***NHS GREATER GLASGOW***

# JOB DESCRIPTION

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| **JOB IDENTIFICATION** |
| **Job Title:****Responsible and Accountable to:**  | Extended Scope Physiotherapist Practitioner (ESP): OrthopaedicsESP Team LeadChief AHP South SectorClinical Director, Orthopaedics |
| **Department(s):** | Works within Orthopaedic Clinics and Physiotherapy Departments  |
| **Job Reference number (coded):** |  |

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| **2. Organisational Position**Chief AHP South SectorExtended Scope Physiotherapy Practitioner (ESP): OrthopaedicsProfessional Lead PhysiotherapistESP Team LeadOrthopaedic InpatientMusculoskeletal (MSK) Outpatient Department* Highly Specialist Physiotherapist
* Experienced Rotational Physiotherapist
* Rotational Physiotherapist
* Technical Instructor

Service Line ManagerProfessional Line ManagerMSK LinkCommunications LinkGP APP |
| **3. JOB PURPOSE*** To work as an autonomous expert musculoskeletal (MSK) practitioner within the orthopaedic clinic setting, utilising highly developed specialist knowledge to work out-with the normal scope of physiotherapy practice, delivering a ‘one-stop’ model of Orthopaedic management for patients referred for a specialist opinion. This is a level of autonomy only undertaken by the post holder or members of the medical orthopaedic consultant team.
* This is a unique post within the organisation operating both strategically and operationally within orthopaedics, with an expectation to influence departmental policy and decision making.
* To provide an adaptive and flexible service of clinics and work load, sensitive to the changing needs and developments of the orthopaedic services and be a key practitioner in the management of clinical shortfall within orthopaedic clinics.
* To provide highly specialised clinical diagnosis and determine appropriate orthopaedic management needs e.g. listing for surgical operation, onward referral to other medical specialities, and identification of rehabilitation needs or discharge.
* To review post-operative patients within the orthopaedic department on behalf of an orthopaedic consultant, with frequent requirement for collection and collation of outcome data for national registries.
* To independently triage referrals to the orthopaedic service, determining patients’ assessment needs, level of urgency and ensure listing onto the most appropriate clinic or redirection to more appropriate sources of care. This is performed through advanced clinical triage (ACRT) requiring an expert level of knowledge of orthopaedic processes and intervention.
* To maintain a physiotherapy clinical caseload of patients with complex musculoskeletal conditions and management needs.
* To act as a source of clinical expertise on the management of musculoskeletal disorders within the physiotherapy service, orthopaedic teams and to other health care professions providing a consultative service for further physiotherapy opinion from all grades of physiotherapy and tertiary services such as orthopaedic consultants, pain clinic and rheumatology.
* To contribute to regular audit and research within the service and to develop new and novel systems to optimise patient care and allocation of organisational resources.
* To contribute to the development of orthopaedic pathways within GG&C NHS Board.
* To provide education to all relevant subgroups of healthcare on orthopaedic assessment and management within GG&C and other health boards including borders and highlands and islands.
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| **4. SCOPE AND RANGE*** To have freedom and authority to plan, co-ordinate and deliver a streamlined one stop care for patients referred to the orthopaedic service by working independently and clinically autonomously as part of the orthopaedic team.

 * Working out with normal scope of physiotherapy: To assess the clinical requirement for - and to have freedom and authority to independently request and interpret - necessary specialist investigations e.g. MRI, X-ray, nerve conduction studies or haematology to confirm a clinical diagnosis and determine optimal future patient management plan.
* To inform patients of risks, benefits, and outcomes of surgical procedures from the up-to-date literature of such procedures, and with patient verbal consent, place on waiting list for surgical intervention.
* To continually demonstrate necessary clinical competency of expert extended scope practice through established competency framework i.e. case study reviews with consultants and examination of practise through direct observation and questioning.

 * To function as a ‘gatekeeper’ for patients attending for physiotherapy but requiring more specialised orthopaedic opinion, which may include further investigation and/or operation.
* To be an expert clinical lead and resource, using advance clinical reasoning skills, to provide specialist support and advice to physiotherapy and other clinical staff within and outside the organisation whilst maintaining a clinical caseload of highly complex patients as an autonomous practitioner.
* To identify clinical research, audit and data collection priorities within area of expertise to drive clinical development strategy.
* To regularly present developments in the service at local and national level.

**5. MAIN DUTIES/RESPONSIBILITIES** **Clinical*** To act independently, often as the sole contact a patient has with the orthopaedic speciality, and be accountable and fully responsible for their management.
	+ To independently assess and analyse highly complex clinical / non-clinical information and through the process of advanced clinical reasoning in conjunction with appropriate investigations to thereby provide a comprehensive orthopaedic diagnosis and determine appropriate future management for individual patients. This frequently includes patients with highly complex presentations.
	+ To request and interpret the results of relevant and appropriate specialist investigations (e.g. x-rays, blood tests, MRI, EMG) to assist the formulation of diagnosis and plan patient management.
	+ To discharge patients to other departments and medical colleagues within or outside the trust as necessary based on investigation results and expert clinical assessment e.g. referral to oncology, rheumatology, physiotherapy and pain clinic.
* To use highly developed specialised knowledge of Orthopaedic surgical procedures to determine patient requirement for surgical intervention.
	+ To identify potential surgical risks, due to co-morbidities, and refer onward for medical opinion e.g. vascular, cardiology and respiratory, and utilise the information to list suitable patients for surgery.
* To independently list for appropriate surgical procedures, initiating the process of consent for those listed to surgical waiting lists in line with the departmental SOPs (post Montgomery 2015).
	+ To provide written orthopaedic reports following patient assessment, outlining clinical findings, diagnosis, specialist clinical opinion and recommendations to medical colleagues and all referral sources.
	+ To provide highly specialist opinion to patients, carers, relatives, occupational health departments, other health care professionals and medical colleagues to co-ordinate overall patient management.
	+ To manage own caseload of physiotherapy patients presenting with complex musculoskeletal conditions utilising expert assessment and treatment skills.
	+ Within physiotherapy department, provide expert opinion on diagnosis and clinical management of musculoskeletal conditions for physiotherapy staff and instigate orthopaedic intervention if required.
	+ To be aware of the boundaries of own extended practice, and to manage the associated clinical risk effectively at all times.
* To ensure safe and competent use of specialised skills in line with national guidelines e.g. manipulation, acupuncture and joint injection.
* To propose the use of novel equipment, which will develop practice, to the clinical lead and management team, and to contribute to the appraisal and evaluation of any new equipment used in the clinical setting (e.g. Neurometrix).
* To identify and audit appropriate outcome measures and service impact measures, which accurately evaluate patient response, service development needs and quality of service delivery, and action changes in service in response to these outcomes.
	+ To be professionally and legally responsible and accountable for all aspects of the practitioner’s professional activities within the four pillars of physiotherapy practice.
* To comply with Divisional and Departmental policies in addition to complying with Chartered Society of Physiotherapy Professional Standards and Code of Conduct.

Managerial * To be independently responsible for Active Clinical Referral Triage (ACRT) of orthopaedic referrals in line with the Scottish Modern Outpatient Plan (2017).
* To have a lead role and responsibility for adapting ESP clinic service provision in order to ensure the orthopaedic service meets national waiting time targets. This includes both day-to-day modifications of service delivery and pre-emptive, anticipatory modifications to adapt individual clinic provision in relation to varying organisational and departmental demands.
* To expect to perform devolved managerial responsibilities to assist the ESP team lead (eg. STSS, IRMER, Organisation of Pan-Glasgow ESP team meetings).
* To develop, lead, evaluate and use new and innovative pathways of care to ensure patients receive timely access to specialist services e.g. carpal tunnel clinic, Advanced clinical triage.
* May assist the management team in the recruitment of staff as a clinical specialist panel member within and out with the division.
* To flexibly manage responsibility for own highly complex clinical caseload, departmental and external teaching, service development and quality assurance.
* The ESP has considerable responsibility for the interpretation, development and implementation of clinical and non-clinical policies, both local and national, pertaining to their identified area of specialty and liaises with other agencies as appropriate.
* The ESP is directly accountable for the delivery and standards of care provided to patients by advancing practice in relation to orthopaedic management.

 Service development* To provide specialist clinical opinion, as required, in the development of clinical policy and service development within the physiotherapy and orthopaedic departments.
* To instigate, lead and evaluate new innovative developments which impact on other services (e.g. Advanced Clinical Triage, Carpal Tunnel/neurometrix clinics)
* Maintain and contribute to the responsibility and accountability for monitoring and adapting service provision within the Orthopaedic Directorate to ensure efficient and effective service delivery.
* In conjunction with the ESP Team Lead ensure that to Orthopaedic Extended Scope Physiotherapy (ESP) service responds to and supports national and local directives, e.g. Scottish Executive waiting time targets, service redesign in collaboration with the Centre for Change and Innovation (CCI), the National framework for service change (NSF), and National Institute for Clinical Effectiveness (NICE) and the Scottish Modern Outpatient Framework.
* To contribute to cross boundary working and promote the role of the ESP across the organisation, district and nationally with regular representation at national ESP meetings.

**Education*** To take an active role in special interest groups relevant to the area of musculoskeletal physiotherapy and extended scope of practice and occasionally lead training/study sessions. To assist the clinical lead physiotherapist and senior physiotherapists in cascading information from these groups and incorporating their priorities into local practice.
* To provide highly specialist clinical teaching to peers, medical colleagues and other health professionals of all grades within the clinical areas, across board and out with the organisation e.g. GPs, A & E staff, SHO's, external ESPs and GP APPs.
* Occasional formal and informal lecturing and presenting at under-graduate and post-graduate medical programmes within and out with the university establishment.
* To provide spontaneous and planned expert clinical leadership and support to staff within the orthopaedic department and physiotherapy out patient departments to facilitate their learning and further development of their clinical reasoning skills.
* To act as a PDP advisor and undertake staff PDP reviews within physiotherapy in conjunction with the management team.
* To take an active role in clinical effectiveness activity and assist the clinical lead physiotherapist in order to implement change and maximise clinical effectiveness.
* To assist the dissemination of best practice e.g. eccentric training protocol and ACL protocol, and ensure compliance with national guidelines.
* To use the board appraisal system and individualised Continuous Professional Development (CPD) portfolio to guide personal development plan.
* To ensure that clinical practice incorporates current research and evidence based practice.

 **Research*** To use knowledge of current evidence and practice to identify, facilitate and carry out clinical audit/research, thus improving provision of care and ongoing development of the service in both the orthopaedic and physiotherapy environment.
* To use knowledge of current practices to facilitate and perform clinical audit/research to inform clinical effectiveness and quality assurance (eg. X-ray interpretation audit, surgical hit-rate audit).
* Participate in joint research/audit ventures with specialist medical colleagues identifying areas of research need and therefore developing clinical guidance and improving provision of service e.g. continued passive motion (Randomised Controlled Trial), Anterior Cruciate Ligament (ACL) rehabilitation, Topaz Trial, FROST study for management of frozen shoulder.
* To disseminate the results of audit/research and expert practice at local, regional, national and occasionally international level and pursue publication.
* Ongoing collection of information to large data base enabling regular complex audit reports to be compiled for orthopaedic and physiotherapy services.

**6. SYSTEMS AND EQUIPMENT*** + To be responsible for maintenance of accurate written records using Problem Orientated Medical Records (POMR) system and/ or use of a computerised diary. This will also include comprehensive progress and discharge reports to medical referrers, and/ or medico-legal and disability reports.
* To demonstrate a working knowledge of relevant IT systems and software packages as required; e.g. Patient Information Systems (CIS), Physio Tools, Greater Glasgow Back Pain Service (GGBPS) database and Patient records / medical notes Biochemistry and haematology results, X-ray, MRI, ultrasound, bone scan reports, Nerve conduction test results Medline and relevant literature search databases
* To daily update and maintain accurate statistical information in specialist area using databases as necessary to inform management team and drive audit programme.
* To understand and ensure safe use of Physiotherapy equipment including:

 **- Walking Aids:** mobilators, zimmers, delta frames, elbow crutches, quadrapods, sticks, specialist, walking frames. * + **Manual Handling Equipment:** mechanical hoists, sliding boards, glide-sheets,

turning discs, stand aid etc.* + **Electrical Equipment:** TENS units, muscle stimulators, EMG biofeedback units,

ultrasound, laser, Interferential, curapulse, short wave diathermy, continuous  passive movement machines.* + **Supports:** Fullrange of appliances and orthoses.
	+ **Rehabilitation Equipment:** Treadmill, exercise bicycles, steppers, isokinetic

equipment, multi-gym, weights, traction bed, plinths, parallel bars, balance  boards, gymnastic balls, wobble cushions, blocks, stairs, full range of small  exercise equipment.* + **Thermal Equipment:** Hot packs, Ice, cryocuff.
	+ **Acupuncture:** needles, sharp boxes.
	+ **Measurement Equipment:** pressure biofeedback, goniometer, dynometer.
	+ **IT Equipment:** Personal computer, data projector.

**7. DECISIONS AND JUDGEMENTS*** Independent assessment and analysis of highly complex clinical and non-clinical information, utilising highly advanced clinical reasoning, to provide a comprehensive specialist clinical diagnosis for individual patients, thus determining their future management e.g. list for surgery, referral to other specialities or discharge.
* To initiate the process of consent for those listed to surgical waiting lists in line with current departmental SOPs (Montgomery 2015).
* In physiotherapy setting, upon reaching diagnosis, use highly developed clinical reasoning and highly advanced therapeutic skills, to decide appropriate goals and treatment plan.

* Working out-with scope of practice to determine the requirement for and thereafter arrange appropriate further investigation (e.g. MRI, haematological investigation) and interpret the results to confirm diagnosis and decide future management requirements.
* To take full responsibility for requesting and interpreting appropriate x-rays (which are not formally reported) in relation to orthopaedic assessment and diagnosis with the expectation to use the findings to independently implement appropriate orthopaedic management on a case-by case basis. To practice a high level of clinical governance within this process with responsibility for requesting formal reporting and immediate specialist opinion when sinister or unusual pathology is apparent.
* To provide an expert opinion regarding suitability for orthopaedic intervention (e.g. surgery), to GP’s, other medical specialities and physiotherapy colleagues.
* In conjunction with the ESP team lead has responsibility for ESP orthopaedic service provision to assist the orthopaedic service to respond to waiting list demands and national waiting time targets. Includes frequently having to re-evaluate and adapt clinic time-tables/templates both in real time and in response to anticipated changes in clinic and service provision.
* Provide an expert clinical resource to colleagues in physiotherapy department and frequently provide expert opinion as to whether continued physiotherapy treatment, further investigations or orthopaedic surgical intervention is required.

**8.COMMUNICATIONS AND RELATIONSHIPS** **Patients and Relatives/Carers*** + To provide appropriate advice on future management based on highly developed specialist knowledge, for patients with complex chronic conditions for which there are no further surgical management options e.g. failed back surgery or medically unfit for surgery.
* On a daily basis, to use expert knowledge and highly developed inter-personal and communication skills to communicate highly complex, sensitive and often contentious or potentially distressing information to patients, relatives and carers regarding diagnosis, prognosis and outcome of orthopaedic management e.g. unsuitability for surgery, chronic illness requiring self management. This frequently includes patients and relatives with preconceived diagnoses and thoughts on management provided from sources outwith the speciality, that conflict with orthopaedic opinion and require re-education and re-direction.
* To expertly and effectively communicate the advantages and risks of orthopaedic surgery to the patient, relative and/or carer, and explain the procedure of the required surgery at a level of understanding sympathetic to the patient prior to listing them for surgery.
* To utilise highly developed communication and interpersonal skills to change a patient’s attitudinal and behavioural beliefs towards their condition and facilitate an active patient role in their overall management. e.g. patients with chronic pain, obesity/ weight management problems, or where surgical intervention is not possible.
* To convey comprehensive detail of patient treatment care appropriately for every individual, taking into consideration their physical, emotional and cognitive ability, emphasising and reiterating points to ensure a full understanding. This includes negotiation, motivation, non-verbal or written skills and the ability to explain complex information and terminology in lay terms.
* To utilise expert communication and negotiation skills in order to exert change in patient’s belief and expectations that they traditionally would have been seen by an orthopaedic consultant.
* Identifies and modifies the most appropriate communication method, to convey complex and sensitive information to patients and carers, where there may be barriers to communication e.g. language barriers requiring the use of interpreters.
* Occasionally required to diffuse potentially hostile and antagonistic situations with patients and relatives using highly developed negotiation and interpersonal skills in an emotive atmosphere.
* To compile medical and legal reports.

**Multi-professional Team*** On a daily basis, effectively liaise with Orthopaedic Consultants, other speciality Consultants e.g., Cardiologists, Rheumatologists etc, medical colleagues, Clinic personnel, Radiology Staff, Administration and Clerical staff, Management Teams, and Physiotherapy colleagues to ensure delivery of streamlined ‘one-stop’ patient care.
* To provide and receive highly complex, sensitive information relating to a patient’s diagnosis and management plan with medical colleagues at times where evidence under pinning practice may be conflicting, and negotiate when various management options are available.
* To engage in high level theoretical and clinical discussion with specialist orthopaedic colleagues.
* Through effective communication implement and develop new models of orthopaedic care in an environment of potential resistance offered by staff accustomed to traditional medical models of care.
* Provide highly specialist comprehensive written reports summarising patient assessment, diagnosis and recommendation for ongoing management in order to inform referral source and/or patient GP.
* Effectively impart expert clinical knowledge and advice to Physiotherapy colleagues within and out with the trust to assist and guide appropriate patient management.
* To impart complex/advanced information to highly specialised medical colleagues and MDT members using a variety of communication methods e.g. ‘weekly orthopaedic directorate- and education meetings’ and ‘monthly orthopaedic audit meetings’.
* To advise patients, employers and occupational health departments on the appropriate time to return to work, sport and other activities.

**Service Delivery*** Works in partnership with senior clinicians departmentally and across GG&C and other stakeholders such as physiotherapy managers to strategically develop and implement novel ways of working and redesign programmes to optimise service allocation, resource and patient care (eg. Advanced Clinical Triage.)
	+ To communicate any new developments in service delivery with service users such as Physiotherapists, GP’s, A&E staff and other specialities
	+ To promote the ESP role and service delivery at district, national and occasional international level e.g. Centre for Change Innovation Out-patient Programme, involvement with Scottish Executive and international conference presentation.
	+ When required, respond appropriately to verbal and written complaints within the orthopaedic directorate and be well versed in the Trust’s formal complaint’s procedure.
	+ Represent ESP service in MDT steering groups e.g. Departmental clinical governance and SMART groups.

**9. PHYSICAL SKILLS/DEMANDS OF THE JOB****Physical*** + To demonstrate the highly developed dexterity, co-ordination and palpatory sensory skills necessary for assessment and manual treatment of patients, including complex manual therapy techniques e.g. spinal manipulation, therapeutic handling and use of specialised physiotherapy equipment. **Frequent**
* To carry out repeated musculoskeletal assessments, on a daily basis, involving manual handling. This requires moderate physical effort in confined clinic space with added potential strain from fixed plinth heights, no natural light or ventilation. **Frequent**
* Assisting with patient transfers to and from clinic area and on/off assessment plinth. **Frequent**
* Setting up and use of both gym and electrotherapy equipment in the out-patient physiotherapy department **Frequent**
* Significant element of walking and standing for majority of the working day. **Frequent**
* Daily short periods of time using IT equipment – requiring self awareness of postures and positioning of equipment. **Frequent**

**Mental*** To work in an environment where daily there is a frequent, highly varied, complex caseload. Therefore there is the need for prolonged and intense concentration during assessment/examination, synthesis and assimilation of various sources of information, for each patient, during the clinic session. (3.5 hours). **Frequent**
* To work in an environment where there is a high degree of unpredictability causing prolonged mental effort e.g. orthopaedic clinic time demands due to factors out with control including delay with patients waiting for x-ray, patient transport. **Frequent**
* To work in an environment where as an ESP the daily working patterns are frequently disrupted by demands from patients, medical staff, clinic staff, students, and administrative support staff often requiring immediate decisive action. **Frequent**
* To work in a job which produces a large amount of secondary administrative work in relation to patient contact (checking and approving clinical correspondences, electronic sign off of reports), utilising 0.1 wte administrative session/week.
* To work in a job with a mandated advanced triage session (0.1wte) per week within the job plan requiring up to 3.5 hours continuous, computer-based concentration within that time.

**Emotional*** To display expertise in sensitively explaining the results of investigations including the possible need for surgery and poor prognosis **(Frequent)** and existence of possible fatal pathology e.g. tumour. **(Occasional)**
* To utilise the highest ability of knowledge and expertise in the management of patients with chronic conditions who have high expectations and demands of the orthopaedic service. Occasionally where required, be able to diffuse anxious and aggressive behaviour when patient’s expectations do not match the orthopaedic opinion/outcome. **Frequent**
* Dealing with:

 - Patients who have chronic and/or progressive condition **Frequent** - Patients who are in pain (acute and chronic) **Frequent** **-** Anxious, distressed, emotionally labile patients **Frequent** **-** Patients who are depressed **Frequent** - Patients who have severe injury/loss of function **Frequent** **-** Undertaking distressing examination assessment techniques and administering  treatment, which may increase pain levels **Frequent****Working Conditions*** Direct exposure to open wounds **Occasional**
* Direct exposure to body fluids e.g. urine, faeces, blood, sputum **Occasional**
* Direct exposure to transmissible diseases and infections **Occasional**
* Dealing with abusive patients or carers – this may be physical or verbal **Occasional**

**10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB*** Accountability and sole responsibility regarding patient diagnosis and management plan e.g. listing for surgery, onward referral to another speciality, discharging from clinic. ESP’s frequently are the sole contact that a patient has within the orthopaedic service when seeking an expert opinion.
* The level of clinical reasoning and decision making involved in synthesizing and analysing all the clinical and non clinical information, ranging from examination, blood results, x-rays etc, in order to determine diagnosis and best management options.
* Working within many different orthopaedic consultant teams with their differing opinions and preferences towards patient care
* Balancing clinic demands of time pressure, through put of patients, external factors e.g. radiology/ patient transport with need to maintain evidence based practise and research priorities.
* Dealing and challenging pre-conceived opinions, attitudes and beliefs of other health professionals regarding ESP’s seeing patients previously seen by orthopaedic consultants.
* Participating in multi-disciplinary teams, discussions ensuring a professional opinion is expressed, which other experienced members of the team may not agree with.
* Dealing with patients pre-conceived expectations of orthopaedic appointment and outcome e.g. lack of awareness of extended scope practitioner role, no surgical intervention required.

**11. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB*** Degree or diploma leading to Physiotherapy HCPC registration.
* Current HCPC registration.
* Significant and extensive post-graduate experience in the physiotherapy profession including musculoskeletal outpatients.
* Evidence of specialist post-graduate courses/CPD relevant to the specialty i.e. Society of Orthopaedic Medicine, McKenzie, MACP.
* Advanced knowledge and expertise in a wide range of musculoskeletal and medical conditions.
* Todisplay highest level of clinical knowledge and experience in musculo-skeletal assessment, examination, clinical reasoning and management.
* Highly advanced knowledge of complex pain syndromes.
* To have in-depth knowledge of the indications and contraindications for orthopaedic surgical intervention and the risks and benefits of such surgical procedures.
* To have highly developed inter-personal and communication skills.
* To have, further improve and develop extensive knowledge of complex multiple pathologies and numerous specialist services e.g. Rheumatology, Specialist Pain Management Programme.
* In order to function as an autonomous highly specialised practitioner, additional formalised extensive in-house and accredited external training will be required to develop specialist knowledge of orthopaedic conditions and their management (see box below).

Examples of Additional Training Required:* + - * Radiology requesting and x-ray interpretation
			* Surgical procedures, risks and complications
			* Nerve Conduction Studies
			* Injection Therapy
			* Haematology (blood requests)
			* Vascular Assessments

 * Maintenance of expert physiotherapeutic skill level to fulfil roles of clinical expert, resource and clinical educator.
* To utilise highly advanced clinical effectiveness and research skills combined with highly specialised clinical knowledge base to guide and drive practice development and level of excellence within both physiotherapy and orthopaedic departments.
* Completion of statutory annual training requirements e.g. fire safety, moving and handling and immediate life support.
* Competent knowledge of IT e.g. Power point, Internet, data base management, statistic analysis, literature searches.

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| **12. PERSON SPECIFICATION** |
| **Criteria** | **Essential** | **Desirable** |
| **Qualifications & Training**Level of education, professional qualifications, training and learning programmes/courses | First level Degree or Diploma in Physiotherapy leading to current HPC registration Masters Degree in the speciality or equivalent extensive experience working as a clinical practitioner in the speciality | Membership of relevant special interest groupMember of the CSPDiploma in Injection Therapy |
| **Experience**Length and type of experience, level at which experience gained | Significant and extensive experience working in the physiotherapy profession. Significant and extensive knowledge and understanding of the MSK speciality and the appropriate management skills in keeping with current best practicePrevious experience of research and audit | Supervision and Leadership skillsMulti-disciplinary working |
| **Knowledge**Depth and extent of knowledge | Demonstrable advance in clinical skills/knowledge to a highly specialist level, from post graduate courses as evidenced in Continued Professional Development Portfolio Statutory training as required by the organisationAdvanced knowledge of clinical guidelines and standards within the speciality |  |
| **Skills/Abilities**Range and level of skillsie communication (oral, written, presentation),planning/organisation,numeracy, leadership etc | Advanced observation and clinical assessment and reasoning skillsWorking knowledge of basic IT – eg word processing, use of internet, database management |  |
| **Specific Job Requirements**Environmental conditions, unsociable hours, car driver etc |  | Car driver if relevant to post |

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