Capability
Pre-registration	<p>Assisting in the investigation and diagnosis of a condition, you will recognise different patterns, syndromes and conditions commonly seen whilst also identifying a potentially serious pathology and make appropriate onwards referral. Additionally, with support and direction from tutors and clinical educators, it is important to:</p> <ul style="list-style-type: none"> <li>• Recognise and act where an early referral and diagnosis may be particularly important for optimising individuals' long-term outcomes.</li> <li>• Recognise how MSK conditions and their impact can interact with mental health and identify when this is relevant.</li> <li>• Understand how MSK problems may be a manifestation of injury not only from trauma but also abuse, recognising particular at-risk groups (such as older people with frailty and those with cognitive impairment) and take appropriate action when there are grounds for concern.</li> </ul>
Graduate	<p>Working with pre-registration individuals and utilising their skills in physical assessment, you will be able to build on those capabilities as well as:</p> <ul style="list-style-type: none"> <li>• Assess the importance and meaning of presenting features from the clinical assessment, recognising the different patterns, syndromes and conditions commonly seen.</li> <li>• Identify risk factors for severity or impact and use tools where they exist to analyse and stratify risk of progression to long term pain and disability.</li> <li>• Form a clinical impression of common problems that can usually be managed at first point of contact.</li> <li>• Instigate referral for advice on investigative tests to aid diagnosis</li> </ul>

	<p>and assessment.</p> <ul style="list-style-type: none"> <li>• Understand and interpret commonly used test results and act appropriately, demonstrating an understanding of the indications and limitations of different tests to inform decision-making and the imperative of using scarce, expensive, or potentially harmful investigations and results judiciously. Seek advice from a more expert podiatrist for test results not understood.</li> </ul>
Advanced Practitioner	<p>Building on the skills of a graduate, this level of practice will also:</p> <ul style="list-style-type: none"> <li>• Recognise how MSK conditions and their impact can interact with mental health and identify a referral when this is relevant.</li> <li>• Instigate advanced investigative tests to aid diagnosis and assessment.</li> <li>• Understand and interpret test results and act appropriately, demonstrating an understanding of the indications and limitations of different tests to inform decision-making and the imperative of using scarce, expensive, or potentially harmful investigations judiciously.</li> <li>• Lead quality impact assessments to investigate a case for change to widen the scope of investigations.</li> <li>• Lead gait and radiology audits to provide quality assurance.</li> </ul>
Consultant Practitioner	<p>Building on the skills of an AP, this level of practice will also:</p> <ul style="list-style-type: none"> <li>• Lead and direct complex case management regionally and/or nationally.</li> <li>• Explore and advance research into areas of diagnosis of MSK complaints.</li> <li>• Provide strategic oversight to develop the service including extending protocols and, where beneficial, enable access to diagnostic investigations when helpful to patient care.</li> </ul>

# Domain C: Condition Management, Interventions and Prevention

## Introduction

A key focus for regulated MSK health professionals is how they can improve and advance the health and wellbeing of individuals, communities, and populations. Advising on interventions and therapies helps to formulate a joint agreement with an individual on the implementation of a management plan. They work in collaboration with health and social care colleagues (across services, agencies, and networks) to meet individuals' best interests. All podiatrists managing foot and ankle conditions need to be able to develop, advise on and enact an integrated management plan that considers all the options, needs and wishes of the individual, even though some of those options will be out of their scope of practice. The MSK practitioner working on foot and ankle pathology will support and encourage shared decision-making, i.e. working together with patients and carers to select investigations, treatments, management, or support packages, based upon clinical evidence of all the options and patients' informed preferences. The management plan needs to support self-management and consider prevention, symptom control, disease control and restoration of function dependent on the possibilities and on the needs and wishes of the individual. Options to consider are education and support, lifestyle advice, social prescribing, drug therapies for symptoms or disease control (including local injections), surgery, manual therapy, and rehabilitative interventions (including exercise) and devices to aid function.

### Capability 6. Prevention and lifestyle interventions

Level	Capability
Pre-registration	<p>Be able to appraise the impact that a range of social, economic, and environmental factors can have on outcomes for individuals with MSK conditions, their carers and their circles of support. Then reflecting on this, assist the individual by:</p> <ul style="list-style-type: none"> <li>• Recognising and promoting the importance of social networks and communities for individuals and their carers in managing an MSK condition.</li> <li>• Assisting in the health promotion of physical activity (e.g. continuing work/exercise participation) for MSK health by advising people with MSK conditions about pacing and tolerance.</li> <li>• Refer for weight loss programs by providing information about local initiatives to consider and starting discussions about approaches already attempted, tried, or failed.</li> <li>• Promote the importance of diet and nutrition on MSK health (e.g. adequate vitamin D for good bone health).</li> <li>• Work collaboratively across agencies and boundaries to improve MSK related health outcomes and reduce health inequalities.</li> </ul>
Graduate	<p>In addition to the capabilities of pre-registration, a graduate podiatrist can:</p> <ul style="list-style-type: none"> <li>• Advise on some of the effects of injuries on MSK health and conditions.</li> <li>• Advise on some of the effects of smoking, obesity, and inactivity on MSK health and conditions and, where appropriate promote change or refer to relevant services.</li> <li>• Advise individuals living with frailty and their carers how to adapt the physical environment to promote independence, orientation, and safety (e.g. to reduce risk of falls).</li> <li>• Advise individuals and relevant agencies on how MSK related work loss can be prevented through acting on effective risk assessments and providing appropriate working conditions, including adaptation to meet the individual's needs.</li> <li>• Use interactions to encourage changes in behaviour that can have a positive impact on the health and wellbeing of individuals, communities, and populations.</li> <li>• Begin to facilitate behaviour change using evidence-based</li> </ul>



	<p>approaches that support self-management.</p> <ul style="list-style-type: none"> <li>• Advise on the adverse effects of smoking, obesity, and inactivity on MSK health, other conditions and, where appropriate promote change or refer to relevant services.</li> </ul>
Advanced and Consultant Practitioner	<p>Building on the capabilities of a graduate and advancing the skill base, at this level practitioners can:</p> <ul style="list-style-type: none"> <li>• Advise in detail on the effects of injuries and conditions on the wider MSK health system.</li> <li>• Facilitate behaviour change using evidence-based approaches that support self-management.</li> <li>• Lead and embed new and effective models of managing lifestyle.</li> </ul> <p>For further details on approaches to public health, see Public Health Skills and Knowledge Framework (Public Health England 2016):  <a href="https://www.gov.uk/government/publications/public-healthskills-and-knowledge-framework-phskf">https://www.gov.uk/government/publications/public-healthskills-and-knowledge-framework-phskf</a></p> <p>For further details on supported self-management, see Person-Centred Approaches (Skills for Health and Health Education England 2017):  <a href="http://www.skillsforhealth.org.uk/services/item/575-person-centred-approaches-cstf-download">http://www.skillsforhealth.org.uk/services/item/575-person-centred-approaches-cstf-download</a>.</p>

### Capability 7. Self-management and behaviour change

Level	Capability
Pre-registration	<p>At this level, a strong capability is needed in the support given to individuals to self-manage and fulfil their own role at being successful with the designed management plan. Additionally, with direction and tutorial support you will be able to:</p> <ul style="list-style-type: none"> <li>• Recognise that MSK conditions are often coupled with mental health issues, frailty, multimorbidity or other determinants of health.</li> <li>• Advise individuals on how MSK related limitations of activities and restriction of participation can be reduced through adaptations to meet the individual's needs.</li> <li>• Advise on sources of relevant local or national self-help guidance, information and support including coaching.</li> </ul>
Graduate	<p>Demonstrate the capabilities of pre-registration as well as the following:</p> <ul style="list-style-type: none"> <li>• Extend the support given to individuals to self-manage and fulfil their role in their management plan, and where appropriate use</li> </ul>

	<p>principles of behaviour change theory and patient activation, to optimise their physical activity, mobility, fulfilment of personal goals and independence relevant to their MSK condition.</p> <ul style="list-style-type: none"> <li>• Support individuals to explore some of the consequences of their actions and inactions on their health status and the fulfilment of their personal health goals (e.g. their engagement in exercise and their use of medication).</li> <li>• Support individuals to get the most from conversations about the management of their MSK condition and its impacts (e.g. loss of independence) by supporting and encouraging them to ask questions about what a priority or concern for them is.</li> <li>• Support the patient and help them to explore their physical and emotional resources as well as advising about pacing and capacity.</li> <li>• Begin to identify risk factors for the persistence and impact of MSK conditions and help individuals manage the psycho-social implications of their condition.</li> <li>• Suggest assistance for individuals to address work instability and to improve work retention.</li> </ul>
Advanced and Consultant Practitioner	<p>Building on the capabilities of a graduate and advancing the skill base, at this level practitioners can:</p> <ul style="list-style-type: none"> <li>• Advise on and refer individuals to psychological therapies, chronic pain team and counselling services, in line with their needs, taking account of local service provision.</li> <li>• Advance the advice given to individuals on the effects of their MSK condition and their response to it, including the causal links between absence from work, prolonged absence, reduced return to work and subsequent loss of employment.</li> <li>• Advise individuals on how MSK related limitations of activities and restriction of participation can be reduced through adaptations to meet the individual's needs and cycles of pain. In complex cases create a space to explore family and care support to enable self-management. This may involve including social care support to enable independence.</li> <li>• Advise and assist individuals to identify and use strategies to address work instability and to improve work retention.</li> <li>• Lead and embed new and effective models of self-management.</li> </ul>

### Capability 8. Pharmacotherapy

Level	Capability
Pre-registration	Identify sources of further information (e.g. websites or leaflets) and advice (e.g. pharmacists) and be able to signpost individuals as appropriate to complement the advice given.
Graduate	<p>In addition to the pre-registration capabilities, you will be able to demonstrate:</p> <ul style="list-style-type: none"> <li>• An understanding for the role of common medications used in managing MSK conditions, including analgesics, non-steroidal anti-inflammatory drugs, corticosteroids, drugs used in treating individuals with metabolic bone diseases, gout, inflammatory arthritis, and in the management of people with persistent pain.</li> <li>• Knowledge of the most common medications used in MSK and pain disorders to advise individuals on the medicine's management of their MSK problem, the expected benefits and limitations, and inform them impartially on the advantages and disadvantages in the context of other management options.</li> <li>• Keep individuals' response 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.</li> <li>• Be aware of World Health Organisation analgesic ladder, which is the framework used to guide the pharmacological treatment of chronic pain and pain in palliative care patients.</li> <li>• Support initiatives for medications compliance and timely medicines review either via General Practice or via the local pharmacist.</li> <li>• Refer for advice about pharmacotherapy, when considered appropriate.</li> </ul>
Advanced and Consultant Practitioner	<p>In addition to the capabilities of a graduate you will be able to:</p> <ul style="list-style-type: none"> <li>• Address and seek to allay individuals' fears, beliefs, and concerns. Where there are concerns, escalate this to the GP.</li> <li>• Have a working understanding of World Health Organisation analgesic ladder and side effects that may occur and escalate concerns to GP.</li> <li>• If concerns about pain medications are raised, refer patient to Chronic Pain Team or local equivalence service.</li> </ul>

	<ul style="list-style-type: none"> <li>• Prescribe relevant medication as per qualification.</li> <li>• If applicable, prescribe within scope as per non-medical prescribing qualification.</li> <li>• Lead on prescribing audit and embed changes in national evidence associated with managing chronic pain.</li> </ul>
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### Capability 9. Injection therapy

Level	Capability
Pre-registration	N/A
Graduate	<p>At this level of practice individuals should be able to:</p> <ul style="list-style-type: none"> <li>• Understand some of the roles joint injections have, informed by the evidence base in MSK practice.</li> <li>• Advise on some of the expected benefits and limitations of injection therapy for managing an individual's condition and inform them impartially on its advantages and disadvantages in the context of other management options.</li> <li>• Work in partnership with individuals to explore the suitability of injection therapy, addressing and seeking to allay individuals' fears, beliefs, and concerns.</li> <li>• Refer for advice about local injections, when considered appropriate.</li> </ul>
Advanced Practitioner	<p>Building on the capabilities of a graduate and advancing the skill base, at this level practitioners can:</p> <ul style="list-style-type: none"> <li>• Assess suitability and administer injection for MSK condition with and without ultrasound guidance.</li> <li>• Advise in detail the benefits and potential risks involved in injection therapy.</li> <li>• Update and revise pathways for assessment and provision of injection therapy.</li> <li>• Support and expand the scope of injection therapy.</li> <li>• Lead mentorship and proficiency programmes for junior practitioners to observe and gain injection therapies capability.</li> <li>• Lead audit outcomes to measure safety and effectiveness of injection therapy.</li> </ul>

Consultant Practitioner	<p>Building on the capabilities of an advanced practitioner; at this level, practitioners can:</p> <ul style="list-style-type: none"> <li>• Develop new protocols and pathways for complex management using novel injection therapy approaches and/or new medications.</li> <li>• Instigate relevant research in the appropriate field of the use of injection therapy.</li> <li>• Develop and/or research novel programmes and training arrangements for experienced practitioners to expand injection therapies competencies.</li> </ul>
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### Capability 10. Surgical interventions

Level	Capability
Pre-registration	Work in partnership with individuals and tutors to explore suitability of surgical intervention, addressing and seeking to allay individuals' fears, beliefs, and concerns, seeking guidance when appropriate.
Graduate	<p>As well as the capability of a pre-registration individual at this level you will be able to:</p> <ul style="list-style-type: none"> <li>• Understand the role of some common surgical interventions used in managing MSK conditions.</li> <li>• Advise on the expected benefits and limitations of most common surgical interventions used in managing specific MSK conditions where these are relevant to individuals' care and inform them impartially on the advantages and disadvantages in the context of other management options.</li> <li>• Work in partnership with individuals to explore suitability of surgical intervention, addressing and seeking to allay individuals' fears, beliefs, and concerns, seeking guidance when appropriate.</li> <li>• Refer for surgical opinion when considered appropriate.</li> </ul>
Advanced and Consultant Practitioner	Building on the capabilities of a graduate and advancing the skill base, at this level practitioners may have extended scope to perform minor procedures within the clinic environment, where appropriate advanced training has been completed and relevant competencies assessed.

## Capability 11. Rehabilitative interventions

Level	Capability
Pre-registration	<p>With guidance from clinical educators, support and show an understanding that some individuals such as those living with disability, mental health issues, multimorbidity or frailty might need additional support during rehabilitation and that their trajectory of recovery or increased independence may be slower than for others. Additionally, work in partnership with individuals to explore suitability of rehabilitation interventions, including social prescribing.</p>
Graduate	<p>As well as the capability of preregistration, at this level there will be an understanding of the role common rehabilitative interventions for MSK conditions have in the management of conditions. Individuals practising at this level will also be able to:</p> <ul style="list-style-type: none"> <li>• Provide advice on some of the expected benefits and limitations of different rehabilitative interventions used in managing specific MSK conditions, providing impartial information and advice on the advantages and disadvantages of specific interventions in the context of other management options.</li> <li>• Provide advice on restoring function, including graded return to normal activity, navigation to self-management resources, and modifying activity for limited periods.</li> <li>• Refer individuals to a range of local non-clinical services such as community-based exercise programmes where appropriate.</li> <li>• Prescribe basic personal rehabilitation programmes to help individuals enhance, restore, and maintain their mobility, function and independence considering the use of digital technology (e.g. apps and wearables) to support adherence.</li> <li>• Refer individuals to specialist rehabilitation practitioners (e.g. occupational therapists) where this is appropriate to individuals' needs and wishes.</li> </ul>
Advanced Practitioner	<p>Building on the capabilities of a graduate and advancing the skill base, at this level practitioners can:</p> <ul style="list-style-type: none"> <li>• Implement key management strategies to restore function, including graded return to normal activity, navigation to self-management resources, and pacing (modifying) activity for limited periods.</li> <li>• Prescribe personal rehabilitation programmes to help individuals</li> </ul>

	<p>enhance, restore, and maintain their mobility, function and independence considering the use of digital technology (e.g. apps and wearables) to support adherence.</p> <ul style="list-style-type: none"> <li>• Refer individuals to specialist rehabilitation practitioners outside of the current field where it is recognised that there is a restriction in intervention based on the skill set of the practitioner.</li> <li>• Make recommendations to employers regarding individuals' fitness to work, including through the appropriate use of fit notes and seeking appropriate occupational health advice.</li> </ul>
Consultant Practitioner	<p>Building on the capabilities of an advanced practitioner; at this level, practitioners can:</p> <ul style="list-style-type: none"> <li>• Develop rehabilitation initiatives that will benefit a wider population and inform practice.</li> <li>• Engage in research around the use of rehabilitation strategies in MSK management.</li> <li>• Make cases to refer patients to regional or national rehabilitation programmes where this will have the potential to be life-improving.</li> <li>• Lead and develop/research local rehabilitation service, extending away from the scope of practice of an AP i.e: gait rehabilitation services, fitness classes etc.</li> </ul>

## Capability 12. Interventions and care planning

Level	Capability
Pre-registration	The base capability in implementing interventions focus on the successful delivery of a management plan from a regulated health professional for common MSK conditions and their symptoms.
Graduate	<p>Work in partnership with a pre-registration individual to develop management plans that take account of individuals' needs, goals and wishes, local service availability and relevant guidelines. Additional to this, you will be able to:</p> <ul style="list-style-type: none"> <li>• Consider all options that are appropriate for the care pathway.</li> <li>• Advise on and instigate a basic management plan for common MSK conditions and their symptoms — instigating this may be through referral to others with specific, relevant capabilities.</li> <li>• Advise on pharmacological and non-pharmacological aspects of acute and chronic pain management.</li> </ul>

	<ul style="list-style-type: none"> <li>Identify when first-line intervention has been successful and discharge the patient with appropriate advice.</li> </ul>
Advanced and Consultant Practitioner	<p>Building on the capabilities of a graduate and advancing the skill base, at this level practitioners can:</p> <ul style="list-style-type: none"> <li>Advise on pharmacological and non-pharmacological aspects of acute and chronic pain management, changing this where required.</li> <li>Advise on the links between prolonged MSK symptoms and reduced mental wellbeing and refer individuals to sources of mental health support when in their best interests.</li> <li>Provide support for complex conversations regarding the acceptance of life-changing injuries and conditions where there are no treatments or where further treatments will not — or have not — provide expected benefits (sometimes referred to as End of the Road conversations).</li> </ul>

### Capability 13. Referrals and collaborative working

Level	Capability
Pre-registration	Engage in effective inter-professional communication and collaboration with clear documentation to optimise the integrated management and care of the individual with an MSK condition. Furthermore, you will be able to participate as an effective team member and understand the importance of effective team dynamics and be active in group tutorials.
Graduate	<p>In line with the capabilities described at pre-registration you will also be able to:</p> <ul style="list-style-type: none"> <li>Practice within your professional and personal scope of practice and access specialist advice or support for the individual or for themselves when appropriate.</li> <li>Advise on local non-clinical services that individuals and their carers may benefit from access to help manage an MSK condition and its impact, including those relating to employment, voluntary activities, counselling services, wellbeing, and leisure facilities.</li> <li>Know and be able to draw on the expertise of all members of the multi-disciplinary team and social support to advocate for the individual and optimise the integration of their care.</li> <li>Make appropriate referrals using appropriate documentation to other health and care professionals and agencies when this is in</li> </ul>



	<p>individuals' best interests.</p> <ul style="list-style-type: none"> <li>• Lead case reviews with wider health social care team.</li> </ul>
Advanced and Consultant Practitioner	<p>Building on the capabilities of a graduate and advancing the skill base, at this level practitioners can:</p> <ul style="list-style-type: none"> <li>• Create and innovate new ways of working to optimise patient journey and draw upon national initiatives like 'Getting it right first time'.</li> <li>• Be an effective member of the wider multi-disciplinary team involved in MSK care leading regional and national case meetings.</li> <li>• Lead and support service research activity (including National Institute of Health Research initiatives) that complement delivery processes.</li> </ul>

# Domain D: Service and Professional Development

## Introduction

All members in a MSK team support the development of MSK services through contributions to improvement processes, implementing evidence-based practice and evaluating the outcomes and impact of their services and interventions. Members should aim to actively progress patient and public involvement in research and quality improvement activities, ensuring adherence to ethical requirements. Reflective practice is a pillar of clinical practice at all levels above associate although it is beneficial to all roles as part of learning and professional development. Associate practitioners may need more direction in their personal professional development, but all practitioners benefit from self-reflection, peer review, performance feedback, and changing service needs.

### Capability 14. Evidence-based practice and service development

Based on the Clinicians' Skills, Capability, and Organisational Research Readiness (SCORR) Tool<sup>17</sup>

Level	Capability
Pre-registration	<p>At this level, a key capability is being aware and engaging in the distinct activities of clinical audit, service evaluation and research adhering to the national and local requirements, and regulatory frameworks that relate to each. Within this capability, the following is also required:</p> <ul style="list-style-type: none"> <li>To be assured that their own practice is meeting local standards by being active in planning, engaging in and recording learning and development relevant to their role and in fulfilment of professional and employment requirements.</li> </ul>
Graduate	<p>As well as the capabilities described at pre-registration level, a practitioner should be able to use the Clinicians' Skills, Capability, and Organisational Research Readiness (SCORR) Tool which complements this framework:</p> <p>Level 1 and 2 Research Engaged</p> <ul style="list-style-type: none"> <li>Instigate and engage in the distinct activities of clinical audit, service evaluation and research adhering to the national and local requirements, and regulatory frameworks that relate to each.</li> <li>Critically apply relevant national guidance and other best available evidence on MSK care and service delivery, identifying and highlighting to the team where local modifications may be required.</li> <li>Monitor and evaluate your own practice and its outcomes, including through data collection and analysis to assure and improve the quality of care, service delivery and address health inequalities.</li> <li>Engage in co-production initiatives with individuals and their carers to improve the person-centred design and quality of services.</li> <li>Act appropriately when services' deficiencies are identified (e.g. frequent long waiting times) that have the potential to affect the effective management of individuals' care and condition, including by taking corrective action, where needed.</li> <li>Plan, engage in, and record learning and development relevant to their role and in fulfilment of professional, regulatory and employment requirements.</li> <li>Engage in reflective practice and clinical supervision as an integral part of their professional development.</li> </ul>
Advanced Practitioner	<p>Building on the capabilities of a graduate and advancing the skill base, at this level practitioners can SCORR Research Active: Level 3 synthesis of new knowledge:</p>

	<ul style="list-style-type: none"> <li>• Lead in the distinct activities of clinical audit, service evaluation and research (leading or contributing, as appropriate) adhering to the national and local requirements, and regulatory frameworks that relate to each.</li> <li>• Engage in reflective practice and clinical supervision as an integral part of their professional development and to inform service development and quality improvement about local needs.</li> </ul>
Consultant Practitioner	<p>Building on the capabilities of an advanced practitioner; at this level, practitioners can:</p> <ul style="list-style-type: none"> <li>• SCORR Research Active: Level 4 generating new knowledge with support of others and possible level 5 leading the generation of new knowledge.</li> <li>• Manage and develop research and audit activity for the department.</li> <li>• Direct personal development reviews in line with departmental activity to meet the research and audit needs of a group.</li> <li>• Instigate funding for research implementation and work with external bodies as well as internal research governance.</li> </ul>

# Appendix

**Professional values and behaviours adapted from Health Education England. *Musculoskeletal Core Capabilities Framework for First Point of Contact Practitioners. (2018).***

- a) Engage with an individuals' perspective on their condition, their preferences for their care, and what is important to them and their carers in terms of MSK treatment goals and outcomes.
- b) Demonstrate understanding of the individual and show empathy for the impact of their MSK condition.
- c) Value and acknowledge the experience and expertise of individuals, their carers and support networks.
- d) Use clinical-reasoning skills to undertake an assessment of the presenting problem, interpret findings, develop working and differential diagnoses, formulate, communicate, implement, and evaluate management plans.
- e) Recognise the wider impact that painful, often persistent, foot and ankle conditions can have on individuals, families and those close to them.
- f) Understand that their role is to support and enable individuals to lead meaningful lives, whether cure or resolution is possible.
- g) Ensure a consistent and integrated approach throughout the episode of MSK foot and ankle care, focusing on the identified needs of each individual.
- h) Ensure integrated care, support, and treatment through forward-planning, working in partnership with individuals, different professionals, teams, diverse communities, a range of organisations including the third sector, and through understanding, respecting and drawing on others' roles and competence.
- i) Value collaborative involvement and engage people with MSK conditions to improve and co-produce person-centred, quality services.

- j) Adhere to legal, regulatory, and ethical requirements, professional codes, and employer protocols.
- k) Adopt a critical approach to ethical uncertainty and risk, working with others to resolve conflict.
- l) Demonstrate safe, effective, autonomous, reflective practice.
- m) Inform practice and professional development and remain up to date with the best available evidence through the use of clinical guidelines and research findings.
- n) Be accountable for their decisions and actions and the outcomes of their interventions.
- o) Work effectively as part of a team across skill levels, using their professional knowledge and skills, and drawing on those of their colleagues.
- p) Seek to meet individuals' best interests and to optimise service delivery.
- q) Enable and participate in appropriate levels of research to advance the development of MSK knowledge and practice around foot and ankle pathology.

# Indicative knowledge underpinning the capabilities

Practitioners, regardless of their scope of practice, must have the appropriate knowledge and understanding to underpin the capabilities within this framework.

This appendix outlines the knowledge that underpins the framework capabilities. It includes what is needed to enable an assessment of any MSK problem and its impact, making a diagnosis, developing a plan of management, and enacting it. It is recognised that practitioners will also have more in-depth knowledge and understanding in their specialist area. The indicative knowledge is presented in the following table:

Knowledge area	Indicative content
The normal structure and function of the MSK system and processes that can affect this.	<ul style="list-style-type: none"> <li>• Structure and function of bone, joints, muscle, connective tissue and disease processes relevant to supporting the diagnosis and management of MSK problems.</li> <li>• The pathological processes relating to MSK conditions, including the ageing process, injury and disease states and repair of MSK tissues (including bone, cartilage, synovium, muscle and enthesis).</li> <li>• The biological and psycho-social sciences applicable to MSK problems.</li> </ul>
The features of an MSK problem that are relevant to making a diagnosis, including:	<ul style="list-style-type: none"> <li>• Pain: nature, location, severity.</li> <li>• Variation of symptoms over time.</li> <li>• History of trauma.</li> <li>• Symptoms that help distinguish inflammatory from noninflammatory conditions.</li> </ul>

	<ul style="list-style-type: none"> <li>• Decrease or loss of function or motion - weakness, restricted movement, deformity and disability, ability to perform usual tasks or occupation.</li> <li>• Altered sensation.</li> </ul>
<p>How an MSK problem can impact on an individual and society including:</p>	<ul style="list-style-type: none"> <li>• The biological and psycho-social sciences applicable to MSK problems.</li> <li>• The World Health Organisation (WHO) framework of International Classification of Functioning, Disability and Health (ICF).</li> <li>• Barriers to recovery or a return to usual activity or work, including frailty, multimorbidity, dementia, learning disabilities or other determinants of health.</li> </ul>
<p>The syndromes that MSK problems present as, their differential diagnoses and the characteristics of the different MSK conditions including systemic features and their expected progression/prognosis to support making a diagnosis and management plan. (The detail of knowledge should be about their prevalence and seriousness. This knowledge and understanding is relevant to all practitioners regardless of their anatomical scope of practice. However, practitioners would have a more in-depth knowledge of their specialist area).</p>	<p>Commonly seen patterns and syndromes may include:</p> <ul style="list-style-type: none"> <li>• Joint pain — mono, poly, peri-articular.</li> <li>• Regional pain or stiffness.</li> <li>• Generalised pain or stiffness.</li> <li>• Regional pain or stiffness, including foot and ankle pain.</li> <li>• Neck pain</li> <li>• Back pain</li> <li>• Bone pain</li> <li>• Muscle pain, stiffness or weakness.</li> <li>• Systematic problems - extra-skeletal problems.</li> <li>• MSK injury</li> </ul> <p>The cause of which can be related to:</p> <ul style="list-style-type: none"> <li>• Traumatic</li> <li>• Vascular/ischaemic</li> <li>• Neurological</li> <li>• Infectious</li> <li>• Degenerative</li> <li>• Immune-mediated</li> <li>• Metabolic</li> </ul>



	<ul style="list-style-type: none"> <li>• Inherited/developmental/congenital</li> <li>• Neoplastic</li> <li>• Psychological</li> </ul> <p><b>Investigations:</b></p> <ul style="list-style-type: none"> <li>• Appropriate investigative tests to aid diagnosis and assessment.</li> <li>• Understand the indications and limitations of different tests to inform decision-making and interpret test results.</li> </ul>
<p>How to support the development of a management plan.</p>	<ul style="list-style-type: none"> <li>• Management strategies/models of care for common MSK problems that include supporting self-management and consider prevention, symptom control, disease control and restoration of function.</li> <li>• Conditions where an early referral and diagnosis may be particularly important for optimising individuals' long term outcomes; e.g. internal derangement of the knee, ruptured Achilles tendon, massive rotator cuff tear, inflammatory arthritis and inflammatory joint and spine diseases, open fracture, fractures associated with nerve or vascular compromise, cauda equina syndrome, joint infection, soft tissue infection, bone infection, temporal arteritis.</li> </ul>
<p>Interventions used in the management of MSK problems. (This knowledge and understanding are needed by all MSK practitioners in these areas. In addition, the practitioner may have a greater level of knowledge and understanding related to some interventions if they are within their scope of practice. That higher level is beyond the scope of this capability framework).</p>	<p>Supported self-management and behaviour change. The impact and value of supported self-management and behaviour change for optimising physical activity, mobility, fulfilment of personal goals and independence. This includes the principles of:</p> <ul style="list-style-type: none"> <li>• Shared decision-making</li> <li>• Supported self-management</li> <li>• Care and support planning</li> <li>• Behaviour change patient activation models</li> <li>• Health coaching techniques</li> <li>• Lifestyle advice.</li> </ul>

	<p><b>Pharmacological therapies for symptom or disease control:</b></p> <p>Understand role of common medications, the expected benefits and limitations: Medications used to treat pain, including:</p> <ul style="list-style-type: none"> <li>• Analgesics</li> <li>• Non-steroidal anti-inflammatory drugs</li> <li>• Corticosteroids</li> <li>• Neuropathic medication</li> <li>• Medications used to treat metabolic bone diseases.</li> <li>• Medications used to treat gout.</li> <li>• Anti-rheumatic drugs</li> <li>• Biological agents used for inflammatory arthritis.</li> </ul> <p><b>Local injection:</b></p> <p>Understand role of common injections, the expected benefits and limitations.</p> <p><b>Surgical interventions:</b></p> <p>Understand role of common surgical interventions used in managing MSK conditions, the expected benefits and limitations:</p> <ul style="list-style-type: none"> <li>• Arthroscopy</li> <li>• Arthroplasty</li> <li>• Spinal surgery (discectomy, spinal fusion)</li> <li>• Amputation</li> <li>• Synovectomy</li> <li>• Osteotomy</li> <li>• Arthrodesis - nerve/carpal tunnel decompression.</li> </ul>
Interventions used in the management of MSK problems. (continued)	<ul style="list-style-type: none"> <li>• Rehabilitative interventions including manual techniques exercise:</li> <li>• Understand the role of common rehabilitative interventions for MSK conditions, the expected benefits and limitations.</li> <li>• Basic advice on restoring function, including</li> </ul>

	<p>graded return to normal activity, navigation to self-management resources, and modifying activity for limited periods.</p> <ul style="list-style-type: none"><li>• Exercise programmes to help individuals enhance, restore, and maintain their mobility, function and independence.</li></ul>
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