Band 6-8 Skills escalator

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Incorporating hospital and community health services, teaching and research

IST now and in the future

- Is IST suitable for all bands currently?
- Is each individual getting what they need?
- Does that differ between individuals anyway?
- Are we trying to please everyone and pleasing no-one?

Development of Advanced Practice

- Characterised by a high degree of autonomy and complex decision making
- Under pinned by masters level award or equivalent.
- All 4 pillars need to be covered
- Managing risk and uncertainty
- Accountability


CLINICAL
LEADERSHIP AND MANAGEMENT
EDUCATION
RESEARCH

Development of Advanced Practice

- Team focused;
- Better educational and supervisory capacity for the whole team
- Driving quality improvement and research
- Developing robust pathways
- Supporting careers and retaining staff…

Why do we need a skills escalator?

- Ensure equity
- Meet staff expectation
- Meet staffing requirements
- Ensure consistency of training
- Ensure focus on all skills
- Ensure broad knowledge leading into next job role……

Band 6 development programme

- Started in 2017
- Several afternoons of teaching
- Associated watched assessments – didn't happen in all cases
- Aimed to cover knowledge of key topics.
- Very different levels of Band 6 knowledge

Can we enhance this?

- Access
- Different levels of knowledge can be difficult to manage in a group
- Self-paced better?
- Core modules as a baseline and progressively more complex?
- Different focus for each individual
- Adding structure

Establishing a baseline

- SWOT analysis
- How confident are they;
  - at taking an appropriate but succinct subjective history
  - Understanding red flag questions and why we are asking them
  - Undertaking handling for special tests
  - Rehabbing different conditions
  - Understanding orthopaedic interventions etc.
  - With local referral pathways, social prescribing etc.
  - Knowing when imaging or referral onwards is appropriate etc.

Stage 1: Band 6 entry Proposed core modules

- Communication
- Clinical reasoning
- Assessment: joint by joint
- Differential diagnosis
- Rehabilitation principles
- Rehabilitation joint by joint
- Orthopaedic surgical management and associated rehab

Communication

- Overview of module and what patients want to know
- Managing difficult conversations
- Managing Barriers to exercise and Motivational interviewing
- Managing risk and risk assessment
- Health education
- Social prescribing
- Hackney based programmes to improve activity levels and support patients generally

Clinical reasoning

- The principles of clinical reasoning. Slow and Fast thinking.
- Pain Mechanisms and neurobiology
- Red Flags – brief overview (see later module)
- Subjective examination
- Severity, Irritability and Nature.
- Formulating differential diagnosis
- Structuring an objective examination
- Neurological examination
- Creating a treatment plan. Prognosis.
- The importance of outcome measures in MSK

Assessment joint by joint

- Assessment principles
- Assessment and special tests for shoulder, elbow and wrist/hand
- Assessment and special tests for hip, knee and foot/ankle
- Assessment and special tests for cervical, thoracic, lumbar spine and SIJ

Differential diagnosis

- Differential diagnosis of hip, knee and ankle issues
- Differential diagnosis of shoulder, elbow and wrist and hand issues
- Differential diagnosis in spinal issues

Rehabilitation principles

- Basics of joint, muscle and tendon physiology
- Overview of energy systems
- Principles of training
- Basics of programme design

Rehabilitation joint by joint

- Rehabilitation of knee problems
- Rehabilitation of spinal problems
- Rehabilitation of shoulder problems
- Rehabilitation of hip problems
- Rehabilitation of foot and ankle problems
- Rehabilitation of wrist and hand problems
- Rehabilitation of elbow problems

Orthopaedic surgery and rehab

- Principles of post operative rehabilitation
- Operative management of common spinal conditions and their rehab
- Operative management of common knee and hip conditions and their rehab
- Operative management of common shoulder and elbow conditions and their rehab
- Operative management of common wrist and hand conditions and their rehab
- Operative management of common ankle conditions and their rehab

Checklist of pathology knowledge

Region	Pathology	Direct Supervision	Indirect Supervision	Confidence 0-5 at end of programme
Cervical Spine	Cervical Radiculopathy			
	Cervical spondylosis			
	Whiplash			
	Non-specific neck and arm pain			
	Myelopathy			
Lumbar Spine	Lumbar Radiculopathy			
	Lumbar Spondylosis			
	Lumbar Stenosis			
	Lumbar Spondylolythesis			
	Cauda Equina			
Shoulder	SAPS			
	Instability			
	Fracture			
	ACJ			
	OA/ Frozen shoulder			

Ensuring appropriate handling

Checklist of practical skills required to be observed

Area of the body	Test	CEP completed (Date)	Comments/areas of further development
Cervical spine	Palpation of joints, muscles, 1st rib including PIVMS and PAIVAMs and MWMs		
Thoracic spine	Palpation of joints, muscles, ribs		
Lumbar spine	Palpation of joints, muscles, PIVMs and PAIVMs		
SIJ	Provocation tests		
Hip	Range of motion		
	Muscle /tendon anatomy		
	Special tests – impingement, labral		
Knee	Ligament testing including ACL/PCL/PLC/LCL/MCL		
	Cartilage testing		
Foot and Ankle	Ligament testing		
	Biomechanical assessment including tests for tib post dysfunction, navicular drop		
Shoulder	Instability testing – anterior and posterior		
	Rotator cuff assessment – palpation and muscle testing		
Elbow	Knowledge of anatomy and palpation		
	Cubital tunnel assessment		
Wrist and Hand	TFCC testing		
	CMCJ assessment		
	Carpal tunnel assessment		
Neurological	Upper limb neurology assessment		
	Lower limb neurology assessment		
	Upper motor neurone assessment/Cranial nerve Ax		

Stage 2: More experienced Band 6

- Communication 2
- Rehabilitation 2
- Red flag module
- Imaging
- Basics of rheumatology
- Critical reading, thinking and writing
- Introduction to Audit/QI

Communication 2

- Basics of Acceptance Commitment Therapy and Cognitive Behavioural Therapy
- How to explain persistent pain
- Managing patients with fixed health beliefs
- Managing requests for imaging
- Understand compassion focussed therapy

Rehabilitation 2

- More in depth look at rehabilitation including:
- Exercising those with special considerations e.g. cardiac, sickle cell.
- Advanced exercise analysis
- Use of plyometrics
- Use of speed and agility training

Red flag module

- Spinal red flag pathologies
- Medical masqueraders
- Neurological conditions

Imaging

- Basics of imaging:
  - Overview of when to use different imaging
  - What types we use and what else is available at consultant level.

Basics of Rheumatology

- Common rheumatological conditions and their management including;
- Rheumatology red flag overview
- Rheumatoid Arthritis
- Hypermobility and Ehlers Danlos Syndrome
- Fibromyalgia

Critical reading, writing and thinking

- Introduction to critical thinking
- Introduction to critical analysis
- Step by step review of literature analysis.
- Differences between descriptive and critical writing.
- Introduction to bias and how to minimize it.
- Critical appraisal tools

Introduction to Audit/QI

- What is Audit and what is not
- What factors can trigger an audit?
- Planning an audit.
- Introduction to QI
  - Model for improvement
  - PDSA worksheets.

Alternative

Proposed core modules

- **Module 1:** Introduction module to MSK on the basics of communication, assessment, differential diagnosis and clinical reasoning
- **Module 2:** Planning treatment, treatment options, rehabilitation principles and outcome measures
- **Module 3:** Orthopaedic intervention and associated rehabilitation

Proposed Core Modules

- **Module 4:** Foundation Neurology and rheumatology assessment and differential diagnosis
- **Module 5:** Advanced communication, in depth red flags, medical masqueraders and further differential diagnosis
- **Module 6:** Rehabilitation and treatment Part 2

Proposed Core Modules

- **Module 7:** Introduction to imaging and injections
- **Module 8:** Introduction to critical reading, writing and analysis, QI and audit.

Module Structure

- Combination of:
  - Online webinars
  - Practical sessions
  - Quizzes
  - Case study discussion
  - Reviewing evidence
- Watched assessments with supervisor

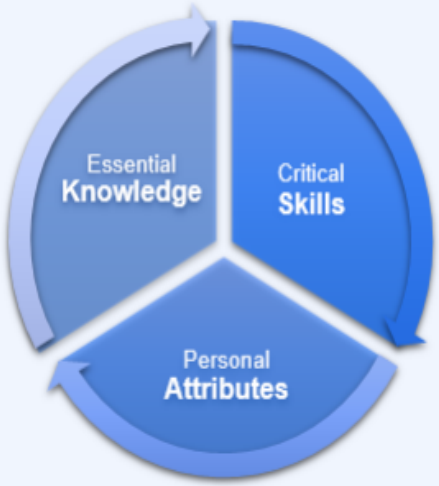
Monitoring

Toolkit

- Toolkit 1 - released as part of Roadmap.
- Cloud based
- Tracks all reflections and watched assessments
- One document
- Able to be audited

ROADMAP TO PRACTICE: FCP Portfolio Toolkit

FCP Roadmap KSA Domains	
Domain A: Personalised Approaches	Capability 1: Communication
	Capability 2: Personalised Care
Domain B: Assessment, Investigation & Diagnosis	Capability 3. History-taking
	Capability 4: Physical Assessment
	Capability 5: Investigation and diagnosis
Domain C: Condition Management, Intervention and Prevention	Capability 6. Prevention and lifestyle intervention
	Capability 7. Self-management and behaviour change
	Capability 8. Pharmacotherapy
	Capability 9. Injection therapy
	Capability 10. Surgical interventions
	Capability 11. Rehabilitative Interventions
	Capability 12. Interventions & care management
	Capability 13. Referrals and collaborative work
Domain D: Service & Professional Development	Capability 14. Evidence-based practice and service development
A1: Essential Personal Attributes	Generic attributes underpinning all 14 capabilities



What happened?	Differential Diagnosis's / Clinical Reasoning?	What did you learn?	Impact on practice?	KSA Capabilities Demonstrated						
				KSA.1	KSA.2	KSA.3	KSA.4	KSA.6	KSA.7	KSA.8
Eg. Private patient, 38 year old male, presented with 3 year history of insidious, persistent Achilles previously diagnosed as bursitis. Worsened last 3/4 months so saw GP. Managing with off the step stretching and ice which did not affect symptoms. Family history of ulcerative colitis and on questioning described a 8 week history of right plantar fasciopathy. History revealed an inflammatory pattern to symptoms which was also demonstrated subjectively. No other extra articular signs of inflammatory arthropathy. I suspected peripheral spondyloarthropathy. I explained my suspicions to the patient who consented to a referral back to the GP advising on HLA-B27 and reference to NICE 2017 SpA guidelines for medical management if appropriate. Management options were discussed in a person centred approach, incorporating SDM. Initial physiotherapy management included education on the nature and prognosis of our hypothesis's with advice on modifying of aggravating factors. Patient decided to start graded loading of the Achilles on flat surface with modified Di Giovanni protocol for their plantar fascia due to high severity and irritability with Rathlef heel raise's. We also agreed on orthotic heel raises for short term pain reduction. Affirmation of good diet, lifestyle and BMI control and advice given to continue with this. Review planned 2 weeks to assess does response and GP investigations/ results.	*Eg. In line with NICE 2017 guidelines persistent or recurring tendinopathies at multiple sites should raise suspicion for Peripheral SpA. Together with a family history of ulcerative colitis, appropriate age, gender, inflammatory pattern and knowledge of prevalence, this patients profile increases the likelihood of SpA. The patient may well have mechanical bilateral insertional Achilles tendinopathy and plantar fasciopathy but he is not a runner, had reasonable BMI and no risk factors/ co-morbidities related to tendinopathy. This lowered the likelihood of his symptoms being mechanical in nature.*	*Eg. Enteropathic arthritis can have peripheral and axial manifestations. Multiple and/or persistent tendinopathies with a history of IBD should prompt me to investigate for SpA.*	*Eg.If suspicious of inflammatory conditions consider family history with a inflammatory pattern to symptoms as strong reasons to investigate and refer onwards. Reduction in delay to diagnosis with result in improved patient outcomes/ satisfaction and cost savings to the health service.*						

DOMAIN A: PERSONALISED APPROACHES

KSA Number	*Capability 1: Communication* *Capability2: Personalised care*	Cross referenced MSK CCF	Cross referenced IFOMPT	Date of Evidence
	Essential Knowledge: Specific knowledge underpinning capability 1 & 2			
KSA.1	Demonstrate advanced critical understanding of the processes of verbal and non-verbal communication, clinical documentation, and the common associated errors of communication e.g. use of inappropriate closed questions, appropriate use of lay and professional terminology.	A.1	D7.K1 D7.K2 D7.K3 D7.K4	17/02/2021
KSA.2	Demonstrate comprehensive advanced knowledge of the influence of the clinician's behaviour on a patient's behaviour and vice versa.	A.2	D4.K5	17/02/2021
	Critical Skills: Specific skills underpinning capabilities 1 & 2			
KSA.3	Demonstrate ability to retrieve, integrate, and apply knowledge from the clinical, medical, and behavioural sciences in the clinical setting, recognising the limitations of incorporating evidence into practice.	A.1 A.2	D1.S7	17/02/2021
KSA.4	Demonstrate advanced use of interpersonal and communication skills in the effective application of practical skills for assessment, diagnosis, and management of individuals with MSK conditions.	A1 A2	D1.S7	17/02/2021
KSA.5	Demonstrate advanced self–awareness to mitigate against the impact of a clinician's own values, beliefs, prejudices, assumptions, and stereotypes when interacting with others.	A.1	D7.S3 D7.A4	17/02/2021
KSA.6	Demonstrate effective advanced communication skills when applying behavioural principles e.g. modifying conversations based on an individual's levels of activation and health literacy, providing appropriate and accessible information and support to ensure understanding of the MSK condition's current and potential future impact on their lives.	A.1	D4.S2	17/02/2021

Do we formalise this?

- What do the Band 6's get at the end to show for their work!?
- Apprenticeship?
- Write module for university?
- Work based portfolio?

Time frames

- Dependent on the individual
- Online therefore can do at their own pace.
- If work based portfolio then this has 3 entry points per year and culminates in an essay – normally reflective that is marked by KCL

Progression

Stage 3: Advanced Band 6 or Early Band 7

- Direction of learning will change dependent on the individual
- If FCP direction:
  - E-learning modules Roadmap
  - Triage for FCP if appropriate
- If sports/ortho direction:
  - Advanced rehabilitation etc.
- Pelvic health……. Paeds ……

Other factors

- Review portfolio overall from Band 6 as should be able to sign of quite a lot of KSA.
- Additional in house courses such as audit and QI
- Observation of other clinicians
- Attend MDMs
- Specific interest modules level 7 MSc

Triage for FCP

- What is the role of FCP
- What is expected in the assessment?
- Types of questioning used
- Signposting
- Practical Scenarios

Bloods

- Biochemistry and haematology tests
- The inflammatory cycle
- Family groups
- Clinical Decision Levels
- Rheumatology screening:
  - CRP and ESR
  - Autoantibodies
  - Bone health
- Diabetes
- Multiple myeloma
- Kidney disease

Intro to research methods

- Further detail into Audit cycles – theory and practice e.g. audit tools, registering audits.
- QI and service development
- Quantitative research methods
- Qualitative research methods
- Ethical and practical considerations in research
- (Preparing physios for MSc level)

Pharmacology intro

- The use of painkillers in MSK management
- The use of neuropathic medications in MSK management
- The use of NSAIDS in MSK management

Injections

- When and why to use injections
- Contraindications/precautions - PGD
- Side effects
- Evidence for effectiveness

Imaging 2

- IRMER training
- XR reading the basics
- MRI basics e.g. physics
- Ultrasound basics

Monitoring

- Expectation:
- Taking part in Senior IST and ensure evidence based, critical aspects covered.
- Continue to collect case based discussions, COTs and CEPs etc.
- Introduce multi source feedback.

Stage 4: Advanced Band 7 or New Band 8

- Injection training as required
- Leadership & Management – NHS elect
- Supervision training
- Education – participation in IST/JC/GP
- Complete your MSc…….
- Reviewing requirements for AP registration at this stage.

Imaging 3

- XR condition based trauma and non-trauma:
  - Shoulder, Elbow, Wrist and hand
  - Spine
  - Hip, Knee, Foot and Ankle
- MRI specifics
  - Spinal
  - Shoulder
  - Knee
- Ultrasound:
  - Specific joints?

Rheumatology 2

- Polymyalgia Rheumatica and Giant Cell Arteritis
- Seronegative spondyloarthropathies e.g. AS and Psoriatic arthritis
- Reactive arthritis
- Systemic Lupus Erythematosus
- Crystal arthropathies
- Idiopathic Inflammatory Myopathies

Pharmacology 2

- Common side effects of pain medications
- Intro to common mental health medications and how they interact with pain medications
- Common diabetic medications
- Anticoagulants and their effects

Leadership & Management

- Various development opportunities as required:
  - NHS elect courses
  - In-house Homerton based courses
- Project leadership

Education

- It will be expected that at this stage the clinician should be leading IST and encouraging EBP/critical analysis during this.
- Participation in journal clubs
- Training of GPs

Research methods 2

- Mixed methods research
- Introduction to statistics
- Introduction to the research process – applying for ethics etc.
- How to formulate a research question.
- Writing a literature review.

Other development alongside internal Modules

- Attending relevant MSc modules at HEI
- Participation in orthopaedic MDMs at Homerton
- Participation in spinal MDM once up and going
- Attendance at Barts webinars
- Watching other clinicians, peers, FCP/ESP, rheumatology, orthopaedics.

Monitoring

- Lead an audit cycle on particular topic and present at JC or other forums as appropriate.
- Or leading a service development
- Review quality of their teaching
- Review project work and ensure other leadership and management skills are developed

Monitoring

- Lead an audit cycle on particular topic and present at JC or other forums as appropriate.
- Or leading a service development
- Leading in-service training
- Review project work and ensure other leadership and management skills are developed

Future guidance

- HEE will bring out more guidance on other related areas of advanced practice.
- Further structure on AP routes will be coming out soon
- No guidance on consultant posts at present.

Resources required

- Education platform to enable material to be uploaded and formatted.
- Time for staff to complete modules:
  - Band 6's use IST to do this?
  - 1:1 Supervision is utilised every week not every other week to have CBDs and watched assessments?

Summary

- Real world modules with case reflections.
- Ensuring good clinical reasoning, communication and rehab skills
- Encouraging gradual portfolio build up but via online and watched assessments in-house
- Alongside MSc modules as necessary

Summary

- Encourage participation in teaching is encouraged and development of critical analysis skills.
- Encouraging audit, leadership and management skills development
- Use of in-house and NHS elect courses.
- Therefore ensuring all 4 pillars are developed.

Priorities going forward

- Discuss this as a team (this afternoon)
- Work out the logistics of time and watched assessments etc.
- Focus on Band 6 initially:
  - Module writing
  - Pilot
  - Feedback