

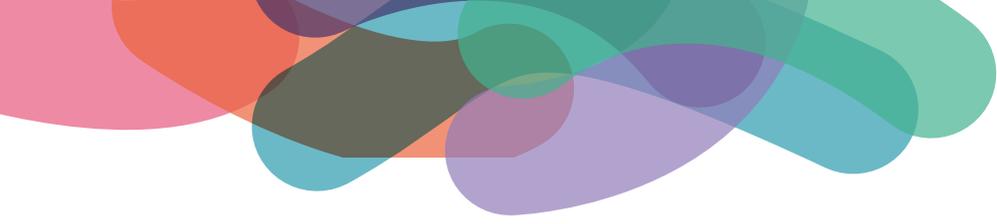
Rheumatology Physiotherapy Capabilities Framework:

Screening,
Assessment and
Specialist
Management



Endorsed by





Introduction

This capabilities framework is for all physiotherapy staff caring for people with rheumatology conditions. This includes those who screen for potential rheumatology conditions and those who regularly provide physiotherapy interventions for this group of patients.

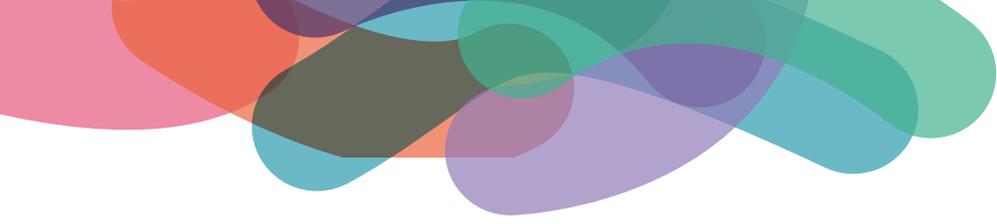
This document arose from the recognition of a lack of a formal description of specialist physiotherapy capabilities that ensure safe, effective assessment and management of people with underlying undiagnosed or diagnosed rheumatological conditions. NICE guidance and quality standards specifically recommend specialist physiotherapy in the care of people with these conditions. In addition, the essential role of screening for inflammatory conditions to support recognition, timely referral and early diagnosis is also recognised in national clinical guidelines. In both public and private contexts, screening capabilities in rheumatology are integral to roles undertaking assessments, and managing and reviewing musculoskeletal conditions in all settings where these cases will commonly present.

Although there are a number of existing competency/capability documents, there remained a gap in the form of a physiotherapy-specific document that was considered to adequately encompass rheumatology specialist physiotherapy provision in the UK context.

The development of this document has included a scoping process to identify rheumatology-specific knowledge, skills and attributes encompassed by rheumatology specialist physiotherapists and physiotherapists in screening roles. We are very grateful for the expert input into the development of this document; this has progressed from the project leads to a wider working group of interested colleagues and then been reviewed and ratified by relevant stakeholders.

Aims

- To provide an agreed, evidence-based and specific national framework for physiotherapy staff across the spectrum of screening, assessment and specialist management of rheumatology conditions.
- To provide information to support service delivery, role development, description and progression, business cases, service specification and commissioning in the development and improvement of rheumatology and/or physiotherapy provision.
- To provide a benchmark and increase understanding of physiotherapy capabilities, helping to prioritise investment and provide a reference for rheumatology and triage services nationally.
- To enable the public to understand the current and evolving role of the physiotherapy workforce involved in the care of rheumatology patients, including those working in first-contact roles, general musculoskeletal roles and within specific rheumatology services.



Acknowledgements

Project leads

Hannah Chambers (East Kent Hospitals University NHS Foundation Trust), Will Gregory (Salford Royal NHS Foundation Trust), Dr Carol McCrum (East Sussex Healthcare NHS Trust).

Expert working group

Dr Lindsay Bearne (King's College London), Dr Mhairi Brandon (Glasgow Royal Infirmary), Mark Clemence (Torbay Hospital), Mike Dare (East Kent Community Rheumatology Service, Connect Health), Paula Dowie (NHS Fife), Susi Gaikwad (North Lincolnshire and Goole Foundation Trust), Rhys Hayward (London North West University Healthcare NHS Trust), Sue Hesketh (Wrightington, Wigan and Leigh NHS Foundation Trust), Calum Maclean (NHS Tayside), Gary McCall (Manchester University NHS Foundation Trust), Melanie Martin (Guy's and St. Thomas' NHS Foundation Trust), Dr Jane Martindale (Wrightington, Wigan and Leigh NHS Foundation Trust), Kirsty Monahan (Wye Valley NHS Trust), Craig Morris (NHS Fife), James Peirce (Gloucestershire Hospitals NHS Foundation Trust), Kathryn Rigler (Royal Berkshire NHS Foundation Trust), Nicola Scrafton (Northumbria Healthcare NHS Trust), Jade Skeates (Royal United Hospitals Bath NHS Foundation Trust), Katie Stables (Rochdale Care Organisation), Aimee Urquhart (NHS Grampian), Chris Walsh (NHS Lothian), Kate Weight (Norfolk and Norwich University Hospitals NHS Foundation Trust), Catherine Wilson (Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust), Ben Withers (North Manchester General Hospital).

External review and support

British Society for Rheumatology (BSR) Education Committee, Gill Rawlinson, Reena Patel, James Allen and Claire Fordham – Chartered Society of Physiotherapy (CSP), Sarah-Jane Ryan – University of Brighton, Paul Barratt – Salford Royal NHS Foundation Trust.



Endorsements

This framework has been endorsed by the British Society for Rheumatology and the Chartered Society of Physiotherapy.

To find out more about how they can support you, go to

www.rheumatology.org.uk

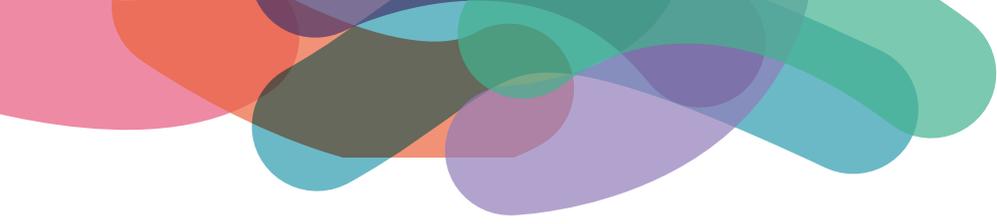
www.csp.org.uk

Supporters

Clare Jacklin – National Rheumatoid Arthritis Society (NRAS), Dr Dale Webb – National Axial Spondyloarthritis Society (NASS), Shantel Irwin – Arthritis Action, Claire Jeffries and full committee – AStretch.

Funding

The design and production of this framework has been funded by the British Society for Rheumatology.



Contents

Section 1

Guide to abbreviations used in this document	6
Scope of the framework	8
Who is this framework for?	8
Linking to other competence/capability documents in musculoskeletal care	10
Introduction to using this framework	11

Section 2

Rheumatology Physiotherapy Capability Statements	15
Screening in MSK settings	15
Investigations (for screening and management)	16
Physiotherapy Interventions	18
Condition Management	21
Medication Management	24
Non-Clinical Capabilities	26
Gateways/Level progression	29

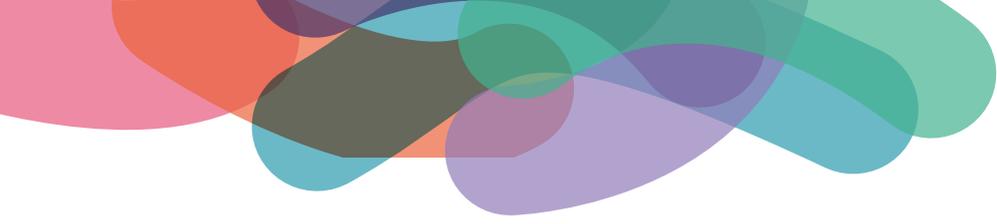
Section 3

References	31
Capability statements set out in level of practice	34
Foundation Level	34
Support Worker Levels	36



Guide to abbreviations used in this document

A	Attribute
AHP	Allied health professional
ANA	Antinuclear antibodies
Anti-CCP	Anti-cyclic citrullinated peptide
AP	Advanced practitioner
AxSpA	Axial spondyloarthritis
BASMI	Bath Ankylosing Spondylitis Metrology Index
BSR	British Society for Rheumatology
CASE	Consortium for the Accreditation of Sonographic Education
CCG	Clinical Commissioning Group
CM	Condition Management
CPD	Continuous professional development
CPPD	Calcium phosphate dihydrate crystal deposition disease
CRP	C-reactive protein
CSP	Chartered Society of Physiotherapy
DAS-28	Disease Activity Score-28
DEXA	Dual-energy X-ray absorptiometry
DMARD	Disease modifying anti-rheumatic drug
EIA	Early inflammatory arthritis
ESR	Erythrocyte sedimentation rate
EULAR	European Alliance of Associations for Rheumatology
EULAR comps	2019 EULAR recommendations for the generic core competencies of health professionals in rheumatology
FCP	First contact practitioner
FRAX	Fracture Risk Assessment Tool
GCP	Good clinical practice
GP	General practitioner



HCPC	Health and Care Professions Council
HEE	Health Education England
HEI	Higher Educational Institute
HLA-B27	Human leucocyte antigen-B27
IFR	Individual Funding Request
IN	Investigations (for screening and management)
K	Knowledge
MDT	Multidisciplinary team
ME	Medication management
MMG	Medicines Management Group
MSc	Master of Science
MSK	Musculoskeletal
NC	Non-clinical
NICE	National Institute for Health and Care Excellence
NMP	Non-medical prescriber
NSAID	Non-steroidal anti-inflammatory drug
OA	Osteoarthritis
P-list	Personal-list
PCN	Primary Care Network
PGD	Patient Group Directive
PMR	Polymyalgia rheumatica
PT	Physiotherapy interventions
RA	Rheumatoid arthritis
S	Skill
SC	Screening
SIGN	Scottish Intercollegiate Guidelines Network
SLE	Systemic lupus erythematosus
SOP	Standard operating protocol

Scope of the framework

The sequence of this framework is designed to match the journey or care pathway of the person presenting with symptoms. The first section is on the screening setting, and the next section covers investigations, which will be relevant at initial presentation, but of course also at further occasions post-diagnosis. The capabilities progress onto rehabilitation and “core rheumatology physiotherapy”, before broadening to general condition management and medication management. Finally, there are non-clinical capabilities that stand alongside and support the physiotherapist, and physiotherapy support worker where appropriate, through all of the other areas of capability (see Figure 1).



Figure 1: Structure of the Rheumatology Physiotherapy Capabilities Framework across the patient care journey

Who is this framework for?

Musculoskeletal conditions make up around 20% of appointments in general practice (Arthritis Research UK 2018). Therefore this document has a broad appeal for the physiotherapy workforce managing people with MSK conditions who will need to screen for rheumatology conditions as a part of their comprehensive assessments. Physiotherapists employed in first contact roles, private practice and musculoskeletal interface/triage services will find this document relevant in relation to their clearly defined and essential role in screening for rheumatology diagnoses. However, this framework is aimed predominantly at the physiotherapy workforce within a rheumatology multidisciplinary team (MDT).

This document will also be useful for other stakeholders involved in delivering care to people with rheumatology conditions (see Table 1):



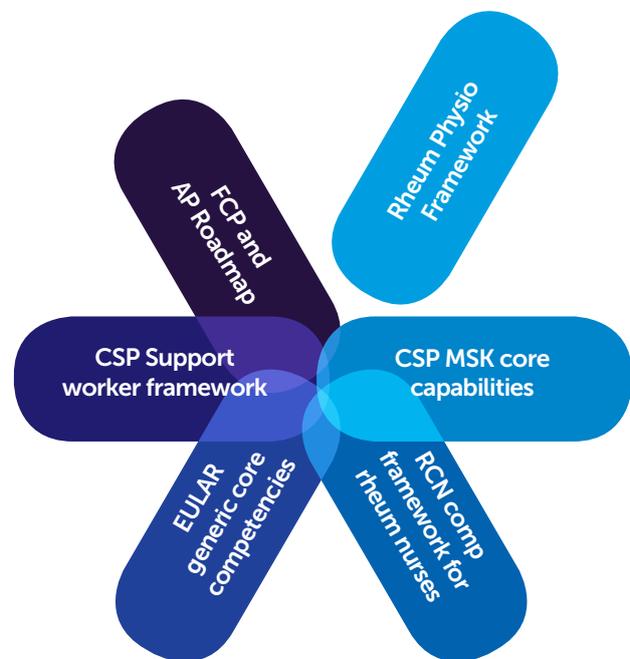
Physiotherapy workforce (including support workers)	Managers	Clinical commissioners	Educational commissioners	National regulators	Public and patients
Career progression is measured against a specific national framework	Provides information to support business cases to improve rheumatology and/or physiotherapy provision	Provides benchmarking to help identify quality markers for service definition and review	Provides a framework to identify knowledge and skill gaps for the physiotherapy workforce	Provides a framework for leadership and accountability	Enables the public to understand the evolving role of the physiotherapy support worker and physiotherapist involved in the care of rheumatology patients
Provides a framework for structured and informal reflective practice and CPD	Provides a reference document to support workforce development and clinical supervision	Increased understanding of physiotherapy capabilities	Provides clarity of expected skills required to increase employability of postgraduates	Provides a framework that is linked to other national physiotherapy and rheumatology frameworks and standards	Improves public understanding of the FCP, physiotherapist and physiotherapist support worker roles within the context of the rheumatology multidisciplinary team (MDT)
Creates a common language to improve communication across the physiotherapy workforce	Helps with clarification on required levels of practice in rheumatology physiotherapy	Provides a reference for rheumatology services nationally and transferable skills	Provides a framework to select and review educational placements	Workforce development can be reviewed and benchmarked	Supports a dialogue between the public and the physiotherapy workforce in rheumatology
Establishes a framework for constructive feedback and appraisal review at specified intervals	Provides a greater understanding of generic skills to maximise efficiency of care	Provides a framework to help prioritise investment in physiotherapy provision	Highlights the importance of measurement, audit and research in the development of physiotherapy in this field	Targeted engagement with speciality experts will improve service regulation	Patients and public can support workforce change with a more informed perspective leading to co-production

Adapted from Intensive Care Society (2018) Allied Health Professionals: Critical Care Professional Development Framework.

Linking to other competence/capability documents in musculoskeletal care

This document complements and dovetails with a community of musculoskeletal and other rheumatology capability and competency documents. It is intended to be read and applied in conjunction with these. Within this community of documents, the aim of this document is to cover the rheumatology-specific issues that are required by physiotherapists and physiotherapy support workers employed in roles where they will come into contact with people either with these diagnoses or that require screening for potential rheumatology conditions.

To enable cross-referencing between these documents we have placed each of our rheumatology physiotherapy capability statements into the context of the EULAR generic core competencies – at the end of each statement, there is an allocation of the statement to one of the 10 core competencies.



LINK

Musculoskeletal core capabilities framework for first point of contact practitioners (CSP, 2018)

LINK

A Competency Framework for Rheumatology Nurses (RCN, 2020)

LINK

2019 EULAR recommendations for the generic core competencies of health professionals in rheumatology (EULAR, 2019)

LINK

Optimising capability in the physiotherapy support workforce (CSP, 2020)

LINK

The First Contact Practitioners and Advanced Practitioners in Primary Care: (Musculoskeletal) A Roadmap to Practice (HEE, 2020)

Introduction to using this framework

Navigating your way around

The capabilities are divided into six sections:

- Screening (SC)** – Musculoskeletal assessment settings including FCP and MSK interface/triage settings
- Investigations (IN)** – For screening and for management
- Physiotherapy Interventions (PT)**
- Condition Management (CM)**
- Medication Management (ME)**
- Non-Clinical Capabilities (NC)**

The capabilities are presented in suggested professional levels ranging from Support Worker Level to Consultant Level. It is assumed that previous level capabilities will be incorporated with each progression of level.

Each capability is allocated as a knowledge (K), skill (S) or attribute (A), or a combination of these three.

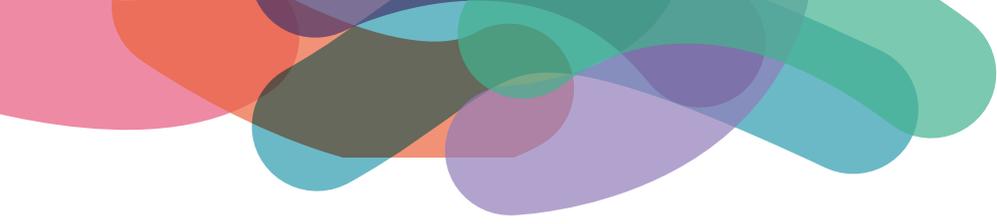
Supporting your capability evaluation and development

You can mark your capability levels against each relevant statement on a scale of 1–3 from “not achieved” to “achieved” (in the table under the # column). This process aims to help evidence your levels of capability and support, thus identifying areas for development to achieve the full competency associated with each level. It is accepted that not all statements will be relevant for all services/settings/teams and therefore a fourth option is to mark as an “N”.

Self-reported capability level against the statement	Numerical score (place in the # column
Not achieved	1
Partially achieved	2
Achieved	3
Not relevant in this service/setting/team	N

It is anticipated that rotational roles at the “foundation” and at the “specialist” or “enhanced” levels may commence their rotation with capabilities lower down on these scales and may not reach a “3” on the scale during their rotation. The framework aims to support developing the most important capabilities to ensure safe practice and to help you recognise when clinical support should be sought and available.

Whilst the document allows comparison to predefined capabilities this is not intended as a level to “pass” and then forget about. There needs to be an emphasis on ongoing capability, regularly reviewing your levels and sustaining or progressing capability levels.



Capabilities not competencies

Competencies are frequently referenced as the specific tasks, activities and responsibilities an individual undertakes in a role to an expected standard. Because competencies tend to be role-specific we advocate that clinical competencies for practice should be determined in the local practice setting. Here, we focus on capability in practice, which is more than competence. Capability is the combined attributes (knowledge, skills, values and behaviours) required for a level of practice which enable an individual to develop competence in a role. Capability includes the ability to manage change, be flexible, deal with complex or unpredictable situations and continually improve performance.

A focus on rheumatology-associated capabilities

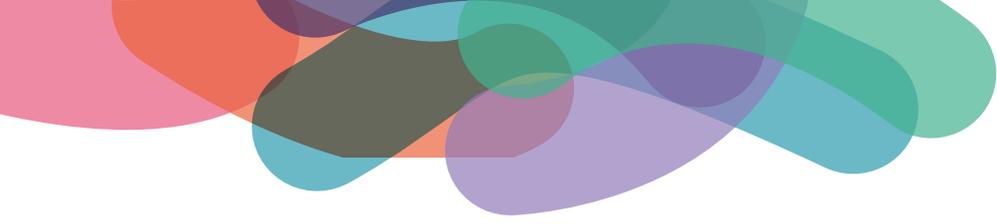
Rheumatology is a unique area of physiotherapy practice and the capabilities required to work in this area require unique and specialist knowledge and skills. There are many professional capabilities that the physiotherapy workforce specialising in rheumatology share with other AHPs, musculoskeletal and primary care specialities and with other members of the rheumatology MDT. This document is intended to only contain the capabilities specific to the physiotherapy workforce in rheumatology, including the recognition of suspected rheumatology conditions that is part of some clinical roles. This is especially relevant at the intermediate and higher-level support worker levels and also at the advanced practitioner and consultant levels where there are national documents for these developing and evolving roles. It can be best viewed as an adjunct to the more generic documents covering physiotherapy, rheumatology or AHP capabilities more broadly.

The lead authors and expert review group are passionate about the role of rheumatology physiotherapists. As a group we are aware of some services where there is no nominated physiotherapist team looking after rheumatology, but rather this area of work is shared between more generalist physiotherapists and therapy assistants. We do hope this document assists in creating the case for a specialist rheumatology physiotherapy team allocated to every rheumatology service across the UK.

There is no “one size fits all”

An important aim of this framework is to support standardised practice in all healthcare settings across the UK: amongst the four nations of the UK between different sectors and between large and small Trusts, different healthcare organisations and settings and between urban and rural settings. However, it is not a “one size fits all” solution. Different sectors, settings and regions may apply different professional levels for certain skills.

By creating this framework, and inviting comments from a diverse expert group, it is apparent that there may be variations across nations and settings for banding levels and the various individual skills and tasks encompassed within roles. It has been reported as part of a 2017 survey (Ndosi et al. 2017) that there is a variation in the provision of physiotherapy within MDTs and also within the practice of clinicians in the “same” role. For example joint aspiration and injection is usually NHS band 7 or 8 (or equivalent) in England but usually NHS band 6 or 7 (or equivalent) in Scotland.



Another example to consider is the situation in a smaller Trust or organisation where there may be only one physiotherapist working in rheumatology. By default, this one individual will take on leadership and influencing roles that might sit in this document at “advanced” level and yet this individual does not hold an advanced level position. Instead, they are placed in a highly specialist or specialist role. This single clinician may well feel pulled in too many directions with multiple pressures and competing demands; this framework is not intended to further stretch limited resources – some capability statements can be marked as “not relevant”. Additionally, a recent national survey of rheumatology physiotherapists (Gregory et al. 2021) demonstrated a large variability in job plan percentages of patient-facing time versus non-patient-facing time amongst respondents. Clearly those with less time for non-patient-facing activity would struggle to fulfil all of the capabilities included in this framework.

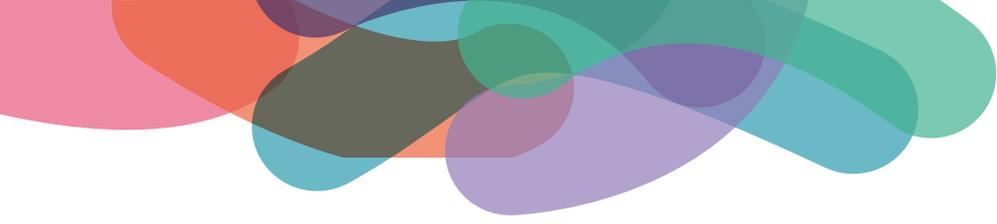
This framework aims to support consistency in recognition of the levels attributed to the range of specialist knowledge, skills and attributes in a rheumatology context and the levels of expertise that can be worked towards and recognised in job roles. The framework does not set out to change long-established NHS job banding, but rather act as a tool to support appropriate NHS job matching processes (that recognises capabilities and role): benchmarking services and creating business cases. If difficulties do arise, we recommend you contact your local CSP representative in the first instance for advice.

Broadly, a higher level of knowledge, skills and experience enables an individual to work with greater autonomy and responsibility. These advanced skills are utilised in contexts where there are greater demands on critical thinking for decision-making due to the extent of uncertainty, risk and complexity. The requirement for practitioners capable of working at a certain level of practice is determined by patient and service need and demand. The attributes required to work at a certain level of practice can be acquired but in the context of the NHS, the AfC band or grade of the role is determined by how these attributes are applied in a particular job, reflecting the responsibilities and demands of the role.

Many clinicians evaluating themselves against this framework will find their capabilities fall across different levels. This document is not prescribing that a person should be working at the same level for all six sections, or even necessarily achieving the same levels within a section. It is rather envisaged that this framework will be used as a “pick and mix” process to allow those using the document to judge and evidence where they should be sitting and, if appropriate, how to achieve the next level, or additional capabilities within a level.

Supporting the job planning process

There is a national drive to ensure all health care staff have “job plans”; this process allows best use of resources and quality outcomes for patients. It is beyond the scope of this document to dictate how job plans might look for rheumatology physiotherapists, as this will vary in different services, settings and contexts. However, a recent survey of UK rheumatology physiotherapists (Gregory et al. 2021) is helpful in providing information on the activities performed by this staff group. It also has helpful data on time spent in direct clinical care versus supporting professional activities. The majority of survey respondents had direct clinical care at 70–90% of their job plan.



What this framework does not cover

The working group has considered the issues with regards to extending this document's aims to cover paediatric rheumatology physiotherapy. The conclusion was that this is a more specialist area and deserves a greater level of content than can be provided here. Clearly there are some requirements in caring for young people with rheumatology conditions as they reach "adolescent and young adult service" stage. Also, the rheumatology physiotherapist would need to know about paediatric/juvenile rheumatology presentations to consider their previous and ongoing impact on the adult patients they might be involved in caring for.

Clinical academic posts are not covered in this document. Any physiotherapist undertaking this career path is encouraged to align the clinical component of their job role to these capabilities and then source an alternative document with which to align their research/academic capabilities.

Updating this document

This document will be reviewed once it is 2 years post-publication and updated at a minimum of every 3 years.



Foundation Level (all MSK physiotherapists)					
SC.1		Uses rheumatology-specific screening questions in assessment in an MSK setting and is aware of the features that raise suspicion of inflammatory conditions, e.g. prolonged morning stiffness, diurnal pattern, swelling, enthesitis, dactylitis, family history and link to other inflammatory conditions (psoriasis, inflammatory bowel disease, uveitis).	KSA	1, 2, 5	<input type="checkbox"/>
SC.2		Where suspicion of an inflammatory presentation occurs, consults urgently with senior colleagues for rheumatology screening support and referral guidance, e.g. the local specialist rheumatology physiotherapist or clinicians within MSK triage clinic, FCPs or GPs with extended roles.	SA	1, 2, 3, 5, 7	<input type="checkbox"/>
Specialist Level					
		NIL FURTHER AT THIS LEVEL			
Highly Specialist Level (working in a screening role)					
SC.3		Has a sound knowledge of inflammatory conditions that may be referred into rheumatology services for assessment and treatment including EIA, spondyloarthritis, connective tissue diseases, PMR, gout and CPPD.	K	1, 5	<input type="checkbox"/>
SC.4		Recognises and acts rapidly where suspected rheumatology presentations require prompt referral for specialist rheumatology assessment, e.g. temporal arteritis seen within 24 hrs, EIA within 3 weeks, septic arthritis.	KSA	1, 2, 3, 5, 7	<input type="checkbox"/>
SC.5		Demonstrates a sound knowledge of locally agreed rheumatology pathways and utilises the available expertise to support the triage processes to ensure appropriate referrals into rheumatology services.	K	1, 3, 5, 7	<input type="checkbox"/>
SC.6		Critically appraises history and clinical information obtained, taking account of the potential for rheumatology/MSK symptoms to be features of non-MSK conditions, indicative of serious pathology.	KSA	2	<input type="checkbox"/>
SC.7		Discusses potential rheumatology triage cases, where uncertain, with senior colleagues, such as advanced practitioners in the service, GPs with specialist interest/extended roles and local rheumatology departments.	KSA	3, 5	<input type="checkbox"/>
Advanced Level					
SC.8		Demonstrates advanced clinical reasoning of caseload, including complex patients, analysing and interpreting clinical information alongside decisions around appropriate investigations and the sensitivity/specificity of these.	KSA	1, 2, 5	<input type="checkbox"/>
SC.9		Contributes to ensuring that the methodology and referral pathways underpinning access to rheumatology services are reliable, evidence-based and regularly updated in consultation with appropriate stakeholders.	SA	1, 3, 5, 7, 10	<input type="checkbox"/>
SC.10		Provides support and advice to other members of the triage team/interface clinic regarding potential rheumatology cases where appropriate; and is aware when to seek guidance from rheumatology colleagues.	KA	1, 3, 7	<input type="checkbox"/>
SC.11		Able to identify gaps within access to rheumatology services and works with other departments to develop services and processes to optimise pathways to access and define referral criteria for suspected rheumatology conditions.	KSA	1, 3, 5, 7, 10	<input type="checkbox"/>
Consultant Level					
SC.12		Uses triage data to identify areas of improvement and implements strategies to improve screening and triage practice and pathways.	SA	5, 7	<input type="checkbox"/>
SC.13		Works in consultation with local rheumatology consultants and managers, other MSK sub-specialities (including interface and rehabilitation services), local PCNs, CCGs and neighbouring Trusts on the development, implementation and regular review of triage and pathway guidance.	SA	3, 5, 7	<input type="checkbox"/>

Ref. # Investigations (for screening and management)

KSA EULAR
comps



Intermediate Support Worker Level

IN.1		Aware that blood tests and imaging are used in the investigation, diagnosis and monitoring of rheumatological conditions.	K	1	<input type="checkbox"/>
IN.2		Encourages patients they work with to access and engage with the investigations offered to them by the rheumatology team.	A	1,3	<input type="checkbox"/>

Higher Support Worker Level

IN.3		Demonstrates knowledge of the role of imaging and bloods tests commonly used within rheumatology services.	K	1	<input type="checkbox"/>
------	--	--	---	---	--------------------------

Foundation Level

IN.4		Practises looking at imaging and blood test results requested and interpreted by other team members, asks for support where results appear abnormal. Aware that normal results can still be relevant.	SA	1, 3, 7	<input type="checkbox"/>
------	--	---	----	---------	--------------------------

Specialist Level

IN.5		Understands imaging relevant in common rheumatological conditions and the rationale for their use. Is aware of BSR, EULAR and other relevant clinical guidelines on blood tests and imaging for specific rheumatology conditions.	K	1, 7	<input type="checkbox"/>
IN.6		Aware of the limitations and complexities of interpreting rheumatological investigations.	K	1, 7	<input type="checkbox"/>
IN.7		Understands regular blood tests used in rheumatology, e.g. anti-CCP, rheumatoid factor, HLA-B27, ANA, urate, ESR, CRP, thyroid function, CTD screen, immunoglobulins.	K	1, 7	<input type="checkbox"/>
IN.8		Knows when and how to act on critical and urgent radiological or blood test findings according to local policy and clinical guidelines. Is aware of when to seek advice/further guidance from medical and other colleagues.	KSA	1, 2, 3, 7	<input type="checkbox"/>
IN.9		Liaises with senior colleagues, including consultant rheumatologists where available, regarding appropriate investigations required.	A	3, 7	<input type="checkbox"/>

NOTE: the following capabilities relate to a physiotherapist working in a role where they are a referrer for these investigation modalities; in some areas this is reserved for "Advanced" level only, but in many the "Highly Specialist" physiotherapists will be in this role. There is therefore flexibility as to which of the following capabilities sit in which level.

Highly Specialist Level

IN.10		Demonstrates ongoing practice in imaging and blood test requesting and interpretation through CPD, e.g. discussions with senior colleagues, IR(ME)R training, recommendations made, audit, presentation of case studies, reflective analysis.	A	1, 2, 7	<input type="checkbox"/>
IN.11		Understands the risks and management benefits of radiological investigations for common rheumatology conditions and when a non-radiological method of investigation may be more appropriate.	K	1, 7, 8	<input type="checkbox"/>
IN.12		Clearly communicates to the patient and/or carer the rationale behind undertaking a radiological investigation, and the potential risks and benefits of doing so (<i>in some services "Advanced" level only</i>).	S	1, 3, 8	<input type="checkbox"/>
IN.13		Has undertaken in-house/CPD course training and/or self-directed study on the clinical use of imaging and of blood tests in rheumatology.	K	1	<input type="checkbox"/>
IN.14		Displays working knowledge of blood tests used in rheumatology assessment and management, how to interpret them and when and how to refer on or seek support where abnormal or unexpected blood results are encountered (<i>in some services "Advanced" level only</i>).	KA	1, 3, 7	<input type="checkbox"/>

Ref. # **Investigations (for screening and management)** KSA EULAR comps ✓

IN.15		Able to explain the purpose and results of commonly used investigations to patients and their carers including the implications of diagnostic tests on their future management.	KS	1, 3, 6, 7, 8	<input type="checkbox"/>
IN.16		Understands bone mineral density investigations and the influences and limitations to density evaluations (e.g. factors affecting spine scores), awareness of normal and osteoporosis-indicating DEXA results, the role and use of fracture risk indicators and calculations, and the range of resulting treatment options.	K	1, 7, 8	<input type="checkbox"/>
IN.17		Keeps up-to-date with local, regional and national changes in professional clinical guidance/recommendations on investigations, and relevant local protocols and pathways for imaging and blood investigations for common rheumatological conditions.	A	1, 7	<input type="checkbox"/>

Advanced Level

IN.18		Where available, has undertaken level 7/MSc training on the clinical use of imaging and blood tests in rheumatology/MSK. If not available, can demonstrate extensive self-directed learning in the area.	K	1, 7	<input type="checkbox"/>
IN.19		Understands and interprets imaging and blood test results, including knowledge of the associated complexities and uncertainties, and acts appropriately, demonstrating expertise in understanding the indications and limitations of different tests (including sensitivity and specificity) to inform decision-making and the imperative of using scarce, expensive or potentially harmful investigations judiciously. Ensuring compliance and having a sound knowledge of NICE and rheumatology-specific guidelines where available.	KSA	1, 3, 7, 8	<input type="checkbox"/>
IN.20		Requests, interprets and applies investigation results to confirm or refute rheumatological diagnoses, including awareness of false positives and false negatives.	KSA	1, 7	<input type="checkbox"/>
IN.21		Provides expertise and clinical guidance to colleagues within and beyond their service on the appropriateness and interpretation of investigations in screening for suspected rheumatological diagnoses.	KSA	1, 3, 7	<input type="checkbox"/>
IN.22		Job plan includes regular opportunities and timely mechanisms when needed to discuss investigations and the implications of their results with consultant rheumatologists and/or musculoskeletal radiologists.	A	3, 7	<input type="checkbox"/>
IN.23		If appropriate for role, or dependent on service demands/opportunities, has completed accredited training in the use of ultrasound scanning for the diagnosis and monitoring of rheumatology conditions including ultrasound screening in EIA and other assessment/review clinics.	S	1, 2, 3, 7, 10	<input type="checkbox"/>

Consultant Level

IN.24		Keeps up-to-date with investigation recommendations and uses this knowledge to inform department/colleagues requesting protocols.	KSA	1, 3, 7	<input type="checkbox"/>
IN.25		Leads on discussions with wider team to ensure physiotherapy-applicable protocols are in accordance with guidance, current evidence base and cost-benefit contexts, drawing on resource utilisation data.	A	1, 3, 7, 10	<input type="checkbox"/>
IN.26		Provides clinical leadership and influence when needed to ensure the appropriate clinical support for requestors of imaging and blood tests to undertake this aspect of their role safely and effectively. Monitors practice of these requestors, liaising with local radiology leads in defining referral rights and SOPs for AHPs.	A	1, 3, 7, 10	<input type="checkbox"/>
IN.27		Proactively identifies the need for clinical or service innovations relating to investigations for people with rheumatological conditions, and takes a leading role in designing and implementing these innovations.	KSA	1, 3, 7, 10	<input type="checkbox"/>



Intermediate Support Worker Level

PT.1		Under direct supervision, delivers pre-planned physiotherapy interventions to people with rheumatology conditions.	SA	1, 2, 3, 5, 7, 8	<input type="checkbox"/>
PT.2		Assists qualified staff in providing physiotherapy interventions.	SA	3, 5, 7	<input type="checkbox"/>

Higher Support Worker Level

PT.3		With guidance, delivers pre-planned physiotherapy interventions to people with rheumatology conditions.	KSA	3, 5, 7	<input type="checkbox"/>
PT.4		Takes the lead in implementing specific tasks in familiar and defined contexts, e.g. assessment and provision of walking aids, running OA knee class, supervision of aquatic therapy AxSpA classes.	KSA	1, 2, 3, 5, 6, 7, 8, 10	<input type="checkbox"/>
PT.5		Independently progresses exercises within a protocol, pathway or management plan, e.g. hand classes, aquatic therapy, AxSpA class.	KSA	1, 2, 3, 5, 8, 10	<input type="checkbox"/>
PT.6		Utilises the principles of pacing and gradual progression to avoid "boom and bust" where fatigue is a presenting issue.	KS	1, 2, 3, 5, 8, 10	<input type="checkbox"/>
PT.7		Identifies where a patient would benefit from the input of other members of the rheumatology MDT.	KSA	1, 2, 3, 5, 8, 10	<input type="checkbox"/>

Foundation Level

PT.8		Understands the role of physiotherapy interventions for frequently seen rheumatology conditions, e.g. RA, OA, AxSpA, hypermobility, fibromyalgia, osteoporosis.	K	1, 5, 7	<input type="checkbox"/>
PT.9		Demonstrates basic understanding of the musculoskeletal components of the more commonly seen rheumatological conditions. Can explain these to patients and carers.	KSA	1, 3, 5, 7	<input type="checkbox"/>
PT.10		Provides advice on restoring function, including graded return to normal activity, navigation to self-management resources, modifying activity and in relation to work abilities and tasks.	KSA	1, 3, 5, 6, 8, 9, 10	<input type="checkbox"/>
PT.11		Able to assess the educational needs of patients and their carers in relation to frequently seen rheumatology conditions. Able to provide tailored education using appropriate modes of delivery and relevant resources. Evaluates the effectiveness of these interventions.	KSA	5, 6, 10	<input type="checkbox"/>
PT.12		Uses a structured assessment to identify aspects that may influence individuals with rheumatology conditions including clinical characteristics, comorbidities, limits to activity and participation, work ability and personal and environmental factors.	SA	2	<input type="checkbox"/>
PT.13		Demonstrates the communication skills to cope with and respond to the challenges to effective communication regularly seen in rheumatology presentations, e.g. pain, chronic sleep deprivation, fear, uncertainty, acceptance, mental wellbeing and psychosocial problems.	SA	1, 2, 3, 6	<input type="checkbox"/>
PT.14		Can complete a BASMI assessment of an AxSpA patient, explaining the relevance of the measurements and using the data attained in combination with other elements of the assessment (including the rest of the Bath scores) to modify/ create an agreed management plan.	KSA	1, 2, 3, 5, 6, 10	<input type="checkbox"/>
PT.15		Works in partnership with individuals to explore suitability of rehabilitation interventions, including social prescribing, e.g. referring individuals to a range of local non-clinical services such as community-based exercise programmes where appropriate (Escape Pain, NASS/NRAS/ROS groups and online/virtual support etc.).	KSA	2, 3, 5, 6, 8, 9, 10	<input type="checkbox"/>

Ref. # Physiotherapy Interventions

KSA EULAR
comps



PT.16		Prescribes condition-specific personal rehabilitation programmes to help individuals enhance, restore and maintain their mobility, function and independence, including considering the use of digital technology (e.g. apps and wearables) to support concordance.	KSA	1, 2, 3, 5, 6, 8, 9	<input type="checkbox"/>
PT.17		Advises on the expected benefits and limitations of different physiotherapy interventions used in managing rheumatology conditions, providing evidence-informed information and advice on the advantages and disadvantages of specific interventions in the context of other management options considering the person's circumstances and using a shared decision-making approach.	KSA	1, 3, 5, 6, 7, 8, 9	<input type="checkbox"/>
PT.18		Advises on and instigates a management plan for frequently seen rheumatology conditions and their symptoms. Instigating this may be through referral to others with relevant capabilities (MDT working).	KSA	3, 8, 9	<input type="checkbox"/>
PT.19		Recognises and promotes the importance of patient-centred organisations, expert patients, support groups, social networks, and communities for patients and their carers in managing rheumatology conditions.	KSA	1, 3, 4, 5, 6, 8, 9	<input type="checkbox"/>
Specialist Level					
PT.20		Understands MDT roles and specialisms within rheumatology.	K	1, 5	<input type="checkbox"/>
PT.21		Appropriately liaises with wider members of the rheumatology MDT (and beyond) to optimise patient care; advocating for the patient where required to better personalise management plans.	KSA	1, 3, 5, 8	<input type="checkbox"/>
PT.22		Gathers and synthesises information on the nature of the individual's symptoms, taking account of how these issues relate to the presenting and past history, their activities, any injuries, falls, frailty, multimorbidity or other determinants of health and the characteristics of potential rheumatology conditions.	KSA	1, 2, 8, 9, 10	<input type="checkbox"/>
PT.23		Explores and appraises with individuals their perceptions, ideas or beliefs about their symptoms and rheumatological condition and whether these may act as a driver or form a barrier to rehabilitation, especially in cases where there has been a delay to diagnosis or treatment. Impartially discusses choices and highlights evidence of best management.	KSA	2, 3, 4, 5, 6, 8, 9, 10	<input type="checkbox"/>
PT.24		Gathers and synthesises information on the nature of individuals' presenting issues from various appropriate sources, e.g. previous histories and investigations, considering how symptoms relating to the underlying rheumatological condition may manifest as pain, stiffness, weakness, fatigue, limitation of activities and restriction of participation.	SA	1, 2, 3	<input type="checkbox"/>
PT.25		Advises on the expected benefits and limitations of different physiotherapy interventions used in managing rheumatology conditions, providing impartial information and advice on the advantages and disadvantages of specific interventions in the context of other management options and a wider health promotion role.	KSA	1, 3, 4, 5, 8, 9	<input type="checkbox"/>
PT.26		Is aware of the evidence base regarding the overall benefits of physiotherapy interventions on inflammatory and non-inflammatory rheumatology conditions.	K	1, 5, 7	<input type="checkbox"/>
PT.27		Advocates for the role of water-based therapy in the ongoing management of people with rheumatology diagnoses. In collaboration with other physiotherapy teams using the service (e.g. MSK, paediatrics, neurology), collects data on the benefit of the hydrotherapy pool (where available), and if not explores alternative water-based treatment delivery, e.g. local leisure facilities.	SA	1, 3, 5, 7, 10	<input type="checkbox"/>
PT.28		Is aware of when the presentation is likely to improve with physiotherapy and when the inflammatory and/or pain components need addressing prior to physiotherapy input.	KSA	1, 2, 3, 4, 5, 8, 10	<input type="checkbox"/>

Ref. # Physiotherapy Interventions

KSA EULAR
comps



PT.29		Supports individuals to self-manage and fulfil their role in their management plan via shared decision-making; and where appropriate uses principles of behaviour change theory and patient activation, to optimise their physical activity, mobility, fulfilment of personal goals and independence relevant to their rheumatology condition.	KSA	8, 9	<input type="checkbox"/>
PT.30		Supports other members of the MDT in constructively advising patients on the interventions offered to them by all members of the MDT.	SA	1, 3, 4, 5, 6, 8, 9	<input type="checkbox"/>
PT.31		Advises on the links between prolonged rheumatology condition symptoms and reduced mental health wellbeing and refers individuals to sources of mental health support when indicated by assessment.	KSA	1, 2, 3, 5, 6, 8, 9, 10	<input type="checkbox"/>
PT.32		Performs rheumatology condition-specific outcome measure assessments (e.g. Bath scores, Disease Activity Scores, FRAX score, Beighton score, Fibromyalgia ACR diagnostic criteria). Interprets their findings to create baseline data, agreed management plans and to quantify change over time.	KSA	1, 2, 3, 5, 7, 8, 9, 10	<input type="checkbox"/>
PT.33		Where appropriate/as role allows, delivers evening education and/or exercise classes for people with rheumatological conditions, including charity-supported/endorsed events and groups.	SA	1, 3, 4, 5, 6, 7	<input type="checkbox"/>
PT.34		Acts as an advocate for physiotherapy management throughout the duration of a rheumatological condition, promoting exercise for life, behavioural changes and lifestyle management skills.	KSA	1, 2, 3, 5, 8, 9	<input type="checkbox"/>

Highly Specialist Level

PT.35		Undertakes a detailed physical and psychosocial assessment of complex presentations by using excellent communication, investigative and analytical skills and expert clinical reasoning in order to establish a diagnosis (which may be an MSK problem in addition to the established rheumatology condition) and implements an appropriate treatment plan.	KSA	1, 2, 3, 5, 7, 8, 9	<input type="checkbox"/>
PT.36		Identifies risk factors for the persistence and impact of rheumatology conditions and helps individuals manage the physical and psycho-social implications and impacts of their condition.	KSA	1, 2, 3, 5, 10	<input type="checkbox"/>
PT.37		Takes the lead role in the physiotherapy assessment and management of newly diagnosed rheumatology conditions (<i>in single-clinician services sometimes this is "Specialist" level</i>).	KSA	1, 2, 3, 4, 5, 7	<input type="checkbox"/>

Advanced Level

PT.38		Demonstrates expert knowledge on the non-pharmacological management of both frequently and infrequently seen rheumatological conditions.	K	1, 5	<input type="checkbox"/>
PT.39		Takes responsibility for the diagnosis and subsequent full package of management/treatment of certain groups of rheumatology patients, e.g. AxSpA, fibromyalgia, osteoarthritis.	KSA	1, 2, 3, 4, 5, 7	<input type="checkbox"/>
PT.40		Provides expert advice regarding the management of rheumatology patients to other healthcare professionals working within the service including other AHPs, medical and nursing colleagues (<i>in single-clinician services sometimes this is "Highly Specialist" or "Specialist" level</i>).	KSA	1, 3, 5, 7	<input type="checkbox"/>
PT.41		Is actively involved in/leads on service and pathway improvement for rheumatology patients both locally and nationally.	KSA	1, 3, 7, 10	<input type="checkbox"/>

Consultant Level

PT.42		Provides clinical leadership and support to other practitioners on a service-wide consultancy basis for complex rheumatology cases using specialist theoretical and clinical knowledge, skills and experience.	KSA	1, 3, 7	<input type="checkbox"/>
PT.43		Provides expert advice regarding the management of tertiary rheumatology to regional and national healthcare professionals.	KSA	1, 3, 7	<input type="checkbox"/>



Intermediate Support Worker Level

CM.1		Demonstrates a general knowledge of the nature of common rheumatological conditions and how they may affect patients.	K	1, 7	<input type="checkbox"/>
CM.2		Aware of own clinical boundaries and knows when a patient requires a review by a physiotherapy colleague.	KSA	1, 3, 7	<input type="checkbox"/>

Higher Support Worker Level

CM.3		Supports other members of the MDT in communicating to patients the benefits of concordance with any agreed management plan.	KSA	1, 3, 4, 5, 8	<input type="checkbox"/>
CM.4		Recognises the main signs and symptoms of an inflammatory arthritis flare and knows who to discuss this with in a timely fashion for effective patient flare management.	KSA	1, 2, 3, 6, 8	<input type="checkbox"/>

Foundation Level

CM.5		Is familiar with national and international guidance and recommendations for common rheumatological conditions, e.g. NICE, SIGN, BSR, EULAR.	K	1, 4, 5, 7	<input type="checkbox"/>
CM.6		Can recognise normal mechanical and inflammatory MSK signs including stiffness, laxity/hypermobility, joint swelling, enthesitis and dactylitis.	K	1, 2, 7	<input type="checkbox"/>
CM.7		Develops an understanding of the complex nature of pain and pain mechanisms (both as discrete issues and as a part of a rheumatological condition) and can explain this in patient-specific and patient-appropriate language.	K	1, 2, 3, 6, 7, 8, 9, 10	<input type="checkbox"/>
CM.8		Is aware of the agreed treatment pathways and protocols used across the rheumatology MDT and contributes to their implementation.	KA	1, 3, 4, 5, 7	<input type="checkbox"/>
CM.9		Acts on day-to-day interactions with rheumatology patients to encourage changes in behaviour that will have a positive impact on their health and wellbeing, i.e. 'Making Every Contact Count'. Advises on the effects of lifestyle-associated problems such as smoking, alcohol, obesity, sedentary behaviour and inactivity on rheumatology conditions and their pharmacological and non-pharmacological management. Where appropriate, promotes change or refers to relevant services.	KSA	all 10	<input type="checkbox"/>

Specialist Level

CM.10		Competent in identifying signs and symptoms of worsening control of rheumatological conditions and acts upon such signs and symptoms through their own physiotherapy interventions or via onwards referral/liaison.	KSA	all 10	<input type="checkbox"/>
CM.11		Understands the difference between paediatric and adult onset disease and the life-course of paediatric-onset rheumatological conditions.	K	1, 7	<input type="checkbox"/>
CM.12		Supports progression through age-appropriate care from adolescent to adult care, modifying delivery of care in adolescent and young person settings. Uses quality transition processes and shared decision-making.	SA	all 10	<input type="checkbox"/>
CM.13		Understands the presentation of more serious/sinister pathologies and their interaction with rheumatological conditions, including their ability to mimic inflammatory conditions.	K	1, 2, 3, 7	<input type="checkbox"/>
CM.14		Demonstrates capability in communicating with patients about their rheumatology treatments and can tailor specific approaches, e.g. goal setting and motivational interviewing.	KSA	2, 3, 8, 9	<input type="checkbox"/>

Ref.	#	Condition Management	KSA	EULAR comps	✓
CM.15		Practises as a part of a coordinated response within the rheumatology MDT, recognising the limitation of their role as well as highlighting their specific professional expertise alongside those of other MDT members to achieve optimal condition management. (MDT to ideally include occupational therapy, podiatry, rheumatology specialist nursing, medical team, orthotics, dietetics, pharmacy, radiology, community leisure services, patient support networks and primary care.)	A	all 10	<input type="checkbox"/>
CM.16		Supports before, during and after pregnancy in those managing their inflammatory arthritis. This includes maximising pre-pregnancy physical health and disease control, onwards referral to colleagues for physiotherapy treatment through pregnancy and post-pregnancy condition management and physiotherapy input (depending on local arrangements).	KSA	all 10	<input type="checkbox"/>
CM.17		Can describe and assess for infection presentations specifically related to rheumatology conditions and interventions, specifically aware of infection risks for rheumatology patients on immune-modulating therapies.	KSA	1, 2, 4	<input type="checkbox"/>
CM.18		Develops understanding of bone health, including the importance of diet, vitamin D, micronutrients, exercise and associated risk factors and their importance within the rheumatology context. Is able to educate people with poor bone health how to actively improve these factors.	KSA	all 10	<input type="checkbox"/>
CM.19		Contributes to evidence-based patient education sessions, coordinating with the MDT for delivery; taking into account the individual needs of patients and carers.	KSA	all 10	<input type="checkbox"/>
CM.20		Contributes to the development and evaluation of relevant/specialist local patient information resources and seeks patient feedback on these.	KSA	1, 6, 10	<input type="checkbox"/>
Highly Specialist Level					
CM.22		Demonstrates comprehensive knowledge of the aetiology, pathophysiology, epidemiology, clinical features and diagnostic procedures of more complex or rare rheumatology diagnoses and their impact on all aspects of life, e.g. myositis, SLE, scleroderma, vasculitis.	K	1, 7	<input type="checkbox"/>
CM.23		Has in-depth knowledge of MSK assessment in rheumatological conditions incorporating latest clinical guidance and research evidence into practice.	K	1, 2, 7	<input type="checkbox"/>
CM.24		Demonstrates a clear understanding of national guidance documents within the scope of rheumatology physiotherapy (e.g. NICE, SIGN, EULAR) and applies to their day-to-day work.	KSA	1, 3, 4, 5, 7	<input type="checkbox"/>
CM.25		Produces new, critically evaluated information from a breadth of high-quality sources, including quantitative and qualitative research, and evaluating different and conflicting sources. Communicates this information, including levels of certainty/uncertainty, in terminology and formats which are audience-appropriate for patients, carers, fellow professionals and managers.	KSA	1, 3, 4, 5, 6, 7	<input type="checkbox"/>
Advanced Level					
CM.26		Develops clinical assessment knowledge and skills of other non-MSK systems and demonstrates an understanding of why these are required in the assessment and management of rheumatological conditions, e.g. dermatology, neurology, respiratory, gastroenterology, cardiovascular.	KSA	1, 2, 7	<input type="checkbox"/>
CM.27		Completes ACP validation process with appropriate bodies (e.g. Centre for Advancing Practice in England). Has extensive experiential knowledge and capabilities and/or has undertaken specialist postgraduate training or qualification at level 7, e.g. MSc Advanced Practice, MSc Rheumatology.	K	1, 7	<input type="checkbox"/>
CM.29		Is able to discuss the individual and national health burden of rheumatological conditions and how this impacts services and influences service delivery.	KSA	1, 3, 7	<input type="checkbox"/>

Ref. # Condition Management

KSA EULAR
comps



CM.30		Demonstrates expert knowledge of national and international innovations that contribute to rheumatology condition assessment and management, including, where relevant, in more complex or rare conditions.	K	1, 3, 7	<input type="checkbox"/>
CM.31		Takes a leading role in the development of rheumatology-related local, regional and national guidance including involvement with the CSP, BSR, EULAR and other professional bodies and clinical networks.	KSA	1, 3, 7	<input type="checkbox"/>
CM.32		Takes a leading role in supporting commissioners and NHS Provider organisations in developing integrated, specialist rheumatology services utilising data, guidance, research and quality improvement strategies.	KSA	1, 3, 7	<input type="checkbox"/>
CM.33		Leads in the development and advancement of evidence-based, clinical and cost-effective care, and takes a key role in disseminating this information to colleagues across professional boundaries, nationally and internationally.	KSA	1, 3, 7	<input type="checkbox"/>
CM.34		Seeks opportunities to act at the forefront of national working groups and initiatives to better evidence and champion the role of the rheumatology specialist physiotherapist, and of the advanced practitioner, in assessment and management of rheumatology conditions and as a core professional within the rheumatology MDT.	SA	1, 3, 7	<input type="checkbox"/>

Ref. # Medication Management

KSA EULAR
comps



Higher Support Worker Level

ME.1		Aware that any discussions with patients about their medications could influence patient behaviour or imply false support of patient behaviour. Knows to refer any queries to a senior colleague.	SA	1, 3, 4, 6	<input type="checkbox"/>
ME.2		Recognises incidences of lack of concordance with drug treatments or monitoring and directs patient to appropriate colleagues to discuss.	KSA	1, 3, 4, 6	<input type="checkbox"/>

Foundation Level

		NIL FURTHER AT THIS LEVEL			
--	--	---------------------------	--	--	--

Specialist Level

ME.3		Awareness of local protocols and pathways re: where and who to direct patients to if experiencing medication side effects, monitoring issues or adverse reaction, e.g. rheumatology consultant, NMP/prescribers in the service, GP, nurse advice line.	KA	1, 2, 3, 4, 7	<input type="checkbox"/>
ME.4		Able to discuss evidence base for alternative and complementary therapies and advise in connection to treatment provided through rheumatology team. Able to discuss patient health beliefs in a way which promotes and supports treatment by rheumatology team.	KSA	all 10	<input type="checkbox"/>
ME.5		Understands shared decision-making and the complexities surrounding medication views and decisions by patients, including the decisions not to accept drug treatment. This includes exploring and respecting patient preferences, concerns, rights and choice, issues for poorer outcome without treatment and implications of decisions to delay treatment or not engage in monitoring.	K	1, 2, 3, 4, 6, 7, 8, 9, 10	<input type="checkbox"/>
ME.6		Understands the importance of correctly identifying and managing pain in rheumatological conditions and develops an understanding of pharmacological and non-pharmacological approaches in managing pain as a separate issue to any ongoing inflammatory issues.	KS	all 10	<input type="checkbox"/>
ME.7		Able to identify if a patient would benefit from a medication review by a prescriber, including indications and decisions on intramuscular or local steroid injections.	KSA	1, 2, 3, 4, 5, 8	<input type="checkbox"/>
ME.8		Contributes to data collection and adherence to commissioning requirements for medication prescribing in rheumatology services, including requirements with high-cost drugs.	SA	1, 4, 7, 10	<input type="checkbox"/>

Highly Specialist Level

ME.9		Understands and can explain to patients under their care, the modes of action, effects and the common side effects of frequently used rheumatology medications and over the counter preparations, including analgesics, neuropathic pain medications, osteoporosis medications, NSAIDs, corticosteroids and DMARDs. <i>(Dependent on service needs/NMP status).</i>	KSA	1, 3, 4, 6, 7, 8, 9	<input type="checkbox"/>
ME.10		Understands the mode of action and aims of use of biologic and novel immune modulatory drugs, including screening, side effects, monitoring requirements, pre-treatment safety checks and reporting side effects complying with local policy. <i>(Dependent on service needs/NMP status).</i>	K	1, 2, 3, 4, 6, 7, 8, 9, 10	<input type="checkbox"/>
ME.11		Recognises the limits of their scope of practice in pharmacology and restricts advice to level of knowledge. Refers on to more senior colleagues those situations outside knowledge and directs patient to rheumatology consultants, pharmacists or NMPs for more expert advice.	KSA	1, 3, 4	<input type="checkbox"/>

Ref.	#	Medication Management	KSA	EULAR comps	✓
ME.12		Where applicable, uses PGDs appropriately and in line with local policy, clinical guidance and pathways and audit requirements. Uses experience of using these PGDs to feed back on their application and support indicated changes or updates.	KSA	1, 4	<input type="checkbox"/>
ME.13		Recommends/prescribes medications within pre-agreed scope of practice from local formulary and P-list. If required, works with pharmacy and the rheumatology team to support appropriate inclusions. (<i>in some services, Advanced level only</i>).	SA	1, 4, 7	<input type="checkbox"/>
ME.14		Ensures that any medication management actions and prescribing decisions are communicated to the rheumatology team and the GP in writing and in a timely manner. Updates documented medication use in the medical notes (<i>in some services, Advanced level only</i>).	KSA	1, 3, 4, 8	<input type="checkbox"/>
ME.15		Where applicable, able to perform safe and accurate joint aspiration and joint and soft tissue local injections (<i>in some areas "Advanced" level only; in Scotland can be "Specialist" level</i>). Holds appropriate qualification or training for joint and soft tissue injections. Advises on the expected benefits and limitations of injection therapy for managing an individual's condition using a shared decision-making approach and informing on advantages and disadvantages in the context of other management options.	KSA	1, 2, 3, 4, 5, 7	<input type="checkbox"/>
ME.16		Identifies the rationale for performing joint aspiration in undiagnosed or poorly controlled inflammatory conditions. Able to obtain, request and clinically interpret the results of synovial fluid analysis.	KSA	1, 2, 3, 4, 7	<input type="checkbox"/>
Advanced Level					
ME.17		Contributes to the development of local protocols for prescribing requests relevant to the rheumatology patients under their care.	KS	1, 3, 4, 7	<input type="checkbox"/>
ME.18		Appropriately reviews responses to medications, recognising the balance of risks and benefits for the individual's care. Takes into account what is important to the patient.	KSA	all 10	<input type="checkbox"/>
ME.19		Audits own prescribing practice and uses tools to improve prescribing practice (e.g. review of prescribing data, feedback from patients and peers). Completes NMP local, regional and national audits, where appropriate.	SA	1, 4, 7, 10	<input type="checkbox"/>
ME.20		Has an awareness of the processes involved in accessing high-cost drugs via IFRs, liaises with CCGs and MMGs in these cases.	K	1, 3, 4, 7	<input type="checkbox"/>
Consultant Level					
ME.21		Actively involved in applying clinical guidance and producing organisation/ department and service policies and protocols with regards to medication management, e.g. joint and soft tissue injection policy, self-administration of medications policy, PGDs, shared care policies.	KSA	1, 3, 4, 5, 6, 7	<input type="checkbox"/>
ME.22		Provides clinical leadership and takes a lead role in supporting and advising other non-medical prescribers in the rheumatology MDT.	SA	1, 3, 4, 5, 7	<input type="checkbox"/>
ME.23		Contributes to local, regional and national discussion and policy regarding NMP, representing the needs of rheumatology patients, service delivery, clinical pathways and staff.	SA	1, 3, 4, 7	<input type="checkbox"/>

Ref. # Non-Clinical Capabilities

KSA EULAR
comps



Higher Support Worker Level					
NC.1		Participates, as directed, with multidisciplinary research, audit and service evaluation in rheumatology.	A	1, 7	<input type="checkbox"/>
NC.2		As required in role, undertakes and regularly updates good clinical practice (GCP) training in relation to research study involvement.	KA	1, 7	<input type="checkbox"/>
Foundation Level					
NC.3		Understands the role that research has to play in changing physiotherapy practice and develops a basic understanding of the role of research in the broader, medical management of rheumatology conditions.	K	1, 7	<input type="checkbox"/>
Specialist Level					
NC.4		Champions the role of the specialist rheumatology physiotherapist as an essential component of rheumatology service delivery and patient care as per NICE guidance recommendations, quality standards and national clinical guidelines.		1, 3, 5, 7	<input type="checkbox"/>
NC.5		Having completed a practice educators course, and where able in job role, provides clinical supervision and contribution to physiotherapy placements; educating, engaging and encouraging the future generation of rheumatology physiotherapists.	KSA	1, 3, 5, 7	<input type="checkbox"/>
NC.6		Undertakes the measurement and evaluation of work and current practices, through the use of audit, research, evidence-based projects and outcome measure tools for the benefit of efficiency and effectiveness in rheumatology teams.	KSA	1, 10	<input type="checkbox"/>
NC.7		Implements local service changes related to new research and guidelines. Identifies shortcomings of physiotherapy services offered in light of such new research and/or guidelines and seeks opportunities to resolve these issues.	SA	1, 3, 4, 5, 7, 10	<input type="checkbox"/>
NC.8		Participates in professional forums, local teaching, online resources, regional network meetings and national conferences to advance own knowledge and capability to meet professional standards, CPD and HCPC revalidation requirements.	KSA	1, 3, 7	<input type="checkbox"/>
NC.9		<i>(If engaged in research support)</i> Supports research activity, including participant identification, recruitment and data collection and interpretation. Can create research proposals and ethics applications, obtaining support as required. Is aware of local research networks and how to access these.	KSA	1, 3, 7	<input type="checkbox"/>
NC.10		Aware of and seeks out research training programmes, bursaries, studentships and funded training in rheumatology. This includes awareness of the role of pharmaceutical companies in funding and supporting rheumatology research.	K	7	<input type="checkbox"/>
NC.11		Utilises patient feedback, patient experience questionnaires, compliments and complaints to regularly evaluate and review the physiotherapy and rheumatology services provided and identify quality improvements needed/ensure services remain fit for purpose. Is open to change and can feed back to service users through appropriate forums any changes implemented.	KSA	3, 7, 10	<input type="checkbox"/>
Highly Specialist Level					
NC.12		Develops and maintains effective partnerships with local HEIs in relation to the teaching and training of pre- and postgraduates, providing expert rheumatology education.	SA	1, 3, 7	<input type="checkbox"/>
NC.13		Contributes to development of effective teaching programmes on all aspects of rheumatological treatment pathways, and national standards.	A	1, 3, 7	<input type="checkbox"/>

Ref.	#	Non-Clinical Capabilities	KSA	EULAR comps	✓
NC.14		Develops educational resources to aid the capabilities of rheumatology health professionals, thus supporting people with rheumatological conditions with self-management of pain, fatigue and the achievement or maintenance of a healthy lifestyle.	A	1, 3, 7	<input type="checkbox"/>
NC.15		Supports and organises local, regional and national research and rheumatology teaching events, e.g. conferences, journal clubs, study days. Collaborates with the full MDT in these initiatives.	KSA	1, 3, 7	<input type="checkbox"/>
NC.16		Develops and maintains equal, supportive and progressive relationships with lived experience groups, consulting regularly on service issues to improve patient-centred design and quality of services.	KSA	1, 3, 6, 7, 9	<input type="checkbox"/>
Advanced Level					
NC.17		Reviews the current learning aims of health professionals in rheumatology and develops specific or inter-professional education at the postgraduate level to enhance or create postgraduate education.	SA	1, 3, 7	<input type="checkbox"/>
NC.18		Facilitates and drives research in rheumatology, networking at national level.	SA	1, 3, 7	<input type="checkbox"/>
NC.19		Takes a lead role in clinical audit and evaluation of rheumatology pathways and treatment protocols to standardize and improve local provision.	KSA	1, 7, 10	<input type="checkbox"/>
NC.20		Has published abstracts at local, regional, national and international levels. Presents at conferences and interacts regularly with peers to develop and contribute to professional networks.	A	1, 3, 7	<input type="checkbox"/>
NC.21		Aware of the financial arrangements between rheumatology and physiotherapy (if separate services); able to drive through changes to service provision whilst mindful of financial issues, uses business cases and appropriate liaison with commissioning agencies to achieve these changes.	KSA	1, 3, 7	<input type="checkbox"/>
NC.22		Demonstrates forward planning of the rheumatology physiotherapist (and the wider rheumatology workforce where appropriate) by being aware of succession planning.	SA	1, 3, 7, 10	<input type="checkbox"/>
NC.23		Aware of the changing pattern of provision of MSK services in primary care and considers how rheumatology physiotherapy can best support this whilst also maintaining its key role in expert treatment of those with established rheumatology diagnoses.	KSA	1, 3, 7, 10	<input type="checkbox"/>
NC.24		Contributes to rheumatology-related local, regional and national guidance.	KSA	1,3,7	<input type="checkbox"/>
NC.25		Seeks out and develops professional networks for their own support, reflection and learning, as well as that of colleagues.	SA	1, 3, 7	<input type="checkbox"/>
NC.28		Promotes rheumatology physiotherapy practice as part of local health service delivery, utilising strategies for influencing national and local policy.	A	1, 3, 7	<input type="checkbox"/>
NC.29		Leads or participates in consultation on national or international publications and guidelines.	SA	1, 3, 7	<input type="checkbox"/>
Consultant Level					
NC.30		Acts as strategic link between practice, professional bodies and HEIs to develop and influence professional education provision in rheumatology and MSK fields.	KSA	1, 3, 7	<input type="checkbox"/>
NC.31		Mentors MDT colleagues in research and publication, encourages representation at regional and national level, influencing standards at national and international levels, setting research agendas and fostering research networks in rheumatology.	KSA	1, 3, 7	<input type="checkbox"/>

Ref. # **Non-Clinical Capabilities**

KSA EULAR
comps



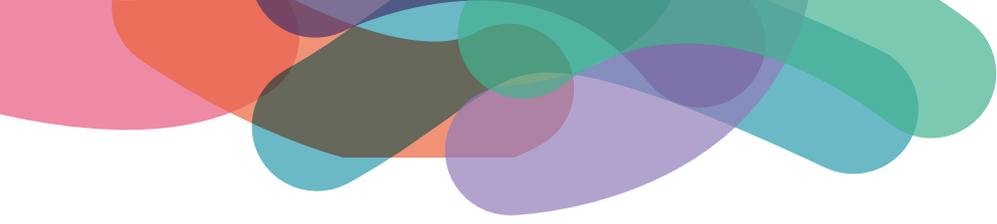
Consultant Level					
NC.32		Has an expert knowledge base in the rheumatology specialism; uses this to act as a resource outside of their own Trust/service for staff locally, regionally, nationally and internationally.	K	1, 3, 7	<input type="checkbox"/>
NC.33		Acts to address gaps in skills of the rheumatology physiotherapy workforce and support workforce development and resources nationally.	A	1, 3, 7	<input type="checkbox"/>
NC.34		Leads on the development, promotion, review and update of evidence-based, relevant and effective protocols of care, and designs patient care pathways for own service, and provides influence regionally and nationally.	KSA	1, 3, 7, 9	<input type="checkbox"/>
NC.35		Offers expert information in a consultancy capacity by providing appropriate advice to their own and other professions on care practices, delivery and service development within rheumatology and relevant other services.	SA	1, 3, 7	<input type="checkbox"/>
NC.36		Proactively identifies the need for clinical and service innovations to meet the needs of people with rheumatology diagnoses, and takes a leading role designing and implementing these innovations.	KSA	1, 3, 6, 7, 9, 10	<input type="checkbox"/>
NC.37		Oversees, develops and assesses staff under their management with regards to rheumatology and generic physiotherapy skills and knowledge.	KSA	1, 3, 7	<input type="checkbox"/>

Gateways/Level progression: moving from one level to the next

Here are some examples from the expert working group, note some gateways are passed by means of experience, self-learning and reflection.

ACTIONS	Moving from Foundation to Specialist	Moving from Specialist to Highly Specialist	Moving from Highly Specialist to Advanced	Moving from Advanced to Consultant
Investigations	N/A	electronic Library for Health radiology modules	Maintains capability through regular radiology requesting Discussions with colleagues and the radiology MDT CASE accredited diagnostic ultrasound course	Assists with training and mentorship of others in diagnostic ultrasound
Physiotherapy Management	Tutorials with Clinical Educator or other members of the team BASMI training and application	Attends a pain management training course		
Condition Management	Shadow rheumatology specialist physio and other MDT members DAS-28 training: "know your DAS" resource from NRAS, practical taught session or department-wide inter-rater benchmarking	Complete BSR "Core Skills in Rheumatology" BSR Rheumatology for Specialist Nurses Course Shadow rheumatologist in specialist/ tertiary clinic	Complete advanced practice masters or master module Achieve accreditation for advanced practice	
Medication Management		Completes injection therapy qualification	Achieves a non-medical prescribing qualification	Develop PGD across professions for injection therapy
Non-Clinical	Contribute to teaching peers and more junior staff		Teaches postgraduates about rheumatology Critically appraise outcomes of audit and research to inform local policy. Disseminate results at MDT/ audit meetings	Contribute to a NICE guideline review, undertaking a role as a topic expert

INDICATORS	Moving from Foundation to Specialist	Moving from Specialist to Highly Specialist	Moving from Highly Specialist to Advanced	Moving from Advanced to Consultant
Investigations	Demonstrates knowledge of the various laboratory tests and results that commonly indicate rheumatology conditions	Demonstrates knowledge of the various laboratory tests and results that commonly indicate rheumatology conditions	Demonstrates understanding of laboratory testing and factors that may cause abnormal synovial fluid results Log book of diagnostic ultrasound scans performed Diagnostic ultrasound competency-based exam Masters-level radiology module Competent in referring for further investigations and advanced understanding of indications for this	
Physiotherapy Management	Can describe the structure and function of bone, joints, muscle, connective tissue and disease processes relevant to supporting the diagnosis and management of MSK problems		Published case studies in peer-reviewed, high impact factor journals	
Condition Management	Describe the differentiating signs and symptoms of inflammatory, connective tissue and MSK conditions Membership of special interest group/professional society	Offering second opinions to rheumatology and MSK physiotherapists as well as other professions Competent in referring onward to other medical/ surgical specialities outwith rheumatology and advanced understanding of the indications for this	Holding memberships for advanced practice network	
Medication Management		Completes injection therapy qualification	Non-medical prescribing course portfolio Case studies and >10 observed injections performed	
Non-Clinical	GCP certification		Published research abstracts/posters/platform presentations Multiple completed peer reviews of research submitted to high impact factor journals	Leads on governance for local and/or regional teams Multiple published papers in peer-reviewed, high impact factor journals



References

Arthritis Research UK (2018) State of Musculoskeletal Health 2018 [Online]. Available: www.versusarthritis.org/about-arthritis/data-and-statistics/state-of-musculoskeletal-health-2019/

Gregory WJ, Burchett S, McCrum C (2021) National survey of the current clinical practices of the UK rheumatology physiotherapists: a short report. *Musculoskeletal Care*. doi.org/10.1002/msc.1516

Ndosi M, Ferguson R, Backhouse MR, Bearne L, Ainsworth P, Roach A, Dennison E, Cherry L (2017) National variation in the composition of rheumatology multidisciplinary teams: a cross-sectional study. *Rheumatology International*, 37(9), 1453-1459. doi.org/10.1007/s00296-017-3751-0

Indicative reading 1: Other competence/capability documents in musculoskeletal care

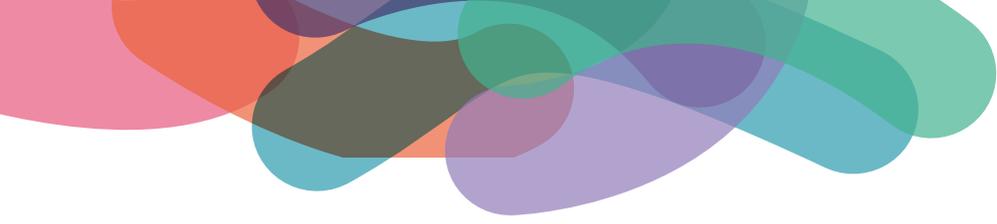
2019 EULAR recommendations for the generic core competencies of health professionals in rheumatology (*EULAR, 2019*)
ard.bmj.com/content/79/1/53

A Competency Framework for Rheumatology Nurses (*RCN, 2020*)
rcn.org.uk/professional-development/publications/pub-009004

Musculoskeletal core capabilities framework for first point of contact practitioners (*CSP, 2018*)
csp.org.uk/system/files/musculoskeletal_framework2.pdf

Optimising capability in the physiotherapy support workforce (*CSP, 2020*)
csp.org.uk/publications/optimising-capability-physiotherapy-support-workforce

First Contact Practitioners and Advanced Practitioners in Primary Care: (Musculoskeletal) A Roadmap to Practice (*HEE, 2020*)
www.hee.nhs.uk/sites/default/files/documents/MSK%20July21-FILLABLE_0.pdf



Indicative reading 2: Other areas of practice, and process guidance

AHP Critical Care Professional Development Framework (*Intensive Care Society, 2018*)

ics.ac.uk/ICS/Resources___AHP_Framework.aspx

A Paediatric Musculoskeletal Competence Framework for Physiotherapists Working in the UK (*ACPC/CSP 2019*)

apcp.csp.org.uk/publications/paediatric-musculoskeletal-capability-framework-physiotherapists-working-uk#:~:text=A%20Paediatric%20Musculoskeletal%20Capability%20Framework%20for%20Physiotherapists%20Working%20in%20the,frameworks%20focusing%20on%20individual%20joints.&text=The%20differential%20diagnosis%20relevant%20to,adequate%20paediatric%20training%20is%20essential

Batt AM, Tavares W, Williams B (2020) The development of competency frameworks in healthcare professions: a scoping review. *Advances in Health Sciences Education* 25, 913–987.

doi.org/10.1007/s10459-019-09946-w

Commissioning Guidance for Rehabilitation (*NHSE, 2016*)

england.nhs.uk/wp-content/uploads/2016/04/rehabilitation-comms-guid-16-17.pdf

Continuing professional development and your registration (*HCPC, 2017*)

hcpc-uk.org/globalassets/resources/guidance/continuing-professional-development-and-your-registration.pdf

CSP (2011) Physiotherapy Framework: putting physiotherapy behaviours, values, knowledge & skills into practice [updated May 2020]

csp.org.uk/professional-clinical/cpd-education/professional-development/professional-frameworks/physiotherapy

Multi-professional framework for advanced clinical practice in England (*hee.nhs.uk*)

www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf

Musculoskeletal First Contact Practitioner Services: implementation guide (*HEE, 2019*)

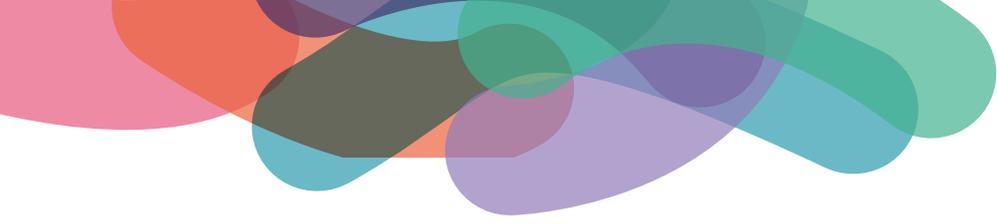
hee.nhs.uk/sites/default/files/documents/FCP%20How%20to%20Guide%20v21%20040919%20-%20202.pdf

Paramedic Specialist in Primary and Urgent Care Core Capabilities Framework (*College of Paramedics, 2019*)

hee.nhs.uk/sites/default/files/documents/Paramedic%20Specialist%20in%20Primary%20and%20Urgent%20Care%20Core%20Capabilities%20Framework.pdf

Prescribing Competency Framework (*Royal Pharmaceutical Society, 2016*)

www.rpharms.com/resources/frameworks/prescribers-competency-framework



Shaping Better Practice Through Research: CAHPR Research Practitioner Competency Framework (CAHPR, 2019)

cahpr.csp.org.uk/content/cahpr-research-practitioners-framework

Sowden G, Wilson S, Bartlett E, Cameron H, Cameron P, Hansen Z, Hey M, Knott L, Owen G (2015) A pain competencies framework: development, dissemination and next steps. *Physiotherapy*, 101, e1427–e1428. **doi.org/10.1016/j.physio.2015.03.1384**

Standards of conduct, performance and ethics (HCPC, 2016)

hcpc-uk.org/globalassets/resources/standards/standards-of-conduct-performance-and-ethics.pdf

Therapeutic injection-therapy in physiotherapy practice. 6th Edition (CSP, 2021)

csp.org.uk/publications/medicines-injection-therapy-physiotherapy-services

Whittaker JL, Ellis R, Hodges PW, O’Sullivan C, Hides J, Fernandez-Carnero S, Arias-Buria JL, Teyhen DS, Stokes MJ (2019) Imaging with ultrasound in physical therapy: What is the PT’s scope of practice? A competency-based educational model and training recommendations. *British Journal of Sports Medicine* 53:1447-1453.

Capability statements set out in level of practice: No. 1 Foundation Level

Ref.	#	Foundation Level Capabilities	KSA	EULAR comps	✓
Screening					
SC.1		Uses rheumatology-specific screening questions in assessment in an MSK setting and is aware of the features that raise suspicion of inflammatory conditions, e.g. prolonged morning stiffness, diurnal pattern, swelling, enthesitis, dactylitis, family history and link to other inflammatory conditions (psoriasis, inflammatory bowel disease, uveitis).	KSA	1, 2, 5	<input type="checkbox"/>
SC.2		Where suspicion of an inflammatory presentation occurs, consults urgently with senior colleagues for rheumatology screening support and referral guidance, e.g. the local specialist rheumatology physiotherapist or clinicians within MSK triage clinic, FCPs or GPs with extended roles.	SA	1, 2, 3, 5, 7	<input type="checkbox"/>
Investigations					
IN.4		Practises looking at imaging and blood test results requested and interpreted by other team members, asks for support where results appear abnormal. Aware that normal results can still be relevant.	SA	1, 3, 7	<input type="checkbox"/>
Physiotherapy Interventions					
PT.8		Understands the role of physiotherapy interventions for frequently seen rheumatology conditions, e.g. RA, OA, AxSpA, hypermobility, fibromyalgia, osteoporosis.	K	1, 5, 7	<input type="checkbox"/>
PT.9		Demonstrates basic understanding of the musculoskeletal components of the more commonly seen rheumatological conditions. Can explain these to patients and carers.	KSA	1, 3, 5, 7	<input type="checkbox"/>
PT.10		Provides advice on restoring function, including graded return to normal activity, navigation to self-management resources, modifying activity and in relation to work abilities and tasks.	KSA	1, 3, 5, 6, 8, 9, 10	<input type="checkbox"/>
PT.11		Able to assess the educational needs of patients and their carers in relation to frequently seen rheumatology conditions. Able to provide tailored education using appropriate modes of delivery and relevant resources. Evaluates the effectiveness of these interventions.	KSA	5, 6, 10	<input type="checkbox"/>
PT.12		Uses a structured assessment to identify aspects that may influence individuals with rheumatology conditions including clinical characteristics, comorbidities, limits to activity and participation, work ability and personal and environmental factors.	SA	2	<input type="checkbox"/>
PT.13		Demonstrates the communication skills to cope with and respond to the challenges to effective communication regularly seen in rheumatology presentations, e.g. pain, chronic sleep deprivation, fear, uncertainty, acceptance, mental wellbeing and psychosocial problems.	SA	1, 2, 3, 6	<input type="checkbox"/>
PT.14		Can complete a BASMI assessment of an AxSpA patient, explaining the relevance of the measurements and using the data attained in combination with other elements of the assessment (including the rest of the Bath scores) to modify/create an agreed management plan.	KSA	1, 2, 3, 5, 6, 10	<input type="checkbox"/>
PT.15		Works in partnership with individuals to explore suitability of rehabilitation interventions, including social prescribing, e.g. referring individuals to a range of local non-clinical services such as community-based exercise programmes where appropriate (Escape Pain, NASS/NRAS/ROS groups and online/virtual support etc.).	KSA	2, 3, 5, 6, 8, 9, 10	<input type="checkbox"/>



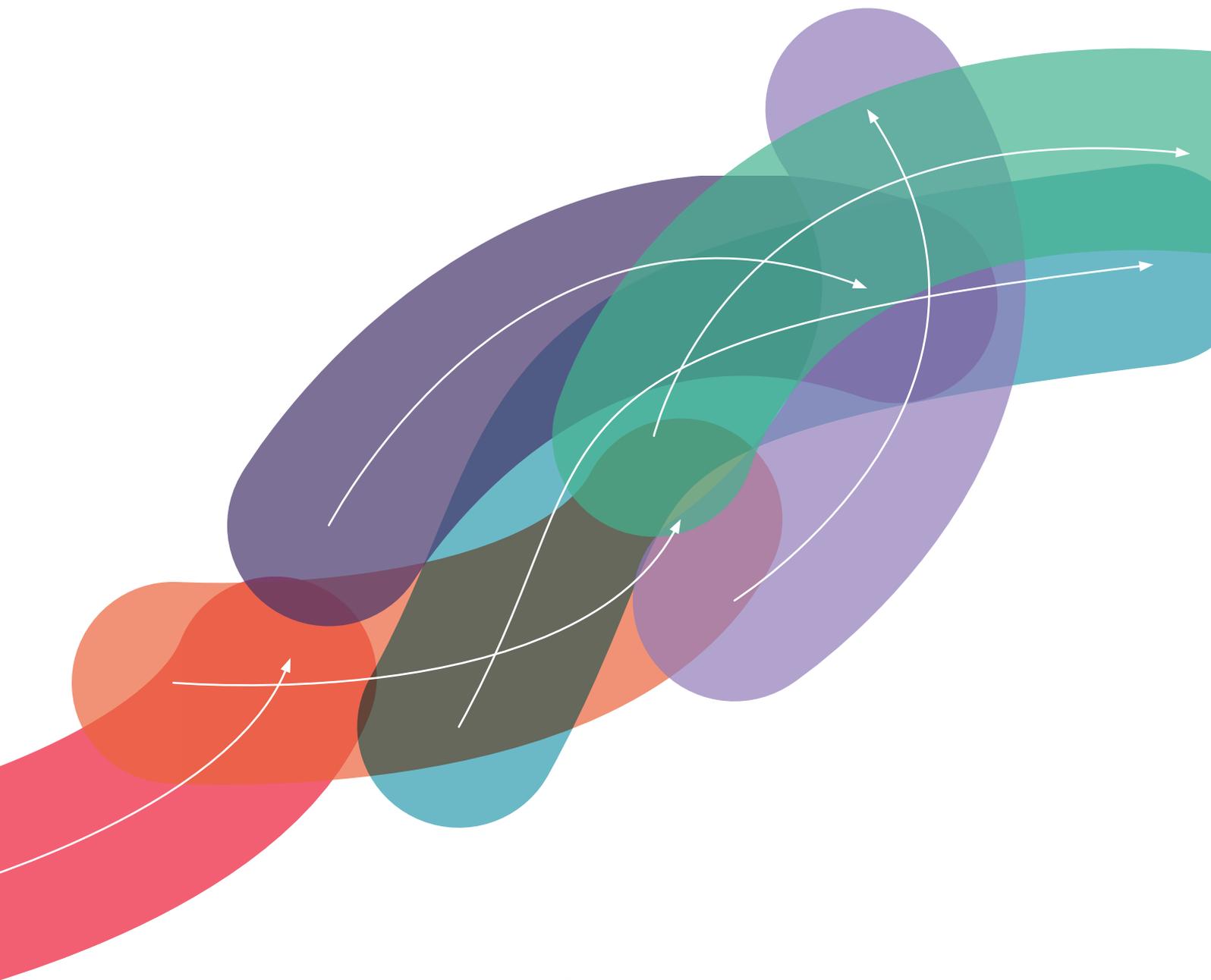
Ref.	#	Foundation Level Capabilities	KSA	EULAR comps	✓
Screening					
PT.16		Prescribes condition-specific personal rehabilitation programmes to help individuals enhance, restore and maintain their mobility, function and independence, including considering the use of digital technology (e.g. apps and wearables) to support concordance.	KSA	1, 2, 3, 5, 6, 8, 9	<input type="checkbox"/>
PT.17		Advises on the expected benefits and limitations of different physiotherapy interventions used in managing rheumatology conditions, providing evidence-informed information and advice on the advantages and disadvantages of specific interventions in the context of other management options considering the person's circumstances and using a shared decision-making approach.	KSA	1, 3, 5, 6, 7, 8, 9	<input type="checkbox"/>
PT.18		Advises on and instigates a management plan for frequently seen rheumatology conditions and their symptoms. Instigating this may be through referral to others with relevant capabilities (MDT working).	KSA	3, 8, 9	<input type="checkbox"/>
PT.19		Recognises and promotes the importance of patient-centred organisations, expert patients, support groups, social networks, and communities for patients and their carers in managing rheumatology conditions.	KSA	1, 3, 4, 5, 6, 8, 9	<input type="checkbox"/>
Condition Management					
CM.5		Is familiar with national and international guidance and recommendations for common rheumatological conditions, e.g. NICE, SIGN, BSR, EULAR.	K	1, 4, 5, 7	<input type="checkbox"/>
CM.6		Can recognise normal mechanical and inflammatory MSK signs including stiffness, laxity/hypermobility, joint swelling, enthesitis and dactylitis.	K	1, 2, 7	<input type="checkbox"/>
CM.7		Develops an understanding of the complex nature of pain and pain mechanisms (both as discrete issues and as a part of a rheumatological condition) and can explain this in patient-specific and patient-appropriate language.	K	1, 2, 3, 6, 7, 8, 9, 10	<input type="checkbox"/>
CM.8		Is aware of the agreed treatment pathways and protocols used across the rheumatology MDT and contributes to their implementation.	KA	1,3,4 5, 7	<input type="checkbox"/>
CM.9		Acts on day-to-day interactions with rheumatology patients to encourage changes in behaviour that will have a positive impact on their health and wellbeing, i.e. 'Making Every Contact Count'. Advises on the effects of lifestyle-associated problems such as smoking, alcohol, obesity, sedentary behaviour and inactivity on rheumatology conditions and their pharmacological and non-pharmacological management. Where appropriate, promotes change or refers to relevant services.	KSA	all 10	<input type="checkbox"/>
Medication Management					
		NIL NEW AT THIS LEVEL			
Non-Clinical					
NC.3		Understands the role that research has to play in changing physiotherapy practice and develops a basic understanding of the role of research in the broader, medical management of rheumatology conditions.	K	1, 7	<input type="checkbox"/>

Capability statements set out in level of practice: No. 2 Support Worker Levels

Ref.	#	Intermediate Support Worker Level Capabilities	KSA	EULAR comps	✓
Investigations					
IN.1		Aware that blood tests and imaging are used in the investigation, diagnosis and monitoring of rheumatological conditions.	K	1	<input type="checkbox"/>
IN.2		Encourages patients they work with to access and engage with the investigations offered to them by the rheumatology team.	A	1, 3	<input type="checkbox"/>
Physiotherapy Treatment					
PT.1		Under direct supervision, delivers pre-planned physiotherapy interventions to people with rheumatology conditions.	SA	1, 2, 3, 5, 7, 8	<input type="checkbox"/>
PT.2		Assists qualified staff in providing physiotherapy interventions.	SA	3, 5, 7	<input type="checkbox"/>
Condition Management					
CM.1		Demonstrates a general knowledge of the nature of common rheumatological conditions and how they may affect patients.	K	1, 7	<input type="checkbox"/>
CM.2		Aware of own clinical boundaries and knows when a patient requires a review by a physiotherapy colleague.	KSA	1, 3, 7	<input type="checkbox"/>
Ref.	#	Higher Support Worker Level Capabilities	KSA	EULAR comps	✓
Investigations					
IN.3		Demonstrates knowledge of the role of imaging and blood tests commonly used within rheumatology services.	K	1	<input type="checkbox"/>
Physiotherapy Treatment					
PT.3		With guidance, delivers pre-planned physiotherapy interventions to people with rheumatology conditions.	KSA	3, 5, 7	<input type="checkbox"/>
PT.4		Takes the lead in implementing specific tasks in familiar and defined contexts, e.g. assessment and provision of walking aids, running OA knee class, supervision of aquatic therapy AxSpA classes.	KSA	1, 2, 3, 5, 6, 7, 8, 10	<input type="checkbox"/>
PT.5		Independently progresses exercises within a protocol, pathway or management plan, e.g. hand classes, aquatic therapy, AxSpA class.	KSA	1, 2, 3, 5, 8, 10	<input type="checkbox"/>
PT.6		Utilises the principles of pacing and gradual progression to avoid “boom and bust” where fatigue is a presenting issue.	KS	1, 2, 3, 5, 8, 10	<input type="checkbox"/>
PT.7		Identifies where a patient would benefit from the input of other members of the rheumatology MDT.	KSA	1, 2, 3, 5, 8, 10	<input type="checkbox"/>
Condition Management					
CM.3		Supports other members of the MDT in communicating to patients the benefits of concordance with any agreed management plan.	KSA	1, 3, 4, 5, 8	<input type="checkbox"/>
CM.4		Recognises the main signs and symptoms of an inflammatory arthritis flare and knows who to discuss this with in a timely fashion for effective patient flare management.	KSA	1, 2, 3, 6, 8	<input type="checkbox"/>



Ref.	#	Higher Support Worker Level Capabilities	KSA	EULAR comps	✓
Medication Management					
ME.1		Aware that any discussions with patients about their medications could influence patient behaviour or imply false support of patient behaviour. Knows to refer any queries to a senior colleague.	SA	1, 3, 4, 6	<input type="checkbox"/>
ME.2		Recognises incidences of lack of concordance with drug treatments or monitoring and directs patient to appropriate colleagues to discuss.	KSA	1, 3, 4, 6	<input type="checkbox"/>
Non-Clinical					
NC.1		Participates, as directed, with multidisciplinary research, audit and service evaluation in rheumatology.	A	1, 7	<input type="checkbox"/>
NC.2		As required in role, undertakes and regularly updates GCP training in relation to research study involvement.	KA	1, 7	<input type="checkbox"/>



Endorsed by

